Pathways to Later Life Homelessness

by

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Summary

The aim of this doctoral thesis is to increase the understanding of the causes of homelessness in later life, by identifying how antecedents, states and events interact and both trigger and contribute to homelessness, and the processes and pathways involved in the transition to homelessness. Using present theories, concepts and empirical evidence as a foundation, the thesis is largely informed by an intensive ethnographic field study which lasted for 15 months and was carried out in London, Sheffield, Leeds and Manchester. It involved 225 respondents over the age of 55 years, the majority of whom were homeless when interviewed. Through depth interviewing and the compilation of partial life histories, it was possible to collect objective information which enabled some quantitative comparisons and statistical analysis, and qualitative data which enabled analyses using detailed case study reports.

A descriptive profile of the characteristics of the respondents and their histories of homelessness identifies the distinctive features of this group. Although some had been homeless since early adulthood and were in a state of chronic homelessness, others had experienced homelessness for the first time in old age. Four commonly-reported situations preceding homelessness are identified, and these are examined in depth and provide the core of the qualitative analyses. These are mobile work histories, bereavement, the breakdown of intimate relationships, and mental illness.

The thesis demonstrates that the origins of homelessness are complex and deep-seated, they are intricately related to psychological and sociological factors, and that homelessness extends far beyond a lack of housing. By increasing the knowledge of the aetiology of homelessness, the thesis also makes a contribution to the understanding of the problems and needs of older homeless people and is thus informative to welfare policy and practice.

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Chapter 1

Introduction and Outline of the Thesis

"This homeless experience is the most fearful thing that has ever happened to me. I have had a hard life caring for my sick husband and bringing up three children on my own, but I have always come through it. Ending up homeless has knocked me for six; my nerves have gone to pieces."

Betty (who first became homeless in her late 60s)

The chapter is a short introduction to this doctoral thesis on older homeless people and their pathways through homelessness. It firstly discusses how homelessness is studied both as a social and welfare problem, and as a sociological and psychological phenomenon. The background to the thesis and its aims are then explained. The fourth section describes the sources of information from which the thesis has been developed and lastly, its structure is outlined.

1.1 Homelessness as a social problem and an academic challenge

Homelessness is a timeless, universal phenomenon. Attempts to repress vagrancy and homelessness date back at least four centuries in Britain, France and Germany (Jütte, 1994). It is a problem which affects men and women of all ages, and involves single people, married couples, and those with families. The problem has increased in the last twenty years, not only in Britain, but in countries such as North America, France and Denmark (Daly, 1996; Drake, 1989). Concern about the increasing problem led to the first European seminar on homelessness in Ireland in 1985 (Daly, 1992). In 1989, the European Federation of national organisations working with homeless people was formed as FEANTSA (*Federation Europeene D'Associations Nationales Travaillant Avec Les Sans-Abri*). Its key objectives were to operate as a centre of information on homelessness in Europe; to lobby for increased resources and information; and to work towards the improvement of services for homeless people (*op. cit.*). The Council of Europe selected homelessness as one of its topics of research in 1991-92, and the United Nations declared 1987 as the *International Year of Shelter for the Homeless* (Study Group on Homelessness, 1993; Drake, 1989).

Homelessness is studied from two main perspectives. It is recognised to be a social and welfare problem and is of interest to politicians, policy-makers, and housing, health and social welfare organisations who are involved in planning and implementing services. From this perspective, research concentrates on the circumstances, problems and needs of homeless people, and the types of interventions and services which are necessary to tackle and manage the problem. Homelessness has also aroused academic interest, particularly in the United States and to a lesser degree in Britain. Sociologists and psychologists have produced theories and conducted empirical research to increase our understanding of deviancy and homelessness, the psychopathology of homeless people, the reasons why people become homeless, and the ways in which such people adapt to homelessness.

1.2 Background to the thesis

The author's interest in homelessness dates back to 1988 when a preliminary investigation examined the types of services which were available to elderly homeless people in central London (Crane, 1990). This study was conducted for the Diploma in Gerontology at Birkbeck College, University of London. There had been little previous British research about older homeless people, although they had been included in studies of homeless people of all ages dating back to the 1960s (National Assistance Board, 1966). During the study, visits were made to direct-access hostels,[1] night-shelters, day centres and soup kitchens, which offered food and shelter to elderly homeless people.

This was followed in 1990 by an investigation of elderly homeless people who were sleeping on the streets in central London (Crane, 1993). The research was undertaken as part of the M.Sc. in Gerontology at King's College, University of London. Information was collected from the respondents about their backgrounds and histories of homelessness. Whilst the study was in progress, the difficulty of collecting information from elderly homeless people became apparent. Many were isolated, distrustful, mentally-ill, and incoherent or vague about their circumstances. Of 130 respondents, only fifty were able to provide comprehensible accounts. It was

[1] Hostels for single homeless people which offer immediate accommodation, and accept referrals from any agency including self-referrals

recognised that it would be necessary to conduct a prolonged, intensive empirical field investigation if detailed information about elderly homeless people and their circumstances was to be collected. This methodology would enable trust to be developed with the respondents over time, and data collected through multiple interviews and observations.

Since conducting the first study in 1988, the author has maintained contact with older homeless people on the streets in London, and has worked voluntarily each week at a soup kitchen used by homeless people in London. This has enabled relationships with elderly homeless people to be strengthened. Two study trips were made to New York, Chicago, Milwaukee and San Francisco, in 1991 and 1993, to visit services for older homeless people and to meet with researchers involved in studies in this field.

1.3 The aims of the thesis

The doctoral thesis is an investigation of pathways into homelessness for people over the age of 55 years, building on previous knowledge and contacts gained through the work described above. It has examined the processes which lead to homelessness, and has included people who became homeless for the first time in later life, and those whose lives have been characterised by life-long homelessness. It has concentrated therefore on an isolated group of people who have been relatively neglected by researchers and service-providers, and whose histories, circumstances, problems and needs are little known.

The doctoral research has advanced the 1990 study of elderly homeless people sleeping on the streets in London in three ways. It has included respondents in various sleeping arrangements and not just those who sleep on the streets. The sample has been drawn from older homeless people in Sheffield, Leeds and Manchester, in addition to those in London. The empirical data for the thesis has been obtained through an intensive 15-month field study, which has involved multiple depth interviews[2], observations, and the collection of partial life histories. This methodology has rarely been used in studies of homelessness in Britain. It has enabled rich quantitative and

[2] See Lee, 1993. Also referred to as ethnographic interviews or open-ended interviews, whereby detailed information is elicited from the respondents (Ellen, 1984).

qualitative data to be collected and systematically analysed about the histories of older homeless people.

From a theoretical perspective, the thesis makes a contribution to understanding the reasons for homelessness, the states and events which precede and trigger homelessness, and the processes which lead into homelessness. From a social-welfare perspective, it adds knowledge to the circumstances and problems of older homeless people, and to the types of interventions, services and resettlement programmes which are needed.

1.4 Sources of information

The main source of information for the thesis is the empirical field study. A critical review of literature on homelessness in Britain, Europe[3] and the United States has been undertaken, and has included relevant British government policies on services and practices. A review of literature has also been undertaken which relates to sociology and deviance, anthropology and field studies, housing studies, social policy, and social history. Discussions have taken place with staff who work with older homeless people at hostels and day centres about the behaviours, problems and needs of older homeless people, and about explanations and interpretations which have emerged from the analyses. The author has attended courses relating to qualitative[4] and quantitative[5] research methods and analyses, the sociology of deviance,[6] and social psychology.[7]

Towards the completion of the thesis, the author was commissioned by *Help the Aged* and *Crisis* to prepare a report on the circumstances, problems and needs of older homeless people (Crane and Warnes, 1997). This involved assessing the problem of older homelessness in two cities not included in the field study, namely Liverpool and Glasgow. The thesis draws on information obtained in these two cities when policies, services and interventions for older homeless people are discussed.

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[3] Because of language difficulties, the author has had to rely on literature written in English

[4] Concepts and methods of qualitative research, Goldsmith's College, University of London; qualitative data analyses at the University of Surrey and at the London School of Economics, University of London

[5] Research Methods and Statistics, King's College, University of London

[6] London School of Economics, University of London

[7] Birkbeck College, University of London.

1.5 The structure of the thesis

The thesis has five sections. The first, of four chapters, outlines the contemporary understanding of homelessness. The chapters cover the concepts and criteria of homelessness, empirical studies and research of homeless people, theories of homelessness, and lastly, current issues relating to homeless people. They demonstrate the complexity of homelessness and how little the subject is understood in Britain except as a housing problem. The second section concentrates on the design and methodology of the empirical field study, and describes how it was developed partly from North American field studies of homeless people and of street-corner groups. The first of its two chapters details the aims and design of the field study, and the second reports on the methods used and its progress.

The third section has two chapters and is a report on the quantitative findings from the empirical study, firstly documenting the distinct characteristics of older homeless people in comparison to elderly people in the general population, and secondly, their diverse histories of homelessness. From these findings, a typology of older homeless people is constructed which is developed through the remainder of the thesis. The fourth section has four chapters and is a qualitative report from the empirical study of pathways into homelessness. Each chapter examines one theme, being successively mobile work histories, bereavement, the breakdown of intimate relationships, and mental illness, and demonstrates how homelessness is often the result of complex interactions between several states and events and is rarely triggered by a single incident.

The fifth section concludes the thesis and has two chapters. The first concentrates on the knowledge which has been gained about pathways into homelessness and how this relates to current theories of homelessness. It challenges British assumptions that homelessness is the outcome of structural and economic changes and, instead, demonstrates the relevance of early American sociological theories and hypotheses, and how these can be developed to understand contemporary homelessness. The second chapter focuses on the implications of the findings for policies, services and practice. It firstly reviews how policies relating to homelessness and services for homeless people have changed through the years. This is followed by a discussion of the distinct but varied problems and needs of older homeless people, and

recommendations are made as to the types of services and interventions which are required to help them exit from homelessness.

There are four appendices: a glossary of common terms relating to homelessness which are used in the thesis, the interview schedule used in the field study, the 'field-work procedures' code developed for the field study, and a list of the projects involved in the field study.

Section I

The Contemporary Understanding of Homelessness

This section of four chapters outlines the contemporary understanding of homelessness. It demonstrates that homelessness is a complex issue and cannot be regarded as a simple lack of accommodation. There are more intricate sociological and psychological components which have a bearing on the state, and a knowledge of these is crucial to understanding the histories of older homeless people and the reasons why they are homeless. Throughout the section, some of the ambiguities which arise in everyday discourse, social welfare debates and in the academic literature are discussed. References are often made to American studies and theoretical perspectives about homelessness, and to a lesser degree to British works. This is because British research into homelessness has been limited and has largely focused on housing issues, whereas American studies have played an important role in advancing our understanding of the concepts of homelessness and the situation of homeless people.

The first chapter discusses the concepts and criteria of homelessness and the difficulties of defining and 'capturing' the phenomenon. Although it may be presumed that homelessness is a lack of accommodation, the complexities which occur when this definition is applied are demonstrated. The next chapter describes the empirical studies and research which has been conducted on homeless people dating back to early this century, focusing both on our state of knowledge about the circumstances of homeless people and on the research methods which have been employed. The third chapter reports on theories and hypotheses about the causes of homelessness and their diversity, further evidence of how little the concept of homelessness is understood. Lastly, current issues which are prominent in debates and investigations about homelessness are discussed, and how these have an influence on our present understanding of the problem.

Chapter 2
Concepts and Criteria of Homelessness

"This way of life gets you and you cannot get out of it. I left home as a child and slept rough because my mother didn't want me. It was like being in a family when I came on the road. I would cover myself with blankets at night and think of the warmth of the fires in people's houses."

Harry (aged 58 years, homeless since childhood)

This chapter examines the concepts and criteria of homelessness which are encountered in everyday discourse, social welfare debates, and academic analyses. There is no universally-accepted definition for the term 'homelessness' (Rossi *et al.*, 1987). It is defined in different ways by policy-makers, service-providers, academic researchers, media reporters and the general public. This lack of consistency affects the scale of the problem, the people it includes, and our knowledge and understanding of the phenomenon. When definitions are examined, confusions emerge. As this chapter demonstrates, even when homelessness is defined simply as a lack of accommodation, complexities and paradoxes are raised in practical applications.

The aim of this chapter is to advance and clarify the definitions and meanings of homelessness. It opens by considering widely-used definitions and indicators of homelessness, and later moves to more abstract sociological and psychological attributes and criteria. By examining the concepts and criteria of homelessness, an effective understanding of the term is reached, and this is used as a foundation for this study. In Britain, legal definitions and widespread assumptions have associated homelessness mainly with a lack of accommodation. But when examined intensively, homelessness is recognised as a more complex state which cannot be captured simply in terms of housing. It is accepted, particularly in America, that sociological and psychological concepts and markers have a bearing on the condition.

The chapter opens by considering the legal definition of homelessness in Britain, and the implications in Britain of concurrent definitions of statutory and of unofficial homeless people. Discussions then follow about the notion of a lack of secure

accommodation as the key attribute of contemporary homelessness, how the age-old condition of vagrancy survives in legislation and debate as a synonym for a homeless person, and about unconventional 'homelessness behaviours'. The second half of the chapter examines academic views of the key criteria of homelessness, and involves discussions of how homelessness has been perceived as a state of disaffiliation from social relationships and roles, a condition of alienation and estrangement, and a state of normlessness and anomie. The attributes and understanding of homelessness are then synthesised.

2.1 Fundamental descriptive concepts of homelessness

The legal definition of homelessness

Homelessness is an officially-recognised term in many countries and, in the United Kingdom for example, there are specific policies about homeless people. The original United Kingdom *Housing (Homeless Persons) Act* was passed in 1977, and later consolidated into Part III of the *Housing Act 1985*. It defines homelessness in housing terms, and identifies people who are homeless or threatened with homelessness. According to the *Housing Act 1985*, a person is homeless if, 'there is no accommodation which he, together with any other person who normally resides with him as a member of his family (is entitled to occupy by) virtue of an interest in it or by virtue of an order of a court, or has an express or implied licence to occupy'; or if a person has accommodation but 'cannot secure entry to it, or it is probable that occupation of it will lead to violence from some other person residing in it, ... or it consists of a movable structure, vehicle or vessel designed or adapted for human habitation' and there is nowhere permissible to place it (*Housing Act 1985*, Sections 58.2 and 58.3). A person is threatened with homelessness if, 'it is likely that he will become homeless within 28 days' (*Housing Act 1985*, Section 58.4). This definition has since been maintained in the *Housing Act 1996*.

The *Housing and Planning Act 1986* inserted a section into the *Housing Act 1985* which states that, 'a person shall not be treated as having accommodation unless it is accommodation which it would be reasonable for him to continue to occupy' (Section 14.2A). As highlighted by the *Homelessness Code of Guidance for Local Authorities*, however, 'there is no simple rule of reasonableness' (Department of the Environment

(DoE hereafter) *et al.*, 1994, Sec. 5.8). The Code suggests that some types of accommodation, for example bed-and-breakfast hotels, direct-access hostels and night-shelters are, 'not designed to be lived in long-term' and, 'homelessness would therefore have originated in the last settled accommodation before entering these or other types of temporary accommodation' (DoE *et al.*, 1994, Sec. 5.8c).

The creation of statutory and unofficial homelessness as a response to legislation

Before the *Housing (Homeless Persons) Act 1977* was passed, local authorities provided housing to people deemed to be (most) in need (Malpass and Murie, 1994). The 1977 Act changed this process. It imposed statutory duties upon local authorities to house groups of people who were considered to be homeless or threatened with homelessness, provided that they were in 'priority need', they had not made themselves intentionally homeless, and that they had a 'local connection' with the area covered by the local authority (Audit Commission, 1989). Those in 'priority need' included people with dependent children; pregnant women; people who became homeless following a fire, flood or similar emergency; and those who were vulnerable because of old age, mental illness, or physical disability. In relation to vulnerability due to old age, the *Homelessness Code of Guidance for Local Authorities* suggested that local authorities should 'look not just at whether people are old, but at the extent to which their age has made it hard for them to fend for themselves. All applications from people aged 60 or over should be considered carefully especially where the applicant is leaving tied accommodation' (DoE *et al.*, 1994, Sec. 6.9, p. 24). Thus whether older people are accepted as being homeless depends on other people's interpretation of their circumstances.

By imposing duties on local authorities to rehouse homeless people who meet specific criteria, the 1977 Act created a distinct group of 'statutory homeless people'. But this group represents only a proportion of homeless people and therefore does not address the problem of homelessness in its entirety. It excludes homeless people who are not considered to be in priority need, such as single people and couples of non-pensionable age without dependent children, and those deemed to have made themselves intentionally homeless. Hence, the Act divides homeless people into two groups; those who are statutory homeless, and those who are homeless but their

situation is 'unofficial' (Clapham *et al.*, 1990). Local authority and government statistics of homelessness in the United Kingdom only include the former.

People whose homeless circumstances are not officially recognised include those who have never made their homeless circumstances known to local authorities, and those who have applied to local authorities for rehousing but their application has been rejected. People who are *de facto* or unofficially homeless fall into two sub-groups: hidden and indigent. *Hidden* homeless people are accommodated by relatives or friends (Watson and Austerberry, 1986). They have no secure accommodation and are reliant on other people's goodwill to 'house' them. Their homeless situation is concealed and it may only become apparent if friends or relatives no longer accommodate them. But there are other homeless people who have no access to housing through relatives and friends. They have no dwelling which they can rightfully or by invitation occupy. They are *indigent*, meaning 'lacking in what is requisite ... lacking the necessaries of life' (*Shorter Oxford English Dictionary*, 1973).

But the concepts of statutory and unofficial homelessness are complicated. Occasionally an individual or household is accepted as being statutorily homeless even when they are housed and have a tenancy (O'Callaghan *et al.*, 1996; Wilson, 1995; Niner, 1989). They are included in statistics of homelessness yet they have never actually been without accommodation. At the other extreme, there are people sleeping on the streets or squatting in abandoned buildings who are not officially recognised as homeless. Some are elderly or mentally-ill and meet the criteria of 'priority need', but they have not made their homeless situation known to local authorities. If they did apply for housing, they would be accepted as being statutorily homeless. The official response to homelessness, therefore, relies on individuals to declare their homeless state, and thus assumes that all homeless people are competent to initiate a housing application and 'manage the system'. Yet homelessness is sometimes indicative of poor competence in everyday affairs.

Statutorily-defined homeless people differ from indigent homeless people. The former are in contact with housing and welfare services who are obliged to help them, and it may be presumed that such people will eventually be rehoused. Their homelessness is not usually evident in their appearance or behaviour. They are temporarily housed whilst homeless, they have no need to linger or sleep in public

places, and they generally have access to eating and washing facilities. They are usually receiving an income through state benefits or earnings, and therefore have no need to beg, scavenge through litter bins for food, or rely on street handouts, soup kitchens and day centres designated for homeless people.

Indigent homeless people are not recognised or registered as homeless by local authorities. They 'live' on the streets and sleep in public places such as doorways, abandoned buildings, bus depots, railway stations, subways, and parks. Others stay in temporary accommodation such as hostels and night-shelters. In some temporary shelters, the residents have to vacate the premises during the daytime and are forced onto the streets for hours. In this way, indigent homelessness becomes a public or visible condition. The extent to which it is overt and noticeable depends on the proportion that conceal themselves and hide in isolated spots, and the proportion that, for example, sleep in shop doorways in busy streets. Some have no contact with welfare services and receive no state benefits, and they scavenge in litter bins or beg for necessities, such as food and clothing. Others circulate between soup kitchens and street handouts for food and drink. They have no accommodation to which they can retreat, and they therefore wander aimlessly around the streets or linger in shop doorways and public places. They have no washing facilities and, if they do not use day centres (where these services are available), their appearance deteriorates, and their hygiene and clothing become noticeably filthy.

A lack of secure accommodation as the key attribute of contemporary homelessness

The *Housing Act 1985* uses accommodation as the prime attribute of homelessness in order to distinguish 'housed' people from 'homeless' people. People are defined as homeless if they have no accommodation which they are entitled to occupy. But the use of accommodation to define homelessness raises ambiguities. In some situations the housed or homeless status of a person is unclear. At one extreme are owner-occupiers and people with tenancies who have secure accommodation and are presumed to be housed. At the other extreme are people who lack conventional accommodation, 'sleep rough' and are regarded as being homeless (Rossi *et al.*, 1987; Watson and Austerberry, 1986). 'Sleeping rough' applies to people who live and sleep on the streets, or in doorways, train stations, bus terminals, parks, subways, abandoned buildings, and other

publicly-accessible settings. Some homeless people who are sleeping rough do not 'bed down' at night but roam the streets, and sleep during the daytime in libraries or other public facilities (Baxter and Hopper, 1981).

Although the above examples of housing and homelessness are clearly distinct, there are many intermediate and paradoxical states. Some people regularly sleep on the streets at night yet have council tenancies or are owner-occupiers (Crane, 1993; Lamb and Lamb, 1990). By their very behaviour, they would be regarded as being homeless (and included in street counts of homeless people), yet legally, whilst they have a secure tenancy and rights to accommodation, they are not homeless. In such circumstances, council tenants would eventually lose their tenancy if they did not pay their rent, and they would then become homeless. The situation is more complex for owner-occupiers, particularly if they have no outstanding mortgage. If they remained on the streets and did not pay rates or services, or if their property fell into a bad state of disrepair, then local authorities occasionally intervened. They have the power through the Secretary of State to purchase compulsorily a house which is considered 'unfit and beyond repair at reasonable expense' (*Housing Act 1985*, Sections 192 and 604). But if the owner-occupiers continued to pay household bills, they could sleep on the streets indefinitely without ever legally being defined as homeless.

Another equivocal situation is when people with no accommodation are 'housed' temporarily in settings such as prisons, hospitals, army barracks, work-camps, hotels or hostels. For them, homelessness is in abeyance whilst they are temporarily accommodated. Their length of stay in temporary 'housing' may be dependent on a period of detainment in prison, treatment in hospital, or employment. Building labourers who live in work-camps, or merchant seamen who are accommodated on ships, are sometimes employed for only a few months at a time. Similarly, night-shelters and hostels sometimes provide accommodation for a limited time, following which a person has to vacate the premises. According to the *Homelessness Code of Guidance for Local Authorities*, people are homeless if they are living in accommodation which is, 'not designed to be lived in long-term' (DoE *et al.*, 1994, Sec. 5.8c). The document asserts that people in bed-and-breakfast hotels and direct-access hostels are homeless. But by virtue of this definition, it also indicates that people in hospitals and prisons, or those employed and accommodated for just a few months,

should be regarded as homeless if they have no alternative housing. The document does not, however, define clearly the meanings of long-term and short-term accommodation.

The legal definition of homelessness gives little consideration to accommodation in terms of security, rights and control. Owner-occupiers and council tenants inhabit secure accommodation for which they have legal rights and there are limited rules which govern how they behave. Provided that they pay their rent or mortgage, they can be evicted only in exceptional circumstances. People staying in tied accommodation, hostels, institutions, and lodgings, often have no security, control and rights over their accommodation. They normally have no written tenancy agreement, but rather a verbal or written licence to stay which can be revoked at any time. At one hostel in London, a licence could be revoked after 28 days or within a shorter period, 'provided that the period specified is reasonable in the circumstances'. According to the *Housing Act 1985*, people who have an 'express or implied licence to occupy' accommodation are not homeless. Yet licensees have limited control over their accommodation, rules dictate how they behave, and they are sometimes forced to share rooms (or dormitories). The control and regulations imposed in such accommodation often are greater the more temporary the accommodation.

Researchers have often used accommodation as the main attribute to define homelessness (Rossi *et al.*, 1986; Roth *et al.*, 1985). But there is no consensus about whether people in marginal housing such as lodgings and 'digs', hostels and night-shelters, are housed or homeless. At one time, statutory homelessness included isolated people living in lodging houses who had no family unit, but nowadays it is more narrowly-defined and often means an absolute lack of housing and 'rooflessness' (Rossi, 1990). Homelessness cannot be fully captured in terms of access to accommodation. Even when secure accommodation is available, some tenants and owner-occupiers sleep on the streets and adopt the habits of homeless people (discussed in the section after next).

The age-old condition of vagrancy in contemporary homelessness

The concept of vagrancy has been associated with homelessness in Britain since at least A.D. 368 and in the United States since at least the early nineteenth century (Clement, 1984; Ribton Turner, 1887). The *Black Death* in 1348 in Britain was associated with a

rapid increase in vagrancy. The term vagrant today means 'wandering or roving', and a vagrant is 'a person without a settled home or regular work' (Hawkins, 1986). Rare derivatives of the term, such as divagate (to stray from one place to another) and noctivagant (wandering by night), still emphasise the 'wandering' aspect of vagrancy (*Shorter Oxford English Dictionary*, 1973). Many synonyms have been applied to homeless people which indicate vagrant and 'wanderlust' habits, including itinerant, vagabond, transient, tramp and hobo (Clement, 1984 p. 56; Schneider, 1984; Spradley, 1970; Caplow, 1940). These all reflect homelessness as a state of unsettledness characterised by movement from place to place. In its extreme form it is regarded as a pathology, and has been associated with dromomania, 'the desire to travel pushed to the point of abnormality, an obsession for roaming', and drapetomania, 'an insane or uncontrollable impulsion to wander away from home' (Allsop, 1967, pp. 29-30).

In Britain, the *Vagrancy Act* of 1824, amended in 1935, is extant but seldom used (Home Office, 1974). The Act recognises three groups of vagrants: 'idle and disorderly persons', 'rogues and vagabonds', and 'incorrigible rogues'. Idle and disorderly persons include pedlars who are trading without a licence, prostitutes wandering in the streets and behaving indecently, and beggars in public places. Rogues and vagabonds include, 'every person wandering abroad and lodging in any barn or out-house, or in any deserted building, or in the open air, or under a tent, or in any cart or waggon, and not giving a good account of himself or herself'. Incorrigible rogues include persons who have escaped from a place of legal confinement, and vagabonds who have been formerly convicted for vagrancy (Home Office, 1974, p. 2, Sections 5, 7 and 9).

Vagrancy is not however the same as homelessness. Although vagrants are normally homeless, not all homeless people are vagrants. Solenberger (1911) noted that, unless a homeless man is also a wanderer, he is not a tramp. Certain features distinguish vagrants: an unsettled or wandering lifestyle, sleeping in the open air or in unconventional settings such as barns and deserted buildings, unemployment and destitution, and scavenging. Vagrants are usually single homeless men who either lack or are estranged from their relatives; and they often have complex personal problems, such as mental illness and alcoholism (Rose, 1988; Cook, 1979; Home Office, 1974, pp. 6-7; O'Connor, 1963; Ribton Turner, 1887). The behaviour of statutory homeless

people is certainly not synonymous with vagrancy, and although a small proportion of indigent homeless people demonstrate vagrant behaviours and wander from place to place, many remain in one town and are not transient (Snow and Anderson, 1993; Rahimian *et al.*, 1992; Weiner, 1984).

Vagrancy therefore characterises only a minority of indigent homeless people. It is not a common feature of contemporary homelessness, nor has it necessarily been more widespread in the past (Weiner, 1984). The *Vagrancy Act* (1935) prohibits vagrant behaviours, such as sleeping in barns or the open air, provided that the offending person has refused the offer of free accommodation (Home Office, 1974). Since casual wards of workhouses were replaced by Reception Centres in 1948,[1] the assumption of the Act that there is free accommodation to which vagrants can be directed is no longer realistic (*op. cit.*). Although the *Vagrancy Act* is extant, it cannot therefore be properly implemented.

Overt and unconventional 'homelessness behaviours'

Indigent homelessness is a state which, by its very nature, leads people to 'live' in public places. 'Homelessness behaviour' is distinctive, overt and sometimes highly visible. Homeless people behave in unconventional and sometimes extremely deviant ways, and engage in activities which people normally conduct in the privacy of their homes. Hence, homelessness behaviours attract public attention, distinguish homeless people from others on the streets, and encourage stereotyping. These behaviours include lingering and sleeping on the streets and in public places; sitting on cardboard in shop doorways; carrying all one's possessions; walking aimlessly around the streets; drinking alcohol alone or in groups in places not licensed for the purpose, as in doorways, on the streets or in parks; and congregating at soup kitchens or at street handouts where free food and clothing is distributed. For those who are destitute or mentally-ill, homelessness sometimes encompasses more extreme and deviant behaviours, such as picking up cigarette butts from the pavements; begging; rummaging through litter bins; hoarding rubbish in carrier bags or shopping-trolleys; eating food

[1] Under the *Poor Law Amendment Act* of 1834, casual wards used to provide free accommodation and food to destitute people. They became known as Reception Centres in 1948 when they became the responsibility of the *National Assistance Board*, and as Resettlement Units in 1976 when they became the responsibility of the *Department of Health and Social Services* (discussed in chapter 15).

from litter bins; and muttering or shouting aloud in public places. Such people may be even more noticeable by their ill-fitting or old, defective clothing, and personal filthiness and odour.

But not all homeless people display 'homelessness behaviours', nor are all who behave in this way homeless. The behaviour characterises indigent homeless people but generally not statutory homeless people who remain in temporary accommodation until they are securely housed. On the other hand, some people who have conventional housing congregate regularly for long periods with homeless people on the streets. They use street handouts and soup kitchens, and only return to their accommodation for just a few hours at night. A few remain on the streets all night. Although they have secure accommodation, they display 'homelessness behaviours' and are sometimes enumerated as homeless.

Homelessness is a state characterised by unconventional behaviour which is individualistic and 'massless', and the availability of accommodation is not a perfect predictor of the behaviour. The deviancy of homeless behaviour varies considerably, the most bizarre and abnormal manifestations being associated with the most severe hardships characterised by scavenging, deteriorating mental health, and personal neglect. Homelessness is therefore a complex condition that involves abnormal social and psychological states, as well as a lack of accommodation. These states are examined in the remainder of this chapter.

2.2 Social and psychological concepts and criteria of homelessness

Homelessness as disaffiliation from conventional social relationships and roles

People normally maintain social relationships and ties through associations with their family, work, church, neighbourhood and local community. By participating in these groups, they fulfil social roles, accept responsibilities, meet obligations, and develop recognition, status and prestige. If people are disaffiliated, they do not participate in social groups and do not fulfil social roles and responsibilities. Disaffiliation implies therefore a state of near-rolelessness. Homelessness has been described as a condition of disaffiliation, a 'detachment from society characterized by the absence or attenuation of the affiliative bonds that link settled persons to a network of interconnected social

structures' (Caplow *et al.*, 1968 p. 494). Most people maintain a 'web of human relationships (but) when the web is shredded ... a person is homeless even if he or she has an anonymous room somewhere' (Harrington, 1984, p. 101). Homeless people are often isolated from their families, they seldom work, and they are rarely involved in conventional social and community groups (Baum and Burnes, 1993; Rossi *et al.*, 1986). Homelessness is therefore a state of rolelessness. But it cannot be a condition of absolute nullity. Homeless people need to carry out basic activities for survival, such as acquiring food and finding shelter. But their actions are often limited to addressing these fundamental needs and involve no social commitments and responsibilities.

By having few social roles and responsibilities, homeless people are accorded low status and are in a position of social marginality (Wallace, 1965; Nash, 1964). For many people, the entry to homelessness is a radical change in social position and relationships. Most homeless people have not always been disaffiliated from their families and social groups. Some have owned property or sustained tenancies, maintained skilled and unskilled employment, and married and raised children. They have been involved in relationships, roles and responsibilities at that time, and presumably earned recognition and social standing from these activities. For such people, becoming homeless is associated with a loss of roles, status, and downward social mobility: they have not only lost their social position but also material possessions, such as a home and furniture, all of which are symbolic of economic worth, status and social identity (Dittmar, 1992; Goffman, 1959).

Disaffiliation is a matter of degree. People may be either totally disaffiliated or detached only from particular individuals or groups. Members of delinquent gangs, although they are sometimes detached from conventional society, affiliate with each other. They form 'subcultural groups', maintain relationships, fulfil roles, support one another and work collectively (Fine and Kleinman, 1979; McIntosh, 1974; Clarke, 1974; Cloward and Ohlin, 1960; Cohen, 1956). Homeless people are not only detached from mainstream society, but in most cases are poorly affiliated with one another (Snow and Anderson, 1993; Grigsby *et al.*, 1990). They may have contact at soup kitchens or be forced to interact and share meagre resources or information about handouts, but their relationships normally involve a 'minimal level of social interaction' (Rosenthal, 1994; Snow and Anderson, 1993; Glasser, 1988; Spradley, 1970; Blumberg *et al.*,

1960). Merton noted that, 'although (tramps and vagrants) may gravitate toward centers where they come into contact with other deviants and although they may come to share in the subculture of these deviant groups, their adaptations are largely private and isolated rather than unified under the aegis of a new cultural code' (Merton, 1968, p. 209). Homelessness can be perceived as an extreme form of disaffiliation and near-rolelessness, characterised not only by disconnection from mainstream society but in many instances, detachment even from other people similarly situated.

Although homelessness is described as a condition of disaffiliation, not all disaffiliated people are homeless. Some people live alone in conventional housing and are isolated, but they are not regarded as homeless (Wenger, 1989; Cantor, 1975). Yet disaffiliated people living in marginal and temporary accommodation, such as lodgings, hostels and hotels, are often included in studies of homelessness (Caplow *et al.*, 1968; Wood, 1953; Solenberger, 1911). This suggests that disaffiliation alone does not distinguish between housed and homeless people. What seems to be important is their social position. By virtue of owning or having a tenancy, disaffiliated people who live in secure, conventional accommodation have social worth and are engaged (even if loosely) with society. They have possessions which symbolise their connection and afford them a 'place' within society. Disaffiliated people in lodgings or hostels have no rights to their accommodation to verify their social attachment and value. They have no social links, and are thus unattached and 'apart' from conventional society.

Homelessness as alienation and estrangement

Homelessness defines a person's relationship with society. It may involve more than mere disaffiliation from conventional society which may indicate a sense of apathy. It has also been associated with a state of alienation and estrangement from conventional family and social groups, thus implying a state of repulsion rather than apathy (Rosenthal, 1994; Baum and Burnes, 1993; Spradley, 1970; Bahr, 1967a; Wallace, 1965). Alienation refers to a state whereby an individual feels separated from a group or community and has no sense of belonging to or involvement in society (Jary and Jary, 1991; Fischer, 1976). An alienated person is, 'one who has been estranged from, (or) made unfriendly toward his society and the culture it carries' (Nettler, 1957, p. 672). Marx, one of the early writers about this concept, related it to man's feelings of

being estranged from his work in modern society, which led to feelings of being alienated from other people and from oneself (Morrison, 1995).

The sense of alienation is that a person is alienated *from* something or someone (Keniston, 1972). Homelessness has been described as a 'retreat' from conventional society and its norms and values (Snow and Anderson, 1987; Caplow *et al.*, 1968; Wallace, 1965). The term 'retreat' means a withdrawal or retirement from a situation which is difficult or disagreeable, and connotes coming out of circulation, or drawing back and relinquishing a position (Macdonald, 1977; Bahr and Caplow, 1974). Merton associated vagrants, tramps, and chronic drunkards as being retreatists, describing them as being, '*in* the society but not *of* it. Sociologically, these constitute the true aliens' (Merton, 1968, p. 207). He identified their behaviour as an 'escape from the requirements of the society'. Talcott Parsons also perceived withdrawal and evasion as a passive, alienative response, likening it to Merton's retreatism (Parsons, 1951, pp. 258-259). Retreatism and alienation may occur in two ways. A person may deliberately reject and retreat from society; or society may withdraw from an individual and exclude that person (Keniston, 1972).

In relation to homelessness, alienation can be seen as self-perpetuating, as a result of both the deviant behaviours of homeless people and their stigmatisation and rejection by conventional society. Homeless people become increasingly isolated from families, relatives and social groups, as they become entrenched in homelessness and their behaviours deviate further (Wallace, 1965; Rubington, 1962). Deviant behaviours elicit negative sanctions and lead to stigmatisation and rejection (Rubington and Weinberg, 1978; Schur, 1971). The extent to which deviant behaviour is stigmatised depends on its visibility, and the status of the potentially 'marked' person (Schur, 1979; Goffman, 1963). Deviants who are unassertive and powerless, are more likely to be stigmatised and alienated than those who are socially and economically advantaged (Jones *et al.*, 1984; Snyder *et al.*, 1977; Bahr, 1973; Goffman, 1963; Seeman, 1959; 1975). Homeless people, who participate little in conventional social roles, are unproductive, powerless and marginalised members of society, all factors which are likely to intensify alienation.

Homelessness as a state of normlessness and anomie

Homelessness has been conceptualised as a state of normlessness and anomie, whereby there is a 'lack of adherence to the shared system of values and norms' (Wallace, 1965, p. 134) held by conventional society, such as participation in family life and social relationships, living in traditional housing, and the ethos of regular work (Snow and Anderson, 1987; Caplow *et al.*, 1968; Merton, 1968). *Anomie* was first used by Durkheim to describe the confusion which occurred in society following the division of labour (Durkheim, 1893, 1897). Because of a lack of solidarity, people had no clearly-defined norms or goals to pursue. Anomie occurs when, 'there exists little consensus or a lack of certainty on values or goals; a loss of effectiveness in the normative and moral framework which regulates collective and individual life' (Jary and Jary, 1991, p. 22).

Merton interpreted Durkheim's concept of anomie as, 'a condition of relative normlessness in a society or group' and recognised it as, 'an acute disjunction between the cultural norms and goals and the socially structured capacities of members of the group to act in accord with them' (Merton, 1968, pp. 215-216). People experience conflict and normlessness when they are unable to achieve goals by normal means, and they react by rebelling or retreating. Both Durkheim and Merton perceived anomie to result from conflict and a lack of prescribed norms. The equivalent term for an individual's psychological state, *anomy*, refers to 'the state of mind of one who has been pulled up by his moral roots, who has no longer any standards but only disconnected urges, who has no longer any sense of continuity, of folk, of obligation ... responsible to no one' (MacIver, 1950, p. 84). While these characteristics may apply to many indigent homeless people, they may equally apply to some people who are housed.

But not all people who deviate from conventional standards are regarded as homeless. Neither people in 'hippie' communes nor gypsies live in conventional housing or always behave in socially-prescribed ways, but they are not described as homeless. Similarly, juvenile delinquency may be associated with gangs and non-conforming behaviours, but rarely involves homelessness. Hippies, gypsies or juvenile delinquents, although they reject some norms, adhere to others, and their behaviour is rarely that of comprehensive deviance. They are socially-affiliated within subcultural groups, work collectively towards goals, and they have their own norms and value-system (Okely, 1983; Cloward and Ohlin, 1960; Cohen, 1956). Homelessness is

sometimes therefore an extreme form of normlessness. It is a demonstrated if not always active or purposeful rejection of *all* traditional values and norms.

2.3 The attributes of homelessness: a synthesis

The concepts and criteria examined in this chapter highlight the problems of defining and understanding the term 'homelessness'. The phenomenon is complicated and multi-dimensional, with legal, housing, sociological and psychological connotations. Legally, homelessness is defined in terms of access to housing. From a sociological perspective, it is a person's relationship with society, homelessness representing maladjustment. Behaviourally, it is a set of deviant responses to society's norms. Its main attributes include a lack of secure, conventional accommodation; disaffiliation and near-rolelessness; alienation and normlessness; vagrancy; and a set of overt and non-conventional behaviours. Yet not one of these in isolation captures the phenomenon of homelessness. Furthermore, extreme deviant homelessness behaviours may be more applicable to some people who are securely housed than to those who are officially recognised to be homeless.

Defining homelessness by a single criterion over-simplifies its complexity. A state of alienation may lead to the loss or rejection of secure conventional accommodation, or *vice versa.* Likewise, the attributes of homelessness are not necessarily consistent. A state of alienation and normlessness may become more intensive as homelessness progresses. It is only by understanding the attributes of homelessness and their interactions and progression, that the problem of homelessness can be effectively addressed. Providing accommodation for a person who is alienated and who has rejected traditional values and norms, is unlikely to be the answer to effective resettlement and a cessation of homelessness behaviours.

Lay understanding seriously misrepresents the characteristics and problems of homeless people. On the one hand, the view prevails that it is simply a question of accommodation, on the other, that all homeless people are wilful and parasitic beggars. The motives and reactions of policy-makers, service-providers and academic researchers influence our understanding of the problem. This in turn affects the type of help and support which homeless people receive. Religious organisations sometimes perceive homelessness as a spiritual weakness requiring salvation; medical and welfare services

construct the condition as an illness or a social maladjustment requiring treatment and rehabilitation; and some local authority housing departments and policy analysts believe that homelessness is primarily a reflection of a lack of housing. The next chapter reviews the empirical studies of homelessness, and discusses our current state of knowledge of the problem and the circumstances of homeless people.

Chapter 3

Empirical Studies of Homelessness

"I was born for this way of life. In a hostel you get your meals; you don't get that in a flat on your own. Housing is seen to be the solution to homelessness but I'll tell you what happens. People are put in houses, they stay behind the four walls with a bottle of cider, and come out from their houses one year later as alcoholics."

Fred (recently rehoused after years of being homeless)

This chapter reviews the research literature on homelessness and homeless people. It has two themes: the current state of knowledge about homelessness and the circumstances of homeless people, and the type of research which has been conducted and the extent to which this has addressed the problem of homelessness. British and American studies are included. British research into homelessness has been minimal, whilst American investigations have played an important role in advancing our knowledge. Theories of homelessness are examined in depth in the next chapter.

The discussion firstly describes all age studies of homeless people, and then the limited number of studies of older people. Until the late 1980s, studies which concentrated on elderly homeless people were rare in both countries, although they have been included in all age studies since the early 1900s. The discussion highlights the similarities in early studies between the two countries, but how these have diverged in nature and quality in recent years until they are no longer comparable. This literature review is particularly interested in the methodologies used in the studies, the sampling strategies, the use of theory, and the ways in which the findings have been explained and interpreted. The chapter concludes with a discussion of the extent of our present knowledge and understanding of homelessness.

3.1 British empirical studies of homelessness

Early British studies

There were few British studies of homelessness before the 1960s. Seminal studies included Ribton-Turner's (1887) investigation of vagrancy in the British Isles from the

fourth century, and studies of poverty in London by Henry Mayhew (1861) and Charles Booth (1891), both of whom featured vagrants in their work. Mayhew (1861) argued that, 'the prime cause of vagabondism is essentially the non-inculcation of a habit of industry' (Mayhew, 1861, Vol. III, p. 368). A few journalists' accounts of hostels and lodging houses were written during the first half of the twentieth century such as those by Jack London (1903) and Mrs Cecil Chesterton (1926). One of the most noted was George Orwell's (1933) essay on his experiences as a 'down-and-out', when he worked as a *plongeur* (dish-washer) in Paris and lived with tramps in 'spikes' and lodging-houses in London. He continued this theme in his novel, *A Cergyman's Daughter*, in which he describes how a rector's daughter became down-and-out in London and Kent, and he makes scattered references to vagrants and tramps in *The Road to Wigan Pier* (Orwell, 1935, 1937).

Concern on the part of voluntary organisations about the circumstances of homeless people generated studies of homelessness during the 1960s and 1970s (Rose, 1988; Archard, 1979). The *National Assistance Board* (1966) conducted the first national study of 5,496 single homeless men and 390 single homeless women who were sleeping rough or living in lodging-houses, hostels, shelters and Reception Centres. This was followed by a second national survey of 1,821 men and 172 women living in hostels and lodging houses (Digby, 1976). Several small studies also gathered brief details from homeless people in hostels and temporary accommodation in cities such as London and Edinburgh (Leach and Wing, 1980; Wood, 1979; Priest, 1976, 1971; Stewart, 1975; Lodge Patch, 1971; Crossley and Denmark, 1969; Cook *et al.*, 1968; Edwards *et al.*, 1968, 1966; Scott *et al.*, 1966). The studies produced similar findings. The majority of single homeless people were men; approximately two-thirds had never married, and most others were divorced or separated; more than one-half were over the age of 50 years; most were unemployed or working in unskilled jobs; the majority either had no living relatives or were estranged from their families. Up to one-half had histories of mental illness, one-fifth were heavy drinkers, over one-third had been in prison, up to one-fifth were transient and travelled around the country, and the older respondents had often been homeless for years (Digby, 1976; Lodge Patch, 1971; Priest, 1971; Crossley and Denmark, 1969; Edwards *et al.*, 1968; National Assistance Board, 1966; Scott *et al.*, 1966).

Historical and descriptive accounts of vagrancy and alcoholism were also written in the 1960s and 1970s (Cook, 1979; Berry, 1978; O'Connor, 1963). Likewise, Archard (1979) conducted a fifteen month study of homeless alcoholics in London. At the same time, journalistic accounts of homelessness appeared. The BBC film *Cathy Come Home* (1966), in which a woman was separated from her husband and children because she was homeless, had a major impact and contributed to the founding of *Shelter, The National Campaign for Homeless People* (Petley, 1993). In early 1980, a BBC *Nationwide* reporter slept rough and stayed in hostels and Resettlement Units in London for one month, comparing his experiences with those of Orwell's (Wilkinson, 1981).

Recent British research

Since the mid-1980s, studies of homelessness in Britain have multiplied, although the majority have focused on either statutory homelessness or health-related issues (Bramley, 1993; Miller, 1990). An increase in the number of households accepted as homeless by local authorities, from just over 50,000 in 1978 to 150,000 in 1990, led to investigations of the relationship between housing and economic circumstances and homelessness (Foster and Burrows, 1991; Greve, 1991; Richards, 1989; Association of London Authorities, 1988; Bramley *et al.*, 1988). Local authorities' management of homeless applications have been examined, including a study by Bull (1993) which concentrated on their response to relationship breakdown (Butler *et al.*, 1994; Audit Commission, 1989; Niner, 1989; Thomas and Niner, 1989). Policies and procedures varied between local authorities in relation to homeless acceptances, definitions and assessments of vulnerability, and the allocation of temporary and permanent housing (Niner, 1989). Differences also existed between metropolitan, urban and rural areas (Bramley, 1993). Local authorities accorded priority to few (if any) applicants falling outside of the guidelines set by the legislation (Thomas and Niner, 1989). Hence, relatively few single and childless couples were accepted for housing through homelessness channels.

Two studies have collected information on the characteristics of statutory homeless people (O'Callaghan *et al.*, 1996; Thomas and Niner, 1989). One-half to three-fifths of applications and acceptances were women; one-tenth to one-third were single and childless; three-quarters were under the age of 35 years; less than one-in-ten

(7%) had a mental health problem; and only one-in-ten applicants were living in temporary accommodation or sleeping rough (O'Callaghan *et al.*, 1996; Thomas and Niner, 1989). When the files of 1,320 homeless households who had approached SHAC (the London Housing Aid Centre) during 1971-1981 were examined, only 4% were found to be literally roofless, 3% were in local authority temporary accommodation, and 37% were staying with relatives or friends (Austerberry *et al.*, 1984). Moreover, 45% were single women, 45% were in couples who were married or cohabiting, and only 8% were single men. These findings highlight the marked differences between statutory homeless people and single homeless people who are unofficially homeless.

Studies of the health needs of homeless people have proliferated (Gill *et al.*, 1996; Newton *et al.*, 1994; Westlake and George, 1994; Marshall and Reed, 1992; Garety and Toms, 1990; Marshall, 1989; Weller *et al.*, 1989; Shanks, 1988; Herzberg, 1987; Toon *et al.*, 1987). Some have focused on mental and physical health problems, whilst others on the provision of health services and their use by homeless people (Hinton, 1994; Black *et al.*, 1991; Victor *et al.*, 1989). Mortality rates among homeless people are high compared with the general population. The average age of death of homeless people is reported to be between the ages of 42 and 47 years (Grenier, 1996; Keyes and Kennedy, 1992). In London, high rates of active tuberculosis have recently been reported among homeless people, and particularly vulnerable were middle-aged and elderly men who were sleeping rough or in hostels and who were heavy drinkers (Citron *et al.*, 1995). Of 114 homeless people over the age of 60 years, 5% were found to have active tuberculosis. A high proportion of people sleeping rough were found not to be registered with General Practitioners, and it has been shown that some General Practitioners are reluctant to register homeless people (Williams and Avebury, 1995; Fisher and Collins, 1993; Williams and Allen, 1989). Because of difficulties in accessing primary health care services, some homeless people rely on hospital Accident and Emergency Departments.

Studies of unofficial or indigent homeless people have usually been prompted by changes in government policies. Coinciding with the government's decision to close or to hand over the responsibility of Resettlement Units to voluntary organisations, several surveys of Resettlement Unit residents have been conducted (Allen and Jackson, 1994; Deacon *et al.*, 1993; Oldman, 1993; Elam, 1992; Smith *et al.*, 1992; Stark *et al.*, 1989;

Duncan and Downey, 1985; Fielding, 1985; Consortium Joint Planning Group, 1981). The majority of residents were single men; between one-fifth and one-third were over the age of 50 years; up to one-half had mental health problems; at least one-fifth had alcohol-related problems; over one-quarter had been homeless for at least five years; and up to one-third were transient and had been residents for less than one month (Allen and Jackson, 1994; Elam, 1992; Vincent *et al.*, 1992). The difficulties of resettling this group were identified. Of 100 Resettlement Unit users who had been rehoused, one-fifth (22%) became homeless again within one year and a further 13% had left their accommodation and their whereabouts was unknown (Duncan and Downey, 1985).

Concern about the circumstances of people sleeping rough has prompted surveys of single homeless people (Moore *et al.*, 1995; Anderson *et al.*, 1993). The government has recently invested large sums into service-development to resolve the problem of people sleeping rough in London through *The Rough Sleepers Initiative* and the *Homeless Mentally Ill Initiative.* They were both launched in 1990, the former to provide accommodation and out-reach workers to resettle rough sleepers, and the latter to provide services specifically for those sleeping rough who are mentally ill (discussed in chapter 15). This has resulted in the evaluation of services established through these schemes, including an assessment of the needs of people who sleep rough (Randall and Brown, 1996, 1995, 1993; Craig, 1995; Somerwill, 1996). Approximately 85% of those sleeping rough were found to be men; between one-half and three-quarters had alcohol or drug related problems or a mental illness; many had long histories of homelessness, particularly those over the age of 50 years; and many homeless people leave direct-access hostels and cold-weather shelters[1] without being resettled (Randall and Brown, 1996; 1993; Somerwill, 1996).

Most British studies of homelessness have been conducted in London and some in other large cities, specifically Manchester, Sheffield, Oxford, Nottingham, Edinburgh, Birmingham, Bristol and Newcastle (Newton *et al.*, 1994; Vincent *et al.*, 1994; Westlake and George, 1994; Anderson *et al.*, 1993; Garety and Toms, 1990; Marshall, 1989; Shanks, 1988). Few have examined homelessness in small towns or rural areas, although rural homelessness is reported to be increasing faster than in urban

[1] Shelters in London which are funded through the *Rough Sleepers' Initiative* and which are open between December and March.

areas (Bramley, 1994; Lambert *et al.*, 1992). By the late 1980s, 'the incidence of (statutory) homelessness tripled in "deep" rural areas' (Lambert *et al.*, 1992, p. v). A recent study of Boston, a Lincolnshire market town and river port with approximately 25,000 people, identified 459 homeless people including 65 sleeping rough over six months, and concluded that homelessness is a hidden problem in small towns and rural areas (Wright and Everitt, 1996, p. 55).

There have been few British studies of indigent homeless people, particularly outside of London, and there is a dearth of information on those who sleep rough. Studies of homelessness have predominantly collected information through surveys conducted during a single encounter. There is a lack of depth, qualitative material to deepen our understanding of homelessness. Contemporary investigations of single homeless people cite 'relationship breakdown', 'death' and 'eviction' as reasons for homelessness (Anderson *et al.*, 1993; Elam, 1992). But they have not traced the histories of the respondents and therefore the circumstances relating to these events are not established. There is little ethnographic information on the circumstances of people once they are homeless; and no longitudinal data on the progression of homelessness, its effect on health, morale and socialisation, or about effective interventions and resettlement strategies.

3.2 American empirical studies of homelessness

Early American studies

Influential American studies of homelessness were conducted in the early-twentieth century. Alice Solenberger (1911) collected information from 1,000 homeless men in Chicago between 1900-1903. She classified homeless men into five groups: those who were crippled and maimed; the insane, feeble-minded and epileptic; homeless old men; seasonal and casual labourers; chronic beggars and tramps. Between 1915 and 1930, the Chicago School of Sociology pioneered influential and innovative empirical research (Bulmer, 1984). The city was seen as 'a social laboratory' for qualitative research, and ethnographic studies were conducted, using semi-structured interviews, life histories, and participant observation (Bulmer, 1984, p. 92). Nels Anderson's (1923) study of hoboes and homeless men described the lifestyle of homeless men in

Chicago's *hobohemia*, *i.e.* the *skid row*[2] of the city, and within hobo *jungles*, *i.e.* camps established by the men on the outskirts of the city. He categorised homeless men as seasonal workers; transients or occasional workers (hoboes); tramps who wander but seldom work; 'bums' who remain in one place and are dependent on others; and 'home guards' who remain in one place but do not rely on charity. He categorised the reasons why the men had first left home: to undertake seasonal work; because they were unable to work due to physical handicaps, alcoholism or 'personality defects'; following personal crises, such as the death of a relative; and because of a sense of wanderlust.

Another large-scale study concentrated on nearly 20,000 homeless men staying in shelters in Chicago during 1934-1935 (Sutherland and Locke, 1936). A typical shelter resident was described as an unskilled laborer who was socially isolated, who had been unable to find work after the age of 45 years, and who had become demoralised and dependent on shelters. Two pathways leading into homelessness were identified: a long-term transition, influenced by economic deterioration, marital problems, alcoholism and detachment; and a rapid decline following a crisis, in which social and economic assets were soon exhausted. There are good reasons why several early investigations into homelessness were conducted in Chicago. It was a rapidly growing city with railway connections to many areas, much casual work in construction and the stockyards, and, during the 1920s, an estimated 300,000 to 500,000 migratory men passed through each year, seeking shelter in the winter when harvest and seasonal work was finished (Anderson, 1923).

From 1950 until the late-1970s, research on homelessness focused on the skid row residents in various American cities (Blumberg *et al.*, 1978; 1960; Rooney, 1976; Bahr and Caplow, 1974; Wiseman, 1970; Wallace, 1965; Nash, 1964; Bogue, 1963; Bendiner, 1961). By this time, mechanisation had reduced the demand for migrant farm-workers and homeless men had become less transient (Schneider, 1986). Three groups of skid row residents were identified: people whose occupations had separated them from settled society, such as migratory labourers, seasonal workers and seamen; those in need of welfare, such as the unemployed; and deviants and 'fringe members of

[2] Areas of cities predominantly inhabited by homeless men, which offered cheap lodgings in missions, flophouses (lodging houses made up of small cubicles), single-room occupancy hotels (originally designed as accommodation for migratory workers), and services such as cheap bars and cafes, second-hand clothing stores, and pawnshops (Hoch, 1991; Cohen and Sokolovsky, 1989).

society', such as wanderers, alcoholics and petty criminals, who used skid row as a refuge (Rubington, 1971; Wallace, 1965). Their characteristics were similar to those established by early studies of single homeless people in Britain. The majority were male and aged over 45 years; between one-half to two-thirds had never married, others were divorced or separated; most were unemployed or working in semi-skilled and unskilled jobs; the majority were estranged from their families and relatives, and often isolated from each other; many were heavy drinkers; and a small proportion were transient (Bahr and Caplow, 1974; Bogue, 1963; Blumberg *et al.*, 1960).

The deviant behaviours of skid row residents attracted the attention of Amercian sociologists between the 1950s and the 1970s. Because heavy drinking was a recognised trait of many men, small studies examined their drinking habits, and the ways in which they pooled resources and participated in 'bottle gangs' (Rubington, 1968, 1971; Myerson and Mayer, 1966; Rooney, 1961; Peterson and Maxwell, 1958; Jackson and Connor, 1953; Myerson, 1953; Straus, 1951). Because many were isolated and estranged from their families, the second area of interest focused on disaffiliation and homelessness. Howard Bahr and his colleagues were major contributors to this work (Bahr and Caplow, 1974; Bahr, 1973; Bahr and Caplow, 1968; Bahr, 1967a). They introduced homeless women into their sample who, until this time, had usually been excluded from studies of homelessness; and they compared the situations of homeless men and women, and of homeless people with settled populations (Bahr and Garrett, 1976; Garrett and Bahr, 1973; 1976).

In comparison to domiciled populations, homeless people were found to be disaffiliated, and homeless women alcoholics were the most isolated skid row residents (Bahr and Garrett, 1976; Bahr and Caplow, 1974; Garrett and Bahr, 1973). Disaffiliation was reported to occur in three ways: external changes, such as unemployment or the death of a family member, meant that a person was left alone; or a person withdrew from society and severed links with relatives and social groups; or a person had always been poorly affiliated and had experienced a lifetime pattern of isolation (Bahr and Caplow, 1974). For women, failure in marriage was reported to be a key factor in disaffiliation and homelessness but, for men, unemployment was more critical (Garrett and Bahr, 1976; Bahr and Caplow, 1974).

In America, the 1950s to the 1970s saw much urban redevelopment and scattered gentrification (the return to inner city areas of the affluent population). Many single-room occupancy hotels (hereafter SRO hotels) and flophouses on skid rows had been demolished, and there was a rapid decline in the number of skid row residents (Lee, 1980; Bahr, 1967b). Whereas in 1919 an estimated 75,000 people lived on *The Bowery* (the skid row area of New York City), the number was fewer than 5,000 by the late 1960s (Cohen and Sokolovsky, 1989). By the 1970s, ethnographic studies of the residents of SRO hotels had multiplied (Cohen and Sokolovsky, 1980; Eckert, 1980; Lally *et al.*, 1979; Siegal, 1978; Erickson and Eckert, 1977; Stephens, 1976; Hertz and Hutheesing, 1975; Shapiro, 1971). The residents were found to be loners who were isolated from their families and from conventional social groups; some were elderly and had lived in a hotel for years, whilst others were younger and transient; and deviant behaviours, such as heavy drinking and mental illness, were common. Although reports from the 1950s to the 1970s found that some homeless men slept in trucks, abandoned buildings and sewer pipes away from skid row areas, only a few ethnographies of such people were conducted (Spradley, 1970; Love, 1956).

Recent American studies

From the early 1980s, research into homelessness in America burgeoned. Whereas homeless people had once been concentrated in skid rows, many were now sleeping on the streets and were scattered throughout cities (Rossi, 1990; Baxter and Hopper, 1981). Changes were noted in the composition of the homeless population, and distinctions made between the 'old homeless' and the 'new homeless' (Rossi, 1990; Hoch and Slayton, 1989). Homelessness had once been associated predominantly with white, middle-aged and elderly men, but the population had become racially and ethnically diverse, and included a greater proportion of young people, women and families (Baker, 1994; Snow *et al.*, 1994; Shlay and Rossi, 1992). Nevertheless, three-quarters of homeless people were still unattached men, and one-tenth single women (Shlay and Rossi, 1992; Burt and Cohen, 1989). Several large-scale surveys were undertaken during the mid-1980s of homeless people in American cities, including Chicago and Los Angeles; and there was a study of twenty counties in Ohio (Farr *et al.*, 1986; Rossi *et al.*, 1986; Roth *et al.*, 1985).

Because of the visibility of mentally-ill people on the streets since the early 1980s, some studies have focused on mental health. Recent reports suggest that between 20-50% of homeless people are mentally-ill, and up to three-quarters are depressed (Koegel and Burnam, 1992; Schutt and Garrett, 1992; Shlay and Rossi, 1992; Drake *et al.*, 1991; Fischer and Breakey, 1991; La Gory *et al.*, 1991, 1990; Rossi, 1989a; Koegel *et al.*, 1988b; Farr *et al.*, 1986). In Chicago, homeless women over the age of 40 years were found to be more 'confused and incoherent' than other age-gender subgroups (Rossi *et al.*, 1986, p. 81). Older 'bag ladies' who sleep rough and hoard possessions in bags and trolleys were noted for their disturbed and withdrawn behaviour (Coston, 1989; Hand, 1983; Rousseau, 1981; Schwam, 1979).

Over the last ten years, the methods employed in American research have become more diverse and vigorous. Ethnographic studies lasting months have been conducted of homeless people on the streets, and at shelters, soup kitchens and airports, and life histories have been collected (Butler, 1994; Rosenthal, 1994; Liebow, 1993; Snow and Anderson, 1993; Wagner, 1993; Wolch and Rowe, 1993; Underwood, 1993; Vanderstaay, 1992; Hopper, 1991; Russell, 1991; Glasser, 1988; Kozol, 1988). One investigation concentrated on homeless people who lived in the underground tunnels beneath New York City (Toth, 1993). These works have gathered depth information about the circumstances of homeless people, their social networks, and the ways in which they have adapted to homelessness. But the majority rely on cross-sectional data, provide only descriptive accounts, and have not undertaken systematic analyses. Some suggest that homeless street people integrate with each other and form communities or 'subcultures' (Toth, 1993; Wagner, 1993; Underwood, 1993; Rowe and Wolch, 1990). Others report that homeless people are isolated, that they interact minimally and their relationships are 'superficial' (Rosenthal, 1994; Snow and Anderson, 1993; Hauch, 1985; Hill *et al.*, 1990; Glasser, 1988). Older homeless people are reported to be more hidden and isolated than younger homeless people, and less likely to have friends who would offer shelter (Gelberg *et al.*, 1990; Rossi *et al.*, 1986; Roth *et al.*, 1985).

A few studies have tracked and maintained contact with homeless people for at least one year, generating longitudinal data and enabling states of homelessness to be identified (Wright *et al.*, 1995; Koegel, 1992; Piliavin and Sosin, 1987-88). For some people homelessness was short-term, for others a long-term chronic condition, and for

others an episodic state characterised by patterns of 'residential instability' and movement between housing and homelessness (Wright and Devine, 1995; Sosin *et al.*, 1990). In Los Angeles, the relationship between transience and social and personal factors was examined (Wolch *et al.*, 1993; Rahimian *et al.*, 1992). Those who were transient tended to be young, newly homeless and physically healthy, and they were less likely to drink heavily or abuse drugs. Mentally-ill people fell into one of two categories: some remained in one area for a long period, others were highly mobile and frequently moved between towns (*ibid.*).

Models and taxonomies have been constructed to elucidate the process of homelessness, and the ways in which social relationships and coping skills interact and influence the progression of homelessness (Snow and Anderson, 1993; Grigsby *et al.*, 1990). Whilst some people exited from homelessness after a short time, others became 'entrenched' in the lifestyle. They either became increasingly isolated on the streets, coped poorly and had mental health problems; or they affiliated with homeless people and learned ways of surviving and adapting to homelessness (Grigsby *et al.*, 1990). The studies are however based on cross-sectional and retrospective data, not longitudinal evidence.

The reasons why people become homeless have been relatively neglected. In New York City, the housing histories of 482 homeless families were traced and pathways leading to homelessness were identified (Weitzman *et al*; 1990). Comparisons have been made of the characteristics and circumstances of homeless people with those of poor people who use soup kitchens and food programmes at homeless shelters (Toro *et al.*, 1995; Sosin *et al.*, 1988). But most studies have proposed reasons without providing rigorously-analysed, empirical evidence.

3.3 Studies specifically of older homeless people

British studies

One of the first British studies specifically of older homeless people was of fifty-five men who used a night-shelter in Plymouth (Blacher, 1983). Most were found to be single and had physical health problems, over two-fifths were heavy drinkers, and the majority had worked in unskilled or semi-skilled jobs as kitchen porters, labourers or

merchant seamen. Some were long-term residents of the night-shelter, but others left after one or two nights without indicating their destination. In 1990, an exploratory study of elderly (60+ years) homeless people sleeping on the streets in London interviewed 54 men and 21 women (Crane, 1993). Another 55 subjects either refused to be interviewed or could not provide information because of severe mental health problems. One-quarter were aged at least 70 years, more than one-half had physical health problems, and many had mental health problems. The men presented as depressed, whereas the women were more commonly psychotic, deluded or had severe memory problems. Many slept in hidden places, and were estranged from their families and from services. Some had only recently entered homelessness, others had been on the streets for at least ten years. The majority had once been owner-occupiers or had had secure tenancies. Some had been evicted from their homes, others had abandoned their accommodation. The dominant expressed reasons for becoming homeless were widowhood, marital breakdown, eviction, redundancy and mental illness (Crane, 1993).

The only other substantial British study was recently conducted on elderly homeless people in contact with local authorities (*i.e.* the statutory homeless) in four areas of Scotland (Wilson, 1995). The majority of respondents were relatively young (less than 65 years), many were living in secure accommodation or with adult children, and only a small proportion were homeless and living in hostels or sleeping rough. Marital breakdown was a common reason for homelessness; others included family disputes between elderly people and their children; eviction from privately-rented accommodation; and the loss of tied accommodation upon retirement (Wilson, 1995).

American studies

Since the early 1980s, the most penetrating and influential investigations of older homeless men have been conducted in New York City (Cohen *et al.*, 1993; Cohen *et al.*, 1992a, 1992b; Cohen and Sokolovsky, 1983; Cohen and Sokolovsky, 1980). A depth, qualitative study was conducted on 281 homeless men over the age of 50 years who in 1982-83 were living on *The Bowery*, the skid row area of New York City (Cohen and Sokolovsky, 1989; Cohen *et al.*, 1988b). Eighty-six of the men were sleeping on the streets, 177 lived in flop-houses, and eighteen in dilapidated tenements. They had been living on *The Bowery* from a few days to 63 years. Several themes recurred in their

histories. These included disrupted childhoods, poor education, low-skilled jobs as in casual labouring which resulted in exposure to *The Bowery*, moderate to heavy alcohol consumption, mental and physical health problems which prevented employment; and emotional distress following widowhood or relationship breakdowns (Cohen and Sokolovsky, 1989).

Physical health problems and depression were commonly reported by the men, and these rates were considerably higher than among domiciled men (Cohen and Sokolovsky, 1989; Cohen *et al.*, 1988a). Common physical health problems included respiratory diseases, hypertension, arthritis, and gastrointestinal diseases. One-third to two-fifths of *The Bowery* men were clinically depressed, and one-quarter had a psychotic illness (Cohen and Sokolovsky, 1989). One-half drank alcohol daily, and a further one-third several times a week. The men had truncated informal social networks in comparison to domiciled elderly people in the city, and those on the streets had more restricted networks than those in flophouses. Compared to the sample in apartments and flophouses, the men sleeping on the streets were found to be heavier drinkers and more depressed. Although the street men had fewer social contacts, they demonstrated greater mutual support (Cohen and Sokolovsky, 1989).

Homeless elderly people in Detroit were the subject of a brief investigation (five weeks) in the late 1980s (Douglass *et al.*, 1988). Almost two-thirds of 68 men and 17 women were less than 66 years of age. At least three-tenths were sleeping rough, others lived in hotels, shelters, missions, or with friends and relatives. Most had been life-long residents of Detroit. One-quarter were confused; two-thirds of the men and two-fifths of the women reported feeling depressed 'some or most' of the time; and one-half of the women had been in a mental hospital. Their pathways into homelessness were associated with, 'life-long difficulties with other people, lack of a supporting family, poor education and lack of job skills, and personal problems such as alcohol abuse and criminal behavior' (Douglass *et al.*, 1988, p. 51). In association with these factors, poverty was identified as the critical cause of homelessness. There was no evidence in the report, however, that life histories had been examined, and the conclusions appear impressionistic rather than being reached through systematic analysis. Several respondents circulated around the meal sites and shelters scattered through the city which provided food, clothing and health care, and appeared to be crucial sources of

support. At the time of interview, over two-fifths (45%) were 'very poorly dressed', and just over two-fifths reported that there were times when they had little to eat for two or more days. The older *Bowery* men in New York reported similar problems; nearly one-half went without meals at times, including two-thirds of those who were sleeping on the streets (Cohen and Sokolovsky, 1989).

The case files of 157 elderly homeless people who had been referred to emergency shelter services in Chicago during 1986 and 1987 were examined (Kutza, 1987). It was estimated that this group represented 8-15% of elderly homeless people in the city. Over one-half (55%) of referrals were women, contradicting the common observation that homeless men outnumber women. One-third were over the age of 75 years; only 14% women and 9% of men had 'positive involvement' with their families; and two-thirds of the men and three-quarters of the women were in poor physical health. Common problems were arthritis, hypertension, diabetes, and pneumonia. Mental illness featured prominently. Although only a few had a known history of mental illness, a significant number exhibited psychiatric symptoms or suffered from dementia (Kutza, 1987). Nearly one-half (45%) of the women and three-tenths (31%) of the men were found to be confused, disoriented or paranoid. In 57% of the cases, mental health problems were the reason for referral to the emergency service, although they were too confused or disturbed to provide a history of their homelessness (Kutza, 1987). Attention had been drawn to their situation because they were found wandering on the streets or displaying disturbed behaviour. The reasons for becoming homeless could be determined for only 43% of the sample. One-quarter had become homeless after being evicted from their accommodation, and 6% after family disputes. A further 13% while not homeless were living in poor conditions deemed to be a health or safety risk. The emergency services had been alerted to their circumstances by a landlord, a neighbour or the police. The majority of those who were able to provide information had become homeless within the previous year and, for many, eviction or mental health problems had led to this state (Kutza, 1987).

Elderly homeless people in Chicago were the focus of another investigation one year later (Keigher *et al.*, 1989). The records of 475 clients aged 60 years and over who were in contact with the *Chicago Department of Human Emergency Services* homeless programme were examined. They included people who were homeless and those living

in deplorable housing conditions. Two-thirds were women, and nearly one-half were over the age of 75 years. Many of the homeless had been in the state for only a short time (Keigher *et al.*, 1989). Typically, they were people who had lived alone and been evicted for forgetting or refusing to pay their rent. This was most frequently associated with mental illness, dementia and alcoholism. Homelessness also occurred following a fire, the loss of support from a spouse or caregiver, the loss of income, or through a self-initiated move due to paranoid fears. The study concluded that, 'half of the interviewees who were ever homeless and one-fourth of those in deplorable housing conditions present evidence of psychiatric or cognitive impairment ... (these) play a major role in situations that lead to homelessness among the elderly. Such homelessness is inherently different to that of younger people' (Keigher *et al.*, 1989, p. 63).

The New York and Detroit studies therefore concluded that elderly homelessness is often the result of long-standing problems of family and social relationships, work difficulties, mental illness and alcoholism (Cohen and Sokolovsky, 1989; Douglass *et al.*, 1988). The Chicago studies suggested that eviction or poor living conditions arising from mental illness and inadequate coping are crucial factors leading to homelessness in later life (Keigher *et al.*, 1989; Kutza, 1987).

3.4 The extent of present knowledge and understanding

Studies of homelessness have been conducted in Britain and America since the beginning of the twentieth century. Before 1980, research in both countries was similar. Skid row men in America, and men who used hostels, lodging houses and Resettlement Units in Britian, were found to have similar characteristics and behaviours. Since the early 1980s, research into homelessness by the two countries has diverged in nature and quality: few similarities remain. In Britain, research has been scant and has focused on statutory homeless people, with only occasional studies of indigent homeless people. British sociology has neglected the population, and the themes of research have been set by housing management and medical concerns. Most British studies have relied on single survey methods, and depth investigations are few. As a result, British research has contributed little to the understanding of homelessness, and particularly to theories about why people become homeless, and to explanations.

American research has been more productive and has made significant contributions to an understanding of homelessness. The inconsequential nature of the information that is obtained from single, cross-sectional studies has been recognised and has prompted the use of more sophisticated methodologies (Snow *et al.*, 1994; Koegel, 1992; Baxter and Hopper, 1982). Rich qualitative material has been collected through prolonged periods of observations, depth semi-structured interviewing, ethnographic studies over many months, tracking of respondents through time, and by comparative studies of homeless and non-homeless groups. This information has increased knowledge and understanding of the state of homelessness and its duration, persistency, and influence on behaviour through time; and the lifestyle and features of homeless people, and the ways in which they adapt to and cope with homelessness. Evidence shows how homelessness may be a short-term state or a chronic long-term condition, and how it may be constant or intermittent. From this, models have been constructed to explain the progression of homelessness, and to advance knowledge of the reasons why people remain homeless.

Although advances have been made through Amercian research into understanding the state of homelessness and behaviours of homeless people, information remains limited about the entry into and exits from homelessness. In Britain this knowledge is scant, and even in America it is elementary and relevant research is in its early stages. In order to develop a theoretical understanding of the reasons for homelessness and the entry into homelessness, there is a need to delve into the histories of homeless people, and identify experiences which render them more or less vulnerable to homelessness (Snow *et al.*, 1994). In order to increase knowledge and understanding of the progression of homelessness and exits from homelessness, there is a need for longitudinal studies in which homeless people are monitored through time (Toro *et al.*, 1995; Snow *et al.*, 1994; Koegel, 1992; Sosin *et al.*, 1990; Farr *et al.*, 1986).

There is a dearth of information about elderly homeless people in Britain and America, for only a scatter of mostly small-scale and short-term studies have been carried out. The few existing studies have nevertheless identified common features among elderly homeless people. They are often isolated, the majority have no family or they are estranged from their family, and they have high rates of mental and physical

illnesses which are likely to be exacerbated by their age, dire living conditions, and hazardous lifestyles. Many long-term homeless people probably die before they reach old age, and older homeless people are either survivors or those who become homeless late in life. Homelessness is a complex phenomenon and homeless people are difficult to study, to assess and to understand. Particularly difficult are elderly homeless people who are hidden and who have mental health problems which affect their ability to provide information.

Our partial comprehension of the phenomenon of homelessness is demonstrated further in the next chapter which examines British and American contributions to theories of homelessness, and how these have been advanced through the twentieth century. By reporting on the diverse propositions and hypotheses which exist about the causes of homelessness, the chapter clearly highlights the limitations of our present knowledge and the complexity of the problem.

Chapter 4
Theories of Homelessness

"To understand why a person becomes homeless you cannot look simply at that person's life history; in my situation you have to trace it back to my grandmother and look at her relationship with men."

Jean (aged 62 years and sleeping rough)

This chapter examines the theories and hypotheses of homelessness which have been proposed in Britain and America during this century. Theories attempt to explain sets of conditions or types of events by interpreting and postulating about causes and relations, and proposing new hypotheses and interpretations (Denzin, 1989; Giddens, 1989; Glaser and Strauss, 1967). They are generated from research and empirical data, logical deductions, and ungrounded assumptions (Glaser and Strauss, 1967). Some theories are grand or 'macro' scale, and present general sociological interpretations of the social system. Others are in the middle and 'micro' ranges, and can often be tested by empirical research.

Theories of homelessness are concerned with how and why the problem occurs. They seek to explain the interactions between preceding events, states, and more immediate triggers, and how these progress to homelessness. They clarify reasons for homelessness from structural, economic, sociological and psychological perspectives. Most are American in origin, as there has been a dearth of such writing in Britain. British contributions have focused on structural and economic reasons at the expense of sociological and psychological causes. Some of the theories and hypotheses about homelessness are on a macro-scale and the problem is seen to be rooted within society, others relate to social relationships and individual incompetencies.

The chapter has six sections. The first concentrates on macro theories and propositions about homelessness which relate to structural and economic factors within society. The second examines meso or middle-range explanations of homelessness, whereby relationships within the social structure have been identified as causal factors. This is followed by a discussion of micro theories and the ways in which individual

incompetencies have been proposed as reasons for homelessness. The next short section discusses holistic explanations, and is followed by a discussion of the postulated causes of homelessness and changes in the temporal life course as described in some of the more relevant theories of ageing. Lastly, the epistemology of homelessness is examined.

4.1 Macro-social theories of homelessness

Economic and structural changes

Since the early years of this century, American sociologists have associated the aetiology of homelessness with economic and industrial changes, particularly periods of recession and advances in technology whereby unskilled jobs became scarce or obsolete. Solenberger (1911) and Anderson (1923) proposed that economic crises either led directly to unemployment or to a process of downward movement of casual work and homelessness. Men who had once worked in mercantile and manufacturing industries, lost their jobs and left home to seek casual work. Because casual work was often seasonal and irregular, such men lived in cheap lodging houses, they lost contact with their family, they became demoralised, disorganised and unsettled, they spent their money without saving, they lost the habit for steady employment and became idle, and ended up as vagrants when impoverished (Anderson, 1923; Solenberger, 1911). Anderson (1923) noted, however, that many unemployed men returned to work once an economic depression had passed, without experiencing disorganisation and homelessness.

Sutherland and Locke (1936) also acknowledged a link between industrialisation, technological changes, unemployment, and homelessness, but noted that such a theory did not explain why some men in the 1930s remained employed whilst others became unemployed and homeless. They attempted to develop the theory by offering three explanations which they believed differentiated unemployed men who became homeless from those who remained settled. Their hypotheses were that men who became homeless were incompetent and unable to sustain work which would support them; or that they were reared in economically-deprived homes as children and had been compelled to abandon school and accept jobs which had few opportunities; or that such men had personalities which favoured mobility and the homeless lifestyle.

Hence, the early American sociologists proposed that, although economic factors and unemployment played a contributory part, they were not sufficient reasons to cause homelessness. Individual and personality factors were also pertinent.

Contemporary researchers in Britain, Europe and America, frequently claim that economic and structural factors are the root causes of homelessness, associating it with a shortage of low-cost rented housing, unemployment and poverty (Avramov, 1995; Wolch and Dear, 1993; Greve, 1991; Rossi, 1989b; Ropers, 1988; Kearns, 1984). John Greve (1991, p. 18) proposed that homelessness in Britain was principally caused by "a critical shortage of affordable rented housing", a problem which has been re-inforced since 1979 by a sharp reduction in council-house building, a substantial decrease in finances for new building, and a government programme to encourage local authorities to sell council houses to tenants. He claimed that employment opportunities, wage and income levels, demographic changes, the rate at which new households are being formed, and policies relating to social security and housing benefit, contribute to homelessness in that 'people are unable to find or retain housing at rents or prices they can afford and with security of tenure' when faced with crises such as unemployment or relationship breakdown (Greve, 1991, p. 23).

Such conclusions are drawn from evidence of changes in the housing market, employment rates and demographic trends in Britain through this century, and particularly since the Second World War, alongside the trends in statutory homelessness, *i.e.* the numbers and characteristics of households accepted as homeless by local authorities. Until the late 1880s, there was no significant government intervention in the housing market (Malpass and Murie, 1994; Thane, 1982). From the 1900s and, particularly after the First and Second World War, this changed. Local authorities played a key role in providing housing particularly for low-income families until 1979 when housing policy changes occurred. Greve's propositions have received strong support, and economic and structural factors and policy changes are widely cited as reasons for homelessness in Britain (Malpass and Murie, 1994; Anderson, 1993; Drake, 1989). Yet his propositions have not been tested empirically and no explanatory theory or model has been developed.

Ropers (1988) proposed that homelessness in America has its roots in economic and structural factors, but his hypotheses differed to those of John Greve. Whereas

Greve claimed that a shortage of affordable rented housing was the crucial factor contributing to homelessness, Ropers suggested that its origins stem from economic displacement and unemployment. He theorised that economic depressions, and technological innovations resulting in deindustrialisation, lead to job displacement and unemployment, people become disaffiliated from the job and housing market, they experience the loss of a work role and its associated income and social integration, they develop a loss of self-esteem and self-identity, and they become socially and psychologically estranged. This can be likened to the early works of Solenberger (1911) and Anderson (1923) who associated unemployment and homelessness with personal disorganisation. Ropers's propositions have not been empirically tested, and they still do not explain the progression from unemployment to homelessness, and why only a minority of unemployed people become homeless.

There has been little advance on the early theoretical propositions about the significance of economic and structural factors in the causation and progression of homelessness, and few theories and models have been developed and tested which explain an association. In America in the mid-1980s, when the economic recession receded and unemployment decreased, it was noted that the number of homeless people continued to increase (Jencks, 1994; Morse, 1992). It was suggested that, 'a direct, linear relationship does not necessarily exist between homelessness and the health of the national economy, including employment rates' (Morse, 1992, p. 6).

Urban social analyses

American urban sociologists have recently conducted analyses to examine area or ecological associations between inner cities and homelessness, comparing cities with high and low manufacturing and growth rates. Elliott and Krivo (1991) based their calculations on 20 large American metropolitan areas with populations of over one million, 20 medium size metropolitan areas (250,000-1 million), and 20 small metropolitan areas (50,000-250,000). Burt (1992) focused her analyses on 147 American cities with populations of at least 100,000. Elliott and Krivo (1991) reported a significant relationship between a lack of low-rent housing and greater levels of homelessness, yet Burt (1992) found homelessness existed even in American cities

which had favourable housing conditions. By relying on factor analyses, however, the associations reported may sometimes not be causal and may be misleading.

An area with a shortage of low-rent housing may not *cause* homelessness but may simply sustain the problem *once* people are homeless. Similarly, a city's proportion of one-person households was associated with an increase in homelessness, and it was suggested that this was because a strain was placed on limited resources (Burt, 1992). Homelessness may result if those living in one-person households are socially isolated and experience difficulties, and not because of an excess strain on resources. Similarly, in Britain, Drake (1989) suggested an association between the migration of vulnerable people into inner cities, a strain on local resources, and high rates of homelessness. Yet this does not explain *why* this population drifted into cities, and it ignores the possibility that homelessness preceded migration.

Burt (1992) and Elliott and Krivo (1991) also searched for ecological links between poverty, unemployment and homelessness. Burt (1992, p.195) found that 'poverty rates were largely ineffective in explaining (statistically) between-city differences in homelessness'. Cities with relatively favourable housing and employment conditions still had a problem of homelessness. Similarly, Elliott and Krivo (1991) found that the level of poverty and unemployment rates in areas had *no* significant effect on rates of homelessness, although analyses excluded people who were no longer looking for work. Cities with a higher proportion of unskilled jobs, however, had higher rates of homelessness. There could be several reasons for this. Low-pay and insecure working conditions could make a person susceptible to homelessness, or they may attract unskilled workers with a history of homelessness.

Urban social analyses are methodologically and theoretically naive in terms of examining causal factors of social problems, including homelessness. Such analyses do not differentiate between individuals or groups within areas. Hence Burt's (1992) analyses reported no significant statistical relationship between poverty rates in 147 cities and homelessness. By using this methodology, however, residents were treated as a homogeneous group without allowing for differences in inner-city localities, social classes and household structures. Ecological analyses offer little understanding of the causes of homelessness, and have some parallels with ecological analyses of mental illness (Faris and Dunham, 1939). A concentration of homeless people in inner cities

may be explained by the stresses of urban life or other place-specific causal factors, or it may be because people with risk factors tend to move into (or not move out of) inner cities.

Deinstitutionalisation policies and the closure of psychiatric hospitals

In Britain and America over the past four decades, deinstitutionalisation, associated with the closure of large psychiatric hospitals and the resettlement of mentally-ill people within local communities, has been linked to an increase in the number of homeless mentally-ill people (Barham, 1992; Craig and Timms, 1992; Greenblatt, 1992; Jones, 1983). Initially it was believed to have been a direct result of people being discharged from hospital (Craig and Timms, 1992). Evidence demonstrates, however, that only a small number of people became homeless immediately after being discharged from a mental hospital (Rosenthal, 1994; Craig and Timms, 1992; Sosin *et al.*, 1988; Roth *et al.*, 1985; Hopper and Hamberg, 1984). In America, there was a lag between the 1960s when major deinstitutionalisation moves took place, and the late 1970s when large numbers of mentally-ill homeless people appeared on the streets (Hopper, 1988).

It is reported that deinstitutionalisation has a delayed effect on homelessness. The closure of psychiatric hospitals and the loss of bedspaces is believed to be coupled with selective admission policies. Only the most severely disabled receive in-patient care, and shorter average lengths of stay increase the number of mentally ill people with chronic illnesses (Baum and Burnes, 1993; Stefl, 1987; Hopper and Hamberg, 1984). As a result, mentally-ill people become homeless, they are unable to receive hospital treatment, health problems are exacerbated by their reluctance to take medication and their inability or unwillingness to use services, and the situation is compounded by the reluctance of general practitioners and hospital staff to treat them (Williams and Avebury, 1995; Baum and Burnes, 1993; Fisher and Collins, 1993; Jahiel, 1992; La Gory *et al.*, 1990; Lamb and Lamb, 1990; Williams and Allen, 1989).

Deinstitutionalisation is believed to play an important role in 'creating and maintaining' homelessness (Craig and Timms, 1992, p. 271). Hostels and temporary shelters are seen to be institutional settings in that they offer a 'low-key, non-interfering environment in which it is possible to stay for many months or even years (and) residents are not subjected to medical or social work demands to make changes in their

lives' (Craig and Timms, 1992, p. 270). Mentally-ill people move into these homeless settings, they are ignored by mainstream psychiatric services, no demands are placed on them to participate in rehabilitation programmes, and they remain homeless (Craig and Timms, 1992). Some drift between shelters, further reducing their chances of obtaining help (Marshall, 1989; Wood, 1979; Riech and Siegal, 1978; Lamb, 1984). Many homeless mentally-ill people have never been hospitalised yet are reported to be, 'casualties of the deinstitutionalization philosophy' (Hope and Young, 1986, p. 165). The cited statement identifies a 'coexistence' between deinstitutionalisation and homelessness. But there are no developed theoretical propositions supported by empirical evidence, which demonstrates how deinstitutionalisation leads to homelessness and explains why only a small proportion of mentally-ill people become homeless (Fisher and Breakey, 1986).

4.2 Meso-theories within the social structure

Urban social disorganisation

Theorists have attempted to explain homelessness from an ecological perspective, by identifying how environmental and spatial factors may affect individuals. Early this century, Burgess divided the city of Chicago into zones according to the social organisation of communities, and identified a 'zone in transition' which encircled the central business district (Park *et al.*, 1925). This was reported to be an area of social disorganisation characterised by high rates of immigration, transience, poverty, deteriorated housing, slum dwellings, and deviance, including homelessness, mental illness, vice and crime (Faris and Dunham, 1939; Zorbaugh, 1929; Park *et al.*, 1925; Anderson, 1923). Its inhabitants tended to be isolated people who maintained anonymity (Faris and Dunham, 1939). Thirty years later, Castle and Gittus (1961) divided Liverpool into zones similar to those described by Burgess in Chicago. They also identified a 'zone in transition', within which were high rates of mental illness, child neglect and juvenile crime. In Hamilton, Ontario, Dear and Wolch (1987) proposed that the zone of transition had become a 'zone of dependence' inhabited by a population who were dependent on services and welfare, particularly those who were mentally-ill, mentally-handicapped, physically-disabled or elderly.

It was believed that areas of social disorganisation created stress and, because the residents were isolated and lacked social support, this led to problems such as mental illness, alcoholism and homelessness. Faris and Dunham (1939) found differences in Chicago in the distribution of types of mental illness by area. A high proportion of schizophrenics lived in the zone of transition but few on the periphery of the city, although this pattern was not seen among people suffering from manic-depression. A recent study in Nottingham also found high rates of schizophrenia in inner-city areas, yet randomly-distributed spatial patterns of rates of manic-depression (Giggs, 1988). But if areas which are socially disorganised create stress and problems, it is not known why some residents deviate whilst others conform. Although socially disorganised areas may exacerbate problems such as schizophrenia, on the other hand mentally-ill homeless people are known to 'drift' into isolated city areas where social demands are few (Baum and Burnes, 1993; Lamb, 1984). Dear and Wolch (1987) found that many ex-psychiatric patients had been discharged from hospital to destinations within Hamilton's 'zone of dependence'.

Because of the lack of empirical evidence, we do not know the extent to which socially disorganised areas (a) contribute to stress which in turn leads to deviancy, mental illness and homelessness (the 'breeder' hypothesis); (b) attract people who already have social and psychological problems (the 'drift' hypothesis); or (c) create a cluster of vulnerable people who remain in an area whilst those who are more competent move out (the 'social residual' or sorting hypothesis) (Giggs, 1988). Until evidence is available on the histories of homeless people, little can be deduced about the extent to which socially disorganised areas generate social problems such as homelessness.

Social change producing anomie and homelessness

Social change can cause strain and conflict, and lead to non-conformity and deviance. People may be unable to cope with new roles, norms and goals which are forced upon them. They may lack the necessary psychological, social or material resources to make the changes, or they may find them contentious. For those who experience strain and conflict, social change can produce a state of anomie[1] and normlessness and progress to homelessness (Merton, 1968). Merton proposed that when people become suddenly

[1] Discussed in chapter 2

'exempt' from roles through, for example, retirement or widowhood, they experience an abrupt disruption of norms, social relationships and roles. They lose established social relations and patterns of behaviour, have no clearly-defined goals to follow, become alienated and react by 'retreating' from society. He noted that, 'retreatism seems to occur in response to acute anomie ... particularly when it appears to individuals subjected to it that the condition will continue indefinitely" (Merton, 1968, p. 242). Yet many people experience sudden retirement and widowhood while only a minority become homeless. Merton offered no interpretation as to why such events produced a state of alienation for only a few.

Contemporary studies of homelessness continue to report incidents involving social change, such as bereavement and relationship breakdown, as reasons for homelessness (Anderson *et al.*, 1993). Because theoretical formulations are naive, there is little understanding as to why a minority of people adopt the *extreme* behaviour of retreatism and abandon their homes, families and conventional lifestyles at a time of change and upheaval. People cope with stresses and changes in different ways. Some confront and seek ways of solving a problem, whilst others use avoidance tactics such as escapism and denial (Hooker *et al.*, 1994; Lazarus, 1993). Some people have poor problem-solving skills and are particularly vulnerable to stress, for example those who are mentally-ill (Kahana *et al.*, 1990; Miller and Miller, 1991; Lamb and Lamb, 1990). Those who are socially and economically advantaged are often in a better position to manage changes than people who have financial difficulties, low self-esteem and who lack social support (Kahana *et al.*, 1990; Norris and Murrell, 1984; Thoits, 1982; Pearlin and Schooler, 1978).

Events, such as widowhood and retirement, typically require a person to make substantial readjustments, in terms of adopting new role demands, changing routine behaviours and adapting to financial constraints (Holmes and Rahe, 1967). These necessary adjustments can cause additional strains (Kessler *et al.*, 1985; Pearlin *et al.*, 1981). It can be hypothesised that some people, because of mental health problems or poor social skills, lack the ability or the experience to deal with social changes. They become stressed as they are unable to cope with new roles, responsibilities and norms which are forced upon them, and they adopt retreatist behaviours as a way of escaping

from their circumstances. Hence, it may be that homelessness is the outcome of a combination of a stressful event and vulnerability.

The breakdown of family relationships

It has been hypothesised that homelessness is the outcome of the breakdown of family relationships (Downing-Orr, 1996; Snow and Anderson, 1993; Zozus and Zax, 1991; Wright, 1989; Baumann and Grigsby, 1988; Sosin *et al.*, 1988). Urbanisation and the growth of cities and industrialisation has been associated with a weakening of family, neighbourhood and community ties (Wirth, 1938; Park *et al.*, 1925). The association between the breakdown of family relationships and homelessness is purported to occur in one of two ways. Some people are vulnerable, they have high levels of personal disability, for example a mental illness, and they have few resources. They are supported materially and emotionally by their family or relatives. Eventually, their family's ability to help is eroded either financially or psychologically, their support system is destroyed and, because they cannot cope on their own, they become homeless (Rossi, 1989b; Wright, 1989; Sosin *et al.*, 1988).

It is also hypothesised that people who are raised in dysfunctional and problematic families, within which they experience disruptions, abuse and rejection, become alienated, and they either escape from violent and unstable homes, or they are evicted from their family home (Downing-Orr, 1996; Snow and Anderson, 1993). Because of the dysfunctional nature of their family, they have not been taught the necessary living skills to cope independently, they are prematurely exposed to adult responsibilities of independent living, and they become homeless when they leave their family setting. Their alienation is seen to result from their parents' dysfunctional relationship which is often hostile and violent, multiple relationships by their parents which involve family unit changes and restructuring, their own physical and sexual abuse by male parental figures, and placements in care.

The two hypotheses differ. The first suggests that the root cause of family breakdown lies with the disability of the person who becomes homeless, whereas the second identifies the family itself as being dysfunctional and the person who becomes homeless as the 'victim'. It can be argued that in many instances it may be difficult to separate the disability of the person who becomes homeless from the disability of the

family, and that the two may be inter-linked. Social networks support a person emotionally and materially, and act as a buffer against stress (Thoits, 1982). A person who lacks support is vulnerable at a time of crisis, but this alone would not result in homelessness. Homelessness could be triggered by circumstances such as an inability to cope or diminished financial resources. Because few studies have systematically analysed the family relationships of people before they became homeless and the progression to homelessness, explicit theories have not been developed.

4.3 Micro-social and psychological theories of homelessness

The theories described in this chapter so far indicate that homelessness can be explained through structural and economic factors, government policy changes, or as a breakdown within a person's social structure. Other theorists believe that problems within the individual are more relevant. Lay commentators, politicians, and early sociologists have argued that people are homeless through choice, or from 'wanderlust' and an urge to roam and encounter new places and experiences (Anderson, 1923; Solenberger 1911). Studies have found this to be rare: fewer than one-in-ten homeless people admit that they have 'chosen' the homeless lifestyle (Snow and Anderson, 1993; Roth *et al.*, 1985; Digby, 1976). By identifying homelessness as wilful disengagement, it oversimplifies a complex process and denies the influence of external contributory forces and individual psychopathology.

Natural disasters and adverse events, such as a house-fire, a flood, war or an earthquake, can suddenly result in homelessness for individuals, families and communities. In the *International Encyclopaedia of the Social Sciences*, the victims of such disasters are referred to as 'refugees', and include 'any persons compelled to abandon their homes because of events for which they cannot be held responsible' (Caplow *et al.*, 1968, p. 496). 'Refugees' are distinguished from other homeless people because they usually retain or renew affiliations and they are generally resettled in a community, although it is acknowledged that some people may become 'ultimate refugees' *i.e.* those who are disaffiliated and not resettled (Caplow *et al.*, 1968).

The undersocialisation theory of homelessness

Through socialisation, people learn about social relationships, roles, norms and values. Talcott Parsons perceived socialisation as a lifelong process normally beginning in childhood where, 'the major value-orientation patterns' are established, and continuing into adulthood (Parsons, 1951, p. 208). Socialisation is achieved within primary close-knit family and peer groups which offer security, recognition, emotional support, and an opportunity to develop social skills and self-identity (Ritzer, 1992). Secondary socialisation is achieved through work and marriage (Jary and Jary, 1991; Giddens, 1989; Pittman and Gordon, 1958). People are sometimes 'inadequately' or under-socialised (Cuff, 1992). They have been 'deprived of the opportunity of sharing experiences with others, of belonging to social groups and of participating in social activities', and of learning expected norms and values (Straus, 1946, p. 363). Undersocialisation in childhood and adolescence can result in delinquency, isolation and loneliness (McCord, 1990; Erikson, 1982; Rutter, 1971). Children and adolescents with limited socialisation may enter adulthood feeling insecure and unable to manage social relationships and responsibilities, and avoid commitments such as marriage, family-raising and regular employment (Straus, 1946).

The theory of undersocialisation was first related to homelessness by Straus (1946) and Pittman and Gordon (1958), who recognised the limited social experiences of homeless men. Many had come from broken childhood homes, had never had close friends, had either remained single or had experienced broken marriages, had had unskilled or casual work histories, and had often drifted between jobs with no sense of responsibility or continuity. The researchers proposed that men who are poorly socialised and dependent, leave their childhood homes when adult, and move into semi-protective, institutional environments which relieve them 'of responsibility for coping with problems of food, housing and related needs' (Pittman and Gordon, 1958, pp. 128-9; Straus, 1946). They secure an institutional lifestyle in three ways: (a) by joining the armed forces or merchant navy whereby accommodation is provided in barracks; (b) by working as labourers and in railroad gangs and living in work-camps, or obtaining live-in jobs in hospitals; or (c) by living in hostels and similar shelters. Their social life is centred around institutional settings and is often characterised by heavy alcohol

drinking. They become dependent on this lifestyle, isolated from conventional society, and gradually drift into homelessness when they are no longer working.

The undersocialisation theory was related to homelessness in two ways. It was hypothesised that homeless men had been dependent on their mothers and had not received training to assume responsibilities. Once adult, they were unable to make decisions and relied on others to guide them (Bogue, 1963; Blumberg *et al.*, 1960; Pittman and Gordon, 1958). It was also hypothesised that undersocialisation may have generational links. Homans proposed that poor socialisation was passed through generations, and that men who were poorly affiliated reared children of 'lowered social capacity' (Bahr and Caplow, 1974). Only tentative support for this proposition was found amongst homeless men in New York. The reported relationships were not strong enough 'to justify acceptance of parental affiliation as an important element in the etiology of homelessness' (Bahr and Caplow, 1974, p. 81).

More than forty years after the undersocialisation theory of homelessness was proposed, studies still report that high proportions of homeless people have experienced broken childhood homes, remained single or experienced broken marriages, have irregular employment histories, and have few social relationships (Snow and Anderson, 1993; Vincent *et al.*, 1992; Shinn *et al.*, 1991; Koegel *et al.*, 1988a; Susser *et al.*, 1987; Farr *et al.*, 1986; Rossi *et al.*, 1986; Crystal, 1984). But few have examined the social histories of homeless people, and are thus unable to advance the theory and demonstrate its progression to homelessness. It can be hypothesised that people who are inadequately socialised are only able to accept minimal (if any) responsibilities, and they lack the skills to cope with problems and social changes. They become homeless when their circumstances change and support is removed.

The suggested associations are among broken childhood homes, undersocialisation and homelessness, yet a person who grew up in a very 'protected' home environment, assuming few responsibilities and social relationships, may be equally undersocialised. Men sometimes become homeless when they are aged 30-40 years following the death of their parents (Walker *et al.*, 1993; Bogue, 1963). Yet reasons for their homelessness have not been explored. It can be hypothesised that such men are inadequately socialised, have been dependent on their parents, and are unable to accept responsibilities or cope independently when forced to fend for themselves. This

hypothesis attracted initial examination in the 1960s but since then has received little attention (Bogue, 1963; Blumberg *et al.*, 1960).

Institutional-living and homelessness

Hypotheses have associated institutional-living with homelessness, although no well-developed theory has been generated. According to the hypothesis, 'prolonged association with total institutions or other environments, that provide the necessities of life with a minimum of individual initiative, may incapacitate inmates for life in more demanding contexts. They may establish patterns of behavior incompatible with the outside' (Bahr and Caplow, 1974, p. 65). Institutional-living is reported to result in dependency and 'disculturation', as people lose learned skills and the responsibilities needed for independent living (Bahr and Caplow, 1974; Goffman, 1961; Pittman and Gordon, 1958). Parsons (1951) identified institutionalisation and its associated role-expectations and sanctions, as the polar antithesis of anomie. He defined 'institutionalized role behavior' as 'behavior oriented to a value-orientation pattern or system of them ... (which) is conceived to produce a need-disposition for conformity with it which insures adequate motivation for conforming behavior' (Parsons, 1951, pp. 43-44). Institutional-living is reported to engender isolation if people become detached from their family and friends, and in environments, such as army barracks and workcamps for labourers, it may foster heavy drinking (Bahr and Caplow, 1974; Pittman and Gordon, 1958).

People tend to sleep, work, and pursue leisure activities in different places and with different co-participants. The central feature of institutions is the breakdown of the barriers which normally separate these three spheres of life (Goffman, 1961). Institutional-living occurs in the military service, hospitals, prisons, orphanages, and railroad and workcamps (Bahr and Caplow, 1974). Contemporary investigations acknowledge that people become homeless after leaving the armed forces or institutional settings such as children's homes (Kirby, 1994; Randall and Brown, 1994; Roth *et al.*, 1985). It is hypothesised that men find it difficult to settle and adjust to civilian life after military service; or that people have not received adequate preparation to cope independently when they leave a supported environment (Hutson and Liddiard, 1994; Kirby, 1994; Randall and Brown, 1994; Rosenthal, 1994; Cohen and Sokolovsky,

1989). But living in an institution is sometimes an intermediate step between personal or social problems and homelessness. People may join the army or merchant navy because of family problems (Hutson and Liddiard, 1994; Sosin *et al.*, 1988). Pittman and Gordon (1958) proposed that people who drifted into homelessness had adopted a lifestyle of institutional-living because they were undersocialised, dependent and unable to manage alone.

Few theoretical propositions have been formulated which explain the relationship between institutional-living and factors such as individual psychopathology, disaffiliation, heavy drinking, dependency, and the progression to homelessness. It can be hypothesised that homelessness results when people who are socially or psychologically vulnerable are discharged from institutions without structure in their lives and clearly-defined goals and norms to follow. But there is little evidence which demonstrates whether people who became homeless after leaving institutions were managing independently prior to entering an institution and lost their coping skills whilst in the setting; or whether they had limited social experiences and were dependent and unable to cope, and these factors necessitated them living in an institution.

Transience and unsettledness

Transient work histories have often been associated with homelessness. Many homeless men have been unskilled itinerant and seasonal workers, such as farmhands, labourers and merchant seamen, who became homeless when work became scarce (Rubington, 1971; Wallace, 1965; Bogue, 1963; Sutherland and Locke, 1936; Anderson, 1923). They were commonly reported to have been estranged from their families, and had had no community links. Ties had sometimes been severed with families when they left home to seek work, others had lost contact with their family whilst transient. They had relied on lodgings in skid rows between jobs as, besides offering cheap accommodation, these areas acted as employment centres where men could obtain information about work (Wallace, 1965; Bogue, 1963).

But the reasons why men adopt transient working lives are not clear. Hypotheses suggest that economic conditions, unemployment and a lack of skills force men to become mobile (Coleman and Salt, 1992; Mann, 1992; Schneider, 1984). Others suggest that the problem is more complex, believing that personality difficulties and

irresponsibility dominate over economic conditions (Coleman, 1965; Anderson, 1923; Solenberger, 1911). Men sometimes drifted from one job to another of their own volition, they never stayed until a job was completed, and they became easily piqued or pressurised in work situations. Yet others have argued that transient workers are driven by a sense of wanderlust (Burnett, 1994; Schneider, 1984; Allsop, 1967).

Transient working lives are believed to have encouraged homelessness in two ways. Firstly, the majority of men lived in camps attached to jobs whilst working. These semi-protected environments encouraged dependency, fostered close social ties amongst men, but alienated them from conventional society (Bahr and Caplow, 1974; Pittman and Gordon, 1958). And the nature of their work had separated them from conventional society and had deterred them from settling or establishing roots in any particular location. Secondly, using skid row lodgings between jobs habituated the men to homelessness, and they drifted into a lifestyle to which they were already accustomed once unemployed (Solenberger, 1911). Skid row offered them a male-oriented lifestyle with few responsibilities, comparable to the workcamps. Most propositions which have associated transient working lives with homelessness date back to the first half of this century.

The suggestion is, therefore, that individual pathologies and not economic conditions may cause restlessness and unsettledness amongst some men and result in transience and eventual homelessness. But the origins of such pathology and behaviour are unknown. It can be speculated that stressful or traumatic family and marital relationships may incite transient behaviour, following which a person remains 'on the move' and avoids relationships and commitments. Or transience may be indicative of inadequate socialisation and an inability to maintain regular employment and accept responsibilities. In either situation, homelessness may be a continuation of a transient pattern already established whilst working.

Personal incompetencies: mental illness and alcoholism

Personal incompetences, for example mental illness and alcoholism, are reported to be reasons for homelessness (Snow and Anderson, 1993; Elam, 1992; Cohen and Sokolovsky, 1989). But few studies have analysed the histories of homeless people. Therefore it is not understood the extent to which these pathologies contribute to

homelessness, or are the outcomes of homelessness. It has been suggested that mental illness and alcoholism diminish a person's social supports and resources over time, by exhausting available help or by causing friction at home and at work (Morse, 1992; Calsyn and Morse, 1991; Wright, 1989; Koegel, 1988a; McCord and McCord, 1962). This leads to the loss of a job, the breakdown of family relationships, lack of support and homelessness for those who are vulnerable (Rossi, 1989b; Sosin *et al.*, 1988). It is also proposed that the association between mental illness and homelessness is 'best understood as the result of an initial failure to develop adequate coping skills, coupled with a continued drift as part of the secondary handicaps of an illness', and that homelessness occurs because of a lack of support, the inability of mentally-ill people to manage the demands of housing, and behavioural problems associated with the mental illness (Craig, 1995; Rosenthal, 1994; Sosin *et al.*, 1988; Hopper and Hamberg, 1984).

But little is known about the aetiology of mental illness and alcoholism in people who become homeless. Stressful events during adulthood, such as a bereavement or marital breakdown, sometimes incite heavy drinking or mental health problems which then lead to homelessness (Crockett and Spicker, 1994; Calsyn and Morse, 1991; Lamb and Lamb, 1990). These pathologies may also have deep-rooted origins. For example, the onset of later-life paraphrenia[2] has been associated with long-standing difficulties with socialisation, a history of social isolation and, frequently, failure to marry (Gurland and Fogel, 1992; Kay and Roth, 1961; Jaco, 1954). Associations have been made between broken childhood homes, experiences of parental conflict and heavy drinking by fathers, and alcoholism in adulthood (McCord and McCord, 1962; Park, 1962; Robins *et al.*, 1962). A relationship has been found between heavy drinking amongst homeless men and a similar drinking pattern by their fathers (Welte and Barnes, 1992; Bogue, 1963). This indicates that behaviours may sometimes be replicated in future generations and, for some people, alcoholism may stem from childhood experiences.

Hypotheses which propose theoretical reasons for homelessness in terms of mental illness or alcohol abuse, need to examine the process from the onset of the pathology. For some people, it may be traced to childhood and parental difficulties, and be the result of trauma or undersocialisation whilst, for others, its origins may lie in

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[2] Discussed in chapter 13

adulthood and be associated with stressful life events. In both situations, these pathologies affect coping behaviours, cause problems and strains on relationships, employment and finances, and finally result in homelessness.

Mental trauma and homelessness

Trauma has been associated with homelessness for several years. Since the 1970s, homeless Vietnam veterans on The Bowery, New York, were recognised to display 'the delayed post-traumatic psychotic state', characterised by constant war nightmares, extreme irritability to noise, paranoid ideas, flashbacks, self-destructive behaviours, and disaffiliation (Reich and Siegel, 1978, p. 198). Studies have since reported psychological disturbances related to military experiences amongst ex-servicemen who are homeless (Macdonald, 1995; Randall and Brown, 1994; Robertson, 1987). Recent reports indicate that, prior to homelessness, many people have experienced traumas such as physical and sexual abuse as a child, physical abuse during adulthood, rape and assault (North and Smith, 1992; Goodman, 1991; Goodman *et al.*, 1991; D'Ercole and Struening, 1990; Bassuk and Rosenberg, 1988).

Post-traumatic stress disorder (PTSD) has been diagnosed by the American Psychiatric Association (1987) in their revised third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (Goodman *et al.*, 1991). It defines PTSD as a syndrome resulting from exposure to a recognisable stress or trauma. Its features include the re-experiencing of mental trauma through nightmares, flashbacks or intrusive memories; emotional numbing or withdrawal; and changes in personality and adaptive behaviour, such as memory impairment, irritability, self-mutilation, substance abuse, sleep disturbance, a sense of helplessness, intolerance of intimacy and isolation (Goodman *et al.*, 1991; Elder and Clipp, 1988). Active service, especially heavy combat experiences, is reported to cause fatigue, fear, stress, lead to emotional and behavioural problems, survivor guilt, disaffiliation and feelings of alienation, and it has a long-lasting influence on people's lives (McManners, 1993; Elder and Clipp, 1988; Laufer, 1988; Holmes, 1985; Ellis, 1980). The return to civil society can be difficult for many years. War-related stress symptoms are sometimes in remission whilst men are aged in their thirties and forties, and intensify in later life when they face other stresses, such as personal losses (Elder and Clipp 1988; Hunter, 1988; Laufer, 1988). Warfare is

seen to be particularly stressful as it is not a single event but a process which is repetitive and continuous for long periods (Laufer, 1988).

Yet few studies have examined the relationship between PTSD and homelessness, and therefore little empirical evidence exists to assist in theory-building. It has been hypothesised that psychological damage and trauma either directly contributes to unsettledness and homelessness; or it can result in mental health, alcohol and drug problems, which then lead to homelessness (Randall and Brown, 1994; Rosenheck and Koegel, 1993; North and Smith, 1992; Goodman *et al.*, 1991; Robertson, 1987). It has also been proposed that trauma victims experience a loss of social support because they withdraw from families and friends, or they become depressed and are rejected by others (Goodman *et al.*, 1991; Elder and Clipp, 1988). The relationship between trauma and homelessness is in an early stage of investigation, and further research is needed in order to determine its process and to formulate theory.

4.4 Holistic explanations of homelessness

In recent years American researchers have developed syntheses of why people become homeless (Rosenthal, 1994; Snow and Anderson, 1993; Wright, 1989; Baumann and Grigsby, 1988; Sosin *et al.*, 1988; Wolch *et al.*, 1988). It is hypothesised that structural and economic conditions, such as poverty, unemployment and insufficient low-cost rented housing influence the social and financial situation of people over time. Individuals who are detached from informal and formal sources of help, and those whose family are no longer able to support them, are vulnerable. Particularly at risk are those who have disabilities such as mental illness or alcohol problems, and those who have been discharged from institutions such as mental hospitals or prison (Snow and Anderson, 1993; Wright, 1989; Douglass *et al.*, 1988; Wolch *et al.*, 1988). A crisis or untoward situation, such as a divorce, eviction, or loss of job may then result in homelessness (Rosenthal, 1994; Wolch *et al.*, 1988).

But few theorists have systematically integrated structural, social and psychological factors, or proposed theories which relate to homelessness. One exception is a study in Chicago which examined the economic, housing, social and psychological situation of homeless and poor people (Sosin *et al.*, 1988). Its findings suggested that a lack of income was strongly related to the likelihood of a person

becoming homeless, and social and psychological factors were pertinent to repeated and long-term homelessness. But even this study offered little theoretical interpretation. It dealt with covariation but not with the process of becoming homeless. It provided a general summation that homelessness occurred as a result of the interaction of environmental stresses related to the job market, social welfare institutions and family problems, and personal stresses. Holistic theoretical propositions lack richness and refinement in their contribution to understanding homelessness.

4.5 Theories of ageing

Many and often conflicting biological, sociological and psychological theories of ageing have been proposed over the years, although none have been related to homelessness. Many focus on age-associated decrements in organ function, vigour and cognitive capacities. Others consider changes in mental states and social roles, not all of which are negative. Role theorists such as Parsons (1942) proposed that the loss of roles associated with, for example, retirement, produces demoralisation and reduced self-esteem, and that people become pessimistic about their own abilities and are unable to make changes (Fennell *et al.*, 1988). Although homelessness is sometimes associated with the loss of roles such as work, some people become homeless when they are faced with additional roles and responsibilities for which they are ill-prepared to cope. Some people, for example, are unable to manage household responsibilities and become homeless after their last surviving parent or their spouse has died (Crane, 1993; Walker *et al.*, 1993). This may be due to poor socialisation and likened to the under-socialisation theory of homelessness discussed earlier.

Cumming and Henry's (1961) disengagement theory asserted that the successful adjustment to old age was by means of a rational and deliberate withdrawal from society in preparation for the ultimate disengagement through incapacitating disease and death. It was however discounted by many theorists only a few years after its introduction (Bengston *et al.*, 1997; Passuth and Bengston, 1988; Maddox, 1964). Disengagement is not universal but is related to various losses and stresses often associated with age, such as bereavement or retirement, and non-engagement in old age often reflects a life-long pattern of poor social interaction (Bond *et al.*, 1990; Hochschild, 1975). The theory was

challenged by the activity theory which proposed that successful ageing and life satisfaction were achieved by older people maintaining activity patterns and values typical of middle age (Havighurst, 1963).

Disengagement as a theory of ageing seems to have little relevance to homelessness. The theory proposes that in old age the individual who has disengaged is the person who has a sense of psychological well-being and high life satisfaction (Neugarten, 1996). Yet homelessness among older homeless people is typically a state characterised by depression, low self-esteem and demoralisation, and not a state of high morale and positive well-being (Crane, 1993; Cohen and Sokolovsky, 1989; Douglass *et al.*, 1988). Furthermore, its occurrence is generally related to longstanding social and personal difficulties, or to sudden losses and stresses such as mental illness, widowhood or marital breakdown. It is not usually an intentional move unrelated to life events and changes.

Psychological theories of ageing are associated with development throughout the life course. Erik Erikson (1965) identified eight developmental stages from childhood to old age, proposing that difficulties at one stage influenced subsequent behaviour. In childhood, the tasks are to develop a sense of trust, followed by autonomy, initiative, and industry. In adolescence, the issue is the development of ego identity, followed by intimacy as opposed to isolation in early adulthood, and generativity in middle age. At the last stage, old age, the task is to attain ego integrity and have an assured sense of meaning and order in one's life. Failure to achieve this results in despair and a feeling that one has failed. Although failure to develop at any stage of the life course can leave a person vulnerable and unprepared to face changes and demands as they arise, additional factors and problems are needed in the equation before homelessness will ensue.

As discussed earlier in this chapter, it has been proposed that there is a relationship between mental illness and homelessness. Some forms of mental illness such as dementia and paraphrenia are known to present in later life (Gurland and Fogel, 1992; Jarvik, 1992). These are explained fully in chapter 13. Similarly, some stresses and losses such as widowhood and retirement require considerable adjustment and are characteristic of old age. But most older people experience these changes without

becoming homeless. This indicates that there is a tenuous link between ageing and homelessness.

4.6 The epistemology of homelessness

There has been an increase in studies of homelessness, particularly in America, over the past twenty years. Yet understanding of the reasons for homelessness remains simplistic. As recently as 1993, American investigators noted, 'good research about causality is conspicuous by its absence in the literature on homelessness; virtually no one has engaged in inquiry that specifically examines the factors that cause people to become literally homeless ... most derive causality from their own politically oriented perspectives' (Baum and Burnes, 1993, p. 133). Contemporary theorists lack consensus, and the literature contains disparate ideas about the causes of homelessness. The problem is sometimes seen to be rooted within the structure of society, and structural and economic circumstances are emphasised. At other times, the focus is on sociological and psychological features, and homelessness is associated with personal events and circumstances. British analysts have generally focused on the former, whilst American investigators are divided between the two.

Many early American social theories were developed to account for a wide range of deviant and antisocial behaviours and few related specifically to homelessness. But the relevance of theories of social change, undersocialisation, and institutional-living were apparent. Yet these have not been advanced. Factors such as dependency, poor social relationships and vulnerability, are still likened to homeless people, but little attempt has been made to develop the theory. Recent propositions of the reasons for homelessness are generally unfounded, simplistic, involve little explanatory theory, and lack the richness and fullness of the early sociological theories.

It is specious to seek a single cause or to formulate a single theory which encompasses homelessness. Homelessness has multiple causes, and results from the interactions of several states and events. For any event to occur, it is necessary for a series of causal chains to converge at a given moment in time (Hirschi, 1969). Events are difficult to predict, and specification of some of the conditions necessary for them to occur often leaves a large residue of indeterminacy. Certain conditions may be

necessary for homelessness to ensue, yet others might be sufficient to directly cause homelessness. For example, unemployment might be a necessary condition of homelessness but, in itself, is unlikely to cause the problem. Hypotheses can only propose that an unemployed person is more likely to become homeless than an employed person, and this likelihood increases when other sets of circumstances are present.

Homelessness has multiple causes for most individuals, and is usually the end result of the failure of numerous coping tactics and support systems (Drake *et al.*, 1991). Fifty years ago it was identified that the pathway leading to homelessness, 'involves a combination of several social factors together with certain personality characteristics of the individual', and that studies were needed to determine why some people become homeless whilst others, under the same social conditions, remain housed (Straus, 1946, p. 365; Sutherland and Locke, 1936; Anderson, 1923). Yet little advance has been made in understanding the interactions between states and events and their progression to homelessness. Individuals react differently in similar situations, and factors which produce vulnerability in some people, may lead to homelessness for others. People have different thresholds, determined by factors such as resources, social support, coping skills and psychological well-being. Social disorganisation within a neighbourhood might propel a person suffering from schizophrenia into homelessness, yet might have minimal effect on a relatively stable person. Similarly, a relationship breakdown may cause vulnerability for people who have strong social networks, but displacement for those who are relatively isolated (Rosenthal, 1994).

Most works relating to homelessness consist of either theoretical propositions or empirical investigations yet rarely have these been combined. Sociologists, such as Merton and Parsons, recognised deviancy and retreatism as problems construed within the social system. Yet neither proved these hypotheses through empirical evidence (Glaser and Strauss, 1967). Others, such as Greve (1991) and Baum and Burnes (1993), have used secondary statistical data or information from other studies to explain causes of homelessness without generating empirical proof. American studies have increasingly proposed reasons for homelessness, combining structural and economic reasons with those of sociological and psychological factors, yet have neither conducted analyses nor developed theories which demonstrate these relationships. Their

'propositions' often deal with covariations which encompass most situations. Because of their diversity and unrelatedness, although some may be applicable, they carry little weight and meaning.

To advance understanding and theories of homelessness, hypotheses and explanations generated from empirical evidence are required. Theories need to be developed which differentiate between necessary and sufficient conditions for homelessness; identify the interactions between events and states, and their progression to homelessness; and gauge thresholds, supports and resources which advance or prevent homelessness. At present, studies report a coexistence between factors, for example mental illness and homelessness, yet are nowhere near a developed theoretical proposition setting out the processes. Without this type of information, it is impossible to ascertain the role of structural, social and psychological factors in the causation of homelessness, and ways of addressing and preventing the problem cannot be determined.

Chapter 5

Current Issues Relating to Homelessness

> *"I am a reject; nobody wants to know me, not even my children. This is the ninth Christmas I have spent alone on the streets. I cannot go to the day centres; they are run by terrorist organisations; if I go there, they will cut off my arms and legs."*
>
> Bob (aged 60 years, sleeping rough)

This chapter examines current research to identify the policy, practice and epistemological issues that are most prominent in contemporary debate and investigations about homelessness. It forms a link between (i) the empirical evidence and theoretical understanding of the state of homelessness and of the characteristics of the homeless population which have been discussed in the last three chapters, and (ii) present day issues and beliefs which have an influence on our understanding of the problem. The chapter provides a background from which the questions for the field study and its design have been developed. The ways in which policies and services for homeless people in Britain have advanced are dealt with more fully in chapter 15.

Among eleven European countries in the early 1990s, the United Kingdom was reported to have the second highest proportion of homeless people, with a rate of 12.2 homeless people per 1,000 of the total population (Daly, 1993). Only Germany had a higher rate of 12.8 per 1,000. Since the early 1990s, when homelessness became an increasingly visible problem on the streets in London, the British government have responded by investing large sums of money in service-provision for indigent homeless people through the *Rough Sleepers' Initiative* and the *Homeless Mentally Ill Initiative.*[1] Although many homeless people are reported to have been successfully resettled through these initiatives, the problem of homelessness has not been curtailed (Craig, 1995; Randall and Brown, 1993).

The first section in this chapter examines the limitations of our state of knowledge about the prevalence of homelessness in Britain, and discusses the

[1] Discussed in chapter 15.

difficulties of enumerating homeless people. The third section outlines leading issues relating to the characteristics and behaviours of homeless people and demonstrates the complexities of compiling a profile of contemporary homeless people. There follows a discussion about the ways in which our limited understanding of homelessness affects prevention and resettlement work. Lastly, the questions which need to be addressed if the problem is to be resolved are discussed.

5.1 The prevalence of homelessness in Britain

There are no accurate figures (or reliable estimates) of the number of people who are homeless in Britain. Official statistics only exist for people who are accepted by local housing authorities as statutorily homeless. These indicate a substantial increase of homeless households in England since the late 1970s, from 53,100 in 1978 to 74,800 by 1982, and to just over 148,000 by 1992 (Butler *et al.*, 1994; Bramley, 1993). No reliable figures exist as to the number of people who are unofficially homeless, *i.e.* those who are hidden and indigent, but indications are that this number might be considerable. Estimates of the number of homeless people sleeping rough or living in hostels, squats and hotels in London, range from 37,600 to 75,000, and of 'hidden' single homeless people they range from 32,000 to 53,000 people (Moore *et al.*, 1995; SHiL, 1995). The total number of people who are reported to be unofficially homeless in London therefore ranges from 69,600 to 128,000.

No counts (or even estimates) exist of the number of *elderly* people who are homeless in Britain. According to the quarterly statistics collected by the *Department of the Environment*, between 5,800 and 6,200 households were accepted by local authority housing departments in England as being statutorily homeless on the grounds of old age in the early 1990s (DoE, 1996a). This amounted to around 4.5% of all acceptances. But ambiguities arise: some local authorities accept men and women aged 60 years and over, while others only include men when they reach the age of 65 years (Wilson, 1995; Niner, 1989). A recent study of elderly homeless people in Scotland estimated that between 1,600-1,800 elderly people each year present as homeless to Scottish local authorities (Wilson, 1995). The figures exclude elderly people who are sleeping rough or in hostels and not officially registered as homeless, and therefore they offer little indication of the scale of the problem.

The number of elderly people living in hostels and temporary accommodation is unknown. Surveys in Sheffield, Nottingham and London have found that more than one-fifth of hostel residents are over the age of 50 years (Moore *et al.*, 1995; Vincent *et al.*, 1994; George, *et al.*, 1991; Garside *et al.*, 1990). But this offers little guidance. Some hostels house a large number of elderly people, whilst others accommodate very few. In February 1996, a survey of 49 direct-access hostels in London found that 362 residents (14%) were over the age of 60 years (Harrison, 1996). An enumeration of people over the age of 55 years who were staying at temporary hostels and 'welfare hotels' in Glasgow in early January 1997 found 641 older residents, of whom 600 were males and 41 females (Crane and Warnes, 1997). This represented 35% of the overall hostel population.

No estimates have been made of the number of elderly homeless people who are sleeping rough in Britain. The 1991 Population Census introduced a count of people sleeping rough and found six elderly people in Inner London (O.P.C.S., 1991a). Yet six months earlier, an intensive street investigation over three months had found 130 elderly rough sleepers in the area (Crane, 1993). The Census figures have also been contradicted elsewhere: in Birmingham, for example, there were no rough sleepers counted yet local agencies knew of people who regularly slept rough (Randall, 1992; Foster and Burrows, 1991). A survey in 1989 found 753 people sleeping rough in seventeen Inner and Outer London Boroughs (Moore *et al.*, 1995). Of the 174 people whose age was determined, 30% were 50 years and over, including 14% over the age of 60 years. A count in November 1995 found 94 people over the age of 50 years sleeping on the streets in London in zones covered by *The Rough Sleepers Initiative* (parts of Central London, the City, and East London), including 37 who were over the age of 60 years (Homeless Network, 1995). A similar count in May 1996 found 83 people over the age of 50 years, of whom 29 were over the age of 60 years (Homeless Network, 1996). These counts cover only a small section of London, they exclude isolated and hidden homeless people, and provide only partial evidence of the numbers of elderly people sleeping rough in the capital.

The main issue relating to the prevalence of homelessness is whether the phenomenon is growing. Alarm and panic is heightened by reports which suggest that this is the case yet, because of the dearth of information about its prevalence, there is

little evidence to support such propositions. In November 1996, for example, a journalist cited that 'a growing number of elderly people are finding themselves without a home' (Ogbogbo, 1996, p. 41). The evidence is reported to have come from Dr Derek Hawes at Bristol University who has found that, according to the Department of the Environment statistics of statutory homeless households over the past four years, elderly homelessness 'has risen by just over two-and-a-half per cent' (*op. cit.*). But when this is examined in context with homelessness statistics over the past fifteen years, it shows that there has been little variation in the number of elderly households who were officially accepted as being homeless from 1984 to 1995, except for a small peak in 1985; and a *decrease* in the proportion of households who were officially accepted as being homeless because of old age between the mid-1980s and the 1990s (Table 5.1).

Table 5.1 Households accepted as statutory homeless by local authorities in England

Year	Total acceptances No.	Acceptances due to old age No.	%
1980[1]	62,920	5,034	8
1984[1]	83,550	5,849	7
1985[1]	93,980	6,579	7
1991[2]	144,780	5,860	4
1994[2]	122,460	6,050	5
1995[2]	120,810	5,950	5

Notes: 1. Calculated from Tables 1 and 12 (Bramley *et al.*, 1988).
2. Table 3 (DoE, 1996a).

5.2 The difficulties of enumerating homeless people

Estimating the prevalence of homelessness is difficult because homelessness is more pervasive than is usually believed. It is not necessarily a persistent state, but there is a constant flow of people entering into and exiting from homelessness (Sosin *et al.*, 1990; Rossi, 1989a; Farr *et al.*, 1986). A telephone survey of 1,507 households in the United States found that 14% of the respondents had been homeless at some time in their lives, 4.6% within the five years prior to contact (Link *et al.*, 1995). These figures are presumed to be low, as the study excluded those currently homeless, people in

households without telephones who may be relatively poor and prone to homelessness, and people in prisons and mental hospitals who may also be vulnerable. Nearly 3% of Philadelphia's population used the city's homeless shelters in the three years up to 1992, and 3.3% of New York City's population used such shelters over five years (Culhane *et al.*, 1994). Yet the shelters in Philadelphia had an average daily utilization rate of 0.16% of the population, and those in New York City a rate of 0.31%. Hence, the pervasiveness of homelessness is compounded by the high turnover rate of its population.

Homelessness is sometimes a 'hidden' problem and this can impede enumerations. Some homeless people are accommodated by their friends or relatives and their situation is not evident. Others isolate themselves and sleep in 'secret' locations, such as abandoned buildings and sheds, and it is extremely difficult to find them. For safety reasons, enumerators often do not search for homeless people in isolated and dangerous spots such as derelict buildings, parks or car parks, yet these are often places where homeless people hide (Homeless Network, 1996; Moore *et al.*, 1995; O.P.C.S., 1991b). Homelessness may be more hidden in rural areas, where it is easier to hide in woods, barns and little frequented spots, and where there are few services, such as soup kitchens, to attract homeless people (Breakey and Fischer, 1990). Of the 6.5% of 1,507 householders surveyed in the United States who had been literally roofless at some time, the majority (84%) had slept in hidden sites such as vehicles and caves (Link *et al.*, 1995). Analyses of a street and shelter night count which was conducted in the United States in conjunction with the 1990 Census, suggested that 90% of homeless people in shelters but only 28% of street people had been enumerated (Wright and Devine, 1995). In the City and East London, 63 people sleeping rough were counted one night, but enumerators were unable to locate another 17 people (21%) who were known to sleep rough locally (Homeless Network, 1995).

Enumerating homeless people is further complicated by difficulties of identification. Some homeless people are well-groomed, carry few possessions, and their circumstances are not immediately apparent (Link *et al.*, 1995; Bachrach *et al.*, 1990; Baxter and Hopper, 1981). Some deliberately hide the fact that they are homeless to avoid being questioned, to preserve anonymity, or because they are distrustful and fearful, or afraid of being moved on from an area. Others are equally difficult to count

because they are transient and frequently move around towns, or they ride on buses and trains at night (Link *et al.*, 1995; Hopper, 1992; Appelbaum, 1990). When 'capture-recapture' techniques[2] were used to make contact with homeless people in Westminster, it was asserted that only one-third of homeless people would be located in a study which relied on simple survey methods (Fisher *et al.*, 1994). Similarly, a count of homeless people in Kentucky through a two-month period found that, had it relied on information collected on the first day, virtually all homeless people in rural areas and many in urban areas would have been excluded (Burt, 1995).

5.3 The characteristics of homeless people

Besides a lack of statistical evidence to demonstrate the prevalence of homelessness and whether it is a growing problem, there is also little understanding about the characteristics and behaviours of homeless people. The stereotypical picture of homelessness used to be that of an old alcoholic man or an elderly 'bag lady', but contemporary homelessness is seen to be a problem of young people who tend to be highly visible in town centres and on busy streets (Grant, 1997; Hutson and Liddiard, 1994; Oxford, 1994). In Britain, the problems and needs of young homeless people have received attention through an increasing number of studies, and organisations such as *Centrepoint* and *The London Connection* have been established to provide services specifically for them (Downing-Orr, 1996; Craig *et al.*, 1996; Hutson and Liddiard, 1994; Kirby, 1994; Oxford, 1994). But rarely is it acknowledged nowadays that older homeless people exist. They are seldom mentioned in media reports, few services are targeted at their needs, and there are only a limited number of studies which relate to this group. Because the extent of homelessness in Britain is unknown, it is impossible to predict the age composition of the homeless population and the proportion of homeless people who are elderly.

Ignorance about the problems and behaviours of homeless people leads to distorted images and stereotypes being portrayed, and rash statements and assumptions being made by policy-makers, service-providers, media reporters and the general public.

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[2] A technique developed by field biologists and used to estimate the size of populations that are difficult to find and count. It requires obtaining two or more independent observations on the same population. An estimate of the number of people in a population is obtained by multiplying the number of people observed the first time with those observed on the second occasion, and dividing by those observed on both occasions (Fisher *et al.*, 1994; Sudman *et al.*, 1988).

Contemporary homelessness is often a problem associated with beggars, drug-taking, heavy drinking and mental illness, and assumptions are made that people are homeless through choice (Grant, 1997; Rogers, 1997; Hutson and Liddiard, 1994; Leppard, 1994; Oxford, 1994). This leads to unfounded comments such as those recently made by David Maclean, the Home Officer Minister, who was reported to have said that 'most (beggars) in London were Scots and were on the streets from choice', and those made by John Major, the Prime Minister, when he denounced rough sleeping and begging by saying that, 'there is no justification for it' (MacAskill, 1997; Middleton, 1994).

The extent of problems such as heavy drinking, drug abuse, mental illness, and begging, among homeless people is unknown. Drug-taking is reported to be a problem for some young homeless people yet is rare among older homeless people (Randall and Brown, 1996; Fischer and Breakey, 1991; Gelberg *et al.*, 1990). At the same time, higher rates of heavy drinking are found among middle-aged homeless people, and mental illness among older homeless people (Randall and Brown, 1996; Fischer and Breakey, 1991). Begging is an activity more common among young homeless people than their older counterparts (Moore *et al.*, 1995). But not all young homeless people are beggars or abuse drugs, and not all older homeless people are mentally ill. When associations are therefore made between begging and young homeless people, for example, stereotypes are being generated from the behaviours of a small number of homeless people who are highly visible, and false assumptions made about their characteristics.

Because of the visibility of homeless people who sleep in doorways, homelessness is sometimes misleadingly seen to be a problem of rough sleeping, yet a much larger proportion of homeless people are in hostels and temporary shelters. The government launched the *Rough Sleepers' Initiative* in 1990 in response to the increased number of people sleeping on the streets. The scheme focused on services and support for people who were sleeping rough but excluded homeless people in hostels. Whereas sleeping on the streets is an extreme deviant behaviour in contemporary society and such people are a political and welfare embarrassment, homelessness which is being contained in hostels is generally 'hidden'. Therefore, policy-makers, media reporters and the public often react to people sleeping rough, while the problems and needs of

those in hostels, who represent the larger proportion of homeless people, are ignored except by service-providers.

5.4 Understanding homelessness with a view to prevention and resettlement

There is a lack of knowledge about the causes of homelessness and the ways in which it can be prevented. Therefore the problem is not being curtailed even though the government and voluntary and charitable bodies are investing large sums of money into services for homeless people. There is 'an unabated flow of people (young and old) finding themselves on the streets of London', including newly homeless people, rough sleepers arriving from other areas, and those moving between hostels, squats, prisons, hospitals and the streets (Williamson, 1993, p. 75; Homeless Network, 1995). Some people become homeless because they are evicted for rent arrears irrespective of the reasons for the arrears (Morton and Swift, 1987). Others who are mentally ill become homeless after being evicted because of behavioural problems related to their illness, or through failure to manage the demands of housing such as paying bills (Craig, 1995). In some instances it might be possible to prevent homelessness if there is a clearer understanding of the factors which contribute to homelessness, the ways in which people at risk can be identified, and of the interventions which effectively arrest the problem.

There is also limited knowledge about the course of homelessness, the problems and needs of homeless people, and interventions and resettlement programmes which successfully enable exits from homelessness. Therefore some people remain persistently homeless even though they are in contact with services, whilst others are resettled but become homeless again (Randall and Brown, 1993; Duncan and Downey, 1985). Homelessness has been described as a downward cycle: the increasing length of time of homelessness has been associated with mental and physical health problems, higher rates of substance abuse and criminal arrests, loss of self-esteem, depression, demoralization, and feelings of hopelessness and despair (Rosenthal, 1994; Elias and Innui, 1993; Underwood, 1993; Golden, 1992; Winkleby *et al.*, 1992; Drake *et al.*, 1991; Snow *et al.*, 1989). British researchers have even suggested that within three weeks of becoming homeless, a person becomes 'deskilled' and adapts to homelessness (Grenier, 1996; Keyes and Kennedy, 1992). There is a lack of longitudinal data,

however, which demonstrates the effects of homelessness over time and how this influences interventions and resettlement programmes.

5.5 Questions which need to be addressed

There is limited information about the prevalence of homelessness in Britain, the characteristics and behaviours of contemporary homeless people, and the course of homelessness and its influence on people through time. Homelessness is sometimes a hidden problem, it is a fluctuating state characterised by movements between housing and homelessness, and it includes people in various types of accommodation and settings. It is therefore extremely difficult to predict accurately how many people are homeless at a given time, and to compile a profile of the 'homeless population', although it is recognised to be a problem which affects a large number of people. Because of such ambiguities, many assumptions and misleading statements are made about the characteristics, problems and needs of homeless people.

The critical factors in relation to research on homelessness are its causes and how it can be prevented and resolved. There needs to be research-based understanding into (i) the causes of homelessness and how people who are vulnerable and at risk can be identified and helped, and into (ii) the problems and needs of homeless people, with a view to informing policy and practice of interventions and services which enable effective resettlement. Yet these basic questions have not been paramount in many contemporary studies of homelessness. Instead more weight has been placed on compiling profiles of homeless people and the ways in which they survive and adapt to homelessness. These questions have however formed the background for the design of the empirical field study on older homeless people for the thesis. The next section of two chapters outlines the aims and design of the field study and reports on its progress.

Section II

Pathways Through Homelessness in Later Life: The Empirical Research

This section presents material on the aims, design and field-work of an intensive ethnographic study, which lasted for fifteen months from June 1994 and is the core of this doctoral thesis. It has two chapters, the first describes the aims and design of the field study, and the second its implementation and progress. The study was conducted in London, Sheffield, Leeds and Manchester, and involved 225 respondents over the age of 55 years who were homeless or who were displaying homelessness behaviours (discussed in chapter 2). Ethnographic research methods, namely multiple intense semi-structured interviews and observations, were used to collect depth information and partial life histories from the respondents (Fetterman, 1989). The field-work was carried out wherever the respondents were located, most commonly at hostels, Resettlement Units, day centres and soup kitchens, and on the streets. Because intensive field studies have rarely been conducted with homeless people in Britain, the design of this study draws from personal research experience with older homeless people and that of American investigators.

Although the information was gathered by a single researcher, many staff of hostels, Resettlement Units, day centres, soup kitchens, and the Over-55s Accommodation Project in Leeds, were involved in the study. A comprehensive list can be found in Appendix D. Because of the isolation, distrustfulness and evasiveness of many older homeless people, strategies had to be adopted to make contact with potential respondents and gain their trust before interviews could be attempted. These included intensive streetwork through the night, working as a volunteer at soup kitchens and day centres and dispensing breakfast in the early morning and soup during the late evening, participating in a weekly social group in a women's hostel, and facilitating a reminiscence group in a men's hostel.

Chapter 6

The Field Study: Aims and Design

"Homeless men are always alone: this is because they don't trust anybody. You are let down so many times in life that you don't bother with people anymore. You see men talking to themselves on the streets; that is because they are trying to sort out their problems but they have only themselves to reason with. They don't rely on others."

Harry (62 years old and sleeping rough)

This chapter describes the aims and design of the field study (its implementation and progress are described in the next chapter). The key questions and aims of the field study are set out, highlighting how the questions examined in this investigation have rarely been dealt with in studies of homelessness. There follows an account of the way in which the field study has been designed using a biographical approach, and an interview schedule of selected topics, to collect both objective and qualitative information from an estranged population. It describes how a 'field-work procedures' code was developed to address the distinctive features of older homeless people, and the particular problems of conducting this type of research.

6.1 Aims of the field study and the questions addressed

The study was designed principally to examine the causes of homelessness among older people, and to correct the lack of understanding and empirical evidence about this group and their reasons for homelessness. As discussed in chapter 4, many theories and hypotheses exist about the reasons why people become homeless, but their diversity indicates how little the topic is understood. This is partly because few theories have been based on systematic analyses of homeless people's histories. The study intended to redress this limited knowledge through two focal aims.

Firstly, the aim was to increase the understanding of the *aetiology of homelessness* among older people with a view to *prevention*, by focusing on their entry into homelessness and identifying: (i) events, states and circumstances in their histories which contributed to homelessness; (ii) the ways in which such events, states and

circumstances interacted, and immediately triggered or had a less direct influence on homelessness; (iii) the reasons *why* homelessness occurred *at that particular time* for the person; and (iv) the processes involved in the transition from being housed to becoming homeless.

The second aim was to increase our understanding of the problems and *needs of older homeless people* with a view to informing *welfare policy and practice* of ways to *alleviate* homelessness. This would involve identifying: (i) the distinct problems and needs of older homeless people, and (ii) interventions which are required to meet these needs and to help older homeless people resettle and exit from homelessness. This aim would be informed through an increased knowledge of the reasons why older people had initially become homeless.

The first aim would respond to several questions which most present studies of homelessness have not addressed. It would explain why a minority of people become homeless after experiencing a stressful event such as widowhood or a relationship breakdown, whilst most people who experience these stresses never become homeless. It would also explain why some people become homeless for the first time in old age having led presumably settled lives. It would provide information about the situation of people and how they were managing before they became homeless, and why and how this stability changed. It would possibly identify 'warning signs' of people who are vulnerable and at risk of becoming homeless, and the ways in which they could be recognised and helped, and homelessness averted.

Both aims would answer questions about the interventions which are needed to enable effective resettlement. They would clarify why some older people have been homeless for years without being resettled, and why resettlement is sometimes unsuccessful and those who have been rehoused experience further episodes of homelessness, whilst others sustain the tenancies but congregate with homeless people at centres and on the streets and continue to demonstrate homelessness behaviours. At present, the reasons for these situations have rarely been examined. The aims would also identify the extent to which older homeless people are currently in contact with services and receiving help, and the particular types of interventions which are needed to help this group.

The intention was also to find out whether older people's histories of homelessness and their resettlement needs differed between cities and between those in hostels and those sleeping rough. The study was therefore designed so that it would include both older homeless people sleeping on the streets and those in temporary accommodation, and it would involve older homeless people in more than one city. As a matter of convenience, Sheffield, Leeds and, later, Manchester, were selected.[1]

Having previously conducted research with older homeless people, it was known that they are an extremely difficult group to identify, locate, gain their trust and interview (discussed in chapter 1). But it was important to include those who were isolated and difficult to interview in the study as well as those who used services and were more articulate. Therefore the study had to be planned in such a way so that the former groups could be involved.

The study was not therefore designed to enumerate older homeless people and identify the extent of the problem. Nor was its intention to provide details of the current activity patterns of older homeless people and assess the extent to which their social and physical needs, such as dietary requisites and health-care, were being met. Many studies in Britain and America already provide evidence of the poor health states of homeless people and of the extent to which they are isolated and have to sometimes scavenge for food and clothing. Instead it seemed more important in this study to focus on the reasons *why* older people were homeless so that ways of both alleviating and preventing homelessness could be determined.

6.2 The overall strategy of the field study

As the investigation was to focus on the reasons for homelessness and examine the ways in which events and circumstances contributed to the problem, it was evident that the study needed to adopt a biographical approach as the richest source of data would be partial life histories of people who have been homeless. This method would enable people who have been homeless to provide first-hand accounts of their experiences, identify events and situations in their lives which they believe had contributed to

[1] The doctoral study was commenced at King's College, University of London, and registration was transferred to the University of Sheffield when the doctoral supervisor obtained a new appointment. Manchester was included towards the end of the field study: discussed in next chapter.

homelessness, explain why they behaved in certain ways, and describe their pathways into homelessness. It is a research method which gained recognition in the 1920s through the Chicago School of Sociology, although Henry Mayhew's (1861) study of poverty in London included partial life histories from vagrants (Bulmer, 1984). Using life histories, it is possible to isolate critical experiences and sequence them in the respondent's history, analyse processes by comparing multiple case studies, examine the relevance of existing theories through the empirical evidence, and make contributions to theories and generate new hypotheses (Denzin, 1989; Plummer, 1983).

To maximise the understanding of the reasons why older people become and remain homeless, it would be important to make comparisons and to analyse differentials by sex, age, marital status, age of entry into homelessness, and histories of homelessness. This would necessitate collecting quantitative information from a large number of respondents. Because some older homeless people are unable to provide coherent and reliable information, the sample would have to be large enough so that the data could be statistically analysed. Hence the study would have to be designed in a way that enabled both 'objective' and qualitative data to be collected and analysed.

It was decided that the best way to collect needed information from a difficult and evasive group of people would be through an intensive ethnographic field study. This would enable interviews to be conducted on a semi-structured basis and on several occasions, and observations to be undertaken. There have been few intensive field studies of homeless people in Britain from which this research could be informed. In North America, however, ethnographic field-work over a long period has been conducted with homeless people and street-corner groups in their locale (Rosenthal, 1991; Liebow, 1993, 1967; Whyte, 1981; Anderson, 1978; Spradley, 1970). It has been found to be a successful method to identify and build trusting relationships with 'hidden' and isolated subjects, to collect detailed histories from the informants, and to compare and verify information through repeated observations and interviews. From these studies, rich qualitative information has been gathered and this has been used to interpret and explain the circumstances and behaviours of the respondents.

The author's experience of conducting research with older homeless people, her 15 years experience of interviewing and collecting partial life histories from people who

were mentally-ill and who were attending a psychiatric day hospital,[2] and the knowledge gained from an intensive course lasting 21 weeks on the concepts and methods of qualitative research,[3] would form the base from which the field study would be developed and implemented.

6.3 The design of the field study

The population of interest

The field study was to be an investigation of men and women aged 55 years and over who were unofficially or indigently homeless, *i.e.* they were not officially registered with local authority housing departments as being statutorily homeless (discussed in chapter 2). Included would be:

- People sleeping rough,
- People living in hostels, night-shelters, Resettlement Units, and temporary shelters,
- People living in conventional, secure accommodation who demonstrated 'homelessness behaviours', *i.e.* they regularly used day centres and soup kitchens for homeless people, and congregated on the streets with homeless people.

Older homeless people who did not sleep rough or stay in hostels and Resettlement Units, and who did not congregate on the streets with homeless people and at soup kitchens, would not be interviewed. The lower age limit of 55 years was applied to this study in line with a spreading practice for services which were being established for older homeless people in Britain, which apply the age of 55 years to define their target group.

Sources of information

Older homeless people would be the main source from which information could be obtained. From previous experience, it is known that most are estranged from their families and some are not even in contact with services. They are often therefore the

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[2] The author is a Registered Mental Nurse with 22 years experience of working with mentally-ill people in acute psychiatric hospital units, psychiatric day hospitals, and the prison service. Such work involved assessing mental states, collecting histories, planning and implementing treatment programmes, and evaluating outcomes.

[3] Part of the MA Sociology course, at Goldsmith's College, University of London.

only source from which information can be obtained. Wherever possible, additional information would be collected from staff who were working with older homeless people, and from relatives if contact had been maintained and the respondents consented.

Type of information needed

The field study needed to collect information which would provide two 'tools' for analyses:

1. Descriptive profiles of the characteristics of older homeless people, including demographic details, family and marital backgrounds, occupational and accommodation histories, mental health problems, histories of heavy drinking, and their present circumstances. From this information a dataset was to be established of the respondents' (i) current characteristics and problems, and (ii) principal facts of their histories of homelessness, which would be sufficient to enable some quantitative comparisons and statistical analysis.

2. Biographies of homeless people, identifying the histories of the respondents, the ways in which states and events progressed to homelessness, and the respondents' experiences of homelessness and resettlement. This would provide detailed case study reports which would enable themes and pathways to be identified, and qualitative analyses undertaken of reasons for homelessness and the processes leading to homelessness.

The design of the interview schedule

One purpose of a questionnaire is to obtain consistency in the collection of information but it also imposes constraints. It is not ideal or sufficient when gathering partial life histories in which accounts of personal experiences and explanations for behaviours and circumstances need to be recorded and verified, and possible ambiguities and contradictions confronted and resolved. It can limit the information which is collected, and its administration deters some people from participating if they are suspicious, inarticulate or distressed. It was therefore decided not to use a paper questionnaire in the field study, but to devise an interview schedule of required information which would

act as a guideline for the interviews. A check-list of the selected topics for the interview schedule would be carried whilst the field-work was in progress and referred to during the interviews.

The topics selected for the interview schedule focused on the aims of the field study (detailed fully in Appendix B). The first aim was to increase the understanding of the aetiology of homelessness. Six topics which focused on the respondents' experiences before they became homeless were therefore selected for investigation. These were:

1. Family backgrounds, particularly whether they were raised by their natural parents, the existence of siblings, the age at which the respondents left home, and their subsequent contact with their family.
2. Experiences of marital and cohabiting relationships, including their age when the relationships began, the duration of the relationships, the existence of children, and the reasons why the relationships ended.
3. Work experience, including the armed forces, particularly the type of work, the number of jobs, the duration of jobs, and age when last worked.
4. Accommodation since adulthood, including the type of households in which they have lived, the tenure of accommodation, and the frequency of changing accommodation.
5. Histories of mental illness, heavy drinking, criminality, and penal detentions.
6. Circumstances preceding first (and subsequent) entries to homelessness, including the events and crises which they believed contributed to homelessness, their situation and living arrangements immediately before becoming homeless, the process involved from being housed to becoming homeless, and their age of entry into homelessness.

The second aim of the study was to increase the understanding of the distinct problems and needs of older homeless people, and services and interventions which are required to help them to resettle effectively and to exit from homelessness. Three topics relating

to the respondents' experiences since becoming homeless were therefore selected for investigation. These were:

1. Histories of homelessness, including the number of episodes of homelessness, the length of time homeless, use of temporary accommodation, and experiences of sleeping rough.
2. Histories of resettlement and outcomes, including the type of accommodation in which they were rehoused, the duration of being housed, and reasons for re-entering homelessness.
3. Present circumstances, particularly family and social contacts, use of day centres and soup kitchens, mental health problems, and use of alcohol.

As mental health problems are commonly present among older homeless people and are reported to have sometimes contributed to homelessness, it was decided to collect information about such problems. Although the author has worked for years in the field of psychiatry, it was not possible to conduct full diagnostic assessments as these need to be undertaken by trained psychiatrists.

It was decided not to collect information about physical health problems unless the respondents reported that such problems had contributed to homelessness. The only way to collect accurate information about the nature and extent of physical health problems is for full physical examinations to be carried out. Some respondents would have been unaware of physical health problems, and it would not have been possible to arrange physical health examinations. Furthermore, many would have been uncooperative with such requests.

Selection of field sites and sampling strategies

Because homelessness is a transient state and there is a lack of knowledge about its prevalence, it is practically impossible to construct a sampling frame and to obtain or to verify a representative sample of older homeless people (discussed in chapter 5). The sample in this study would include older homeless people in various sleeping arrangements, namely in hostels, in other temporary accommodation, and those who were sleeping rough. Although the author had gained knowledge of the hostels and day centres which are used by older homeless people in London, and of the street-sites in

London where homeless people congregate and soup runs distribute food and clothing, the author was unaware of such services in Sheffield, Leeds and Manchester. Furthermore, no manuals were available which listed all the services used by homeless people. Through a published study, details were collected about researchers in Sheffield who had studied homeless people, and homeless people in London named a well-established soup kitchen in Leeds (George *et al.*, 1991). It was anticipated that information about hostels, centres, and soup kitchens used by older homeless people in Sheffield and Leeds could be obtained through networking from these initial sources.

Contact was to be made with the respondents in several ways. Those in hostels and temporary shelters would be contacted by seeking permission from the managers to interview the residents. Time would be spent at soup kitchens and day centres for homeless people in order that older users could be identified and approached for an interview. This would be another way of reaching older homeless people in temporary accommodation, and it would also include some older homeless people who slept rough, and those who were securely-housed but displayed homelessness behaviours.

Older homeless people who slept rough and who did not use day centres and soup kitchens would be identified and contacted through intensive streetwork. This would involve regularly visiting public spots as at bus and train stations, and known street sites where homeless people congregate, and 'searching' in isolated places such as underground car-parks, abandoned buildings, and subways, particularly at night. Older homeless people are more easily identifiable in the evening and at night because 'housed' people are at home, and places where they might linger during the day, such as parks, cafes and public libraries, are closed by late evening.

The interview process and consent

From previous experience of interviewing elderly homeless people, it was realised that a few respondents would be friendly, co-operative, eager to participate in the study and would be articulate, and that many would react to a researcher with mistrust, suspicion and hostility. Time would therefore be spent socialising and building relationships with potential respondents in hostels, at day centres and on the streets, before they would be approached for an interview. Regular contact would enable trusting relationships to be developed, and this would increase the likelihood that they would co-operate with the

study and agree to be interviewed. Ways of developing rapport with those who were suspicious and hostile would be learned through experience whilst in the field.

Older homeless people are usually suspicious and unco-operative if they are asked to sign a consent form. The respondents were not therefore to be asked to give written consent to participate in the study. Instead, their verbal consent would be sought after the nature of the study and the promise of confidentiality had been explained to them. An assurance was to be given that they were under no obligation to participate in the study, no information would be released that would enable them to be recognised, no interview would be pursued or question persisted if it was distressing to them, and an interview would be terminated immediately if they requested.

Older homeless people are often suspicious and unco-operative if taping interviews is suggested, and some are even discouraged if notes are made whilst they are talking. Permission for interviews to be taped would not therefore be sought, but the respondents would be asked if notes could be made during the interview. In instances where this was refused, information would have to be remembered and documented as soon after the interview as possible.

Interviews were to be conducted in a flexible, semi-structured procedure which would allow for them to be paced and the questions implemented to meet individual reactions, needs and abilities. Although certain types of information are desired from all respondents, this methods allows for 'the particular phrasing of questions and their order (to be) redefined to fit the characteristics of each respondent' (Denzin, 1989, p. 105). Wherever possible, interviews were to be conducted on several occasions. This would enable trust to be developed with those who were suspicious or hesitant to provide personal details, and additional information collected from those with poor interpersonal skills and mental health problems, who were unable to concentrate and engage in intensive lengthy interviews.

Observations of the respondents' behaviour would also be conducted whilst the interviews were in progress, and when subsequent contacts were made in hostels, on the streets, and at soup kitchens and day centres. These would supplement the interview data and would focus on (a) apparent mental health problems; (b) behaviours such as drinking alcohol, scavenging and begging; (c) whether the respondents isolated

themselves or socialised with others; (d) the frequency of use of soup kitchens and day centres.

6.4 Assessing the quality of the data

Various methods were to be used to triangulate the data and check its accuracy and validity (Silverman, 1993; Denzin, 1989; Kirk and Miller, 1986). Facts reported by the respondents would be assessed for plausibility and consistency by checking them against each other in terms of, for example, dates and the order of events. The information would be checked for reliability by repeatedly asking the respondents the same questions in subsequent interviews and determining whether they provided consistent answers each time. Comparisons would be made between reported information and that obtained through observations. The most likely reports that could be checked through observations would be information about present mental health problems, drinking habits, the extent to which they integrated with homeless people, and the frequency of use of hostels, day centres and soup kitchens.

Wherever possible, information would be collected from additional sources particularly hostel workers and day centre staff, so that the facts reported by the respondents could be checked for accuracy. The most likely reports that could be checked in this way would be the respondents' use of services, their date of entry into hostels and their length of stay, their contact with family, statutory services and homeless people, apparent mental health problems, and drinking habits.

6.5 Developing a 'field-work procedures' code

Conducting research on the streets with marginalised and deviant populations can be dangerous for the investigator in terms of violence and health problems (Lee, 1995; Peritore, 1990; Sluka, 1990; Agar, 1980; Berk and Adams, 1970). Diseases such as tuberculosis are prevalent among homeless people, and behaviours such as drug-injecting common with some younger homeless people (Citron *et al.*, 1995; Balazs, 1993; Ramsden *et al.*, 1988). The latter results in infected needles sometimes being discarded at street sites. Ways of minimising risks and safety measures would need to be addressed before the field-work started and whilst it was in progress. This was

especially important for this study as much of the street-work would be at night by a single female researcher, the intention was to include older homeless people who stayed in isolated spots, and interviews would be probing into painful topics with respondents whose histories were unknown. For safety reasons, most out-reach teams who work on the streets with homeless people and enumerators of homeless people generally work in pairs.

Many of the professional associations involved with social research in Britain and the United States have codes and ethical guidelines, yet these offer minimal guidance to the field-worker and supervisor of the legal and moral responsibilities for conducting research in difficult settings with deviant groups (Ellen, 1984). Neither the British Sociological Association's *Statement of Ethical Practice* (approved 1992 and amended 1993) nor the British Social Research Association's *Ethical Guidelines* (1994-95) address these issues. It was necessary therefore to develop a 'field-work procedures' code which was agreed with the supervisor and guided decisions in the field.

This code had also to take into consideration the researcher's responsibility towards the respondents. Older homeless people have multiple unmet physical and mental health problems, and the researcher would have a responsibility to seek help for a respondent if a serious case of ill-health was observed. By collecting partial life histories, the respondents would be required to recall failures and distressing unresolved personal experiences which had led to homelessness, and would then often be alone with their stirred-up memories after the interview had finished. Reminiscence work has been noted to sometimes lead to feelings of guilt, despair and depression among people who are troubled by recalling life events (Coleman, 1994; Cowles, 1988; Lewis and Butler, 1974). Yet the issues of interviewing vulnerable individuals about sensitive topics are not addressed in the professional codes and ethical guidelines, and past studies offer little guidance (Lee, 1993; Brannen, 1988).

Before the interviews began, the author obtained professional insurance, and ensured that vaccinations against tetanus, hepatitis-B and tuberculosis were up-dated. A knowledge was gained of the sources to which a respondent could be referred in case of a housing or health-related emergency, and visits were made to the services to meet the staff and to explain the study. The police in each of the cities were notified in

writing of the study in case difficulties arose whilst the streetwork was in progress. The police in London offered to escort the author in dangerous areas, but it was believed that this would have had a detrimental effect when seeking out older homeless people who were estranged, suspicious and who may have opted for anonymity.

The devised code stipulated that, whilst in the field, it was necessary for the researcher to notify the supervisor (or a colleague) when starting and completing a piece of field-work and of intended movements; to carry a mobile phone, a personal alarm, and a letter of authorisation; to be aware of 'escape' routes when entering isolated spots; and to ensure that no unnecessary risks were taken. With regard to the respondents, the code stipulated that pressing health, housing and social needs would override interviews, that interviews would be stopped if requested or if the respondents showed signs of distress, and that confidentiality would be maintained and the identity of the respondents would be protected at all times. A summary of the code is described in Appendix C.

The code was adhered to throughout the field study. It proved to be a constant reminder of the safety aspects of this type of research, and of the responsibilities of the researcher to the respondents, to the supervisor, and to the academic discipline. Incidents which occurred in the field were recorded immediately afterwards, and the way in which they were managed were evaluated by the researcher and the supervisor with reference to the code. The code therefore acted as an important framework to guide decisions throughout the investigation.

6.6 Summary of the design of the field study

The design of the field study had to address the distinctive features of older homeless people and it therefore had special characteristics. It was an investigation which was to be carried out both during the day and at night, in four British cities. Partial life histories were to be collected from a group of elusive and estranged respondents, who had rarely been studied and who had sometimes opted for anonymity. Many would react suspiciously and be reluctant to answer questions. Ways of building relationships with an estranged population and gaining their trust in order that they would agree to be interviewed would have to be developed during the field-work.

Unlike most investigations of homeless people, this study was to collect both objective *and* biographical information from the respondents, and quantitative and qualitative analyses would be undertaken. These would complement each other and contribute to the acquired understanding of the reasons for homelessness. Yet unusual procedures would have to be adopted to collect this information as depth interviews revealing partial life histories could not be taped, in some instances note-taking would not be permitted, information could not be checked with other sources, and some respondents were likely to have mental health problems or poor interpersonal skills, and be inarticulate. Once again, ways of collecting information from the respondents would have to be developed through experience of interviewing this estranged population.

The majority of the respondents were likely to have been through stressful and traumatic experiences, and their histories were unknown. Probing into their experiences could stir up unresolved emotions and problems, among people who may have a tendency towards violence and aggression, or self-harm. Hence, the circumstances of the field-work were potentially dangerous and a 'field-work procedures' code had to be developed. This had to be worked out using a combination of prior knowledge of the client group and common-sense, as neither British nor American professional associations offered guidelines to this type of research. The next chapter describes how the field study was carried out and how changes were made as the field-work progressed and lessons were learned.

Chapter 7

The Field Study: Implementation and Progress

"In a city like London you can lose yourself in a crowd or sit on a bench all day and no-one will take notice of you. If you are homeless and sit on a bench all day in a village, people will stare at you and talk about you. In London you can be anonymous; in a village you become a marked man."

Frank (aged 60 years, sleeping rough)

This chapter reports on the progress of the field study. It describes how and where the study sample were located, how opportunities were taken to gather information from all possible sources, and the ways in which the interview schedule and process were adapted to meet the needs of older homeless people. There follows a discussion about the issues and problems which were encountered whilst the research was in progress, and how these were overcome. The last sections focus on the quality of the data which were collected, and are followed by a summary of the field investigation. The methodology used in this study is particularly important for British researchers, as there are few comparable depth field studies in this country on homeless people or street groups. Through persistent and flexible street-work, the study has demonstrated that it is possible to collect rich information from an isolated and deviant group of people.

7.1 The Field Report

The population studied

The field study lasted for fifteen months, from June 1994 to August 1995. It was conducted in London, Sheffield, Leeds and Manchester. There were 225 respondents over the age of 55 years in the study, of whom 159 were men (71%) and 66 women (29%). Nearly two-thirds of the respondents were contacted in London (Table 7.1). This partly reflects the high number of older homeless people sleeping rough and the large number of hostels in London compared with the northern cities. Only a few respondents were contacted in Manchester. Of the 225 respondents, 49 men and 22 women were sleeping rough, 74 men and 28 women were in hostels, Resettlement Units

and night-shelters, and 36 men and 16 women had secure accommodation but displayed 'homelessness behaviours' (discussed in chapter 2).

Table 7.1 The number of respondents by city

Town	Males		Females		Total	
	No.	%	No.	%	No.	%
London	94	59	51	77	145	64
Sheffield	31	19	1	1	32	14
Leeds	23	14	11	17	34	15
Manchester	11	7	3	4	14	6
Total	159	101	66	99	225	99

Note: Column totals do not add up to 100.0 because of rounding errors. This applies to many tables in the text.

The study does not claim to have a representative sample of older homeless people. It included people who had been homeless for years and those who had become homeless for the first time in later life. No attempt was made to distinguish between these groups when sampling. Sampling was opportunistic and was achieved through networking and 'snowballing' (Lee, 1993; Burgess, 1984). The sample will have been dependent upon the balance of time spent in soup kitchens, hostels and on the streets (discussed in the next section), and of the problems and needs of the clients provided for at certain settings. The respondents were interviewed at a range of hostels and centres, some of which supported people with specific problems and needs. These included 'wet' hostels which accommodated heavy drinkers, high-care hostels for people who were mentally-ill, and probation day centres which supported people with criminal histories. This is important when findings, such as the extent of mental illness and heavy drinking, are reported.

Locating the respondents

Just over 1,540 hours were spent conducting field-work on the streets, at hostels, Resettlement Units, day centres and soup kitchens (Table 7.2). Nearly one-half of this time was spent on the streets, one-third in centres and soup kitchens, and one-fifth in

hostels and temporary accommodation. This partly reflects the amount of time needed to 'search' for isolated people on the streets, and to develop relationships with those who had been detached for years and were distrustful and suspicious. Nearly three-quarters of the time was spent in London, including two-fifths on its streets.

Table 7.2 Observation and interview hours for the field study

Observations and interviews	London No.	North of England No.	Total (hours) No.	%
On the streets	631	99	730	47
In hostels / other accommodation	180	119	299	19
In day centres / soup kitchens	298	216	514	33
Total	1109	434	1543	99

Note: 1. Sheffield, Leeds and Manchester

The field-work began in London, Sheffield, and Leeds, but Manchester was included in the final three months of the study to supplement the numbers of female respondents and people sleeping rough in the North of England. Only a few older people had been found sleeping rough in Sheffield and Leeds, and only a few female respondents had been able to give detailed histories.

In London, Sheffield and Leeds, a list was drawn up of hostels, Resettlement Units, day centres and soup kitchens, which were used by older homeless people. Contact was made with the managers, the purpose and nature of the field study was explained, and their permission to involve older clients was sought. All of the hostels in Sheffield and Leeds, and all of the women's hostels in London, were contacted. Because of the large number of men's hostels and day centres for homeless people in London, it was not possible to include all in the study. Initially three men's hostels in London known to have large numbers of older residents were selected and, as interviews were completed at these facilities, others were contacted. In many instances, the staff at the hostels acknowledged that the older residents were detached and distrustful, they would probably not co-operate if approached for an interview by an unknown person,

and time would be needed to become acquainted with potential respondents to gain their trust. Effective ways of approaching clients were agreed.

At the Resettlement Units and most hostels, the staff initially explained the study to the older residents, and sought their consent for their participation. Those who agreed were then introduced to the researcher. In three hostels, the staff realised that the older residents were particularly isolated and distrustful. In a women's hostel, arrangements were therefore made for the researcher to participate each week for six months in a social group which was available to all residents. In a male hostel, it was decided to establish a reminiscence group for the residents, all of whom were over 55 years of age. The group would be facilitated by the researcher and a member of staff. The staff felt that this would be beneficial as many residents were isolated within the hostel. The group was held every two weeks, it lasted for the duration of the field study, and between eight and twelve residents attended fortnightly. The men selected topics for discussion, and these often focused on their working lives before they became homeless, and their experiences of homelessness.

The older residents who attended the women's social group and the men in the reminiscence group were approached and asked if they would participate in the study. A day was spent each week for six months at a third hostel socialising with and interviewing willing male residents.

All of the day centres and soup kitchens in Sheffield and Leeds, and three in London, were contacted. In London those which were known to work with a large number of older homeless people and which were open at varying times were selected. This allowed for field-work to be carried out simultaneously at all three centres. These were the evening soup kitchen at which the researcher had already worked for 7 years as a volunteer, a centre which opened from early morning, and one which opened at week-ends and was developing a service specifically for older homeless people. A total of 514 hours was spent during the fifteen months of the field study, working as a volunteer, socialising, and interviewing older clients at three day centres and soup kitchens in London, three in Sheffield, and two in Leeds. Potential respondents were identified and asked if they would be willing to participate in the study.

By the end of the field-work, a total of 30 projects and services working with older homeless people had been directly involved in securing respondents for the study, and a further 9 projects for homeless people had been visited but no interviews had been conducted on their premises (Table 7.3 and Appendix D). These offered a diverse range of services and included direct-access hostels; hostels offering short-term and long-term accommodation; a probation hostel; hostels for people who have mental health and drink problems; Resettlement Units which are commonly used by transient people; shared housing schemes for homeless people; soup kitchens which open in the mornings to provide breakfast, and those which open in the evenings; probation day centres; day centres for homeless people of all ages, and those which had sessions for older people; and a resettlement project specifically for older homeless people.

Table 7.3 The number of hostels, day centres and projects for homeless people involved in the study

Type of facility	London	Sheffield	Leeds	Manchester	Total
Involved with interviews:					
Hostels[1] (male)	5	2	4	1	12
Hostels (female)	3	0	2	0	5
Hostels (male and female)	0	1	1	0	2
Day centres and soup kitchens[2]	4	3	3	1	11
Total involved with interviews	**12**	**6**	**10**	**2**	**30**
Projects[3] visited / no interviews	4	2	2	1	9
Total number of projects	16	8	12	3	39

Note:
1. Includes Resettlement Units
2. Includes probation day centres, and projects working with elderly homeless people which were linked to centres
3. Includes hostels, out-reach teams, and a medical project

Three methods were used to identify and make contact with older homeless people who were sleeping rough and who did not use day centres and soup kitchens. A total of 730 hours were spent on the streets, the majority of the time (631 hours) was in London. Regular visits were made to 'street sites' where homeless people congregated and where handouts of food and clothing were distributed. Information about these sites came

from previous knowledge, homeless people, service-providers, and from observations made whilst on the streets. Intensive street-work was undertaken to make contact with isolated older homeless people who did not gather at these sites. This involved hours of 'searching' in doorways, abandoned buildings, subways, parks, car-parks, under bridges, and other hidden sites, particularly in the evenings and at night when it was easier to identify older people who remained on the streets.

Time was also spent at railway stations, bus stations, on street corners, and in public squares, observing and waiting for older homeless people to 'appear' and come into sight. Older homeless people who are sleeping rough, although they may be isolated and not in contact with services, sometimes move around a city, particularly frequenting bus and train stations, seeking warmth and shelter or searching for food in litter bins. Therefore, by remaining at one 'popular' spot, such as a railway station, many eventually become visible to an observer. All people encountered on the streets whom it was suspected were sleeping rough and over the age of 55 years were approached for an interview. Non-contact would have occurred because of a failure to recognise people who were elderly and sleeping rough, or through the lack of opportunity *i.e.* not being in a location when an elderly homeless person 'appeared'.

A 'typical' week of field-work involved working partly in London and partly in North England, although this varied from week to week. The researcher's hours were divided between socialising and gaining the trust of potential respondents at hostels and centres, interviewing, and searching the streets for hidden subjects. Hours were also divided between working in the field and writing up interviews and field notes. Each week was only planned shortly ahead to allow for flexibility as the availability and willingness of respondents became evident.

Summary of field-work for week beginning 8th January (Figure 7.1):

- 46¼ hours in field: 9¼ at hostels, 22 at centres and soup kitchens, and 15 on the streets. A further 15 hours were spent writing up field notes and interviews.
- field-work included 3 towns, 4 hostels, and 6 centres and soup kitchens
- eight interviews conducted

Figure 7.1 A typical week of field-work

Week beginning 8th January 1995	Time in the 'field'	Type of field-work and location
Sunday	9 a.m. - 2 p.m.	St Martin-in-the-Fields soup kitchen in London: socialised with clients and interviewed an older homeless man.
		Travelled to Sheffield in the evening.
Monday	9 a.m. - 12 a.m.	Interviewed an older homeless woman in a hostel in Leeds.
	1 p.m. - 5 p.m.	St Anne's Day Centre in Leeds: socialised with clients and interviewed an older homeless man.
	6 p.m. - 9 p.m.	St George's Crypt soup kitchen in Leeds: worked as a volunteer and socialised with clients.
Tuesday	10.30 a.m.-2 p.m.	St Wilfrid's Day Centre in Sheffield: socialised with clients and interviewed a man displaying homelessness behaviours.
		Travelled to London in the evening.
Wednesday	11 a.m.-1 p.m.	Women's hostel in London: participated in social group with residents.
Thursday	3 p.m.-4.15 p.m.	Men's hostel in London: participated in reminiscence group with residents.
	6 p.m.-8 p.m.	St Botolph's soup kitchen in London: worked as a volunteer and socialised with clients. Interviewed one older homeless man.
Friday	7 a.m.-11.30 a.m.	The Passage Day Centre in London: worked as a volunteer and socialised with clients.
	2 p.m.-5 p.m.	Interviews with two older homeless men in a hostel in London.
	7 p.m.- 11 p.m.	Street-work in London: observations at railway station and at street site where food was being distributed.
Saturday	4 p.m.-3 a.m.	Street-work in London: observations at railway station and at street sites where homeless people had congregated for the night. Walked around the streets and searched for isolated subjects. Interviewed one older homeless man.

Note: A further 15 hours were spent writing up field-notes and interviews.

Sources of information

The respondents were the main source from which information was obtained, particularly for those who were sleeping rough. It was sometimes possible to gather information about the respondents who used day centres and those who stayed in hostels and Resettlement Units, from staff at these facilities and, in a few instances, access to records was granted. This enabled reported data to be checked. Although the hostel staff were often unaware of the histories of the respondents, they were able to confirm the duration of residency, previous admissions to the hostel, family and social contacts, drinking habits, and mental health problems. It was not possible to conduct interviews with the respondents' relatives. Most were not in contact with their family and others were reluctant for this to happen. In only one instance was a letter sent to a niece of an older homeless woman who was sleeping rough. According to newspaper reports at that time, the niece had shown an interest in her aunt's situation. She did not however reply to the letter.

Homeless people occasionally reported information about each other. This usually related to where a person slept at night, and whether that person used soup kitchens, mixed with others, and drank alcohol. On a few occasions, homeless people drew attention to the existence of older homeless people sleeping rough and this 'snowballing' strategy was used to make contact with respondents. One female respondent, for example, informed of the whereabouts of another elderly woman who was sleeping rough. The information was found to be accurate and the woman was interviewed. Information from homeless people about others was usually more forthcoming as the study progressed and the researcher became well-known on the streets, and at soup kitchens and hostels.

Although not planned in the design of the study, advantage was taken of opportunites to acquire additional information whenever possible. On eight occasions it was possible to visit the homes of those who were securely-housed. Six had been recently housed. The other two had been rehoused for some time but they wanted the researcher to see the "terrible" situation in which they were living. By observing the neglected and filthy state of their accommodation, it provided additional evidence of their poor coping skills. Another respondent also agreed for a home visit but, on two pre-arranged occasions, he was not at home (or refused to answer the door).

On another occasion, it was proving difficult to collect valid information from an elderly homeless woman with severe mental health problems who was sleeping rough. She was unable to reliably state when she had left her flat but repeatedly said that she had been homeless "for two weeks". Attempts were made to track where she had been living and find out when she had left. She was able to give her address and the estate where she had lived, but not the area. Eventually it was possible to track the address to an estate in Hackney, East London. A visit was made to the premises, but the present tenant had been living in the flat for the past 19 years. Hence the respondent's last address and entry into homelessness could not be determined.

The interview schedule

An interview schedule of needed data[1] had been devised and this was initially used in London as a guideline for two interviews at hostels and two on the streets. As a result of these interviews, it was apparent that each respondent would have to be interviewed again as it had not been possible to collect the required information. The schedule guided subsequent interviews throughout the study.

Information which seemed important to the respondents emerged as the study progressed and life histories were collected. Such details had not been recognised before the study started nor included in the interview schedule. For example, some respondents talked about distressing experiences they had been through whilst in the armed forces, and associated these with unsettledness, heavy drinking, nightmares and homelessness. Others described transient work histories and unsettledness for years before becoming homeless. The need to collect information about their childhood, and whether they were raised by natural parents or experienced broken childhood homes had been recognised before the study started. But as it progressed, some respondents reported being raised by both parents but in disturbed family homes whereby their fathers were heavy drinkers or one of their parents was adulterous. They described how this had impacted on their lives. These 'new' and seemingly important issues were included in interviews as the study progressed.

As the study advanced, it was apparent that some interview topics produced considerable resistance among the respondents. Whereas they provided detailed

[1] Discussed in chapter 6

information of their work histories or childhood experiences often without prompting, they were reluctant to discuss topics such as failed marriages, the death of their spouse or a close relative, or drinking habits. Some respondents initially avoided sensitive topics or gave misleading information but, as trust increased with repeated interviews, they were prepared to divulge personal difficulties relating to homelessness (discussed in chapter 12).

Two-fifths of the respondents were interviewed just once, over one-third had at least five interviews, and a small number were interviewed up to 10 times (Table 7.4). The number of times a person was interviewed and the length of each interview depended on several factors. Some respondents, particularly women, were eager to converse and give detailed accounts of their lives, and some single interviews lasted more than five hours. Others had mental health problems and could not concentrate for long periods, or they had poor social skills, answered questions in monosyllables, and did not volunteer information. For them, interviews sometimes lasted for only 20 minutes and it was necessary to conduct several, short interviews before the required details could be collected. The number of times a respondent was interviewed also depended on whether that person could be relocated.

Table 7.4 The number of interviews with the respondents

Number of interviews	Males No.	Females No.	Total No.	Total %
1	73	18	91	40
2	18	11	29	13
3	11	3	14	6
4	8	4	12	5
5+	49	30	79	35
Total respondents	159	66	225	99
Average per respondent[1]	3.0	3.5	3.0	

Note: 1. Assumes that among those interviewed at least five times, the average was 5.5 (the maximum was 10).

Seven-tenths of the respondents provided a detailed account of their experiences and the circumstances which they believed had contributed to homelessness (Table 7.5). Partial details were collected from a further 48 respondents. They were unable to provide more detailed information due to mental health problems, alcohol intoxication, poor social skills, or because they could not be traced for further interviews. Only minimal details supplemented by observations were obtained from 20 respondents, mainly due to mental health problems or their refusal to co-operate. Detailed histories were collected from four-fifths of the men but only one-half of the women.

Table 7.5 The extent of information obtained from the respondents

Information obtained	Males		Females		Total	
	No.	%	No.	%	No.	%
Detailed history	124	78	33	50	157	70
Partial history	31	19	17	26	48	21
Minimal history	4	3	16	24	20	9
Total	159	100	66	100	225	100

The interview process

Some respondents agreed to be interviewed when first approached. For others, it was necessary to gain their trust and confidence before they would agree to participate. This was particularly true for those who were isolated and sleeping rough. Relationships were developed by regularly sitting and talking to the respondents on the streets, at day centres, soup kitchens and hostels, and in parks, cafes, and shop doorways. It proved time-consuming but it was possible to gain the trust of people who had had no contact with services for years. One woman, for example, was repeatedly approached for 12 months before she talked about her experiences. She had at first been hostile but gradually became more friendly and receptive over the months.

Interviews were conducted wherever the respondents were found. In some instances it was possible to interview a person in a 'private' place such as an office or in their accommodation. But many interviews had to be conducted in public places, as on the streets, in cafes, or at soup kitchens and railways stations. One man was interviewed

on a train whilst he was travelling from Sheffield.[2] At times it was possible to structure an interview and work methodically through the interview schedule, but at other times the respondents were talkative, keen to discuss pressing problems and issues, and questions had to be formed around their conversations.

Verbal consent to be involved in the study was sought from each respondent. Three respondents offered to have their interviews taped and so this was carried out. The majority of others (155 respondents) agreed for notes to be made whilst being interviewed. Attempts were made to document 'critical points' if a talkative person was being interviewed. For 67 respondents, notes were not made during the interview: some were reluctant for this to happen; others were distressed whilst discussing painful events and it did not seem appropriate to be taking notes at that time; yet others appeared suspicious and paranoid and once again note-taking seemed inappropriate.

If it was not possible to make notes during the interviews, strategies were used to memorise and 'manage' information until it could be recorded immediately afterwards. This was a learning process and, as the study progressed, the most effective measures became apparent. These included keeping interviews short, details to a minimum, whilst focusing on critical points; repeatedly confirming information with a respondent as the interview progressed; finding reasons for temporarily leaving the interview setting, such as buying a cup of tea for the respondent, and making brief notes before returning; and re-interviewing at a later date, wherever possible, to check information.

Mixed reactions were received from the respondents about being interviewed. Some expressed the benefit of being able to discuss tragic events saying that they rarely had such an opportunity. One woman talked for six hours about her circumstances. Several people found that by recalling experiences of their work, for example, it stimulated their memory and they were able to recall jobs and incidents which they claimed to have forgotten. They seemed to appreciate this, and subsequently approached the researcher with 'new recollections'. But others were obviously distressed by discussing stressful events, and either they would change the topic or request for an interview to be stopped. At times, the researcher made such decisions.

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[2] He had intended to travel to London but was removed from the train at Derby because he had no ticket or money.

Notes from interviews and observations were written in detail as soon as possible after the event. A file was created for each respondent, all information was recorded in the file, and these were stored securely in a locked drawer. Reported life histories often had to be 'sorted' into a chronological order before they could be written. Fieldnotes were also maintained throughout the investigation. These recorded the times of visits and places visited; contacts with potential and actual subjects; and situations and incidents which occurred whilst in the field.

7.2 Issues relating to the field study

Problems of inclusion and exclusion

Access into some women's hostels was refused, restricting the number of female respondents in this study. Staff at the majority of hostels and centres were receptive of the study providing that their older clients agreed. Gaining access into women's hostels proved most difficult, and they more often refused access than men's hostels. Although they had older residents, four women's hostels (of a total of nine) and one men's hostel (of a total of fourteen) refused access. Permission was refused by the managers without the residents being consulted or having the opportunity to participate. The reasons given for refusal generally were that the managers needed to 'protect' female residents who had been through stressful experiences.

In some hostels most older residents agreed to be interviewed whilst, in others, only a minority consented. Sampling is likely to have been biased. The researcher had less 'control' over sampling within hostels than on the streets. In the hostels, the respondents were sometimes selected by staff, and there may have been a tendency for more co-operative and amenable residents to be chosen. In some hostels, residents who had severe mental health problems and who could not answer questions were excluded.

Sampling isolated older homeless people who were sleeping rough proved time-consuming and difficult. At times, more than eight hours were spent walking around the streets 'searching' for potential respondents without success. Another difficulty was estimating the age of a person and identifying whether that person was housed or homeless. Their situation was not necessarily apparent from a single observation. Some were seen on the streets for long periods during the day and at night, they were

dirty and unkempt, had much baggage with them and, although they denied that they were sleeping rough, evidence suggested otherwise. Others were clean and well-dressed, they had no baggage, and it was not apparent from observation that they were homeless. This only became evident when they were seen consistently on the streets in the middle of the night. One ambiguous situation was an elderly man who regularly used soup kitchens but denied that he was homeless. He was always clean and smartly-dressed, and he used to stay in a cafe in London until it closed at 2 a.m. His housed or homeless state was never determined.

Some older people appeared to be homeless when first contacted, but further observations and interviews confirmed that they had accommodation. They sat in doorways for most of the night with homeless people, were dressed shabbily and had poor hygiene, and accepted handouts of food and clothing. They returned to their accommodation for a few hours in the middle of the night or sometimes remained on the streets all night. Casual observers would presume that they were homeless. Occasionally the respondents were discreetly followed to determine where they slept at night. One elderly woman impersonated a homeless person. She sat on the pavement and begged for long periods. She had a dishevelled appearance, a plastic bag which contained her 'possessions', a cardboard sign stating that she was homeless, and she gave a convincing account of the circumstances which contributed to her 'homeless' state. By following her one evening, it was confirmed that she had and used a council flat.

Problems of interviewing and collecting information

One of the main difficulties of collecting information related to mental health problems. Fluctuating mental health states affected the willingness and ability of the respondents to be interviewed. At times some were co-operative, talked lucidly, and gave realistic responses to questions; whilst at other times they were hostile, aggressive, obviously hallucinating, and were unable to concentrate on an interview. Yet others had memory problems and gave inconsistent responses. For a minority of respondents, alcohol affected interviews. Some who had been drinking heavily became unco-operative and abusive whilst the interview was in progress, others wished to participate but their speech was slurred and it was impossible to understand what they were saying.

Repeated contact was made with one man, a heavy drinker, for months before his details could be collected. For those who were heavy drinkers, it was sometimes possible to arrange for interviews to be carried out on days when they were not in receipt of welfare benefits and there was less chance of them being intoxicated.

It was easier to collect histories from those who were in hostels, Resettlement Units and securely-housed, than from those who were sleeping rough (Table 7.6). Whereas three-quarters of those in temporary accommodation and more than four-fifths of those securely-housed gave detailed information, this could only be obtained from one-half of those sleeping rough. Yet nearly one-half of the total time of the field-work had been spent on the streets searching for and interviewing older homeless people who were sleeping rough (discussed earlier: Table 7.3). This is explained by the findings in the next chapter which show that a higher proportion of people sleeping rough had observed yet untreated mental health problems (chapter 8, Table 8.15).

Table 7.6 The extent of information obtained from the respondents by present accommodation

Information obtained	Sleeping rough		Temporary hostels[1]		Secure housing	
	No.	%	No.	%	No.	%
Detailed history	37	52	77	75	43	83
Partial history	24	34	17	17	7	13
Minimal history	10	14	8	8	2	4
Total respondents	71	100	102	100	52	100

Note: 1. Includes Resettlement Units and night-shelters

It also proved easier to collect information from the men than from the women. Over four-fifths of the men in hostels and three-fifths who were sleeping rough gave detailed histories, and minimal information was collected from only a few men (Table 7.7). Detailed histories were collected from just over one-half of the women in hostels and one-third sleeping rough, and only minimal information from one-quarter of the women in hostels and one-third who were sleeping rough. Once again, this is explained by the

findings in the next chapter which show that a higher proportion of women than men had observed yet untreated mental health problems (chapter 8, Table 8.14).

Of the four men and sixteen women from whom it was only possible to ascertain minimal information, all except three had apparent mental health problems. It was

Table 7.7 The extent of information obtained from the respondents who were sleeping rough and in hostels by sex

Information obtained	Sleeping rough				In hostels[1]			
	Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%
Detailed history	30	61	7	32	62	84	15	54
Partial history	16	33	8	36	11	15	6	21
Minimal history	3	6	7	32	1	1	7	25
Total respondents	49	100	22	100	74	100	28	100

Note: 1. Includes Resettlement Units and night-shelters

impossible to comment on the mental health states of the other three respondents. Twelve were friendly and co-operative and, although interviews were attempted on several occasions (up to 10 times), only limited information could be obtained. The other eight were sometimes friendly and at other times hostile. They commonly avoided questions or gave sarcastic responses. One lady regularly sat in a shop doorway. Occasionally she was friendly but most times, if anybody went near her, she shouted "sod off, get away, don't speak to me." Her behaviour may have been due to a mental illness or to deter intruders. Contact was had with another woman each week for six months and she consistently replied to questions sarcastically. She was in a hostel and said that she had been there "for 400 years". She admitted to having worked in the past but, when asked about the type of jobs she said, "I used to walk up and down stairs." When asked the same question a few weeks later she replied, "I can't tell you; its too early in the day; I can only tell you in the middle of the night." Even the hostel staff had been unable to collect information from her.

There were difficulties in re-locating some respondents, particularly those who were sleeping rough, in order that additional information could be collected. Some were transient and moved between towns, others alternated between hostels and sleeping on the streets, and others changed the site where they slept rough. Much time was spent 'searching', sometimes unsuccessfully, for such respondents. For a minority (five respondents), there were language difficulties. Two were native Greek speakers, two Italian and one French. All of them spoke no more than 'broken' English and it was difficult to converse with them. An interpreter was used to interview the two Greeks, but it was impossible to arrange this for the others because they were transient.

Early in the study it became apparent that it was impossible to arrange interviews with some respondents, even if they seemed keen and appeared reliable. They were not at home when a visit was made, or they agreed to be interviewed but subsequently changed their minds. One man agreed to be interviewed at a soup kitchen a few days after he was approached. He turned up three months later for his interview. Interviews with respondents were most successful if they took place immediately after consent was obtained. The fieldwork had to therefore be conducted in a flexible manner so that advantage could be taken of sudden opportunities. At times it was necessary to follow respondents who were scavenging through litter bins until they sat down, or wait until people who were sleeping wakened, before they could be interviewed.

Many interviews were disrupted. They were often conducted in open settings, such as on the streets and in day centres. There were disruptions from younger homeless people who were keen to converse, and from officials, such as the police, who "moved on" homeless people (and the researcher) from railway stations and street sites. Interviews occasionally had to be interrupted because of the pressing needs of the respondents. Help had to be sought for an elderly woman with mental health problems who was sleeping rough. On another occasion, accommodation was found for an elderly man who was sleeping in a doorway on a cold night. On several occasions, interviews had to be disrupted whilst food and drink were sought for older respondents who were hungry. This type of field-work lent itself to misinterpretation by members of the public. By walking around the streets late at night or lingering outside railway stations, men assumed that the researcher was a prostitute, and some became persistent

or threatening when their offers were refused. For safety reasons, it was sometimes necessary to leave an area.

7.3 The quality of the data

Data was triangulated and its reliability and validity checked wherever possible. This was achieved in several ways. Partial life histories were collected and the reported facts checked for internal consistency. After each interview, histories were recorded in a chronological order and facts compared to determine their plausibility and accuracy. The age when a person left the merchant navy and their reported length of service, for example, were compared with the age at which they joined the service. One respondent provided inconsistent details of the number of times he had been married and his experience of homelessness in each of his three interviews. Yet during his first interview, his history seemed plausible. By identifying discrepancies and re-interviewing, ambiguities could be queried and information verified.

The respondents were required to report events from their distant past, and discuss situations in their lives which had resulted in 'failure' and homelessness. With time, people tend to 'forget or filter past events', and under-estimate time dimensions (Fetterman, 1989; Bernard *et al.*, 1984; Sudman and Bradburn, 1973). Perceptions of situations change, information becomes distorted, and defence mechanisms are sometimes used to protect self-identities (Snow and Anderson, 1993; Douglas, 1976). Through repeated questioning and probing during the interviews, it was sometimes possible to identify misconceptions and elicit more accurate details. One man, for example, maintained that he had been homeless for thirty years and was, "the longest homeless person on the street". Through probing, he admitted that he had been rehoused for a few years during that time. Some respondents repeatedly stated that events occurred "ten or fifteen years ago". Further questioning sometimes elicited more precise dates. The observed behaviours of the respondents, such as signs of anger or distress when discussing traumatic events, suggested (although they did not confirm) the plausibility of the information.

Because the fieldwork was conducted in several settings, *i.e.* on the streets, and at hostels and soup kitchens, contact was made with some respondents in more than one location. This enabled their behaviour to be observed in different settings and at

different times of the day and night. It was noted, for example, whether a person who was isolated and slept on the streets used soup kitchens and, if so, whether that person remained apart from others whilst at the soup kitchen. Forty-nine respondents were observed both on the streets and in soup kitchens. Having contact with a person intermittently over months on the streets and at soup kitchens, also increased the likelihood of observing unreported problems such as mental illness and heavy drinking.

Wherever possible, information about the respondents was collected from the staff at hostels and day centres, and compared with that reported by the respondents. The respondents sometimes denied heavy drinking yet the staff reported otherwise. By regularly meeting with the staff and drawing on their experiences, it was possible to discuss interpretations and explanations of behaviours and situations relating to older homelessness. Information was compared between respondents and its plausibility strengthened by external consistency (Lofland and Lofland, 1984). For example, men who had led transient working lives often described similar work and accommodation experiences before they became homeless. Because the same details were described by several respondents who were unknown to each other, this suggests that their reports were true.

7.4 Summary of the Field Study

Through an intensive field study which lasted for 15 months, information was collected from 225 respondents over the age of 55 years in four British cities. Most respondents were homeless when interviewed, or they had been homeless and, although rehoused, still demonstrated homelessness behaviours. The study intended to collect both quantitative and qualitative data from a largely estranged and distrustful group of older homeless people, whose circumstances, problems and needs have rarely been researched. This has been achieved. Partial life histories and original depth material about their experiences have been collected to advance interpretations and hypotheses about the reasons for homelessness.

It was a time-consuming methodology which involved persistent field-work on the streets and at hostels and centres. Risks and dangers had to be consistently anticipated and addressed. The study was a learning process about ethnographic

research methods and the ways in which these could be applied effectively and flexibly to collect rich information from a difficult and deviant group of respondents, and adapted to meet individual needs and circumstances. As the study progressed, the need for additional important information was identified and included in the interview schedule. Whilst in the field, ways were developed to gain the trust of people who have been isolated for years, to probe sensitively during the interviews, and to memorise details when notes could not be made.

Before the study started, nothing was known by the author about the circumstances of older homeless people outside of London. Soon after the field-work commenced, it became apparent that a resettlement project specifically for older homeless people existed in Leeds, day centres for people on probation existed in Sheffield and Manchester and were used by older homeless people, and there was a transient population of older homeless men who frequently moved around the country and used the Resettlement Units in Sheffield and Leeds. Advantage was taken of this acquired knowledge and the field-work structured so that such clients could be sampled.

On completion of the fieldwork, the interviews were coded and a database established to include all 225 respondents. The methods of analyses and the findings are reported in the following six chapters. Extreme care has been taken in the reporting of the findings to preserve confidentiality and maintain anonymity. Some respondents have revealed intimate details of their lives, including murder and sexual abuse. It has been necessary therefore to be selective when reporting information. The next section of two chapters reports on the quantitative findings of the research, and describes the characteristics and histories of the respondents. This is followed by a section of four chapters which involves qualitative analyses, and describes different pathways by which older people became homeless.

Section III

The Characteristics and Histories of Older Homeless People

The two chapters in this section present a profile of the 225 respondents of the empirical field study. They provide a background of the characteristics, histories, problems and needs of the respondents and their experiences of homelessness. The information in this section provides an understanding of the respondents and forms a base from which detailed analyses and interpretations of their histories and pathways into homelessness can be progressed in section IV. The first chapter introduces the respondents and describes their personal details, background histories and present circumstances. Comparisons are made between the respondents and the national elderly population, using data from the 1991 Census and nationwide surveys to highlight the distinct characteristics of the respondents. The second chapter describes their experiences of homelessness and resettlement, and analyses factors which may have had an influence on these experiences. The two chapters do not examine events and factors which preceded and contributed to homelessness. These are addressed in section IV.

The two chapters are developed from a foundation of quantitative comparisons and analyses of differentials by sex, age, homeless experiences, and present living circumstances. The information supplied by the respondents was coded into a database and analysed, using the SPSS software, to examine the relationship between variables. By the end of the first chapter it was possible to chart the characteristics of the respondents, identify common features and different patterns of behaviour, and categorise the respondents into six sub-groups and develop a typology (Patton, 1990; Lofland and Lofland, 1984). Contemporary investigations have generally treated older homeless people as an homogeneous group yet, as this study shows, they have different characteristics, problems and needs. By constructing a typology, it is possible to identify distinct problems and needs among specific groups of older homeless people and make recommendations accordingly. The typology is developed in the second chapter when the respondents' experiences of resettlement are examined.

A descriptive profile of older homeless people is dependent on sources of information, the respondents and their ability and willingness to provide valid information, and these in turn have been dependent upon the balance of time spent by

the investigator during the field study at soup kitchens, hostels, and on the streets. It is also reliant on access to centres and hostel accommodation being granted, and the researcher's ability to identify and make contact with older homeless people who were sleeping rough.

The respondents in this profile are: (i) those who were homeless when interviewed; (ii) those who had been homeless and, although rehoused, continued to manifest homelessness behaviours; and (iii) a small number who had never been homeless but also manifested homelessness behaviours. The field study has only included older people who were indigently homeless and sleeping rough or in hostels and temporary accommodation, and those who had been resettled but had 'failed' to cease homelessness behaviours. Those who had been homeless, successfully rehoused, and did not congregate at soup kitchens or on the streets with homeless people, were not interviewed.

Chapter 8
The Characteristics of the Respondents

"I have detached myself from people; I have chosen to be anonymous. I don't mix with people or talk to them, and most people don't know me. I don't participate in life; I am an observer. I have lived this life for 20 years; it is not living; it is daily survival."

Hugh (61 years old, homeless following a marital breakdown)

This chapter describes the personal characteristics, circumstances and behaviours of the 225 respondents in the field study. It analyses variations by sex, age, and present housed or homeless states, to determine associations between attributes and states. Their situation is compared to that of the national elderly population to identify similarities and differences which might contribute to explanations of why they became homeless. This chapter provides an understanding of the histories of the respondents and is a background to later chapters which examine in depth the pathways into homelessness. It must be remembered that the respondents are not necessarily representative of all older people who have experienced homelessness. Some respondents were unable to provide accurate information. Others initially denied circumstances, such as having been married and having had children, and it was only when trust had been gained through several interviews did some admit such facts.

The chapter has five sections. The first outlines the respondents' housing situation, and highlights that the majority of those who were securely-housed when interviewed had once been homeless. The second describes their personal details and, by comparison with the general older British population, identifies marked differences. The backgrounds of the respondents are then described, demonstrating the high proportion who had come from broken or disturbed childhood homes, and those who had experienced stresses such as mental health problems and distressing war experiences before they became homeless. Their present circumstances are then examined, highlighting distinct features such as estrangement, mental illness, heavy

drinking and transience. The final section constructs a typology of older homeless people.

The empirical study involved 225 respondents (159 men and 66 women). One man who was undergoing a sex change when interviewed has been categorised as male. Over two-thirds of the sample were therefore men. This sex distribution contrasts with that of the general population. According to the 1991 Population Census,[1] 56% of people over the age of 55 years in England and Wales were women. Although this field study does not claim to have a representative sample of older homeless people, other studies have also found that the number of homeless men far exceed that of women, both in hostels and on the streets (Moore *et al.*, 1995; Anderson *et al.*, 1993).

8.1 The housing situation of the respondents

Experiences of homelessness

At the time of interview, 123 men and 50 women were homeless (Table 8.1). Thirty-two men and eleven women had been homeless in the past but they were living in secure accommodation when contacted. They were included in the study because they displayed homelessness behaviours and regularly used soup kitchens and day centres for homeless people, and congregated on the streets with homeless people. Eight respondents had never been homeless but they also demonstrated homelessness behaviours. One lady who professed to be homeless, was seen begging on the streets for long periods and gave a convincing account of the circumstances which preceded her 'homelessness'. Observations however confirmed that she was housed. As valid details could not be obtained from her, it was not known whether she had ever been homeless.

Present accommodation

Seventy-one respondents (32%) were sleeping rough when first contacted, of whom almost seven-tenths (36 men and 13 women) stayed at night in isolated and hidden places, such as sheds, cellars and woods (Table 8.2). They sometimes went to great lengths to conceal their existence, and their homeless situation was evident only

[1] Office of Population and Censuses and Surveys, 1991. *Sex, Age and Marital Status*, Table 2, p. 34.

Table 8.1 The respondents' experiences of homelessness

Experience of homelessness	Males		Females		Total	
	No.	%	No.	%	No.	%
Homeless when interviewed	123	77	50	76	173	77
Housed when interviewed: homeless in past	32	20	11	17	43	19
Never been homeless	4	3	4	6	8	4
Not known	0	0	1	2	1	1
Total	159	100	66	101	225	101

because they used soup kitchens or they were noticed on the streets. One man slept in an abandoned warehouse. He gained access to the premises by climbing up a rope to the first floor. One lady aged 80 years slept in the coal-cellar of an uninhabited house. Two men slept in sheds and locked themselves in at night. Yet another man slept in woods. Others, however, slept on the pavements of busy streets and were easily visible. A minority wandered around the streets for most of the night and did not 'bed down'.

Table 8.2 The accommodation of the respondents on first contact

Accommodation	Males		Females		Total	
	No.	%	No.	%	No.	%
Owner-occupied housing	1	1	0	0	1	1
Independent rented tenancy	25	16	11	17	36	16
Supported housing schemes[1]	10	6	5	8	15	7
Resettlement Unit	25	16	0	0	25	11
Hostels[2]	49	31	28	42	77	34
Sleeping rough	49	31	22	33	71	32
Total	159	101	66	100	225	101

Note: 1. Includes sheltered housing schemes, shared housing schemes, and old peoples' homes.
2. Includes night-shelters and bed-and-breakfast hotels

Seventy-four men and 28 women were staying in temporary accommodation when first contacted, mainly hostels and Resettlement Units, and a minority were in night-shelters and bed-and-breakfast hotels. Only men were interviewed in Resettlement Units. Few

such Units existed for women and, at the time of the study, their residents were younger women. The majority who were not homeless lived in flats rented from local authorities. Fifteen were living in supported accommodation, namely sheltered housing schemes with a warden, shared housing schemes for homeless people established by Housing Associations, or old peoples' homes. One man owned his house. He had never been homeless, but had started to congregate on the streets with homeless people after he had been forced to retire.

The accommodation of the respondents when they were first contacted varied between towns (Table 8.3). The markedly different distributions partly reflected the availability and accessibility of facilities (discussed in chapter 7). Many respondents in London were sleeping rough or in hostels, none were in Resettlement Units. Although these Units were still operating in London when the fieldwork was carried out, the residents tended to be of a younger age. The majority of interviewees in Sheffield were

Table 8.3 The accommodation of the respondents by town where interviewed

Accommodation	London		Sheffield		Leeds		Manchester	
	No.	%	No.	%	No.	%	No.	%
Owner-occupied housing	1	1	0	0	0	0	0	0
Independent rented tenancy	21	14	4	13	10	29	1	7
Supported housing schemes[1]	6	4	3	9	5	15	1	7
Resettlement Units	0	0	17	53	8	24	0	0
Hostels[2]	59	41	5	16	11	32	2	14
Sleeping rough	58	40	3	9	0	0	10	71
Total	145	100	32	100	34	100	14	99

Note: 1. Includes sheltered housing schemes, shared housing schemes, and old peoples' homes.
2. Includes night-shelters and bed-and-breakfast hotels

staying at the Resettlement Unit. Only three older rough sleepers were found in Sheffield, and some hostels in the city had refused to participate in the study. The respondents interviewed in Leeds were staying at the Resettlement Unit, at hostels, or they had secure tenancies. No elderly people were found sleeping on the streets in

Leeds. A project[2] exclusively for resettling older homeless people exists in Leeds and this may explain why no older rough sleepers were found in the city. Only a small number of respondents were interviewed in Manchester to supplement the numbers of female respondents and people sleeping rough in the North of England.

Second and later contacts with 134 people revealed that thirteen men and six women had changed their accommodation since their initial interview. They had moved between temporary accommodation and sleeping rough, or from temporary accommodation into a rented tenancy. A further one man and one woman had died.

8.2 The personal details of the respondents

Age

Details of age were provided by 199 respondents. Of these, six men and four women could not express their age, but were able to state their date of birth. Three men and two women knew neither their age nor date of birth. A further six men and fifteen women refused to state their age and it was not possible to determine whether this was through choice or ignorance. The ages of those who did not know or refused to state their age were estimated within age bands. A difference was found between gender and age which was statistically significant[3] (Table 8.4). A higher proportion of women were over the age of 75 years, whereas men tended to be aged between 55-64 years. Similar proportions of men and women were aged between 65-74 years. The results may not necessarily represent the age distribution of older people who are homeless or who demonstrate homelessness behaviours but may reflect the sampling strategies.

Among those who were sleeping rough, women tended to be older than men. Only a minority (8 of 49) of the men sleeping rough, but nearly one-half of the female rough sleepers (10 of 22) were over the age of 70 years. This difference was found to be statistically significant ($\chi^2 = 6.8$; critical value (d.f. = 1; $p = 0.01$) = 6.64). One man and one woman who were sleeping rough were over 90 years of age. There may be

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[2] The *Over 55s Accommodation Project*, St Anne's Shelter and Housing Action. The project is dicussed in chapter 15.

[3] The chi-square test is used to determine whether a relationship exists between two sets of information or whether the relationship might be attributed to chance as a result of the sample size. It is calculated on the expected and observed frequencies of observations. The strength of the relationship is identified by selecting a significance level which expresses the probability that a false inference is being made (Bryman and Cramer, 1990; Blalock, 1979).

Table 8.4 Age (reported[1] and estimated[2]) of the respondents

Age group (years)	Males			Females		
	Expected	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%
55 - 64	*68.5*	77	48	*28.5*	20	30
65 - 74	*73.5*	72	45	*30.5*	32	49
75 +	*17.0*	10	6	*7.0*	14	21
Total	*159*	159	99	*66*	66	100

Note: $\chi^2 = 13.4$; critical value (d.f. = 2; $p = 0.01$) = 9.21
1. Ages reported by 199 respondents. 2. Ages of 26 respondents estimated

several reasons for the age differences among the men and women in the study. The next chapter explains how the men in this study had first become homeless at an earlier age than the women. If this is generally the case, then the detrimental effect of homelessness on health over time, may mean that men who have been homeless for years die before they reach an advanced age or that they are resettled as they approach old age.

When the age distribution of the homeless men in this study was compared with that of older men in England and Wales in the 1991 Population Census, statistically significant[4] differences were found (Table 8.5). The older homeless male respondents tended to be disproportionately younger than the general older male population. Homeless people are a highly vulnerable group and have high rates of mortality so this is no surprise (Grenier, 1996; Wright, 1989). Or it may suggest that homeless men are rehoused and exit the lifestyle before they become very old.

[4] The calculation of confidence intervals enables a small number of respondents to be compared with a very large national sample. It identifies a range with an associated probability which expresses the confidence that the value lies within that range. Confidence intervals are obtained by calculating a certain multiple of standard errors in both directions from the sample mean (Blalock, 1979). Confidence intervals are calculated for the respondents but not for the Census population, as the latter is not a sample but includes the total population.

Table 8.5 Age distribution of the homeless male respondents in this study and the male population aged 55+ years in England and Wales in 1991

Age group (years)	Homeless males: this study Observed No.	%	95% confidence intervals %	Males: 1991 Census[1] Observed No.	%
55 - 64	61	49.6	41.0 - 59.0	2,510,602	43.7
65 - 74	53	43.1	35.2 - 50.7	2,022,992	35.2
75 +	9	7.3	5.7 - 8.3	1,214,567	21.1
Total	123	100		5,748,161	100

Note: 1. Calculated from 1991 Census findings of 5,748,161 men in England and Wales aged 55 years or over (OPCS, 1991: *Sex, Age and Marital Status*, Table 2, p. 34).

Differences which were statistically significant were also found when the ages of the *homeless* women in the field study were compared with those of older women in England and Wales in the 1991 Population Census (Table 8.6). A different pattern was seen for women than for men. Older homeless women were less likely than older women in the general population to be aged 55-64 years, and more likely to be aged 65-74 years. As with the male sample, disproportionately fewer homeless women were found in the oldest age group (75+ years).

Table 8.6 Age distribution of the homeless female respondents in this study and the female population aged 55+ years in England and Wales in 1991

Age group (years)	Homeless females: this study Observed No.	%	95% confidence intervals %	Females: 1991 Census[1] Observed No.	%
55 - 64	13	26	18.6 - 33.3	2,614,972	35.2
65 - 74	26	52	37.3 - 66.7	2,481,918	33.4
75 +	11	22	15.8 - 28.2	2,324,606	31.3
Total	50	100		7,421,496	99.9

Note: 1. Calculated from 1991 Census findings of 7,421,496 women in England and Wales aged 55 years or over (OPCS, 1991: *Sex, Age and Marital Status*, Table 2, p. 34).

Place of birth

Most respondents were able to state where they were born. Four were unable to give details and twelve refused to say. Just over three-fifths were born in England, including almost one-in-five who were born in London and the Home Counties, and one-third in the North of England (Table 8.7). This reflects the locations used for the study. Nearly one-third originated from either Ireland or Scotland. Only a minority were born outside of the British Isles. Eight were born in European countries, namely Greece, Italy and France. Five originated from non-European countries, two of whom were born in Canada, and three in the West Indies. The reasons why there were only a few respondents born outside of the British Isles can only be speculated. It is likely to be partly associated with the relatively small number of older people in Britain who are from an ethnic minority group. By virtue of having immigrated, it is also likely that inter-continental migrates are fairly socialised, competent and enterprising, or that they are supported by close family networks.

Table 8.7 Place of birth of the respondents

Place of birth	Males		Females		Total	
	No.	%	No.	%	No.	%
London and Home Counties[1]	25	16	14	25	39	19
North of England[2]	54	35	16	29	70	33
Rest of England / Wales	18	11	5	9	23	11
Scotland	27	18	5	9	32	15
Ireland	24	16	8	15	32	15
Other European country	3	2	5	9	8	4
Non-European country	3	2	2	4	5	2
Not known	5		11		16	
Total	154	100	55	100	209	99

Note: 1. Kent, Sussex, Surrey, Berkshire, Buckinghamshire, Hertfordshire and Essex
2. Official regions of Northern England, North West England, and Yorkshire and Humberside

There were differences between the men and the women. Similar proportions of men and women came from Ireland, but men were twice as likely as women to have

originated from Scotland. Although the numbers were small, women were much more likely than men to have been born abroad. Almost one-in-ten women were born in continental Europe.

An association was found between the type of accommodation in which respondents were living when interviewed and their places of birth (Table 8.8). Only a small number of the respondents born in England and Wales were sleeping rough. Those born in Scotland tended to be living in temporary accommodation, and many fewer than expected were in secure housing. This suggests that either people from Scotland remain in hostel accommodation once they become homeless, or they are rehoused and no longer mix with homeless people nor use soup kitchens. This pattern was different for subjects from Ireland. Fewer than expected were in hostels and other temporary housing, but many more than expected were sleeping rough. Although only a small number, those born outside of the British Isles tended to be sleeping rough.

Table 8.8 Place of birth of the respondents by type of accommodation

Place of birth	Secure housing			Temporary housing			Sleeping rough		
	Expected	Observed		*Expected*	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%	*No.*	No.	%
England and Wales	*32.8*	41	31	*60.6*	59	45	*38.6*	32	24
Scotland	*8.0*	3	9	*14.7*	21	66	*9.3*	8	25
Ireland	*8.0*	7	22	*14.7*	11	34	*9.3*	14	44
Elsewhere	*3.2*	1	8	*6.0*	5	38	*3.8*	7	54
Total known	*52*	52		*96*	96		*61*	61	

Note: $\chi^2 = 17.87$; critical value (d.f. = 6; $p = 0.01$) = 16.81. Two of the cells had an expected frequency of less than 5 and therefore the result has to be treated with caution.

When the birthplace of the respondents who were interviewed in London is compared with that of the general population over 55 years of age in Inner London (as recognised by OPCS), differences were found which were statistically significant (Table 8.9). In Inner London a higher proportion of the general population over the age of 55 years were born in England and Wales than among the respondents interviewed in London. A much higher than expected number of London respondents originated from Scotland

and Ireland. Fourteen per cent of interviewees were born in Scotland and 19% in Ireland, compared with 2% and 7% respectively of the total older population in Inner London. Similar proportions of people from European countries were reported in both samples, but a much higher proportion of older people from non-European countries were found amongst the general older population in Inner London.

Table 8.9 Place of birth of the respondents in London and of the older population in Inner London in 1991

Place of birth	Respondents: Inner London			Population: Inner London[1]	
	Observed		95% confidence intervals	Observed	
	No.	%	%	No.	%
England and Wales	74	56.5	46.2 - 65.8	386,115	69.1
Ireland[2]	25	19.1	15.7 - 22.3	41,738	7.5
Scotland	19	14.5	11.5 - 16.5	12,261	2.2
Europe[3]	8	6.1	4.9 - 7.1	28,283	5.1
Elsewhere	5	3.8	3.3 - 4.7	90,294	16.2
Total	131	100		558,691	100.1

Note:
1. Calculated from 1991 Census findings of 558,691 people in Inner London aged 55 years and over (O.P.C.S., 1993: *Ethnic Group and Country of Birth,* p. 221).
2. Includes Northern Ireland and Irish Republic.
3. Includes European Community and remainder of Europe.

Similar results were seen when the birthplace of people who were interviewed in the North of England was compared with that of the general population over the age of 55 years in the local area, defined as the Yorkshire and Humberside Region and Greater Manchester Metropolitan County (Table 8.10). Over nine-tenths of the general older population in this area were born in England and Wales, and only a small proportion originated from Ireland, Scotland or abroad. Amongst the study respondents interviewed in the North of England, fewer people originated from England and Wales, much higher proportions from Ireland and particularly Scotland, and none from outside of the British Isles. In Inner London and the North of England, therefore, a significantly

higher proportion of respondents came from Ireland and Scotland than is seen in the older population in these areas.

Table 8.10 Place of birth of the respondents in the North of England and of the older population in the North of England[1] in 1991

Place of birth	Respondents: North England			Population: North England[1]	
	Observed		95% confidence intervals	Observed	
	No.	%	%	No.	%
England and Wales	58	74.4	57.2 - 90.8	1,778,416	92.8
Ireland[2]	7	9.0	7.0 - 11.0	38,069	2.0
Scotland	13	16.7	13.1 - 20.9	29,732	1.6
Europe[3]	0	0	0	25,197	1.3
Elsewhere	0	0	0	45,317	2.4
Total	78	100.1		1,916,731	100.1

Note: 1. Calculated from 1991 Census findings of 1,846,217 people in the Yorkshire and Humberside region and the Greater Manchester Metropolitan County aged 55 years and over, excluding those born outside of Britain (O.P.C.S., 1993: *Ethnic Group and Country of Birth*, pp. 173 and 275).
2. Includes Northern Ireland and Irish Republic.
3. Includes the European Community and the remainder of Europe.

Marital state

Details of marital status were collected from 203 people. Approximately one-in-ten men and women were widowed. There were sex differences in the proportion who were single, divorced and separated. Women were more likely to have been married, whereas men tended to have remained single (or at least did not report a previous marriage). Three-fifths of the men were single and one-third divorced or separated, whereas two-fifths of the women were single and nearly one-half divorced or separated (Table 8.11). Only one woman was married. She and her husband had been homeless and, although rehoused, still regularly used soup kitchens.

When the marital status of the respondents was compared with that of the general older population in England and Wales, marked differences were found for both men and women. The 1991 Population Census found that three-quarters of men over

Table 8.11 The marital status of the respondents

Marital status	Males		Females	
	No.	%	No.	%
Single / never married	89	59	20	39
Married	0	0	1	2
Widowed	13	9	6	11
Divorced / separated	49	32	25	48
Total known	**151**	**100**	**52**	**100**
Not known	8		14	
Total respondents	159		66	

the age of 55 years were married, and only a minority were never married or divorced. This was the opposite for the men in this study (Table 8.12). Only the proportions who were widowed were similar. The Census figures do not differentiate between peoplewho are married and living with their spouse, from those who are married yet separated. Although no male respondents in this study were living with a spouse, for this comparison those who were separated yet not divorced were classified as legally married.

Marked differences were also seen when the female respondents were compared with older women in England and Wales in 1991 (Table 8.13). As with the men, the women in this study who were married but separated had to be classified as married for the analysis. The women in this study were more likely than the older women in the 1991 Population Census to be divorced or single, and much less likely to be married or widowed. Although a smaller proportion of the women than the men in the field study were single, there was still a marked difference when compared with the general older population.

Table 8.12 The marital status of the male respondents in this study and of the older male population in England and Wales in 1991

Marital status	Respondents			Population 55+ years[1]	
	Observed		95% confidence intervals	Observed	
	No.	%	%	No.	%
Single	89	58.9	43.6 - 74.4	438,009	7.6
Married[2]	13	8.6	6.6 - 11.3	4,375,732	76.1
Widowed	13	8.6	6.6 - 11.3	670,829	11.7
Divorced	36	23.8	17.7 - 30.2	263,591	4.6
Total known	**151**	**99.9**		**5,748,161**	**100**
Not known	8				
Total respondents	159				

Note: 1. Calculated from 1991 Population Census findings of 5,748,161 men in England and Wales aged 55 years and over (OPCS, 1991; *Sex, Age and Marital Status*, Table 2, p. 34).

2. Includes people who are separated. Although this field study distinguished between those who are married yet separated, only the legal status is available from the Census data.

Table 8.13 The marital status of the female respondents in this study and of the older female population in England and Wales in 1991

Marital status	Respondents			Population 55+ years[1]	
	Observed		95% confidence intervals	Observed	
	No.	%	%	No.	%
Single	20	38.5	27.5 - 48.5	569,758	7.7
Married[2]	14	26.9	19.5 - 34.5	3,764,140	50.7
Widowed	6	11.5	7.9 - 14.0	2,745,746	37.0
Divorced	12	23.1	16.6 - 29.4	341,852	4.6
Total known	**52**	**100**		**7,421,496**	**100**
Not known	14				
Total respondents	66				

Note: 1. Calculated from 1991 Population Census findings of 7,421,496 women in England and Wales aged 55 years and over (OPCS, 1991; *Sex, Age and Marital Status*, Table 2, p. 34).

2. Includes people who are separated. Although this field study distinguished between those who are married yet separated, only the legal status is available from the Census data.

8.3 The backgrounds of the respondents

Childhood backgrounds

A total of 158 subjects described their childhood, and 58% reported broken or disturbed childhood homes (Table 8.14). Similar proportions of men and women reported such problems. One-fifth had been separated from both their natural parents through death or desertion by the age of 16 years, and had been brought up by relatives, foster parents or in orphanages. A minority had left home before they were 16 years old and slept rough because of family conflicts. One-quarter had been separated from one parent through death or marital breakdown. Others grew up with both parents but recalled disturbed childhood homes: either their fathers drank heavily and were physically violent towards their mothers, or one parent was adulterous. A few reported sexual abuse by relatives. Whereas the women were more likely to have been separated from their parents, a higher proportion of men described disturbed homes in which their fathers had been heavy drinkers.

Table 8.14 Childhood home experiences of the respondents

Childhood home (before aged 16 years)	Males		Females		Total	
	No.	%	No.	%	No.	%
Separated from both parents	23	19	9	25	32	20
Separated from one parent	28	23	10	28	38	24
Parents at home: disturbed setting[1]	19	16	2	6	21	13
Parents at home: no reported problems	52	43	15	42	67	42
Total known	**122**	**101**	**36**	**101**	**158**	**99**
Not known	37		30		67	
Total respondents	159		66		225	

Note: 1. Reports of heavy drinking by one or both parents, physical abuse to respondent or family member, sexual abuse to respondent, or adulterous behaviour by one or both parents.

Marital and family backgrounds

Sixty-two men and 32 women had married and 14 had been married more than once. Twenty-one men and three women had cohabited but had never married. Eighty-nine respondents recalled the duration of their first marriage or cohabitation, and there was great variation. Fifteen respondents had been in relationships which had lasted for less than five years, yet 35 had been in relationships which had lasted for more than 15 years. Fifty-nine men and 29 women reported that they had had children, including two women who had adopted children and two men who had helped to raise a partner's children. Only 12 men and 9 women had brought up their children to 16 years of age, for most had left them as minors, usually through marital breakdown. Most had had little or no subsequent contact with their children.

Occupational backgrounds

Three-fifths of the respondents were of statutory retirement age (and not working). Seventy-two men were not of retirement age, but most (56 men) had not worked for more than five years. Only three men and one woman currently worked casually.

Of the 139 men who gave details of their occupational histories, just over two-fifths (42%) had had long-term work histories and indeed had been consistently employed until at least 50 years of age. Seventy men (50%) had worked regularly or had been in the armed forces until middle age, and had since worked casually and been only intermittently employed. Only a minority (8%) had been unemployed for most of their working lives, mainly men with psychiatric problems and those who had been homeless since early adulthood. Apart from those who had been in the armed forces or unemployed for many years, three-quarters of the men had been unskilled (37%) or semi-skilled workers (39%), often as building labourers, road-diggers, and factory workers.

Among the 42 women who gave appropriate information, one-third had worked until at least 50 years of age. One-half had worked intermittently whilst one-fifth had seldom been employed. Those who had not worked regularly were married women who had been involved in bringing up children, and those with psychiatric problems.

Experiences in the armed forces and merchant navy

Of the 150 men who provided details, 104 (69%) had been in the armed forces or merchant navy. Most had joined by the age of 18 years. One-tenth reported ineligibility or rejection because of health reasons. Of those who had served, two-thirds had been exclusively in the army, one-tenth exclusively in the merchant navy, and nearly one-in-ten in both these services. Fewer (15%) had been in the Royal Air Force or the Royal Navy. Their length of time in the services varied. One-third had been discharged within three years, yet nearly one-quarter (23%) had served for at least 10 years, including 14% who had served for more than 15 years. Eight women (out of a total of 49) had been in the armed forces.

The armed forces or merchant navy had had a strong impact on many of the men's lives. Several with long-term service had settled for the institutionalised and rootless barrack or sailor's life. The majority had neither married nor formed stable adult relationships. Their childhood experiences, which for many were pathological, may have predisposed them to the camaraderie of service life. Three-tenths who had seen active service (28 of 94 who provided details) had experienced horrific events which seemed to have had a profound and enduring destabilising effect. Three had been held and tortured in Japanese prisoner-of war camps for up to four years, and still became extremely distressed when recounting the experience during interview. Others described the fear and horror of being under attack or when they or their comrades were badly injured. Others described the revulsion of killing the enemy.

Mental health problems prior to homelessness

Of 175 respondents, 41% reported mental health problems before they became homeless, including 49 who had been psychiatric in-patients (Table 8.15). Women were more likely than men to admit to having had mental health problems before they became homeless. Nearly one-half of the women and just over one-quarter of the men had received psychiatric treatment, with 35% of the women and 20% of the men having been hospitalised. Three respondents said that they had been patients in psychiatric hospitals for more than ten years.

Table 8.15 Recognition of mental health problems prior to homelessness

Recognition of mental health problem	Males		Females		Total	
	No.	%	No.	%	No.	%
In hospital	28	20	13	35	41	23
Treated by doctor: not hospitalised	9	7	5	13	14	8
Self-reported problem: no treatment	16	12	1	3	17	10
No problem	85	61	18	49	103	59
Total known	**138**	**100**	**37**	**100**	**175**	**100**
Not known	17		24		41	
Total experienced homelessness	155		61		216	

8.4 Current circumstances of the respondents

Present mental health

It was possible to collect information about the mental health of 219 respondents. Some reported mental health problems or 'bad nerves', and whether they were receiving psychiatric treatment. For others, mental health problems were observed although not reported. Several respondents were interviewed on only one or two occasions, making it difficult to identify their problems. Some expressed ideas which were suggestive of a paranoid illness yet these could not be checked. Others may have either 'concealed' and denied mental health problems, or deliberately behaved bizarrely to deter contact.

Just under one-tenth were receiving treatment for a mental illness, and one-tenth admitted that they were depressed but having no treatment (Table 8.16). One-third denied having any problem, an assertion which was not controverted by observation. One-half of the respondents did not report mental health problems but symptoms were observed. They were hallucinating and shouting and 'answering' imaginary voices; expressing paranoid and persecutory ideas commonly associated with royalty, politicians or neighbours; and some were disorientated and confused and produced seriously inconsistent responses. Marked differences were noted betwen the men and the women. The men were more likely than the women not to have problems, whereas the women were much more likely to have apparent but unreported mental health

problems. Two-fifths of the men and nearly three-quarters of the women had apparent problems which were unreported.

Table 8.16 Present mental health of the respondents

Mental health problem	Males			Females			Total
	Expected	Observed		*Expected*	Observed		Observed
	No.	No.	%	*No.*	No.	%	%
No reported or observed problem	*49.5*	63	41	*20.5*	7	11	32
Self-reported problem: no treatment	*16.3*	19	12	*6.7*	4	6	11
Having treatment for mental illness	*12.7*	11	7	*5.3*	7	11	8
Unreported but apparent problem	*76.4*	62	40	*31.6*	46	72	49
Total known	***154.9***	**155**	**100**	***64.1***	**64**	**100**	**100**
Not known		4			2		
Total respondents		159			66		

Note: $\chi^2 = 24.21$; critical value (d.f. = 3; $p = 0.0005$) = 17.73

Mental illness was therefore common. Two-thirds either reported or were observed to have psychiatric problems. When compared with the rates of mental illness amongst elderly people in the general population, the respondents were much more likely to report or evince mental health problems. Depression affects between 12-16 % of elderly people in the community, with up to 2% suffering from a major depressive illness (Gurland and Fogel, 1992). Similarly, 1-2 % suffer from persistent paranoid states, sometimes a late onset primary paranoid disorder; and 3-9 % of those aged 65 years and over from moderate and severe dementia (Gurland and Fogel, 1992; Jarvik *et al.*, 1992).

Mental health problems affected the ability of some respondents to provide information. Some had memory difficulties and were unable to recall details of recent and long-term events, or gave conflicting information. One man was interviewed three times. He gave a general description of his life, but on each occasion provided different details as to the number of times he had been married, the length of each marriage, and his episodes of homelessness. Others expressed delusional ideas and provided unrealistic information. One man was interviewed ten times, and was very deluded. He first stated that he was 100 years old (this was not correct), then later said he was 30,000

years old as he had come from the moon. When asked about his family, he said he had a son but "I'm not sure if I'm the father or grandfather because all my family are 90 years old and they are from the moon". One woman repeatedly expressed delusional ideas relating to death, giants and space, describing "monsters with machinery inside them which are sending out laser rays to attack me". She was unable to respond realistically to questions. When asked where she was born, she replied, "I was hurled from a star". She answered other questions similarly.

The proportion of the respondents with apparent yet unreported mental health problems was higher among those over the age of 65 years (58%) compared to those aged 55-64 years (38%). Mental illnesses such as dementia and paraphrenia are known to occur in later life with, for example, the prevalence rates of dementia increasing from 1% at the age of 60 years to 32% by the age of 85 years (Gurland and Fogel, 1992; Jarvik *et al.*, 1992, p. 332). If severe, these are illnesses of which the person may be unaware and therefore unlikely to report. This may partly explain why those in the oldest age group had observed mental health problems which they did not acknowledge.

Marked differences were found when mental health problems were examined in relation to people's accommodation. Respondents who were sleeping rough were exceptionally likely to have observed and untreated mental health problems: just over three-quarters had such problems (Table 8.17). Those in temporary accommodation were particularly likely not to have problems, and a higher than expected number were receiving psychiatric treatment. This may be because hostel staff have recognised their problems and have ensured that respondents receive help. It may also reflect the fact that homeless people who are mentally healthy are more able to secure and accept accommodation than those who are mentally-ill.

Two-thirds of the respondents who were securely-housed had observed or reported mental illness, yet only one-tenth were receiving treatment. The reasons why a high proportion of this group had mental health problems is not known. One explanation may be that their mental illness was incapacitating and affected their ability to manage at home with cooking and budgeting, and this was why they used soup kitchens and lingered on the streets where handouts are distributed, instead of staying at home and providing for themselves.

Table 8.17 Present mental health of the respondents by type of accommodation

Mental health problem	Secure housing			Temporary accommodation			Sleeping rough		
	Expected	Observed		*Expected*	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%	*No.*	No.	%
No reported or observed problem	*16.6*	17	33	*31.3*	38	39	*22.1*	15	22
Reported problem: untreated	*5.5*	8	15	*10.3*	13	13	*7.2*	2	3
Having treatment for a problem	*4.3*	5	10	*8.1*	13	13	*5.7*	0	0
Unreported but apparent problem	*25.6*	22	42	*48.3*	34	35	*34.0*	52	75
Total known	***52***	**52**	**100**	***98***	**98**	**100**	***69***	**69**	**100**
Not known		0			4			2	
Total respondents		52			102			71	

Note: $\chi^2 = 32.47$; critical value (d.f. = 6; $p = 0.0005$) = 24.10.
One cell had an expected frequency of less than 5 but, because of the high calculated χ^2 value compared with the critical value, even at the 5 /10,000 level of probability, the observed differences are impressively strong.

Contact with family and relatives

The majority of respondents either lacked family or they were estranged from their relatives. Most said that their parents had died. Over one-tenth (13%) had never had brothers or sisters, and most others had had no contact with their siblings for years. Only 25 respondents had seen a sibling within the past five years. In addition to the high prevalence of estrangement from families of origin, many once married or partnered were no longer in contact with their partners or children. The majority of the once married had been widowed or separated for many years; four-fifths for more than ten years and nearly two-thirds (62%) for more than 15 years. Only two men had remained in contact with their spouse after separating. Of the 88 respondents who had had children, 56% had had no contact with them for over five years. Women were more likely than men to have kept in touch with their children. One-half of the women

compared with only one-quarter of the men had been in contact with at least one child during the past year. This contact did not nevertheless prevent the respondents from being homeless. This therefore raises the question of the quality of the relationship that existed between the respondents and their children, and the extent to which the subjects were offered or willing to accept support.

In summary, 17% of the respondents had no living parents, children or siblings, whilst just over one-half (56%) believed that they had at least one living relative but had had no contact for more than five years. The remaining 27% had seen a family member within the past five years (Table 8.18). It should be remembered that some who had experienced relationship difficulties or traumas may deny the existence of relatives and children. Or they may falsely indicate that they have been in contact, refusing to admit that they are disaffiliated from their families or that relatives do not want to have contact with them. One man who slept rough stated on several occasions that he saw his sister regularly and that she wrote to him. This was later found to be untrue. Despite these uncertainties, the findings demonstrate that estrangement from family is common.

Table 8.18 The respondents' contact with their family

Most recent contact with family[1]	Males		Females		Total	
	No.	%	No.	%	No.	%
Within past year	22	16	13	28	35	19
Between 1 - 5 years ago	12	9	2	4	14	8
Over 5 years ago	79	58	23	50	102	56
Has no living relatives	23	17	8	17	31	17
Total known	**136**	**100**	**46**	**99**	**182**	**100**
Not known	23		20		43	
Total respondents	159		66		225	

Note: 1. Parents, children, brothers and sisters.

Significant differences were found between contact with relatives and mental health states. The respondents who had no reported or observed mental illness were more likely than those with mental health problems to have seen a relative within the past five

years (Table 8.19). The majority of those with observed yet unreported mental health problems either had no relatives or they were estranged from their families. Estranged family relationships may have preceded and possibly contributed to mental health problems, or the latter may have evoked difficult or protracted family relationships.

Table 8.19 The respondents' contact with their family[1] by mental health

Mental health	No contact / no relatives			Contact within 5 years			Total
	Expected	Observed		*Expected*	Observed		Obs.
	No.	No.	%	*No.*	No.	%	%
No problem	*45.3*	36	58	*16.7*	26	42	100
Reported problem	*27.8*	25	66	*10.2*	13	34	100
Observed problem	*57.0*	69	88	*21.0*	9	11	100
Total known	*130.1*	130		*47.9*	48		

Note: $\chi^2 = 17.52$; critical value (d.f. = 2; $p = 0.0005$) = 15.20.
1. Parents, children, brothers and sisters.

When comparisons are made with other surveys and studies of the generality of older people in this country, the respondents are clearly differentiated as being estranged (Table 8.20). At least seven-tenths of older people in other investigations saw one or more relatives each month, yet only one-in-five respondents in this study had seen a relative within the previous *year*. Only a minority (up to 5%) of older people in other studies were reported to be estranged from families and relatives. Yet over half of the respondents in this study had had no contact with their families for more than five years.

Comparisons with surveys of older people in the general population, therefore, show that the respondents were much more likely to have *no* relatives and, for those who had relatives, they were more likely *not* to see them.

Table 8.20 Older people's frequency of contact with relatives: comparative studies

Frequency of contact	North Wales[1] %	Great Britain 1994[2] %	England[3] %
Within last month	69	94	70
No contact	2	3	5
No relatives	6	n.k.	5
Sample size	289	3,475	2,622

Notes: 1. Study by Wenger (1994 pp. 111-112).
2. General Household Survey 1994 (Bennett et al., 1996, Table 6.39). Includes frequency of seeing friends.
3. Study by Hunt (1978 p. 95, Table 12.8.1: Overall frequency of visits from relatives by marital status, mobility and size of household).

Contact with homeless people

Besides being estranged from families and relatives, many respondents were isolated and did not mix with homeless people. From interviews, field observations, and enquiries of staff as to whether subjects socialised with homeless people whilst on the streets, in hostels, and at centres and soup kitchens, it is estimated that just over half (102 of 196 respondents) were isolated whilst the remainder socialised. Women were more likely to be isolated than men: three-fifths of women were isolated compared with just under one-half of men.

Use of soup kitchens and homeless centres

Soup kitchens and day centres for homeless people provide cheap food, clothing, showers and laundry services, medical care and housing advice. When the extent to which homeless and accommodated respondents used these centres is compared, an intriguing counter-intuitive result was found. *Respondents who were homeless used the facilities less than those with secure accommodation* (Table 8.21). Those who were securely-housed were much more likely to use the centres regularly (four or more times each week), whereas homeless subjects used them infrequently or never (three times a week or less). Although the differences arise from the survey design, for the only housed people included in the sample were those demonstrating homelessness

'behaviours' such as using soup kitchens, the results nevertheless draw attention to the surprising fact that a large number of homeless people did not use the facilities designated for them.

Table 8.21 Use of soup kitchens and day centres by the present accommodation of the respondents

Frequency of use	Secure housing			Temporary accommodation			Sleeping rough		
	Expected	Observed		*Expected*	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%	*No.*	No.	%
None used	*24.8*	10	21	*49.6*	71	74	*34.6*	28	42
Occasional use[1]	*13.0*	14	29	*25.9*	12	13	*18.1*	31	46
Regular use[2]	*10.2*	24	50	*20.5*	13	14	*14.3*	8	12
Total known	**48**	**48**	**100**	*96*	**96**	**101**	*67*	**67**	**100**
Not known		4			6			4	
Total respondents		52			102			71	

Notes: $\chi^2 = 60.0$; critical value (d.f. = 4; $p = 0.0005$) = 20.00
1. One-three times per week
2. Four or more times per week

Those in temporary accommodation may not have used the centres because food and laundries are often provided at hostels. But many older people who were sleeping rough, particularly the women, did not use the facilities designated for them. Two-thirds (64%) of female rough sleepers never used the centres, the others only occasionally. Among male rough sleepers, 18% used them regularly, one-half occasionally and 31% never used them. By using them occasionally, this suggests that a number of older homeless rough sleepers were generally aware of the centres but they were weakly bound to them. There were several reasons why the respondents did not use the centres regularly. Some found the centres noisy, over-crowded and they feared intimidation and violence from younger homeless users. Some rough sleepers, particularly the women, were isolated and had mental health problems. They did not understand or see the value of the available help, or they expressed paranoid ideas including the view that they would be harmed by the centre staff.

Those in permanent housing said that they used the centres because they felt lonely and needed company, they were bored and had nowhere else to go, and they were unable or unmotivated to cook at home. A few said that they could not afford to buy food. They also reported that being in a centre deterred them from drinking alcohol, and the centres helped to structure their day.

Transience

Transience was a minority characteristic among the respondents, particularly the women. Almost four-fifths of the women and one-half of the men had remained in one town since becoming homeless. Two-fifths of the men yet only a minority (6%) of the women had stayed in at least four towns whilst homeless.[5] These differences were significant ($\chi^2 = 17.34$; critical value (d.f. = 2; $p = 0.0005$) = 15.20).

A few men were still transient and they frequently moved between towns. During the six months prior to being interviewed, 11% of the men had stayed in at least four towns. They were generally men who had been transient for many years, and had moved around the country staying at Resettlement Units and sleeping rough. In the past, most Resettlement Units only accommodated men for one or two nights and then they had to move on (Berry, 1978; Orwell, 1933). Whilst the study was in progress, two men were interviewed first in London and later in Sheffield, and one man interviewed in Sheffield was later contacted in London. Age was found to be associated with transience. The younger respondents tended to be more mobile than the older subjects. In the six months prior to being interviewed, one-fifth of those aged 55-64 years had changed towns, one-tenth of those aged 65-74 years, and none over the age of 75 years. This reflects the higher proportion of women in the older age groups, and health problems among the older respondents may also have been partly responsible for the difference.

Interesting and significant associations were found between mental health problems and transience. Those with no mental health problems, and those with self-reported but untreated problems, were more likely to have moved to different towns

[5] The classification of towns and areas was essentially that expressed by the respondents. Among the Leeds respondents, a move from Bradford (10 miles away) was regarded as a change of town. Among the London respondents, a move from Bromley to Westminster (also 10 miles away) was seen as a shift *within* London.

since becoming homeless (Table 8.22). The reasons why those with no mental health problems were transient are not apparent. The transience of those with self-reported and untreated mental health problems may be explained by the 'drift hypothesis'. This proposes that mentally-ill people wander in an attempt to escape from their problems and distress, and they drift into cities where social demands are few (Belcher, 1988; Lamb, 1984). By their self-reports, the respondents were experiencing distress, and 'drifting' between towns may have been a coping behaviour. Those who had observed yet unreported problems were more likely to have remained in one town. This may partly be explained by the fact that they tended to be older and health reasons may have

Table 8.22 The number of towns frequented by the respondents since becoming homeless by mental health

Mental health problem	One town			2+ towns			Total
	Expected	Observed		*Expected*	Observed		Observed
	No.	No.	%	*No.*	No.	%	%
No problem	*36.8*	30	47	*27.2*	34	53	100
Reported problem: untreated	*12.7*	6	27	*9.3*	16	73	100
Having treatment for problem	*10.4*	11	61	*7.6*	7	39	100
Unreported but apparent problem	*47.2*	60	73	*34.8*	22	27	100
Total known	*107.1*	107		*78.9*	79		

Note: $\chi^2 = 19.58$; critical value (d.f. = 3; $p = 0.0005$) = 17.73

deterred frequent moves. When the transience of the respondents who were aged 55-64 years is compared with moves made by the general population of the same age, differences were found. The 1991 Population Census revealed that 1% of people in England and Wales who were aged 55-64 years had moved districts within *one year* prior to the Census.[6] Yet 21% of the respondents in the field study of the same age had changed towns in the *six months* prior to being interviewed. These findings suggest that transience is a feature of homelessness for a small group of men.

[6] Office of Population and Censuses and Surveys, 1991. *Migrants*, Table 15, pp. 364-365.

Drinking patterns

Information was collected about the drinking habits of 206 respondents through interviews, repeated observations at centres and on the streets, and from staff at hostels and centres. Some people however may not admit to being heavy drinkers. At times, respondents denied that they drank regularly but staff in hostels reported otherwise. Women were less likely to drink alcohol than men (Table 8.23). This difference was statistically significant. Four-fifths of the women said that they never drank alcohol, and only one-tenth admitted drinking regularly, *i.e.* at least three times a week or excessively for one or two days a week. Two-fifths of the men reported drinking regularly, and only one-quarter claimed that they never drank.

Table 8.23 Current drinking patterns of the respondents

Drinking pattern	Males			Females		
	Expected	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%
Does not drink	*59.2*	36	25	*23.8*	47	80
Drinks occasionally[1]	*39.2*	50	34	*15.8*	5	8
Drinks regularly[2]	*48.5*	61	42	*19.5*	7	12
Total known	***146.9***	**147**	**101**	***59.1***	**59**	**100**
Not known		12			7	
Total respondents		159			66	

Notes: $\chi^2 = 53.29$; critical value (d.f. = 2; $p = 0.0005$) = 15.20
1. Twice a week or less
2. At least three times a week or excessively for one or two days

The *General Household Survey* (1994) found that only 12% of men and 24% of women over the age of 65 years never drank alcohol (Bennett *et al.*, 1996, Table 5.7). Furthermore, one-third of elderly men and 17% of elderly women in the British population were moderate or heavy drinkers (*op.cit.*). Therefore elderly people generally in Great Britain were more likely to drink alcohol than the respondents in this

study, and homeless women have especially low consumption. Although financial reasons may be partly responsible for non-consumption by the respondents in this study, this evidence suggests that heavy drinking is not characteristic of their present situation.

8.5 A typology of the respondents

Many characteristics and behaviours differentiate homeless older people from the majority of elderly people in this country. There is a clear over-representation of males, as commonly reported in homeless studies. The age distribution of the respondents was unrepresentative of housed elderly people, although this may have been due to the sampling strategy. The respondents tended to be young-elderly and few were over the age of 75 years. Furthermore, the majority had either never married or were divorced and separated. When compared with housed older people in the study areas, an unusually high proportion of the respondents originated from Ireland or Scotland.

Their behaviours were also distinct. The respondents were an estranged and disaffiliated population. They were socially isolated, for they either had no relatives or they had not been in contact with their families for years. Those who had been in marital relationships were estranged from their partners, and often from their children. Many were also isolated from homeless people and services, particularly those who were sleeping rough. Mental illness featured prominently, but in many cases was neither acknowledged nor being treated; women and those sleeping rough were particularly affected. Although heavy drinking was rare among older homeless women, it was common amongst some men. Four-fifths of the respondents had mental health problems or were heavy drinkers. Transience was not a common feature; the majority had remained in one town since becoming homeless. Yet a small number of men were transient and frequently moved around the country.

Although characteristics such as estrangement and mental illness were common features, the respondents were not homogeneous. They differed by whether they regularly slept rough, used hostels or were securely housed, whether they were isolated or used day centres, soup kitchens and socialised with homeless people, whether they had mental health problems or were heavy drinkers, and whether they remained in one town or were transient. By first dividing the respondents according to the type of

accommodation which they regularly used, it was possible to chart their characteristics and behaviours, identify common features and different patterns, and develop categories (Figure 8.1). For example, some of those who slept rough were isolated, had mental

Figure 8.1 A typology of the characteristics, behaviours and sleeping arrangements of the respondents

Characteristics and behaviours	*Regularly sleeps rough*			*Hostels[1] and sleeps rough*	*Regularly uses hostels*	*In secure housing*
	I	II	III	IV	V	VI
Men	✓	✓	✓	✓	✓	✓
Women	✓				✓	✓
Mental illness	✓	poor memory		some subjects	some subjects	some subjects
Heavy drinking		✓		some subjects	some subjects	some subjects
Isolated	✓		✓	✓	some subjects	
Sociable[2]		✓			some subjects	✓
Transient				✓		
Works casually[3]			✓			
Uses day centres		some subjects	some subjects			✓
Briefly uses hostels[1]		some subjects		✓		

Note:
1. Includes Resettlement Units
2. Socialises with other homeless people
3. Includes making money in marginal occupations, *e.g.* collecting luggage trolleys at railway stations

health problems and never used day centres; others were heavy drinkers, mixed with other homeless regular drinkers, and sometimes used day centres; yet a third group were isolated but had neither mental health problems nor were heavy drinkers.

Using these categories, it was possible to develop a typology of older homeless people and those who display homelessness behaviours. It was not possible to recognise distinct patterns for all of the respondents, but 177 respondents could be categorised into six sub-groups each containing distinct features and behaviours (Table 8.24).

Table 8.24 The relative frequency of male and female older homeless types

Typology	Males			Females			Total
	Expected	Observed		*Expected*	Observed		Observed
	No.	No.	%	*No.*	No.	%	%
I Withdrawn rough sleepers	*29.9*	20	16	*11.1*	21	44	23
II Convivial Rough Sleepers	*21.1*	29	22	*7.9*	0	0	16
III Active Rough Sleepers	*6.6*	8	6	*2.4*	1	2	5
IV Transient Rough Sleepers	*13.8*	19	15	*5.1*	0	0	11
V Passive Hostel Residents	*20.4*	17	13	*7.6*	11	23	16
VI Symptomatically Homeless	*37.2*	36	28	*13.8*	15	31	29
Total grouped	***129***	**129**	**100**	***47.9***	**48**	**100**	**100**
Not grouped		30			18		
Total respondents		159			66		

Notes: $\chi^2 = 33.37$; critical value (d.f. = 5; $p = 0.0005$) = 22.11.
One cell had an expected frequency of less than 5 but, because of the high calculated χ^2 value compared with the critical value, even at the 5 / 10,000 level of probability, the observed differences are impressively strong.

The first sub-group of *Withdrawn Rough Sleepers* consisted of 20 men and 21 women who regularly slept rough. They seldom used soup kitchens or day centres (only seven used centres occasionally) and were isolated, often hidden and elusive. The majority (35 respondents whose mental health could be assessed) had apparent yet unreported mental health problems, and they often displayed disturbed behaviour and

were hostile when first approached. They tended to remain in one area but were particularly difficult to interview, and it often took months to gain their trust and several interviews before information could be collected. Their situation was apparent because many had a poor standard of hygiene and dirty clothing, some wore many layers of clothing, and sixteen (five men and eleven women) were typical 'bag-people' who hoarded rubbish in luggage trolleys and old carrier bags.

Convivial Rough Sleepers were a group of 29 men who were heavy drinkers who tended to congregate in busy public areas, and were easily visible. Although estranged from their families, they associated with other homeless regular drinkers and a few (8 men) used soup kitchens occasionally. They tended to remain in one town and, although they regularly slept rough, some (16 men) intermittently stayed in hostels for brief periods. Twelve men had marked memory difficulties, possibly related to heavy drinking over many years. They were sometimes difficult to interview because, although they were usually amenable, heavy drinking affected their ability to answer questions coherently.

Active Rough Sleepers were a third small group of eight men and one woman, mostly under 65 years of age, who stayed in one town. They were independent, sometimes worked casually or made money in marginal occupations such as trading phone-cards and collecting luggage trolleys at railway stations. They slept in hidden and inaccessible locations, such as in sheds, which they locked at night for safety reasons, and hence went to great lengths to protect themselves. Six used soup kitchens. Neither heavy drinking nor mental illness were common.

Transient Rough Sleepers were a group of 19 men who frequently moved around the country staying in different towns. They regularly slept rough and all except two booked into Resettlement Units and hostels for brief spells. They were estranged, seldom mixed with homeless people or congregated in public places, and travelled on their own. They rarely used soup kitchens. Eight were heavy drinkers and a further three had been heavy drinkers in the past. Eight reported mental health problems. They generally said that they had suffered from depression for years, and that they drank heavily because they felt depressed. They were difficult to trace except when they booked into temporary accommodation. Contact was made with them usually at the Resettlement Units.

Passive Hostel Residents consisted of 17 men and 11 women who had been in a single hostel for more than three years. Mental illness was a problem for some (nine women and three men), heavy drinking for others (six men). They generally did not use soup kitchens. Some integrated with other residents whilst others were isolated. The sixth group, *Symptomatically Homeless,* consisted of 36 men and 15 women. They had secure accommodation but were estranged from their families and regularly used soup kitchens or congregated on the streets with homeless people. Some reported or had observed mental health problems (35 respondents) or were heavy drinkers (10 respondents), others reported loneliness or that they felt unsettled and unable to cope at home. The majority had once been homeless.

This typology prompts several observations. Firstly, homelessness among older people is often a hidden problem, and the elderly people who are seen at soup kitchens or on the streets with homeless people are often not themselves homeless. Apart from those who are heavy drinkers and are visible in public areas, the rough sleepers are not readily found. Secondly, older homeless people are often isolated and estranged. Many are not in contact with their families and, although some socialise with others at soup kitchens and on the streets, others isolate themselves even from homeless people and services. They remain in hidden locations or frequently move between towns; and both are behaviours which maximise detachment and anonymity.

Thirdly, there are significant differences in the characteristics and behaviours of older homeless men compared to older homeless women (Table 8.24). The men who were sleeping rough tended to be heavy drinkers who integrated with other homeless people, while others were transient or remained in one town but were isolated. The women who slept rough were isolated and none displayed patterns of heavy drinking or transience. Whereas nearly one-half of the female respondents who were grouped were sleeping rough, isolated, and had mental health problems, this only applied to 16% of the male respondents.

From the typology, it is apparent that the problems and needs of older homeless people are different and this has implications for service provision and rehabilitation practice. Some respondents were in contact with hostels and day centres and thus demonstrated their willingness to accept help, whilst others were hostile and difficult to engage. Help and support for this latter group would have to begin with out-reach work

until they could be encouraged to accept and use services. Some respondents had mental health problems, others were heavy drinkers, yet a few displayed neither problems and were able to make money through marginal work. The needs of the latter group are evidently very different to those who may need treatment for a mental illness or intensive counselling and support for an alcohol addiction. It is likely to be extremely difficult to help those who are transient until they can be encouraged to settle in one town. The needs of older homeless people are discussed further in chapter 15 when policies and services are examined and recommendations made.

The typology of older homeless people which has been presented in this chapter is developed in the following chapter which examines the circumstances of the respondents prior to homelessness, the age at which they first became homeless, and their experiences of resettlement. Particular attention is given to whether the different sub-groups of older homeless people have different histories of homelessness and resettlement. From their background histories, it is evident that the respondents had often been through stressful experiences in their lives *before* they became homeless. A high proportion had experienced broken or disturbed childhood homes, many had been through broken marriages and had not been involved in raising their children since they were an early age, whilst others recalled distressing war experiences or had suffered mental health problems. The ways in which such problems contributed to homelessness are examined in the next section of the thesis (section IV) when the respondents' pathways into homelessness are traced.

Chapter 9

The Respondents' Histories of Homelessness and Resettlement

> *"On D-Day I helped carry the stretchers and remove the dead and wounded from the battleground. There was a young soldier killed and lying on his back. I turned him over and his face had been blown away. He had a picture of his family in his pocket. It's a fucking awful world we live in."*
>
> Eric (became homeless when he left the armed forces in 1946)

This chapter describes the respondents' histories of homelessness and their present circumstances. It examines their entry into homelessness and experiences of resettlement, in order to develop an understanding of why they became homeless and why they have remained homeless. Comparisons are made between the respondents who have been resettled and those who have remained homeless, in order to gain an insight into the possible reasons why homelessness persists for some people and why some resettlement attempts fail. The chapter does not examine the events and situations which preceded and triggered homelessness. These are addressed in depth in section IV.

The chapter has seven sections. Firstly, the difficulties of defining an 'entry into' and 'exit from' homelessness are examined. Although the presumption may be that it is a simple matter of definition when a person becomes homeless, many ambiguous situations occur. The next sections outline the respondents' histories of homelessness, focusing on their entry into homelessness and whether they have been resettled or have remained persistently homeless. Although the findings present a diverse picture, they indicate that for some older people homelessness has been a near-lifetime state. The circumstances of those who are currently homeless and those securely-housed are then described. It has to be remembered that the study includes those who have been rehoused but still demonstrate homelessness behaviours. It does not include those who have been successfully resettled and who have exited from the 'homeless lifestyle'. No information is available about their rehousing experiences. Through detailed analyses, there follows an assessment of factors which are related to resettlement and homelessness among the respondents, and these are discussed with

reference to the typology of older homeless people which was constructed in the previous chapter.

9.1 Definitions of an episode of homelessness

The 'entry' into homelessness

Problems arise when attempts are made to define an 'entry' into homelessness. For some people there is a recognisable time when the transition from 'housed' to 'homeless' occurs. Instances are when people who have been owner-occupiers or have had tenancies abandon or are evicted from their homes, and from then on stay in hostels or sleep rough. There is a particular time when their circumstances change and they move from housing into homelessness. People often vividly remember this episode and their situation at that time. For others, however, the entry into homelessness is protracted. For some it involves alternating moves between housed and homeless states before chronic homelessness sets in. Some people leave their homes following crises, such as marital arguments, and book into hostels or bed-and-breakfast hotels for a few weeks, before returning home. Eventually they leave their homes permanently and become persistently homeless. In this situation, the question arises as to whether homelessness occurs when people first use a hostel for a short period, or when they last left their home.

For others, the entry into homelessness involves a progressive move from conventional housing with normal security of tenure to less secure, temporary accommodation. Following a crisis, such as a marital breakdown, some people abandon or are forced to leave their homes and find accommodation in less secure settings, such as in holiday camps, where they have no tenancy rights and their stay is limited and a condition of employment. At other times, tenants lose their homes when they are detained in prison or other institutions for long periods. These people are only housed temporarily whilst work is available or they are serving a prison sentence, and they have no legal rights to continuing accommodation. People in prison only have a (involuntary) licence to stay for a stipulated time. Hence homelessness, for them, is in abeyance. It is questionable whether the onset of homelessness occurs when such people leave their secure dwellings after marriages end or they are detained in prison, or

whether it occurs when they have to leave their temporary albeit tied accommodation or confinement.

Others 'drift' between insecure marginal housing, such as lodgings and digs, and accommodation designated for homeless people, such as hostels and Resettlement Units. These are usually people who have mobile work histories and frequently change jobs and towns. They gradually increase their use of hostels and Resettlement Units as work and income diminishes. With such people it is impossible to recognise a particular 'moment' when homelessness begins. It might be a gradual intensification of an established pattern of hostel use. For these people, it is questionable whether homelessness starts when they first regularly use marginal housing such as lodgings and digs, first use a hostel for a few nights, or finally stop using lodgings and rely on hostels or sleep rough.

People sometimes regularly sleep on the streets at night yet have council tenancies or are owner-occupiers. For various reasons, they have abandoned their homes and have opted to sleep rough. Sometimes this is due to mental health problems and paranoid ideations about neighbours (Crane, 1993; Lamb and Lamb, 1990). By their very behaviour, *i.e.* sleeping on the streets each night, they would be regarded as being homeless (and included in street counts of homeless people), yet legally, whilst they have a secure tenancy and rights to accommodation, they are not homeless (discussed in chapter 2). The question arises as to whether the entry into homelessness for people who abandon their secure housing occurs when they first start sleeping rough, or when they no longer have legal rights on their homes. If they do not return to their accommodation regularly, they will be unaware of when, and if, their home has been repossessed.

The 'exit' from homelessness and episodes of 'rehousing'

Just as it is sometimes difficult to define an entry into homelessness, it is equally problematic to define an exit from homelessness and an episode of rehousing. For some people, it is clear whether and when this change has taken place. Such people are rehoused in council accommodation and other secure tenancies, following which they remain securely-housed, do not use homeless services such as soup kitchens, and do not congregate on the streets with homeless people. For others, however, an episode of

resettlement and an exit from homelessness is less distinct. One difficulty relates to the type of accommodation to which people move and whether it constitutes being housed. Some move from hostels or sleeping rough into insecure, marginal types of accommodation where they have no tenancy rights, for example those who move in with friends, obtain work with tied accommodation, or join the armed forces. Although they are accommodated, their housing is not secure and is conditional on other people or on jobs. Another group includes those who move between homelessness and institutions such as prisons and hospitals. Whilst in institutional settings, they are no longer on the streets or in hostels yet, as argued above, their homelessness is in abeyance and they have not been rehoused.

Another issue relates to the length of time needed to remain in accommodation in order to constitute an episode of rehousing. Some people are rehoused and maintain a tenancy for several years, but others only stay rehoused for a few nights or weeks, cede their tenancy, and return to homelessness. The question arises as to whether brief periods spent in conventional housing can be regarded as episodes of resettlement. In Chicago, an exit from homelessness is recognised to be a stay in one or more dwellings (except shelters) for at least 14 consecutive days (Sosin *et al.*, 1990). A third issue relates to people who have been rehoused but still demonstrate 'homelessness behaviours' (discussed in chapter 2). Although such people have been rehoused they still maintain a lifestyle characteristic of homelessness.

9.2 The respondents' first entry into homelessness

Age of first entry into homelessness

There were 216 respondents who had been homeless. Details were collected from 162 about the age when they *first* became homeless. Others could not say or stated that they had 'drifted' into homelessness and were unsure when they first used hostels or slept rough consistently. The ages when subjects first became homeless spanned most of the life course. Two men became homeless before they were ten years old, yet five men and four women first became homeless when they were aged in their seventies. Whereas the men had become homeless at all ages, women tended to have become homeless for the first time in later life (Table 9.1). Twenty-four men yet only two women were aged under 21 years when they first experienced homelessness. Nearly

two-thirds of women yet only three-tenths of men experienced homelessness for the first time after the age of 50 years. Few men reported first becoming homeless after the age of 60 years, yet the highest proportion of women (over one-third) were found in this age band. The reasons for the gender differences are unknown. It may be related to gender differentials in access to help and support for those who become homeless. Local authority housing departments have a duty to rehouse homeless women who are pregnant or who have children and who are therefore likely to be young or middle-aged, whereas no such obligation exists for single homeless men of those ages.

Table 9.1 The age of the respondents when they first became homeless

Age (years)	Males			Females		
	Expected	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%
Up to 29	*35.5*	42	34	*10.5*	4	11
30 - 39	*17.7*	21	17	*5.3*	2	5
40 - 49	*24.7*	24	19	*7.3*	8	22
50 - 59	*26.6*	24	19	*7.8*	10	27
60 +	*20.8*	14	11	*6.2*	13	35
Total known	***124.9***	**125**	**100**	***37.1***	**37**	**100**
Not known		30			24	
Total experienced homelessness		155			61	

Note: $\chi^2 = 18.46$; critical value (d.f. = 4; $p = 0.01$) = 13.28

Accommodation prior to first becoming homeless

There were 173 respondents who were able to explain their tenancy rights and the type of accommodation in which they had been living prior to becoming homeless. Two-fifths of the respondents had been living in secure accommodation as sole or joint owner-occupiers or as tenants of councils, housing associations and private landlords (Table 9.2). Almost one-fifth had been living in accommodation for which their parents held the tenancy. In some instances, after the parents died the respondents had remained in the accommodation and taken over the tenancy. As will be discussed more fully in

chapter 11, this arrangement was often short-lived. The remaining two-fifths had been living in accommodation for which they had no security. They had lived in private lodgings; prisons, orphanages and mental hospitals; tied accommodation which was

Table 9.2 The accommodation of the respondents prior to first becoming homeless

Type of tenure	Males		Females		Total	
	No.	%	No.	%	No.	%
Owner-occupation	19	14	7	18	26	15
Tenancy[1]	27	20	17	44	44	25
Parents had tenancy	24	18	9	23	33	19
Partner or other relative had tenancy	10	7	2	5	12	7
Lodgings	15	11	1	3	16	9
Tied accommodation, *e.g.* hotel	3	2	3	8	6	4
Army barracks and ships	28	21	0	0	8	5
Institutions: prison, hospital, orphanage	8	6	0	0	8	5
Total known	**134**	**99**	**39**	**101**	**173**	**100**
Not known	21		22		43	
Total experienced homelessness	155		61		216	

Note: 1. Local authority or equivalent (possibly New Town Corporations or Scottish Homes), housing association, or private landlord

dependent on work, namely hotels, work-camps, barracks and ships; and in relatives' or cohabitees' tenancies. Women were significantly more likely than men to have been living in secure accommodation before becoming homeless (Table 9.3). Over three-fifths of the women had had secure tenancies, nearly one-quarter had lived with their parents, and less than one-fifth had been living in tied accommodation, lodgings, institutions or with relatives and cohabitees. Men were less likely however to have been living in secure accommodation. Only one-third of the men had been securely-housed, just under one-fifth had been living with their parents, and almost one-half had been insecurely-housed in accommodation for which they had no written tenancy agreement.

This included five men who had been in prison prior to becoming homeless, and 28 men who had been living in army barracks or on ships.

Table 9.3 Grades of security of the accommodation of the respondents prior to first becoming homeless

Type of tenure	Males			Females		
	Expected	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%
Formal tenancy rights or owner-occupier	*54.2*	46	34	*15.8*	24	62
Parents or relatives had tenancy	*25.6*	24	18	*7.4*	9	23
No written formal tenancy rights to occupy	*54.2*	64	48	*15.8*	6	15
Total known	***134***	**134**	**100**	***39***	**39**	**100**
Not known		21			22	
Total experienced homelessness		155			61	

Note: $\chi^2 = 13.79$; critical value (d.f. = 2; $p = 0.01$) = 9.21

Whereas the men tended to have been living in communal settings or with lodgers before they became homeless and only 29% had been living on their own and 21% with a spouse or cohabitee, nearly one-half (45%) of the women had been living alone prior to becoming homeless and 28% with a spouse or cohabitee. Marked differences existed in the household composition of the respondents by the ages at which they first became homeless (Table 9.4). Those who became homeless before the age of 40 years were much more likely to have been living in communal settings or in households with families or partners, and only a minority had been living on their own. The opposite was true for those who became homeless after the age of 50 years, particularly among those aged over 60 years. Over three-fifths of this latter group had been living alone immediately preceding homelessness.

The movement from housing into homelessness

For three-fifths of the respondents, and a greater fraction of women, the transition from being housed to becoming homeless was characterised by a sudden and abrupt move,

Table 9.4 Household composition of the respondents prior to first becoming homeless by age when first experienced homelessness

Household composition	Up to 40 yrs			40 - 59 years			60 + years		
	Expected	Observed		*Expected*	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%	*No.*	No.	%
On own	*22.0*	5	7	*19.4*	28	46	*8.6*	17	63
With family[1]	*26.8*	29	42	*23.7*	25	41	*10.5*	7	26
Communal setting[2]	*20.2*	35	51	*17.9*	8	13	*7.9*	3	11
Total known	*69*	69	100	*61*	61	100	*27*	27	100

Note: $\chi^2 = 45.93$; critical value (d.f. = 4; $p = 0.0005$) = 20.00

1. Includes parents, marital partner, or relative.
2. Refers to institutions, tied accommodation, barracks, or lodgings.

preceded by events such as marital breakdown and bereavement. The remaining two-fifths described a less direct transition and, from their histories, it was often difficult to determine when homelessness became persistent. Twenty-six men reported that they had 'drifted' into homelessness, having experienced frequent moves between lodgings, digs, work-camps, hostels and sleeping rough. This pattern had persisted for years, often spanning their working life, and they were unable to identify a 'moment' of entry into homelessness. They were typically building labourers who had travelled around the country seeking work, and their situation is described in detail in chapter 10.

The transition into homelessness for four men and five women was characterised by intermittent brief episodes of staying in hostels or bed-and-breakfast hotels, and in-between times living in conventional housing with marital partners. These short spells in temporary accommodation were related to marital difficulties. They separated from their partners for brief periods before this arrangement eventually became permanent and they became persistently homeless. Seven men and eleven women had moved from secure to less secure accommodation before becoming homeless, usually also the result of a marital breakdown. They had left their home, stayed in lodgings or accommodation attached to jobs at holiday camps, before entering homelessness.

9.3 The respondents' episodes of homelessness and resettlement

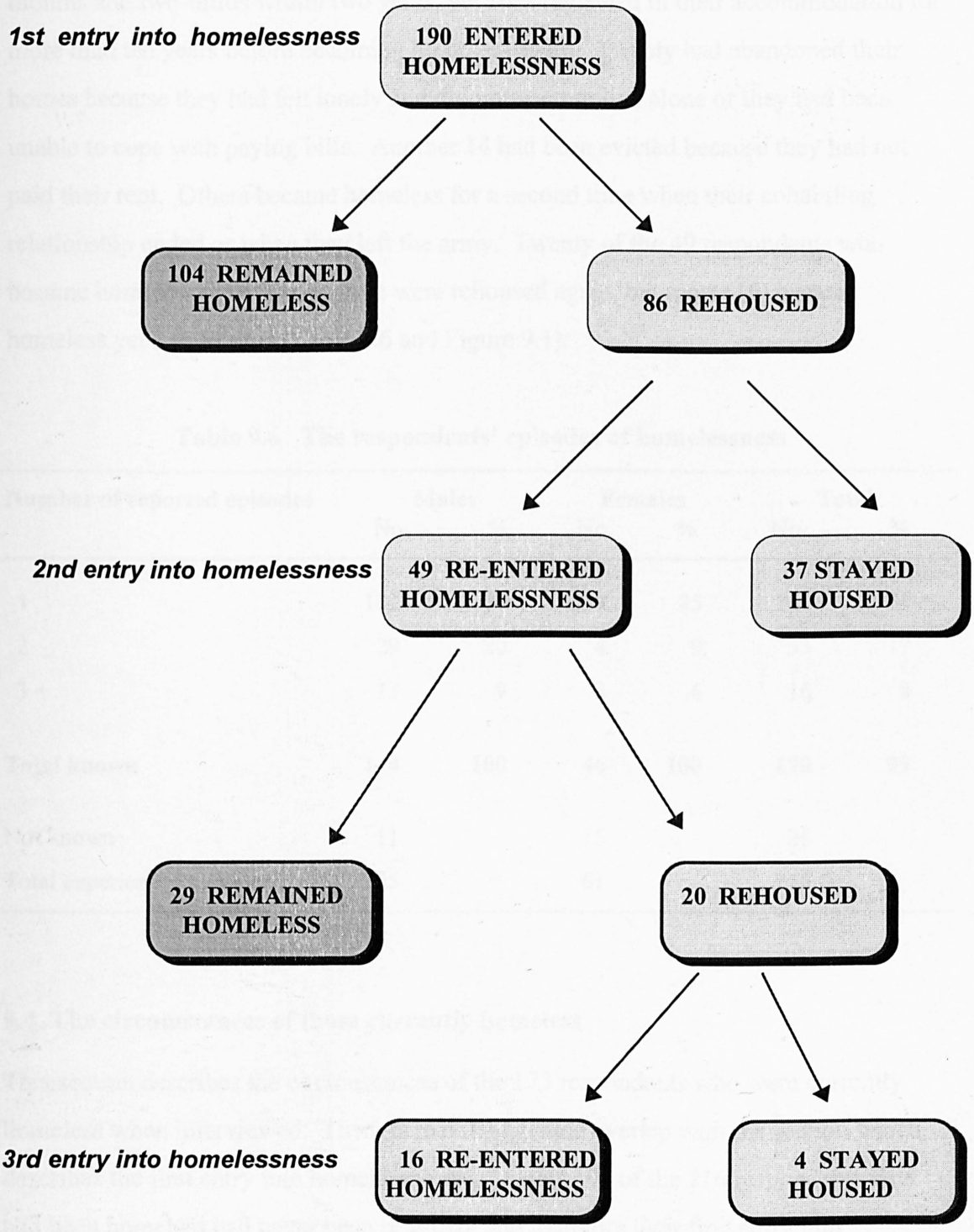
Of the 216 respondents who had been homeless, the majority (173) were still homeless when interviewed. Only 43 had been resettled and had remained housed but continued to demonstrate homelessness behaviours. There were 190 respondents who were able to say whether they had ever been resettled. Of these, 104 had remained homeless and had *never* been rehoused (Figure 9.1). Sixty-eight men and 18 women had been rehoused although many had been homeless for years before being resettled (Table 9.5). One-third of the men who had been rehoused had been homeless for more than twenty years, of whom four had been living in traditional large hostels for years and had been rehoused when the hostels were due for closure. Four-fifths of the 86 respondents who had been resettled had moved into secure tenancies. Most had been rehoused by a local authority in independent accommodation on their own or in warden-assisted flats, or by housing associations in shared houses. The remaining one-fifth had been less securely-housed: some had joined the army or obtained accommodation tied to jobs, while others had moved into relatives' or cohabitees' homes.

Table 9.5 The respondents' duration of homelessness before being resettled

Duration of homelessness (months)	**Males** No.	%	**Females** No.	%	**Total** No.	%
Up to 12	6	10	6	43	12	17
13 - 60	5	9	5	36	10	14
61 - 120	13	23	1	7	14	20
121 - 180	10	18	1	7	11	15
181 - 240	4	7	1	7	5	7
241 +	19	33	0	0	19	27
Total known	**57**	**100**	**14**	**100**	**71**	**100**
Never been rehoused	76		28		104	
Not known	22		19		41	
Total experienced homelessness	155		61		216	

Figure 9.1

Movement of 190 Respondents Between Housing and Homelessness



Note: This diagram represents the past experiences of the people interviewed for this study. It is a compilation of their retrospective reports. It is important to note that the pathways, and particularly their relative numbers, in no way indicate the outcomes of resettlement for all homeless people.

Of the 86 respondents who had been resettled, just over one-half (49 respondents) became homeless for a second time. The duration of resettlement varied before the second episode of homelessness occurred. One-fifth became homeless again within six months and two-thirds within two years, yet 16% remained in their accommodation for more than ten years before becoming homeless again. Twenty had abandoned their homes because they had felt lonely and did not want to live alone or they had been unable to cope with paying bills. Another 14 had been evicted because they had not paid their rent. Others became homeless for a second time when their cohabiting relationship ended or when they left the army. Twenty of the 49 respondents who became homeless for a second time were rehoused again, but most (16) became homeless yet a third time (Table 9.6 and Figure 9.1).

Table 9.6 The respondents' episodes of homelessness

Number of reported episodes	Males		Females		Total	
	No.	%	No.	%	No.	%
1	102	71	39	85	141	74
2	29	20	4	9	33	17
3 +	13	9	3	6	16	8
Total known	**144**	**100**	**46**	**100**	**190**	**99**
Not known	11		15		26	
Total experienced homelessness	155		61		216	

9.4 The circumstances of those currently homeless

This section describes the circumstances of the 173 respondents who were currently homeless when interviewed. There is inevitably some overlap with the section which describes the first entry into homelessness as at least 104 of the 216 respondents who had been homeless had never been resettled, and therefore their first entry into homelessness was their current episode of homelessness. Of the 173 respondents who were homeless when interviewed, 126 were able to say how old they were when their current episode of homelessness began. Fourteen per cent, mainly men, had been

homeless persistently since they were aged in their twenties or earlier (Table 9.7). Some had therefore experienced a near-lifetime of homelessness. In comparison, for one-half of the men and seven-tenths of the women, their present episode of homelessness had occurred after they were 50 years of age.

Table 9.7 Age at which the respondents' current episode of homelessness began (those currently homeless)

Age (years)	Males		Females		Total	
	No.	%	No.	%	No.	%
Up to 21	6	6	0	0	6	5
22 - 29	11	11	1	4	12	9
30 - 39	15	15	0	0	15	12
40 - 49	15	15	7	25	22	17
50 - 59	26	27	9	32	35	28
60 - 69	18	18	6	21	24	19
70+	7	7	5	18	12	9
Total known	**98**	**99**	**28**	**100**	**126**	**99**
Not known	25		22		47	
Total currently homeless	123		50		173	

The duration of the present episode of homelessness varied. For nearly one-quarter of the respondents, it was less than 12 months, yet one-third had been continuously homeless for more than 20 years (Table 9.8). Although there was little difference between men and women as to the proportion who had recently experienced homelessness, marked sex differences existed among those who had been homeless for more than 15 years. Almost one-half of the men had been homeless for more than 15 years, including one-third for more than 20 years. Only one- quarter of the women, however, had been homeless for more than 15 years. There is no recognised length of time that constitutes chronic or long-term homelessness. It has been variously described as occurring after a person has been consistently homeless for one year, and after two

years (Sosin *et al.*, 1988; Kutza, 1987). Even if five years is used to identify chronic homelessness, nearly two-thirds of the respondents had been homeless long-term.

Table 9.8 Duration of the respondents' current episode of homelessness (those currently homeless)

Duration of homelessness (months)	Males		Females		Total	
	No.	%	No.	%	No.	%
Up to 6	12	12	4	14	16	12
7 - 12	13	13	2	7	15	11
13 - 60	14	14	4	14	18	14
61 - 120	9	9	5	17	14	11
121 - 180	5	5	7	24	12	9
181 - 240	14	14	1	3	15	11
241 +	36	35	6	21	42	32
Total known	**103**	**102**	**29**	**100**	**132**	**100**
Not known	20		21		41	
Total currently homeless	123		50		173	

9.5 The circumstances of those currently housed

Fifty-two respondents had secure accommodation when interviewed. Over one-half (57%) had been so housed for less than two years, including one-quarter for less than six months. Only three-tenths had been housed for more than five years. From reports by the respondents or from agencies working with them, there was evidence that around two-thirds were having problems in coping at home. These difficulties pertained to mental health problems, loneliness, budgeting, paying rent, and managing household chores. They spent little time in their accommodation, frequented soup kitchens and day centres, congregated with homeless people on the streets in the evening, and occasionally stayed on the streets *all* night.

One woman in her late sixties had a council flat but stayed on the streets several nights each week. She used soup kitchens, sat in cafes until they closed, and then

walked around the streets or travelled on all-night buses. She believed that her neighbours were trying to harm her, and did not feel safe at home. One man with mental health problems had been recently housed but was unsettled, and had slept rough for a week before returning home. Two men who had slept rough for many years before being rehoused, described how they were unable to settle and sleep in a bed at night. Both slept on the floor although they had access to a bed. Others reported feeling lonely at home and either wanted to move or they allowed other homeless people to stay in their accommodation. One elderly woman accommodated young homeless alcoholics in her flat. She always left her front door open; her flat was in an appalling state and carpetless, the bed-clothes were filthy and smothered in flies, and beer cans, wine bottles, cigarette butts and dirty clothes were strewn around. Many respondents who were in secure housing had therefore not only been resettled for a relatively short while but were experiencing difficulties with coping at home.

9.6 An assessment of factors relating to resettlement and episodes of homelessness

Two comparisons have been made, between (i) the respondents who had been homeless and were rehoused as against those who had never been resettled, and between (ii) those who stayed in their accommodation once they were rehoused as against those who experienced further episodes of homelessness. Characteristics such as marital status, use of day centres and soup kitchens, length of time of homelessness, transience, experiences of sleeping rough, and mental health problems prior to homelessness have been examined. No differences in the experiences of resettlement were found by marital status, housing tenure preceding homelessness, heavy drinking, use of hostels, and mental health problems prior to homelessness. Other characteristics produced marked differentials and these are now examined.

Duration of homelessness

Associations were found between the duration of homelessness and whether a respondent had been resettled and, if so, whether that person remained housed or re-entered homelessness. Those who had been homeless for 10 years or less were more likely than those who had been homeless for more than ten years to have been resettled

(Table 9.9). The exception to this was those who had been homeless for six months or less. This may be because this group had sometimes only been homeless for a short period (a few days or weeks) when contacted and had not had the opportunity to be rehoused.

Table 9.9 Duration of homelessness by experiences of resettlement

Duration of homelessness (months)	Rehoused		Never rehoused		Total	
	No.	%	No.	%	No.	%
Up to 6	5	39	8	62	13	101
7 - 60	17	65	9	35	26	100
61 - 120	14	58	10	42	24	100
121 - 240	16	38	26	62	42	100
241 +	19	34	37	66	56	100
Total known	**71**		**90**		**161**	
Not known					55	
Total experienced homelessness					216	

Interesting differences were seen when the duration of homelessness was examined in relation to whether the resettled respondents remained housed or re-entered homelessness. Those who had been rehoused after having been homeless for a short time were more likely than those who had been homeless for many years (up to 20 years), to have remained housed. Although the numbers are small, three-quarters of 12 respondents who had been resettled within one year of becoming homeless were still in accommodation when interviewed. The likelihood of respondents re-entering homelessness increased with the duration of homelessness up to 20 years. Nearly nine-tenths (14 of 16) of those who had been homeless for 10-20 years and had been rehoused, became homeless for a second time. A different pattern was seen for those who had been homeless for more than 20 years. Just over one-half of this group (10 of 19) stayed in their accommodation once rehoused. This may have been for various reasons: those who had been homeless for many years may have suffered from severe physical health problems which eventually forced them to accept accommodation. Or

with increasing age and experience of homelessness, people may become less willing to tolerate the hardships of homelessness.

Use of Resettlement Units

There were associations between the men's use of Resettlement Units and whether they had been rehoused and, if so, whether they remained in their accommodation or became homeless again. Because the women in this study had rarely used Resettlement Units, they were not included in the analyses. The men who had regularly used the Units, *i.e.* at least six months per year, were more likely to have been rehoused than those who had not used the Units or had only used them occasionally (Table 9.10). The differences were not statistically significant.

Table 9.10 Use of Resettlement Units by experiences of resettlement (males)

Resettlement experiences	Regularly used[1]			Occasionally or never			Total	
	No.	%	Ratio[2]	No.	%	Ratio[2]	No.	%
Never rehoused	21	40	0.8	44	57	1.1	65	50
Resettled: stayed housed	6	12	0.6	19	25	1.3	25	19
Resettled: homeless again	25	48	1.6	14	18	0.6	39	30
Total known	52	100		77	100		129	99

Note: 1. At least six months per year.
2. Ratio of percentage for use of Resettlement Units to the percentage of the entire sample.

Although the men who regularly used the Resettlement Units were more likely than non-users to have been rehoused, they were also more likely than rehoused non-users to have become homeless again (Table 9.10). Whereas only 42% of non-users who had been resettled became homeless for a second time, this applied to 81% of regular users: the difference was statistically significant ($\chi^2 = 9.78$; d.f. = 1, $p = 0.01$). One explanation for this could be that men who were transient had moved around the country and had stayed in Resettlement Units, and they may have found it difficult to settle once rehoused (discussed in the previous chapter).

Experiences of sleeping rough

The respondents who had regularly slept rough, *i.e.* at least six months per year, were less likely to have been rehoused than those who had never or only occasionally slept rough. Three-fifths of those who had regularly slept rough had never been rehoused compared with only two-fifths of those who had seldom slept rough (Table 9.11). This difference was significant ($\chi^2 = 6.65$; d.f. = 1, $p = 0.01$). In the previous chapter it was reported that three-quarters of the respondents who were sleeping rough when interviewed had observed yet untreated mental health problems, and only a minority regularly used soup kitchens. Their lack of contact with services together with mental health problems may explain why many had never been rehoused. Differences also existed between experiences of rough sleeping and whether the respondents remained in their accommodation once rehoused: those who had seldom slept rough were likely to have remained housed (58%) but a high proportion (70%) of those who had regularly slept rough became homeless for a second time (Table 9.11).

Table 9.11 Experiences of sleeping rough by experiences of resettlement

Resettlement experiences	Regularly slept rough[1]			Occasionally or never			Total	
	No.	%	Ratio[2]	No.	%	Ratio[2]	No.	%
Never rehoused	72	60	1.1	26	41	0.8	98	53
Resettled: stayed housed	14	12	0.6	22	34	1.7	36	20
Resettled: homeless again	33	28	1.0	16	25	0.9	49	27
Total known	119	100		64	100		183	100

Note: 1. At least six months per year or for the duration of homelessness
2. Ratio of percentage for experiences of sleeping rough to the percentage of the entire sample.

Use of day centres and soup kitchens

Marked differences in resettlement were found between the respondents who used soup kitchens and day centres for homeless people regularly (at least four times per week), and those who seldom used the services. Over three-fifths of the respondents who had seldom used soup kitchens had never been rehoused, while two-thirds of those who had

used them regularly had been resettled (Table 9.12). This difference was statistically significant (χ^2 = 10.04; d.f.= 1, p = 0.01), but it has to be remembered that people who were rehoused were only included in this study if they used such services or congregated with homeless people on the streets. Nevertheless, the findings demonstrate that a high proportion of the respondents who seldom used day centres had never been resettled. A likely explanation is that the respondents who used the day centres were able to recognise and make known their needs, and be accepting of services. By using the centres regularly, they were more likely than those who remained isolated on the streets to be in contact with housing and support workers who could help them secure accommodation.

Table 9.12 Use of day centres and soup kitchens by experiences of resettlement

Resettlement experiences	Regularly used[1]			Occasionally or never[2]			Total	
	No.	%	Ratio[3]	No.	%	Ratio[3]	No.	%
Never rehoused	13	33	0.6	87	62	1.1	100	56
Resettled: stayed housed	19	49	2.7	14	10	0.5	33	18
Resettled: homeless again	7	18	0.7	40	28	1.1	47	26
Total known	39	100		141	100		180	100

Note: 1. 4 + times per week. 2. Less than 4 times per week.
3. Ratio of percentage for use of day centres and soup kitchens to the percentage of the entire sample.

Marked differences were found between the use of day centres and soup kitchens and whether the respondents remained in their accommodation once rehoused. The respondents who regularly used day centres and soup kitchens were much less likely than those who never used the centres to have become homeless again once they were resettled. Almost three-quarters who used these services regularly remained housed when resettled, whereas a similar proportion who never used them re-entered homelessness (Table 9.12). These findings were highly significant (χ^2 =16.14; d.f.=1, p = 0.0005). The centres are likely to play a crucial role in supporting some housed people. They provide basic requirements such as food, they have workers who can deal

with housing and financial problems, and they offer company to those who are isolated and lonely. Such problems were often reported by the respondents as reasons why they became homeless again when rehoused or why they were finding difficulty in managing at home.

Transience

The respondents who had changed towns since first becoming homeless were *more likely* than those who had remained in one town to have been rehoused. This difference was statistically significant ($\chi^2 = 5.91$; d.f.= 1, $p = 0.02$). Over three-fifths of those who had remained in the same town had never been resettled yet nearly three-fifths of those who were transient had been rehoused (Table 9.13). This may at first seem surprising as one might presume that by remaining in one location, there is more chance of being rehoused. But it was earlier mentioned that men who used Resettlement Units regularly were likely to have been rehoused, and men who used Resettlement Units were also found to be transient. Of the respondents who had been resettled, those who had remained in one town whilst homeless were likely to have stayed housed whereas those who had been transient were likely to have become homeless for a second time (Table 9.13). Nearly seven-tenths (67%) of this latter group experienced further episodes of homelessness, suggesting the unsettledness of this group. Once again, this difference was statistically significant ($\chi^2 = 4.77$; d.f.=1, $p = 0.05$).

Table 9.13 Transient patterns whilst homeless by experiences of resettlement

Resettlement experiences	Transient[1]			One town[2]			Total	
	No.	%	Ratio[3]	No.	%	Ratio[3]	No.	%
Never rehoused	33	43	0.8	63	62	1.1	96	54
Resettled: stayed housed	14	18	0.9	22	22	1.1	36	20
Resettled: homeless again	29	38	1.5	17	17	0.6	46	26
Total known	76	99		102	101		178	100

Note: 1. Moved towns since becoming homeless. 2. Stayed in one town since becoming homeless.
3. Ratio of percentage for transience to the percentage of the entire sample.

An association was also found between the age at which a person was resettled and subsequent homelessness. Those who had been rehoused after they were 60 years old were more likely to have remained in their accommodation than those who had been resettled before the age of 60 years. Nearly two-thirds (64%) of the 33 respondents who had been rehoused after the age of 60 years were still housed when interviewed, whereas almost seven-tenths (69%) of the 48 respondents who had been rehoused before they were 60 years old had become homeless for a second time (χ^2 =8.22; d.f.=1, $p = 0.01$). This may partly be due to the fact that many of those over the age of 60 years had only recently been rehoused and it can be argued that homelessness may be more likely to recur with the duration of time. Or it may be that there is an increased incentive for people to exit homelessness and remain housed in advanced old age because of physical health problems and disabilities.

The findings about resettlement and subsequent homelessness have to be treated cautiously. This study does not claim to have a representative sample of older homeless people, and it only includes resettled people who have continued to use day centres and soup kitchens. The analyses have demonstrated however associations between the use of services, behaviours such as transience and rough sleeping, and resettlement experiences. These are summarised in Tables 9.14 and 9.15.

9.7 Histories of homelessness and resettlement: summary findings

The respondents' histories of homelessness were diverse. Some had been homeless since early adulthood and became elderly whilst homeless. Others became homeless for the first time in later life. For some homelessness had occurred within recent months, others had been persistently homeless for more than twenty years, and a few had alternated housed and homeless states. Some respondents had had tenancies or they had been owner-occupiers before they became homeless, whilst others entered homelessness having never as adults lived in secure housing. Similar diversity was seen among homeless families in New York (Weitzman *et al.*, 1990).

Table 9.14 The association between homeless 'behaviours' and having been rehoused

Characteristic	Had been rehoused %	Had never been rehoused %	Significance level of chi-squared test χ^2	p	Total No.
Length of time homeless					
Up to 10 years	57	43	7.11	0.01	63
More than 10 years	36	64			98
Resettlement Units (men)					
Low usage	43	57	3.48	not significant	77
High usage[1]	60	40			52
Sleeping rough					
Rarely	59	41	6.65	0.01	64
Regularly[2]	40	60			119
Day centres / soup kitchens					
Low usage	38	62	10.04	0.01	141
High usage[3]	67	33			39
Transience					
One town since homeless	38	62	5.91	0.02	102
Moved between towns	57	43			76

Note: 1. At least 6 months per year.
2. At least 6 months per year or for the duration of homelessness.
3. 4 + times per week.

Table 9.15 The association between homeless 'behaviours' and re-entering homelessness after having been rehoused

Characteristic	Remained housed	Re-entered homelessness	Significance level of chi-squared test		Total
	%	%	χ^2	*p*	No.
Behaviours before being rehoused					
Resettlement Units (men)					
Low usage	58	42	9.78	0.01	33
High usage[1]	19	81			31
Sleeping rough					
Rarely	58	42	6.79	0.01	38
Regularly[2]	30	70			47
Day centres / soup kitchens					
Low usage	26	74	16.14	0.0005	54
High usage[3]	73	27			26
Transience					
One town since homeless	56	44	4.77	0.05	39
Moved between towns	33	67			43
Age at which rehoused					
Up to 59 years	31	69	8.22	0.01	48
60 + years	64	36			33

Note: 1. At least 6 months per year.
2. At least 6 months per year or for the duration of homelessness.
3. 4 + times per week.

By defining the age when people first became homeless and their living arrangements at that time, the entry into homelessness can be seen to have generally occurred in four ways. Firstly, some men became homeless by the time they were aged late twenties after leaving the armed forces or an institution, having lived with non-kin in tied accommodation or institutional settings. A second group of men and women became homeless in middle-age. They had usually been living with families or marital partners and became homeless after their spouse or parents died, or following the breakdown of marital relationships. Their move into homelessness was usually sudden but, in the case of marital difficulties, it had sometimes been preceded by short intermittent episodes of separation and homelessness. A third group drifted into homelessness in middle-age, having spent many years moving between insecure housing, such as lodgings, and homeless states. These were usually men who had mobile work histories and had travelled seeking jobs. A fourth group, particularly women, became homeless in later life. They generally had been tenants in secure accommodation and had been living alone. Their transition into homelessness was usually sudden.

The respondents' histories of homelessness and resettlement showed equal diversity and can be related to the typology of older homeless people which was constructed in the previous chapter. The *Withdrawn Rough Sleepers* had often had long histories of homelessness and rough sleeping rough and had never been resettled. Of the 35 respondents in this group who provided details, only one person had ever been rehoused. Because they seldom used soup kitchens, they were not in contact with services who might have been able to help them. They had apparent mental health problems which they did not acknowledge, and it is unlikely that they could make known their needs and initiate help and support. Therefore they remained homeless and isolated on the streets. The *Convivial Rough Sleepers* had also had long histories of homelessness and rough sleeping. Of the 29 men in this group, only a minority (five) had been rehoused and they soon became homeless for a second time. Their reports suggested that loneliness and heavy drinking contributed to their failed resettlement attempts.

Although only few in number, the *Active Rough Sleepers* presented a different picture. Five of the nine respondents in this group had been rehoused. In all cases, the respondents had themselves found either private-rented or tied accommodation or they had cohabited. This again suggests the independent and relatively capable traits manifested by this group. The *Transient Rough Sleepers* were men who had frequently moved around the country sometimes using Resettlement Units. As shown in the analyses, their behaviour (transience and use of Resettlement Units) was associated with resettlement. Eleven of the 19 men in this group had been rehoused, mostly in accommodation on their own. As also shown in the analyses, they soon became homeless again. The *Passive Hostel Residents* were a group of people who had 'settled' in a hostel for years and had never been rehoused. Of the 28 respondents in this group, only two had been rehoused for a short time.

The *Symptomatically Homeless* respondents were those who had been rehoused but who still regularly used soup kitchens and day centres, and congregated on the streets with homeless people. They were living alone, unsettled in their accommodation, and were finding it difficult to manage at home. Nevertheless, they represented a group of people who were generally willing to use services and make known their health, welfare and housing needs. There was also a group of older respondents who had recently experienced homelessness. Possibly because of their 'newness' to homelessness, they did not display patterns of behaviour which were characteristic of the respondents in the typology. The majority were in hostels and shelters, only a small number were sleeping rough, they did not use day centres, and mental illness and heavy drinking were not apparent.

The findings from this chapter demonstrate that a large number of the respondents were in a chronic state of homelessness. Either they had never been resettled or they had been rehoused but had re-entered homelessness. Whereas the *Withdrawn Rough Sleepers* and the *Convivial Rough Sleepers* were likely not to have been resettled, the *Active Rough Sleepers* and the *Transient Rough Sleepers* were more likely to have been rehoused although often only for a short time (Table 9.16). The *Withdrawn Rough Sleepers* and the *Convivial Rough Sleepers* were not in contact with support services at day centres and hostels who might have been able to help them, and untreated mental health and alcohol-related problems are likely to have contributed to

their persistent homeless state. Yet the *Passive Hostel Residents* had also rarely been rehoused but, by virtue of being in a hostel, they were in contact with services.

Table 9.16 A typology of the respondents and their experiences of resettlement

Typology	Resettled			Never resettled			Total
	Expected	Observed		*Expected*	Observed		Observed
	No.	No.	%	*No.*	No.	%	%
I Withdrawn rough sleepers	*7.0*	1	3	*28.0*	34	97	100
II Convivial Rough Sleepers	*5.8*	5	17	*23.2*	24	83	100
III Active Rough Sleepers	*1.8*	5	56	*7.2*	4	44	100
IV Transient Rough Sleepers	*3.8*	11	58	*15.2*	8	42	100
V Passive Hostel Residents	*5.6*	2	7	*22.4*	26	93	100
Total known	*24*	24		*96*	96		

Notes: $\chi^2 = 33.62$; critical value (d.f. = 4; $p = 0.0005$) = 20.00.
Two cells had an expected frequency of less than 5 but, because of the high calculated χ^2 value compared with the critical value, even at the 5 / 10,000 level of probability, the observed differences are impressively strong.

Certain factors seem to have been important in determining whether the respondents had ever been resettled and, if so, whether they remained housed or re-entered homelessness. The chance of being resettled *and* remaining housed was associated with a short duration of homelessness, regularly using day centres and soup kitchens, and not having slept rough for long periods. Transience and the use of Resettlement Units were associated with rehousing but also with subsequent homelessness. Regularly sleeping rough and observed yet unreported mental health problems were linked to non-resettlement. These are only preliminary findings about the association between histories of homelessness and resettlement experiences. There is a need for more detailed investigations before conclusions can be drawn about the relationship between homelessness and resettlement. Because this is a relatively unexplored area in the field of homelessness, the findings nevertheless are a starting point for more depth analyses.

The Characteristics and Histories of Older Homeless People
Summary Findings

The previous two chapters have described the circumstances of the 225 respondents of the empirical field study, concentrating on their personal details, present circumstances and histories of homelessness. It has been possible to make quantitative comparisons and to analyse differentials by sex, age, types of living situations, experiences of homelessness, mental health problems and transient patterns. One striking feature which emerges from these results relates to the homogeneity yet heterogeneity of the respondents. As highlighted in the second of these two chapters, the respondents had diverse histories of homelessness. Some had been homeless since early adulthood and were in a state of chronic homelessness, whilst others had recently experienced homelessness in old age having married, raised children, worked and led conventional lives.

Although their histories of homelessness encompass such diverse findings, the respondents nevertheless had common features and behaviours which were distinct from the general elderly population. They were estranged from their relatives and conventional support services which are usually accessed by housed older people. Some were isolated even from other homeless people and services such as hostels and soup kitchens. They maintained anonymity either by remaining in hidden locations and avoiding services or by being transient. Others socialised with homeless people on the streets and at soup kitchens and hostels. Four-fifths had mental health problems or were heavy drinkers. These characteristics are rare among older people generally. The extent to which such features contributed to homelessness, or developed once the respondents became homeless, are examined in the next section.

It has been possible to develop a typology of older homeless people based on their distinct characteristics, behaviours, problems and needs. This provides valuable indications as to why certain sub-groups remained homeless. This is of particular relevance to service development and practice. The evidence strongly suggests that, for many respondents, homelessness was more than a housing problem. Many were in their situation not primarily because they *lacked* accommodation. Some had abandoned or been evicted from their homes when their homelessness began. Many who had been

rehoused became homeless again because they were unable to manage at home or felt lonely and so ceded their tenancies. Yet others rarely stayed at home even though they had accommodation, and instead they congregated with homeless people on the streets and at centres.

For many respondents, homelessness presents as a complex problem and seems to be an outcome of intricate interactions between housing, social states, events and personal characteristics. Losing or abandoning one's home appears to be just one factor in a multi-faceted problem. The factors which contribute to homelessness are explored further in the next section which concentrates on the reasons why the respondents became homeless and examines the pathways into homelessness. The chapters in this section have provided a descriptive account of the characteristics and circumstances of older homeless people through quantitative data. The next section focuses on depth, qualitative information and partial life histories to examine the reasons for homelessness, drawing on individual case studies to assist interpretation.

Section IV
Pathways into Homelessness

This section of five chapters examines selected events and circumstances which contributed to homelessness for the respondents in the field study, and the processes involved in their transition from housing into homelessness. Studies in Great Britain and North America often cite single incidents, such as bereavement or eviction, as the immediate causes of homelessness (Anderson *et al.*, 1993; Baum and Burnes, 1993; Randall and Brown, 1993). But few have elucidated the relationship between events and states, their interactions, and how they lead into homelessness. This section extends beyond simplistic reportage by drawing on partial life histories, records of observations, and supplementary information from case files and from agencies working with older homeless people, which were collected during the 15-month field study. The interactions between events and states in the lives of the respondents are examined, their progression into homelessness is described, and interpretations are made and hypotheses proposed of the reasons *why* and *how* they became homeless. This section therefore is not pointing to single reasons for homelessness, as is usual, but its emphasis is on describing and understanding the processes involved.

Interviews with the 225 respondents focused on their family and social relationships, accommodation and work histories, and events and states in their lives which preceded homelessness. They were asked for reasons as to why they became homeless. They identified events or situations in their lives which they perceived to be relevant and important. In many instances they cited a single event, such as widowhood or marital breakdown, as the cause of homelessness. This was usually an incident which had occurred immediately before they became homeless. But they were often unable to conceive how earlier events, such as broken childhood homes, and less direct states, such as long-standing mental health problems, may have created vulnerability and had an influence over time, thus contributing to homelessness.

They often could not explain or articulate why they behaved in a certain way, for example, why they abandoned their homes after becoming widowed, or why they remained in an abusive marital relationship for years. Possibly they were unaware of a reason for their behaviour. In order to understand the transition into homelessness, it is

necessary to examine their histories and recognise possible circumstances which were not reported or seen by them to be significant but, nevertheless, may have been important contributory factors. By identifying such experiences, and understanding the possible influences of both endogenous and exogenous factors, explanations can then be offered and interpretations made as to *why* a person behaved in *a particular way at a particular time* (Plummer, 1983; Mills, 1959). According to Weber, such *explanatory understanding* occurs 'by placing the action in a complex of meaning and by attaching a motive to the act' (Weber, 1947, p. 95).

From the details that the respondents provided, it was possible to identify incidents or situations which commonly preceded homelessness. These included mobile work histories, bereavement, the breakdown of intimate relationships, mental illness, broken and disturbed childhood homes, being discharged from the armed forces or from institutions such as prisons, and leaving work settings such as hotels and hospitals which provided tied accommodation. It is not possible within this thesis to examine thoroughly all these circumstances. Rather, four situations have been selected for analysis in this section. These were the most commonly reported or identified themes, and were mobile work histories, bereavement, the breakdown of intimate relationships, and mental illness.

A total of 140 respondents were involved in the four groups and their histories are examined intensively in the next four chapters (Table 10.1). Those who were not grouped included respondents who refused or were unable to provide detailed information, a minority who had never been homeless, and those whose situations preceding homelessness were other than the four selected categories. In some instances a subject was a member of two of the groups. For example, a person with a mobile work history may also have been married and become homeless following widowhood. Through inclusion in both chapters, their situation was examined from two perspectives. In all but three cases, the respondents' first entry into homelessness was analysed. Two people became homeless for a second time following the death of a partner and a landlady, and one woman became homeless for a second time following a marital breakdown. All had been resettled for more than ten years, and two for at least twenty years. In these three instances, because they had been resettled for a long time, their re-entry into homelessness was examined in order to enhance an understanding of

Table 10.1 Reported or identified situations (events or states) which preceded homelessness

Preceding events and states	Males No.	Females No.	Total No.
Bereavement only	16	4	20
Bereavement and mobile work history	4	0	4
Bereavement and mental illness	5	2	7
Relationship breakdown	26	14	40
Relationship breakdown and mobile work history	11	0	11
Relationship breakdown and mental illness	7	2	9
Mobile work history only	27	0	27
Mental illness only	11	11	22
Total respondents grouped	**107**	**33**	**140**
Not grouped but experienced homelessness	48	28	76
Total respondents experienced homelessness	155	61	216

the situations being analysed. A summary of the number of respondents involved in the four groups is shown in Table 10.2.

Table 10.2 Summary of the respondents involved in the selected groups

Preceding events and states	Males No.	Females No.	Total No.
Bereavement	25	6	31
Relationship breakdown	44	16	60
Mobile work history	42	0	42
Mental illness	23	15	38

Each chapter concentrates on one theme and investigates how that situation interacted with other events and states in the respondents' histories, and how this progressed to homelessness. This 'trace-back analysis' enables stages and processes to be identified which have culminated in a particular outcome; in this case, homelessness (Lofland and Lofland, 1984). The analyses examine: (i) the respondents' circumstances when they were housed and the factors that maintained stability; (ii) events which upset this stability, and how their circumstances changed; (iii) why and how such changes were likely to have had an influence on particular respondents; and (iv) how these changes progressed to homelessness.

Each chapter describes the situation which triggered homelessness, and the characteristics of the group affected by the event. Different pathways into homelessness are identified for each event, and the events are thus divided into sub-groups. Each sub-group is examined in detail and case studies are reported to help with explanations and interpretations. Pseudonyms are used to protect the identity of the respondents. In some instances details have had to be withheld to prevent recognition. Although some respondents provided detailed life histories, because their situation seems to have been unique, explicit information has not been reported. The first of the four chapters examines the relationship between mobile work histories and homelessness.

Chapter 10

Mobile Work Histories and Homelessness

"Being homeless is a life of mental and physical torture. At least in prison you have warmth, food and a bed, and your sentence comes to an end. Homelessness is a living hell that never ends. Homeless people drink to numb their minds and escape from this torture."

David (has slept rough for the past twenty years)

The chapter examines the relationship between mobile work histories and homelessness, by drawing on the experiences of 42 male respondents who reported transient working lives *before* they became homeless. No female respondents described such histories. It investigates their experiences of work, accommodation and social relationships, the interactions between events and states in their lives, and the process which led to them becoming homeless. Although British and American studies have associated homelessness with transient male workers, few have traced the histories of such men. There is little understanding therefore as to why some men adopt transient working lives and *why* and *how* for a minority this progresses to homelessness.

The chapter has five sections. The first describes the characteristics of the respondents who had been transient workers. The next two examine two distinct groups of transient workers among the respondents; those who had been merchant seamen and those who had been labourers and seasonal workers. Case studies are used to assist interpretation. The fourth section describes distinctive features of the respondents, namely transience, poor family and social relationships, heavy alcohol drinking, use of marginal accommodation, and mental illness. Finally, an assessment is made of the vulnerability of the respondents who had been transient workers and their progression into homelessness.

In America in the early decades of this century, migratory and itinerant workers had jobs which were casual, seasonal and required them to move from place to place (Sutherland and Locke, 1936; Anderson, 1923; Solenberger, 1911). They were known as 'hoboes' (itinerant labourers), and included lumberjacks, railroad workers, construction labourers, harvest workers, fruit pickers and merchant seamen. They usually worked outdoors during the summer months when they slept in workcamps or

bunk-houses, and they moved to the 'skid rows' of cities during winter months, where they stayed in flop-houses[1] and were regarded as part of the homeless population (Schneider, 1984; Sutherland and Locke, 1936). They sometimes formed hobo camps outside of a city (Anderson, 1923). By the 1940's, because of mechanization on farms, in factories and the lumber industry, there was a reduction in the number of semi-skilled and unskilled jobs, and the proportion of migrant workers within the homeless population declined (Cohen and Sokolovsky, 1989; Schneider, 1984).

The association between casual work and transience is also long-standing in Britain. In the fourteenth and fifteenth centuries, harvest-workers moved around the country looking for work (Chambliss, 1964). In the nineteenth century, during times of high unemployment, labourers, agricultural workers, and railway and canal navvies, moved between towns seeking jobs (Burnett, 1994; Stedman Jones, 1971). Trades unions operated a 'tramping system', whereby unemployed skilled workers were encouraged to leave town and look for jobs elsewhere. They were given an allowance, a planned route, and a list of places where they could secure a night's lodgings. By the twentieth century, men who were 'on tramp' no longer received a travelling allowance nor were they accommodated in 'houses of call', but instead lodged in the casual wards (later known as Resettlement Units)[2] of workhouses (Burnett, 1994). Among the men who stayed in Resettlement Units in the early 1990s, some were believed to be seasonal workers (Deacon *et al.*, 1993).

Some hypothesise that men become itinerant and adopt transient working lives because of economic conditions, in particular that unemployment forces them to become mobile in a search for work (Schneider, 1984). In the first-half of the nineteenth century, unskilled Irish men came to Britain and secured labouring jobs on canals and railways, partly because of the poverty in rural Ireland (Coleman and Salt, 1992; Mann, 1992). Others believe the situation is more complex, and that personality difficulties and irresponsibility dominate over economic conditions (Coleman, 1965; Anderson, 1923; Solenberger, 1911). Unlike most casual workers, those who displayed transient and vagrant behaviours were reported to be indifferent to regular employment and economic security (Stedman Jones, 1971). They sometimes became easily piqued at

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[1] Discussed in chapter 3 and defined in the glossary (appendix A).
[2] Discussed in chapter 2 and defined in the glossary (appendix A).

work, they would drift from one job to another, and were unable to stay in a job until it was completed. Yet others report that transient workers are driven by a sense of *wanderlust*, an urge to roam and encounter new places (Burnett, 1994; Schneider, 1984).

Itinerant workers are believed to drift into homelessness because they become accustomed to living in non-conventional, semi-protected work settings and in skid row lodgings (Bahr and Caplow, 1974; Solenberger, 1911). Because migratory workers in America were low-paid and the work was intermittent, they relied on the cheap lodgings and food which could be found in skid row areas of cities (Wallace, 1965; Bogue, 1963; Solenberger, 1911). Likewise, in Britain, railway navvies used to live in encampments by railway lines, building labourers in the work-camps established on the sites, and other casual workers stayed in Resettlement Units (Coleman, 1965). American employers often contacted lodging-houses on skid rows, and British employers the Resettlement Units, when they were seeking casual workers (Bogue, 1963; Anderson, 1923). But living in semi-protected environments, such as work-camps, is believed to encourage dependency and result in 'de-culturation', because people lose learned skills and the responsibilities needed for independent living (Bahr and Caplow, 1974; Goffman, 1961; Pittman and Gordon, 1958).

The lifestyle of transient workers has been said to have an unsettling influence on men and to be conducive to homelessness. The irregular character of the work makes it difficult for them to settle in one place, and they become accustomed to moving around (Solenberger, 1911). They live and work in a male-dominated environment, rarely marry, and heavy drinking is a common feature of the lifestyle (Coleman, 1965; Wood, 1953). Although such settings foster social ties amongst the workers, they alienate men from their families and conventional society (Bahr and Caplow, 1974; Wood, 1953). Railway navvies were reported to be, 'outside society, shunned and feared and living apart' (Coleman, 1965, p.151). It is believed that the lifestyle attracts people who have social and psychological problems: itinerant labourers were seen to have, 'pursued a male-oriented lifestyle as an *alternative* to "normal" home and social life' (Schneider, 1984, p. 223). Although working in railroad gangs may perpetuate a drinking culture, causal jobs may also attract people with alcohol problems who have failed to secure alternative work (Bogue, 1963).

10.1 The background characteristics of the transient workers

Forty-two male respondents had led mobile working lives before they became homeless. Thirteen had always worked outdoors, laying cables, building roads, constructing railways, labouring at building sites, and as farm-hands. A further ten had worked outdoors and also indoors in factories and as kitchen-porters in hotels. Most had been unskilled or semi-skilled workers. Only three had been skilled, of whom two had been engineers at oil refineries in America and Canada, whilst the third had been a carpenter and joiner who had worked in Britain, Israel and America. Ten men had been in the merchant navy. Three had travelled extensively with the armed forces for years. Three had been long-distance lorry drivers, one of whom had regularly delivered goods to a market in Spain. Others had worked at fairgrounds, in holiday camps and hotels, and one man as a travelling salesman (Table 10.3).

Table 10.3 Main jobs of the mobile workers

Main jobs	Number of men
Merchant navy	10
Armed forces	3
Oudoor work: labouring, construction work, and farm-work	13
Indoor work: jobs in holiday camps, and hotels	2
Outdoor and indoor work: labouring and factory work	10
Travelling saleswork	1
Long-distance driving	3
Total	42

For four-fifths, transient work histories began in adolescence or early adulthood. Thirty-five men began this lifestyle by the age of 25 years, including twenty-one by the age of 18 years. The circumstances preceding transience differed depending on their age (Table 10.4). Those who became transient whilst young had often left their parents' home and joined the merchant navy by the age of 16 years or they had obtained work on building sites. Two men had become transient after leaving orphanages before the age of 16 years, one of whom had joined the merchant navy, the other worked as a labourer.

Nearly three-tenths started this lifestyle when they left the armed services, the majority were in their early twenties at the time and had spent four to five years in the army. Three men became transient after their marriages failed, all of whom were over the age of 30 years at the time.

Table 10.4 Age started mobile worklife by circumstances preceding transience

Preceding circumstances	Age (years)				Total
	Up to 18 No.	19 - 25 No.	26 - 35 No.	Over 35 No.	%
Left childhood home	19	5	1	0	59
Released from orphanage	2	0	0	0	5
Breakdown of marital relationship	0	0	2	1	7
Discharged from the armed forces	0	9	3	0	12
Total respondents	21	14	6	1	100

The majority (40 men) had led mobile working lives for more than 15 years before becoming homeless. Twenty-seven had travelled exclusively within Great Britain; for others, their work had involved journeying abroad. Just under one-half (18 men) had jobs which, by their very nature, required them to be mobile. These included merchant seamen, those in the armed forces, long-distance lorry drivers, and the man who worked in a fairground. Others, such as labourers and factory-workers, had moved between jobs and towns when their job finished or when they had become bored with the job. For many (26 respondents), it was difficult to establish details of their entry into homelessness, or to recognise when this had occurred and how old they were at that time. These were men who had been labourers, hotel workers, factory workers and farmhands, and who described their situation as a 'drift' into homelessness. The other sixteen men were able to identify when and why they became homeless. Their movement into homelessness was sudden and abrupt compared with the former group, and was related to being discharged from the merchant navy, widowhood, marital breakdown, and accommodation difficulties.

At the time of interview, twenty-nine were over 60 years of age, including fourteen over 70 years. The majority (37 men) were homeless, including twelve who were sleeping rough. Twenty-one had been rehoused but sixeen had become homeless again, all except two within one year of being resettled. Hence, the majority of these respondents had either never been resettled or they had become homeless again soon after being rehoused. Of the five who were living in secure accommodation, three expressed problems with their housing and said that they felt lonely, unable to settle and manage a home, and that they preferred to live in a hostel with others. One man explained, "I was disappointed when I got my flat. I was living in bed-and-breakfast and I used to sit and chat to the landlady in the kitchen. When I went into my flat I was lost. I don't like living alone." An ex-merchant seaman who had lived in missions when not at sea said, "in the mission everything was done for you. Now it may be two or three months before I change my bedclothes." Another man who had spent 24 years in the army explained, "I've been in the flat for one year and I hate it. The loneliness is the thing that destroys you. I've travelled the world and always been out and about. How can they expect me to stay in four fucking walls all the time. It's not a home, I just spend a few hours there at night. I hate it. I'd rather be in a hostel with other people."

10. 2 Those who had been merchant seamen

Ten men had been merchant seamen and had travelled extensively. Most had joined the merchant navy in adolescence, seven by the age of 16 years. Eight had been in the merchant navy for more than twenty years. The remaining two had been discharged after fifteen years and eighteen years respectively, because of heavy drinking which had affected their ability to work effectively. They said that there used to be plenty of work available and they were always at sea. They would sign up for the next trip after a few days ashore because they were not paid between voyages and therefore, "I could not afford to stay ashore, I had to sign on for the next trip." They generally lived on ships and stayed in seamen's missions close to docks between voyages. One ex-merchant seaman reported, "when the ship was in dock, we were allowed to stay on board. We ate and slept there. The ship was my home."

The majority of ex-merchant seamen (eight men) had been married but these relationships had been short-lived. Six had married whilst in the merchant navy, but

four of these marriages had lasted for less than five years. One man explained, "my wife got fed up with me being away and said I had to chose between her and the sea. I chose the sea. We were married for less than two years." Two had married only after leaving the merchant navy. Two men had sustained long-term marriages, lasting for more than twenty years. Only two men had had children, one of whom had never seen his offspring. All except one admitted to drinking heavily whilst in the navy. They described how it had been the custom to, "have a daily tot of rum at 11 a.m. to stop us getting seasick", and said, "you wouldn't be in that sort of navy unless you got yourself involved in drinking; we made regular trips to the West Indies where we got strong rum." Only one man reported mental health problems whilst in the navy, and he had been admitted into a psychiatric hospital.

Most were forced to leave the merchant navy in the 1970s when jobs became scarce. At that time, six were over the age of 50 years, and others were aged in their forties. As one explained, "the navy finished me off because of my age". On leaving the merchant navy, five became homeless immediately and did not try to secure accommodation, two married and lived with their wives for a few years. One of these men became a travelling salesman, and one man who had been married for years worked as a chef until his wife died. The remaining two worked casually on farms and building sites but remained transient and travelled around England. The circumstances of the ex-merchant seamen and their progression to homelessness is demonstrated in the following case-study of Henry.

Henry

Henry was over 70 years old and living in a hostel when interviewed. He said that he had been in the merchant navy for 17 years. His memory was poor however and, according to the history he gave, he must have been a merchant seamen for approximately 30 years. He left school when he was approximately 17 years old, joined the Royal Navy for four years, and then was a merchant seaman until he was 51 years old. Whilst in the merchant navy, he married briefly and lived in a council house with his wife. He explained, "I used to do smaller trips then so that I could spend time with my wife." They never had children. He said, "one day I came home on leave and found her in bed with another man." He left her and "went back to sea". He was unable to say

how old he was when he married, and could not remember how long he had been married but knew, "it was just a few years". After he and his wife divorced, he stayed in seamens' missions in East London between trips. He said that there were many missions around the docks and he was guaranteed a bed.

He left the merchant navy 20 years ago: "I was laid off from the navy when I was fifty-one years old." He explained, "I got too old and I was told to go. I did not want to go. When I left I burned my two seaman's books which held the records of all the voyages I had made." On leaving the navy, he was homeless and had no family support. He explained, "the navy gave me my signing off papers in Edinburgh, but they did not give me accommodation." His parents had died, his only sister lived in Canada, and he had lost contact with his brother many years earlier. At first he worked casually on building sites and stayed in hostels. He explained, "I would queue up each morning at the Elephant and Castle and bosses from building sites would come looking for labourers and take us to the jobs. At the beginning it was easy to get work, but later it became difficult." When he was no longer able to get work, he could not afford to stay in hostels so he slept rough. He was unable to say how old he was when he first slept rough.

Six years ago, whilst sleeping rough, he was admitted into a psychiatric hospital. On discharge, arrangements were made for him to move into his present hostel. He said that he had been admitted into psychiatric hospitals on several occasions whilst sleeping rough, but was unable to explain why. He had always been a heavy drinker. He said, "when I was in the navy, us seamen would always be drinking. We got crates of beer." Whilst sleeping rough he continued to drink heavily, "because it was cold in the early hours of the morning and I could not sleep, I would drink to keep warm. I used to drink wine, and cider mixed with Guinness." He still drinks and said, "I spend most of my time drinking alone in my room; I don't mix with the other men. I shut the door and do not bother with people."

Synthesis of the pathways into homelessness for merchant seamen

The other nine ex-merchant seamen described similar histories to Henry. Most had spent years in the merchant navy and had been forced to leave either because of the scarcity of jobs or because of heavy drinking. Their lives had been structured around

the navy, and they had had few social relationships outside of their work. Even when ashore, they stayed in missions and mixed with seamen. Five men had experienced broken childhood homes and had joined the navy by the age of 16 years. Only two had had a lasting marital relationship. Yet they had been away from home for long periods, one had never had children, and the quality of their relationships is unknown. None had kept in contact with their parents and siblings. Only the men who had been married for years had acquired a tenancy. Others had relied on missions between jobs and had never sought secure accommodation. On discharge from the merchant navy, they had had no family on whom they could rely, they had had no experience of independent living, and they had been drinking heavily for years and presumably had spent their money on alcohol and had no savings.

Although only one man admitted to mental health problems prior to becoming homeless, eight had mental health problems when interviewed. As shown in Henry's case study, he had marked memory problems. Although he could give a general account of his circumstances, he was unable to remember details and dates regarding his marriage, the length of time that he had been in the merchant navy, and his approximate age when he first slept rough. Six others had similar marked memory problems. One man answered "twelve years" to all questions relating to the duration of time. He said that he had been in the merchant navy for twelve years and then admitted, "although I say twelve years, it could have been thirty years." Although it cannot be determined, it can be assumed that years of heavy drinking had an affect on their memory. Their poor memory, heavy drinking, and lack of experience of independent living are all factors which are likely to have had an influence on their progression to homelessness.

10.3 Those who had been labourers and seasonal workers

Twenty-five respondents had been labourers working on building sites, railways, laying cables, building roads for a contracted period, or they had been seasonally employed in factories, and at holiday camps, hotels, fairgrounds and farms. Some had stayed in a job until the work was completed before moving to another town. One ex-labourer described, "I worked on a building site for two-to-three years until the job finished, and then moved to another town and the next job." Others reported that they had moved between jobs and towns through boredom. One man described, "I could never stick a

job for life because of the monotony, a change is as good as a rest." They sometimes changed jobs according to the season, working indoors during winter months and outdoors during summer months. One man said, "I used to go to Kent in the summer and do farmwork or fruit picking. The summers were hot and I could sleep out." Two men had been employed in sugar-beet factories in Cambridgeshire, "for six months if it was a good crop; the job would last until February, and then you would get another job until the sugar-beet was ready again."

They reported that there had been plenty of work available until the early 1970s and they had been mainly employed. One man described, "you could go with a mate to a job where he was working and the building firm would take you on straight away; if you did not like that job you could go with another mate to his job the next day and get taken on by his firm." Another commented, "if you were out of work you could look in the *Evening News*; they always had long lists of vacant jobs." During the 1970s, they had found it increasingly difficult to get labouring jobs and unskilled work, and they had had to rely on kitchen-portering in hotels or other casual jobs. Those who had been labourers reported that their health had also started to deteriorate at that time, and the building work had become too heavy. They blamed their poor health on years of working outdoors and being exposed to bad weather and adverse conditions such as digging in wet trenches. They described a 'drift' from being regularly employed, to working casually and intermittently, before eventually stopping work. The majority were unable to identify their age when they finally ceased working, although six stated that they were in their fifties when this had happened.

Those who had worked as labourers and in factories had often lived in accommodation provided by employers, and in marginal housing such as digs and lodgings whereby they had no written tenancy agreements. Employers erected work-camps attached to building sites, sugar-beet factories and to power stations, particularly if work-sites were outside of towns. They sometimes chose jobs knowing that they would also be provided with accommodation. One fairground worker stated, "I did it for the bed; they gave you a caravan to sleep in." One man who had worked in sugar-beet factories and on building sites said, "I chose 'camp jobs' because they gave you accommodation." Two men who had worked in holiday camps explained, "these jobs had advantages; you got a job, accommodation and meals." They said that it had been

easy to get digs and lodgings until the early 1970s. One man noted, "there was nothing like homelessness in those days; you could always get a job and digs." They described how rooms-to-let were advertised by newsagents, and the lodgings were often crowded, with several men sharing a room. One man described how he stayed in digs and, "I shared rooms with my work crew so we then had money left for beer." The men were often "looked after" by landladies, who did their cooking, cleaning and washing, and provided them with breakfast, a packed lunch and an evening meal.

They had also stayed in hostels and Resettlement Units, and slept rough intermittently through the years, particularly when they were not working. One man described how he had worked in holiday camps during the summer and had booked into Resettlement Units during the winter because, "employees would contact the Unit and offer you jobs." From the 1970s, they described how they had found it difficult to get regular work and digs, and they had "drifted" into homelessness. They had increasingly slept rough and relied on hostels and Resettlement Units, and they had stayed less in lodgings and work camps. The majority were in their forties and early fifties at the time of this 'drift', although sixteen had first used accommodation for homeless people or slept rough before the age of 30 years. Many had therefore experienced many years of moving between marginal housing and homelessness before becoming persistently homeless.

Ten of the twenty-five respondents had originated from Ireland, most of whom had come to England by the age of 19 years, and seven had been born in Scotland. Hence, nearly seven-tenths were Irish or Scottish. Eight had either been separated from one or both parents during childhood, or their fathers had been heavy drinkers. Two-thirds had remained single, and only nine had married or cohabited. Only four had remained in contact with their family and relatives; others said that they had lost contact years ago whilst moving around. One-half had never been in the armed services, and a further two had been discharged from the forces within six months. Of the 13 men who had been in the armed forces, seven reported stressful experiences whilst in service or they had found difficulties in settling into army-life. Two had absconded and had later been caught. The majority of this sub-group, therefore, had had limited social experiences regarding family contact and marital relationships, and they had either had

no contact with the armed forces and its male camaraderie or they had experienced unsettling times whilst in the services (Figure 10.1).

Eleven of the 25 men admitted that they drank heavily whilst working. Those who had been building labourers described a typical drinking cycle. They worked from Monday to Friday, were paid on Friday, drank heavily all weekend and spent their earnings, returned to work on Monday and were given a 'sub' by the boss to last until next pay-day. At times, transport was arranged by employers to take labourers from their lodgings to building sites. They said that they used to drink in the vans in the morning whilst going to work explaining, "the work used to soak up the alcohol and I never had a hangover from it." None reported mental health problems whilst working. The circumstances of these men and the way in which they progressed to homelessness is demonstrated in the following case-study of Bill.

Bill

Bill was 59 years old when interviewed and he had been sleeping in a shed for more than ten years. He had been born on a farm in Ireland, had nine siblings, and was the youngest boy. His father died of meningitis when he was four years old. He became upset when talking about his father and said, "I have vague memories of him. He went yellow and was dead in a couple of days." As his siblings got older, they left home or went out to work. Bill said, "because I was the youngest son, I was expected to do the farmwork. I was running the farm when I was 16 years old. I had to do all the ploughing by hand and look after the pigs. My brothers and sisters would come home from work nicely dressed and I would be filthy dirty." He left home at the age of 18 years and came to England. He explained, "I had to leave and get away or else I would never have left. I had to escape and see life. Because I would not stay and run the farm, I became the black sheep of the family."

After coming to England, he travelled around the country, mainly working as a labourer on building sites. He described how, "it used to be easy to get a job. I would stay in a job until it finished, and then move to the next town and the next job. I could leave one job and start another straight away." He used to stay in work-camps attached

Figure 10.1 Experiences of family, marital and military life by the respondents who had been labourers and seasonal workers

Case No.	*Childhood problems*[1]	*In armed forces*	*Problems in armed forces*	*Length of service in armed forces (years)*	*Never married / cohabited*
1	✓[2]				✓
2	✓	✓		5	✓
3	✓	✓	✓	3 months	
4	✓	✓	✓	7	
5	✓	✓	✓	5	
6	✓				✓
7					
8		✓	✓	3	
9					✓
10		✓		5	
11		✓		4	✓
12	✓				✓
13		✓		4	✓
14		✓	✓	4	✓
15					✓
16					
17		✓	✓	6 months	✓
18		✓		9	
19					✓
20		✓		3	✓
21		✓	✓	not known	✓
22					✓
23	not known				✓
24	not known.				✓
25	✓				

Note: 1. Refers to separation from one or both parents before the age of 16 years, or reports of father's heavy drinking
2. Positive response

to building sites or in lodgings. He explained, "it used to be easy to get digs; you would arrive in a town, find a newsagents, and there would be plenty of adverts for rooms in the window." When he stayed in lodgings, "my landlady would cook my breakfast and evening meal. Even if I came in at ten p.m., I would find my dinner in the oven. She also made sandwiches for me to take to work as a packed lunch." He occasionally worked on farms in the summer, during which time he slept rough.

Because he found it harder to get jobs and digs in the 1970s, he remained in one town. He occasionally booked into hostels and Resettlement Units, but mainly slept in derelict buildings. He once 'lived' in a derelict house for ten years. He explained, "there was no electricity in the house; I would get some wood, make a fire in the house, and cook on the fire. I lived there and nobody knew." He accepted the offer of a council flat approximately 12 years ago and, "I kept the tenancy for seven years but, for about five of those years, I never lived in the flat; I slept in the shed where I'm now living." He explained, "I had a lot of aggravation in the flat. I was doing causal work at the time and people knew I was at work. When I got back at night the flat had been broken into many times. I had problems paying the rent so I handed the keys back." Since that time he has lived in a shed. He has a bed in the shed but no heater. At night, he locks the shed from the inside to prevent intruders. He relies on soup kitchens and also obtains food from local market traders. He said that he would not like another flat as, "I'm better off staying where I am. When I had the flat it was a lot of aggravation and worry with the bills. Now I have nothing to worry about and no bills to pay."

After he first came to England, he used to go back to Ireland and visit his family every year, but "this dwindled off when I was out of work and I had no money; I have not been back for over twelve years and I've had no contact with them." He said, "I hate going back there. People have changed and you don't know your family anymore. If you cannot afford to go back every year they think you are not achieving, and then they look on you as a bum and a no-gooder." He never married nor had a girl-friend. He said, "I've been let down so many times in life that I don't bother with people. Homeless men are always alone; this is because they don't trust anybody."

He associated transience with depression. He explained, "you are in one place and seem to be getting nowhere in life so you move to another town. You imagine the

grass is greener on the other side of the fence. When you get to the next town everything seems better for a couple of weeks but then you realise that nothing has changed and you have not improved yourself in any way. Depression is at the root of this travelling. As you get older you gradually learn to accept that you're a failure and you will never achieve anything or get anywhere, so you stay in one place and accept things. A rolling stone gathers no moss. It is not changes in places you are looking for by travelling but changes in yourself." He said that he used to get depressed and drink heavily. He explained, "people drink to blot out memories. You have a drink to escape but you cannot really escape as your memories are still there. You drink when you realise there is nothing ahead for you; when you look at your life, you realise that any future you had is now in the past."

Synthesis of the pathways into homelessness for labourers and seasonal workers

Bill had come to England at an early age and had spent nearly thirty years travelling between towns. He had never settled in one location nor had a secure tenancy but had relied on work-camps and lodgings. He described how he had been 'looked after' by a land-lady when he had stayed in lodgings. When he did acquire a tenancy for a few years, he was unable to cope and still slept rough. The other 24 men in this sub-group described similar histories to Bill. They had also changed jobs and moved between towns for years, knowing that at one time they could easily find work and there was no obligation to remain in a job. They had stayed in lodgings or they had relied on their employers to accommodate them, without establishing roots in a location, securing a tenancy, and living independently.

Similar to Bill, most had lost contact with their family and had never married. Many described themselves as "loners". One man said, "I've never bothered to make friends; I keep myself to myself". At least one-half had been heavy drinkers and commonly said, "I put drink before women; my work-mates were my drinking partners". They therefore had poor family relationships, and socialised with other men similarly situated. Bill had referred to himself as "the black sheep of the family"; others used similar phrases such as "the gypsy" and "the bad apple" to indicate estranged family relationships. One man reported that his brother had said to him, "you'll be a great guy when you're dead; now you're a drunken bastard". When these men could no

longer find work and afford lodgings, they were estranged from relatives who might have offered them support, and they had no links to a community ties or a local authority housing department. Many had been heavy drinkers and had relied on their bosses for 'subs', and presumably lacked savings. They therefore stayed in hostels and Resettlement Units or slept rough, and 'drifted' into chronic homelessness.

Bill associated transience with depression. Others also said that they had moved between towns because they had felt unsettled and depressed. One man said, "you get fed up so you need to get away", and another described, "you get into the habit of moving about". Yet they denied that they had had mental health problems. It is a limitation of the retrospective information collected in the interviews that the depth of depression which they had suffered at the time when they were moving between jobs and towns is not known. Bill had indicated that he had changed jobs and towns in an attempt to improve his situation and because he had felt that he was a failure. This had been unsuccessful and he had become depressed and had drank heavily. For these men, transience and unsettledness may have been related to depression and low self-esteem.

10. 4 Distinctive features of those who had been transient workers

Transient behaviours

The majority of the 42 respondents discussed in this chapter first became transient in adolescence or early adulthood, and this lifestyle had persisted for more than fifteen years. Just under one-half had had jobs which by their very nature had required them to be mobile. Others had moved between jobs and towns of their own volition. Once the respondents had stopped work and had become consistently homeless, continued transient behaviours differed in relation to past occupations. Whereas the merchant seamen and long-distance lorry drivers tended to remain in one town, those who had been labourers and farm-workers still moved between towns. This suggests that for the merchant seamen and long-distance lorry-drivers, their work may have largely contributed to their mobile behaviours. But for those who were labourers and farm-workers, and who continued to be transient even when it was no longer required, the implication is that personality difficulties (or other non-work factors) contributed to unsettled behaviours.

Poor family and social relationships

Nearly one-half of this group of respondents had come from broken and disturbed childhood homes. Most others became estranged from their family of origin once they had left home. Only a minority had experienced lasting relationships with women. Others had remained single and had never cohabited, or their relationships had been short-lived. Associations were noted between types of work and relationship experiences. Whereas labourers and seasonal workers tended to have never cohabited or married, merchant seamen had more often been involved in short-lived intimate relationships.

The effect of transient working lives on marital and family relationships has been little studied. For some people, transience may be a way of coping with difficult relationships but, for the respondents, mobility often preceded marital relationships. The effect of being away from home for long periods is likely to have had an influence on their relationships. Two men discussed the difficulty of maintaining close family ties whilst mobile. One former long-distance lorry-driver said, "I was working away from home six days a week; I came back and my wife was with another guy." Another explained, "all the travelling affected my marriage; I was never at home. My children were growing up and I was away. You are a complete and utter stranger when you come back to your kids and they look at you and ask who you are." Yet another reported, "I was never close to my children. I was away working for days and weeks. I would promise to take them out and then my boss would ring me with a job. I was the wage earner so I had to do the work. But the children never understood and they hold that against me still."

Because many of the respondents had worked and lived together, they had spent much time in male company and had rarely formed other social links. Merchant seamen had been on voyages which had lasted up to fifteen months. During that time, they had lived on ships for lengthy periods and affiliated only with crewmen. One described, "I sailed from Birkenhead and sailed back into the same dock nine months later. It was like returning to a strange world." The ex-labourers described how they had lived in work-camps and used to work, eat and go to the pub together. Hotel workers reported how they used to stay in their rooms when off-duty and socialise with each other. For many, their social relationships had focused around their working lives and colleagues.

One man, who had spent 24 years travelling with the army, explained, "in the army the men were my comrades; we protected each other and fought for each other, and we developed a special relationship for one another. You don't get that in civilian life."

Heavy alcohol drinking

Alcohol featured prominently in the lives of these men. Just over one-half (54%) said that they had been heavy drinkers, and had either drank most days or constantly for 2 or 3 days each week. Others admitted to drinking alcohol but denied being heavy drinkers. All were self-reports which could not be verified. Heavy drinking was reported more frequently by the ex-merchant seamen than those who had been labourers and seasonal workers. Thirteen reported that they had started drinking before the age of 17 years. This can be assumed to be the minimum number as this specific question was not asked. One man, whose father had been a heavy drinker and a sailor, was expelled from school when he was thirteen years old for being drunk. Another man, whose father also was a heavy drinker, was drinking by the age of 14 years. Whilst one-third of the respondents said that they used to drink only beer, the remainder drank combinations of beer, spirits, wine and sherry. Four also used to drink surgical and methylated spirits.

The respondents sometimes related heavy drinking to their work situation. Those who had been merchant seamen talked about the availability of alcohol, and their daily ration of rum to prevent sea-sickness. Those who had been building labourers described how they used to drink on the way to work, and drink heavily at the weekends. Others related heavy drinking to stresses that they had been through, saying that they had used alcohol to obliterate bad memories. Four men referred to stressful experiences whilst in the armed forces. One man described, "at the age of sixteen I went into the army and had to become a man; you had to drink in the mess room with others else you were not considered a man. I was trained to kill, it was awful and I hate thinking about it; I drank to escape from this fucking awful life; that is why most people drink." Another man who had been in the merchant navy and had been held prisoner by the Japanese for three years, reported that he had drank heavily over the years to combat nightmares. He described, "I have horrific memories of the torture by the Japs; I wake up at night sweating; when I drink alcohol it helps me to sleep." An association has been made

between traumatic war experiences and subsequent problems, such as heavy drinking and an inability to sustain work (Elder and Clipp, 1988).

Reports from the respondents indicate that many were exposed to alcohol drinking at an early age: some when they joined the merchant navy whilst teenagers, and others through the heavy drinking of their fathers. Alcohol then became an integral part of their work and living circumstances within male-dominated settings, and a focus of their social activities. Their earnings were spent on alcohol with little regard for future investments. One man described, "I was like most Irishmen; I would work all week and then have a good drink at the weekend and spend all my money. By Monday morning I would be skint. I have worked for 35 years but I've got nothing to show for it". When the current drinking habits of these 42 male respondents is compared with those of the male respondents who had not led transient working lives, significant differences were found (Table 10.5). Those who had been mobile workers were more likely to now drink regularly *i.e.* at least three times a week. For some, it is likely that stressful experiences preceded heavy drinking whilst, for others, work environments are likely to have encouraged drinking habits.

Table 10.5 Current use of alcohol of male respondents with non-mobile and mobile work histories

Use of alcohol	Non-mobile work history			Mobile work history		
	Expected	Observed		*Expected*	Observed	
	No.	No.	%	*No.*	No.	%
Drinks regularly	*43.6*	37	35	*17.4*	24	57
Drinks occasionally	*35.7*	37	35	*14.3*	13	31
Does not drink	*25.7*	31	30	*10.3*	5	12
Total known	***105***	**105**	**100**	***42***	**42**	**100**
Not known		12			0	
Total male respondents		117			42	

Note: $\chi^2 = 7.49$; critical value (d.f. = 2; $p = 0.05$) = 5.99

No roots or home base and a reliance on temporary housing

Only a few respondents had sustained tenancies on secure housing whilst working. These were men who had been married, and who had a 'base' to which they could return between jobs. Others had stayed in insecure housing or had relied on their employers for accommodation. When they changed jobs, they also changed accommodation. The majority therefore had never established 'roots' or connections in any one town or area. Only one-third had neither used temporary accommodation nor slept rough periodically before becoming homeless. At the time that they became homeless, three-fifths had *never* lived in secure accommodation since they had left their childhood home. This included two men who had been raised in orphanages since infancy and had *never* experienced conventional housing.

Mental health problems

There were few reports of mental illness in the lives of the men whilst they were working. While this mutual exclusion is not surprising, for men with mental health problems are unlikely to keep their jobs, the reports have to be treated with caution. They sometimes said that they had moved between towns because they had been depressed, yet they denied having had mental health problems. Although mental health problems may not have existed at the time when the respondents were working, they nevertheless subsequently featured. At the time of interview, 14 men said that they felt depressed, nine were observed to have memory problems (although only one acknowledged this), and two were hallucinating and obviously psychotic. Three had been in psychiatric hospitals since becoming homeless.

10.5 Summary of transient workers and their progression to homelessness

The majority of the 42 men who had led transient working lives for many years before becoming homeless had been labourers, farm-hands, factory and hotel workers, or merchant seamen, who had frequently changed locations. They had lived in marginal housing and tied accommodation, and had experienced intermittent episodes of homelessness between jobs. They had rarely sustained a tenancy or established roots in

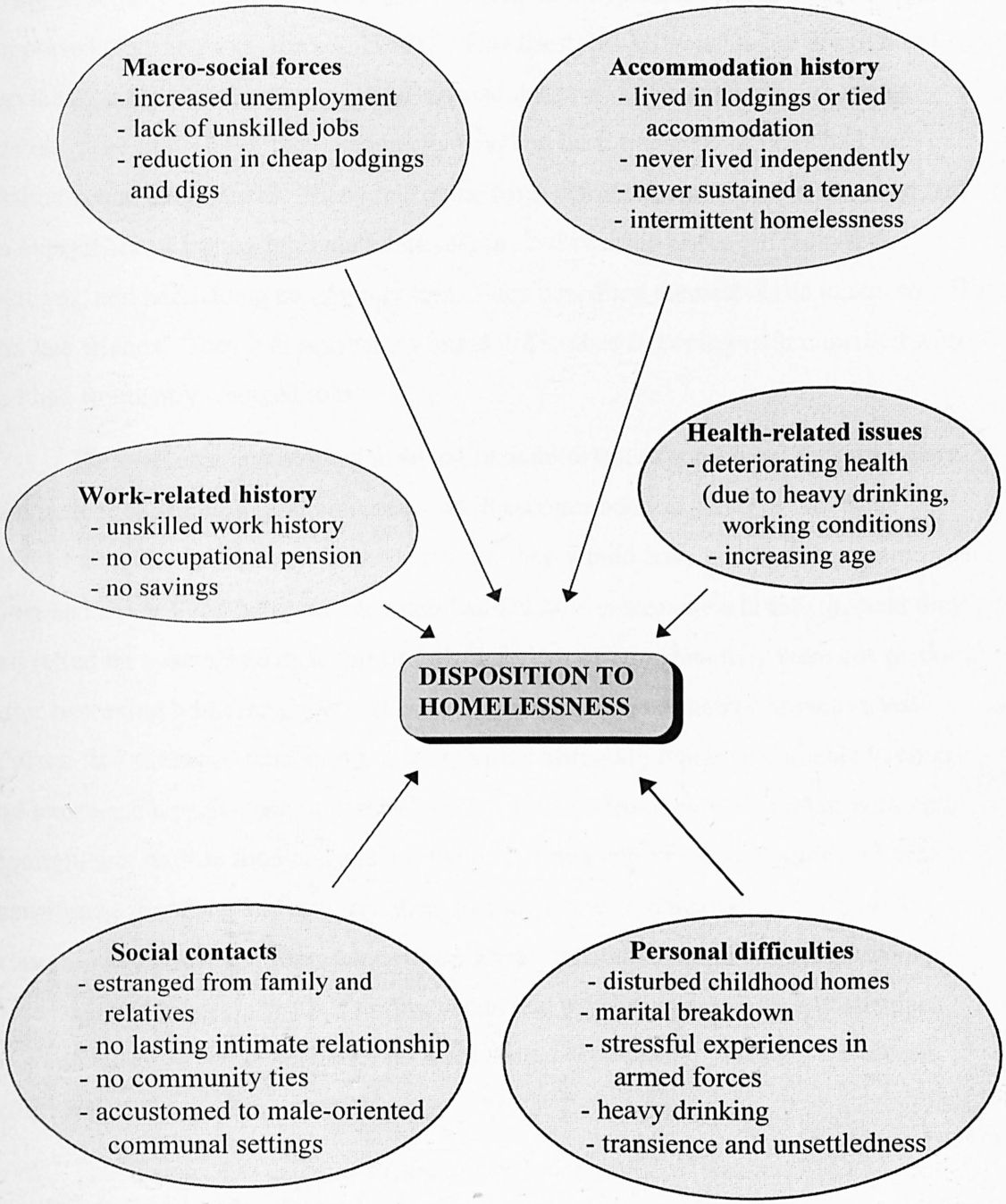
any particular town. For merchant seamen the transition into homelessness was sudden, whereas labourers and seasonal workers had gradually drifted into homelessness. Common features among the groups were transient lifestyles, heavy drinking, and estranged family and social relationships.

The reasons why the respondents adopted transient working lives and then became homeless are complex and multi-faceted. For some, transience followed broken childhood homes, distressing war experiences, and marital breakdown, but others did not report such preceding events. Their progression into homelessness seems to have resulted from multiple events and states associated with economic, social, health and psychological circumstances (Figure 10.2). Many had been unskilled workers who had 'drifted' from regular work to casual work, and from marginal housing into homelessness in the 1970s. During this period, unemployment increased in Great Britain particularly within the manufacturing and construction industries, and the demand for unskilled manual workers, for example dockworkers and seamen on tramp steamers, fell sharply (Burnett, 1994; Coleman and Salt, 1992, p.376). Many respondents were aged in their forties or early fifties at that time and were developing chronic health problems, probably aggravated by years of working outdoors in wet conditions and prolonged heavy drinking. Health problems are likely to have influenced their job prospects.

In the 1970s however only 15-17% of male unskilled manual workers were unemployed, and most of these did not become homeless (Bennett *et al.*, 1996, Table 7.5). Thus many such workers managed to find a job and unemployment alone was insufficient to account for homelessness. Whilst working, the respondents had relied on their employers for accommodation or they had stayed in digs and lodgings. The availability of privately-rented accommodation has been declining since 1918 and, by the 1970s, when the respondents could no longer obtain regular work and tied accommodation, it was also difficult to secure cheap lodgings (Greve, 1991). They were heavy drinkers, generally lacked savings, and they only worked casually (if at all). Their income was irregular and low-paid, and this would have affected their ability to afford privately-rented accommodation. They were estranged from families who might have been able to offer them support. They had never settled in one location, they were

Figure 10.2

Features influencing the transition into homelessness for mobile workers



unknown to local authorities, and they would not have been considered a priority group for council housing.

The undersocialisation theory of homelessness proposes that young adults who are dependent and unable to accept responsibilities are attracted towards institutional-living in semi-protective environments wherein their dependency is re-inforced and supported (Pittman and Gordon, 1958).[3] This lifestyle can be achieved through military services, occupational groups such as railroad gangs and labouring camps, and in hostels. The majority of the respondents who had been transient workers had had limited social experiences. Many had come from disturbed childhood homes, had had no experience of lasting intimate relationships, had become estranged from their relatives, and had had no community ties. They described themselves as loners who had had few friends. They had sometimes found difficulties in coping with unskilled work and had frequently changed jobs.

They became accustomed to living in male-oriented communal settings where heavy alcohol drinking predominated, and in accommodation wherein they were 'looked after' by landladies. In both settings, they would have had few responsibilities. Most had never lived independently and learned how to manage a home. Instead they had relied on hostels and missions or they had slept rough when they were not working. After becoming homeless, many who were resettled soon re-entered homelessness, whilst a few sustained tenancies but complained of feeling lonely and unable to cope, and expressed a preference to live in hostels. These settings provided them with basic requirements such as food and shelter, the male camaraderie to which they had been accustomed for years, and required them to accept few responsibilities. Although economic and housing circumstances may have contributed to homelessness among those who had transient work histories, social and psychological factors, particularly poor socialisation and dependency on institutional-type settings, seem to have been influential.

This chapter has examined the ways in which transient workers became homeless. Certain groups were predominant: merchant seamen, building labourers and seasonal workers. Most of the men had become homeless in the 1970s. With a large

[3] Discussed in chapter 4.

reduction in such work nowadays, the extent to which transient work histories contribute to contemporary homelessness is unknown. Further research would be needed to determine its relevance. The next chapter examines bereavement in relation to homelessness, and is a triggering factor which remains pertinent to current homelessness.

Chapter 11
Bereavement and Homelessness

"They say that things come in threes; that is what happened to me. I lost my wife, my job and my home. There is nothing more to lose".

Derek (became homeless in his late fifties after his wife died)

Thirty-one respondents associated their entry into homelessness with a bereavement. This followed widowhood (10 men), the death of a parent (13 men and 5 women) and occasionally that of a landlady (2 men and one woman). Some respondents were evicted from their accommodation whilst others volitionally abandoned their homes. This chapter examines the connection between bereavement and homelessness. By tracing the histories of the respondents, it investigates *why* and *how* homelessness occurred for the respondents who were bereaved, and the processes involved in the transition from being bereaved to becoming homeless. Proximate causes and preceding events and states are identified, and the ways in which lifetime experiences may have contributed to eventual homelessness are discussed.

Bereavement has been reported as an important contributory factor in homelessness in Britain and America (Anderson *et al.*, 1993; Snow and Anderson, 1993). As early as 1911, an investigation noted that some homeless men in Chicago dated vagrancy to the death of their spouse (Solenberger, 1911). A British national study in the 1960s of single homeless people reported that many middle-aged men 'went to pieces' and became homeless following the death of their mother, and suggested that 'the single man who continues to live with his parents or parent is particularly at risk when the parental home breaks up' (National Assistance Board, 1966, p. 118). More recently, one-in-ten homeless people in Austin, Texas, associated homelessness with the death of a spouse or parent; and a British investigation noted that, 'the most commonly cited reason (for homelessness) by respondents over 60 was the death of a spouse, relative or other significant person' (Anderson *et al.*, 1993 p. 74; Snow and Anderson, 1993). Finally, one-twentieth of 390 men at the Alvaston Resettlement Unit in Derby had become homeless after the death of parents, usually a mother (Walker *et al.*, 1993).

The respondents had generally been aged in their thirties or forties when their parents had died.

Although bereavement is frequently cited as a factor leading to homelessness, few have studied the process in detail. Questions remain unanswered as to why a minority of people who experience a bereavement adopt the extreme behaviour of homelessness. Merton (1968) proposed that events such as widowhood, whereby an individual suddenly experiences a loss of roles and a break in routine behaviours and social relations, sometimes produces a state of *anomie*.[1] The person has no clearly-defined norms and structure in their lives so reacts by 'retreating' from conventional society and becomes a tramp or vagrant (Merton, 1968). Bereavement, particularly widowhood, is frequently described as a stressful event which requires significant readjustments (Holmes and Rahe, 1967). The reported circumstances which hinder effective mourning include a lack of social support, living alone after widowhood, having few children nearby, and an unsettled childhood (Bowlby, 1980; Bornstein *et al.*, 1973; Clayton *et al.*, 1972). Sometimes people react atypically to a bereavement. They become depressed or develop physical health problems or, if they have been overly dependent on the deceased person, they are unable to function independently (Worden, 1987, cited in Hughes, 1995; Parkes, 1986). Because the histories of homeless people have not been traced, the reasons why a minority of people become homeless after being bereaved is not known.

In this study twenty-nine respondents became homeless for the first time after being bereaved. In addition, two men had been successively homeless, resettled and housed for more than ten years, and then experienced homelessness again following bereavement. Because they had been resettled for long periods and re-entered homelessness following a bereavement, they are included in this chapter. It has two sections which deal successively with the deaths of parent(s), and the deaths of marital partners and landladies, followed by a summary. The sections trace the histories of the respondents and examine the ways in which homelessness occurred. It is reliant on information provided by subjects. Because of mental health problems, memory difficulties or poor interactional skills, they were sometimes unable to recall details or only provided partial histories. Those who had been married were occasionally

[1] Discussed in chapter 2.

reluctant to discuss their relationship, particularly relating to drinking habits. It has not been possible to verify information with other sources, therefore the findings have to be treated with caution. In a few cases, information was checked during subsequent interviews.

11.1 Death of parent(s)

Eighteen respondents (13 men and 5 women) became homeless after the death of their mother or father, usually the last surviving parent. For the majority (12 of 15 who provided details), this was their mother. Nearly four-fifths had experienced the deaths of both parents within ten years, over two-fifths within five years. Five respondents could not state their age when they were bereaved, but most others (twelve subjects) had been in their late thirties or forties. They were all living in their parents' home at the time of being bereaved, and over two-thirds became homeless within six months. Two-thirds were still homeless when interviewed, most of whom had been homeless for more than 15 years. Six had been rehoused but, of these, three had become homeless for a second time.

Sixteen had lived with their parents throughout their lives, except for brief episodes in the army (four subjects), and long periods in a psychiatric hospital (one person for seven years, another for 13 years). Another man lived with relatives until he moved into his parents' home in adulthood. All but one had *never* lived alone, the exception doing so in private-rented accommodation for just two years. Over three-quarters had either never worked or had been employed for only a very short period. Only four men had been regularly employed. Another man quantified his unsettled work history with, "I had over 33 jobs." This group also had had few intimate or enduring relationships. All were single, and none had married or cohabited. All bar one never drank alcohol, but two-fifths had suffered from a mental illness whilst their parents were still alive. Four respondents had been admitted into psychiatric hospitals. Two of the men had been diagnosed as having schizophrenia, a reliable sign of long-term mental health problems. In summary, this group of eighteen subjects were poorly socialised, had limited work skills, had always lived with and relied on their parents, and two-fifths were mentally-ill.

Once their parent(s) had died, the respondents became homeless in one of three ways. Six had lived alone; of these, five had continued to live in the family home (in all cases, a local authority tenancy), and one man had moved into lodgings. They had soon been evicted, four within six months. They were vague about why they had been evicted but it often seemed to be through failure to pay rent. One man said, "the council just wanted the house; I did no wrong." They admitted to not paying rent but could not explain why. Their comments included, "I bought food with the money." The man who moved into lodgings was evicted by the landlord after two weeks because, "I was frying fish and I did not use enough fat and the house filled with smoke." Five respondents had lived with relatives, mainly siblings, for a short time after their parents had died. They became homeless when their relatives moved away, became ill themselves and needed care, or when relationships became problematic and support was withdrawn.

The third group of two men reported that they had abandoned their homes because there were too many painful memories for them to stay in the accommodation. In both instances their parents had been owner-occupiers, and the men had refused the opportunity to continue living at home on their own. Two men and three women could not explain clearly how they became homeless, but stated that they had 'drifted' from their homes onto the streets after their parents had died. The various pathways into homelessness are now examined in detail using Alfred and Victor as examples.

Alfred

Alfred was 73 years old when interviewed, and he had become homeless after his mother had died. He believes that he was aged in his forties at that time. He left school at the age of 14 years, and worked intermittently for "a few years" as a labourer on building sites, but never had regular employment. He was not in the armed services and could not explain why, stating, "I just did not go in". He never married and had no friends, explaining, " I never mixed with people". He denied ever suffering from mental health problems and seldom drank alcohol. He had only one brother who had also lived at home and had seldom worked. After his father's death, Alfred lived at home with his mother and brother. His brother developed cancer and died at the age of 46 years, and two days later his mother died. After her death, Alfred lived alone in their council

house for "a couple of months ... then the council contacted the police and they evicted me. I don't know why." He had not paid his rent but was vague as to why not, only saying, "I did not bother". He was not offered alternative accommodation so, "I stayed in a lodging house for three or six months, then I moved about and slept rough." This happened over twenty years ago since when he has been homeless and has mainly slept rough.

Victor

Victor became homeless when he was aged 41 years old (he was unable to provide this information; it was calculated using the history he gave). He had left school when he was sixteen years old, following which he worked for five years in a mill, and had since been unemployed. He had always lived at home with his parents in their own house. He had four siblings, all had married and moved away from home. He had never married nor had friends or girlfriends. He explained, "I stayed at home and helped look after my mum who had diabetes." He did not drink alcohol and denied ever suffering from mental health problems. His mother died first and his father "a few years later". When his father died, Victor had been left the house in his father's will. He did not want to stay in the house, explaining, "it had too many memories. I went into my parents' bedroom and I thought I saw my mother sitting there."

He left the house a few days after his father died and slept rough. His sister subsequently moved into the property. He remained homeless for eleven years. During that time he stayed for eight years in two large hostels where he was employed as a porter and cleaner and "enjoyed doing this". He was then rehoused on his own in a council flat. He stayed in the flat for nearly two years but experienced difficulties with budgeting and had rent arrears. He said, "I got fed up with the problems so I left the flat and started sleeping rough again."

Synthesis of the ways in which the death of parents led to homelessness

The histories of Alfred and Victor are similar to the other respondents who became homeless after their parents had died. They had always lived with their parents and, apart from one man, had never lived on their own. It can be assumed that their parents maintained responsibility for household tasks such as cooking, budgeting and paying

bills, and the respondents were minimally involved in such chores. Once bereaved, they were without their main carer and support for the first time in their lives. Alfred and the other respondents who had stayed in their accommodation on their own reported difficulties in coping with household tasks. They could not budget, and found it difficult to buy food whilst, at the same time, pay their rent. The man who moved into lodgings described an incident whereby he was cooking dangerously, itself suggesting his incompetence when alone. Most were evicted from their homes within six months for reasons such as non-payment of rent.

Victor and another man had abandoned their homes once their parents had died, although they had had the opportunity to take over ownership. Although they stated that they refused to live in the accommodation because of memories and associations, it can also be questioned whether they were able to face the responsibilities of owning a house. Not only would they have had to cope with routine household chores, but they would have been responsible for the maintenance and decoration, and would have had to deal with bills and insurance policies. Being an owner-occupier is a responsibility which people sometimes avoid, even those who are competent to work, secure support, and live independently. For these two respondents, whose social and work skills were limited and who had never lived on their own, to be suddenly faced alone with the responsibilities of owner-occupation must have been daunting. The vulnerability of Victor was indicated in his history. Whilst he lived in a protected hostel, he was able to retain unskilled work for a few years. Yet when he was rehoused in a council flat, he soon experienced difficulties with budgeting, got into debt, and abandoned his accommodation.

The majority of the respondents had no support from relatives after their parents had died. Four had never had siblings and had no close relatives. One man said, "after my parents had died, I was all alone; I had no family; it brings tears to my eyes." Others had siblings but received no support. According to one man, he tried to make contact with his eldest sister after their mother had died but, "she told me to go away and not go back to see her". The few respondents who had received help from their relatives, reported that this support had ended within a few months because of relationship difficulties and arguments. Although relatives became surrogate carers, it is likely that they were not prepared or were unable to offer over a long period the intensity of

support which the respondents needed and to which they had become accustomed. The needs of the respondents were not likely to have lessened with time, and the chances of them working or managing independently in the future would have been slim. Three substitute carers were siblings who were married and had families. It can be assumed that caring for a dependent adult sibling would place strain on marital and family relations over time.

Besides having no contact with relatives, the respondents were poorly socialised and lacked friends who might have been able to support them. They were not in contact with statutory services which might have been another source of help. Because their social skills were limited, it is likely that they were unable either to articulate their needs and problems, or to access services. The majority had not been able to work, many had mental health problems, and the vague responses of some respondents, such as Alfred and Victor, suggest that they may have had a degree of intellectual impairment. Once bereaved, they were not only left alone for the first time in their lives but, within a short time, they had to adjust to the loss of one or (in many instances) both parents. Many had also been through additional stresses. Alfred had experienced the death of his brother two days before his mother had died. Others had been through mental breakdowns. For most people who are recently bereaved, coping with additional stresses is difficult even when social support is available. Yet these respondents, whose vulnerability is indicated by their mental health problems and poor social and work skills, often had to cope simultaneously with one or more bereavements and the stress of living alone. For the eighteen respondents who became homeless after their parents had died, it seems that it was not the psychological distress of the bereavement that was the primary factor which led to homelessness. They became homeless because of the subsequent *lack* of social support once their main carer had died.

11.2 Death of a spouse, partner or landlady

Thirteen people reported that they became homeless following the death of a marital partner or landlady. Ten men had experienced the death of their marital partner. Two men and one woman became homeless after their elderly landladies had died. Twelve of the thirteen respondents were still homeless when interviewed, of whom six had been

homeless for more than ten years. Two had been rehoused but had become homeless for a second time.

Three-quarters of the respondents had come from broken childhood homes, four having been raised by neither parent, others having lost one parent through death or separation before they were 16 years old. They then settled for many years with marital partners or landladies. Most of the widowed group had married when they were in their twenties or early thirties, and six had been married for over 20 years. Those who had married became owner-occupiers or had council tenancies. Eleven of the 13 respondents worked consistently until they were in at least their late-fifties, the other two men had been homeless earlier in life and they never sustained work. Four had been heavy drinkers whilst married, and four reported having had mental health problems. Four men had been merchant seamen for over 15 years and had constantly travelled, of whom two had been at sea whilst married and the other two had married after leaving the merchant navy.

For those who experienced the death of their marital partner, six men were in their fifties at the time of widowhood, one was over the age of 70 years, and the others were in their thirties and forties. Three wives had died suddenly, others had been ill for a long time. One man, whose wife died suddenly of a brain haemorrhage, explained, " it was so sudden; like a blow to my head". Another man, whose wife died of cancer, described it as "a slow painful death; she suffered; I knew she was dying but she had not been told." Two men had been carers for many years. One had cared for his partner who had multiple sclerosis for 10 years. The other had cared for his wife who had been intermittently ill for 15 years with breast cancer and Alzheimer's disease.

Following the death of their spouse, five men immediately abandoned their homes; three sold their homes, and the remaining two ceded council tenancies. Two widowers remained in their homes for up to five years and then sold their property. The other three widowers lost the right to remain in their accommodation, two of whom were in council property and the other in a privately-rented flat. One man reported that the council evicted him seven weeks after his wife had died from the three-bedroomed house where he had lived for 25 years, because the premises were considered too large for one person. He had been made redundant the month before his wife died and his rent was in arrears. He said, "the council started giving me aggravation; everything got

on top of me; I hit the bottle and let them have their house. I had uncertain feelings about staying there anyhow; it had too many memories". Another widower lived in a house owned by his wife's relatives. He was given two weeks' notice to leave the flat after his wife died. He said, "my wife had valuable antiques and her nephew wanted to get his hands on them; I was too upset to worry."

Only two of the men who were widowed had young children when their wives died. One of these men, who left immediately, said, "I could not cope with looking after my children. After my wife died, I was devastated. So the children went to live with their maternal grandmother and were brought up by her." The other man, whose daughter was aged 12 years when his wife died, remained at home and looked after her for a few years. He said, "my wife's mother and sister helped me raise my daughter. She was a harem-scarem and I could do nothing with her. I found difficulty settling in the house, so I waited until she was grown up, then I sold the house and started travelling."

The five men who had been owner-occupiers either gave the money from the sale of their homes to their children or spent it on drink. One man sold his house, caravan and lorry, and spent the money on alcohol. He had been a heavy drinker even before his wife had died. Others sold their homes and possessions and travelled from place to place. One man bought a car and caravan and, "I just drove off. I went all over the States. I came to England and travelled all over Europe, including Belgium, France and Switzerland. I had a pension from the Government so I was able to keep myself. I became a wanderer. I could not settle anywhere". Another man described, "I went on the road after my wife died. I travelled anywhere ... just kept going from town to town". A third man said, "I kept booking holidays to Wales, Cornwall, anywhere. I went on holidays to try and get away from things. Each time I came back to London it was too painful. I still get unsettled, I feel I want to get away".

The three respondents who had lived with landladies became homeless because they lost the right to remain in their accommodation once they were bereaved. All had lived in the accommodation for more than ten years, in three cases for more than twenty years. In one instance the accommodation was owned by relatives, the others lodged with elderly ladies. They had to leave their homes because the property was sold. They were all over the age of 50 years when they were bereaved. One woman had been a

lodger in her aunt's house for 11 years, since she retired. She used to work as a chambermaid in hotels and lived in tied accommodation whilst employed. After her aunt's death, her nephew sold the house and she became homeless at the age of 76 years.

The seven respondents who abandoned their homes after their wives had died said that they had behaved in this way because they could not settle and they had found it too painful and upsetting to remain at home. Those who lost the right to remain in their accommodation after their wives or landladies had died, said that they had been too distressed by the bereavement to challenge being evicted or to look for alternative accommodation. But when the histories of these thirteen respondents are examined, other factors can be identified which are likely to have contributed to homelessness. These are now examined in more detail using Horace and Fred as examples.

Horace

Horace became homeless when he was in his early fifties. He had been married for more than 20 years when his wife died of pneumonia. He was born in Ireland and had had a disturbed childhood. His mother had had a mental breakdown when he was six years old, she was admitted into a psychiatric hospital, never discharged and eventually died in hospital. Occasionally his eldest sister took her out from the hospital for a few hours. He said that her mental breakdown was, "caused by giving birth to me". He and four of his siblings were brought up by their father and an aunt. Another sister was sent to live with relatives. He left school when he was 15 years old, worked for one year as an electrician's mate, and then served in the army for four years.

After leaving the army he came to London and lived with a landlady for seven years until he married. He said, "the landlady lived with us; we got full board and she made all of us lodgers go to church." This suggests that his lodgings did not provide independent living. He married when aged 27 years and had five children. He and his wife lived in council accommodation in London throughout their married life. He was continuously employed but in several jobs, including labouring, factory work, and as a barman in pubs. His last job was as a dustman for 15 years until he was made redundant. He used to be a heavy drinker and he reported that this caused problems between himself, his wife and children, but he would not elaborate further. He hinted

that he had suffered from "nerve problems" in the past, explaining, "I used drink to get over them".

His wife died when he was in his early fifties. They were living in a council flat at the time. All the children had married and left home; one was living abroad, the others in London. After his wife's death he was unable to settle in his flat because, "there were too many memories; so I let the flat go". He left his flat a few weeks after his wife died and became homeless. This happened 15 years ago. He first stayed in a bed-and-breakfast hotel for two years, then lived in hostels and occasionally slept rough. He said, "moving around has been my life for over ten years; hostels have closed down and I have moved to the next one." He was then offered a council flat but refused it. He said, "I do not want to live on my own. I am alright in this hostel. I want company. I can't see much future." He seldom had contact with his children, explaining, "I don't bother them. I let them live their own lives. They do not approve of my lifestyle."

Fred

Fred experienced the death of his mother when he was aged 13 years, following which he lived with an aunt who had three children of her own. He said, "my aunt was very good to me but it was not the same as my real mother." He had no siblings. His father died when Fred was eighteen years old. After his father's death, Fred joined the army for three years and then, "I became homeless and drifted for 12 years". Whilst homeless, he slept rough and avoided hostels because, "hostel life is an institutional life; what you need is to settle down and have a home."

He eventually rented a room from an elderly lady when he was in his early thirties. She had been widowed shortly before and had no family. He lived with her for 20 years until she died (two years previous to his interview). He worked as a porter in a hospital for a few years whilst living with her, then looked after her for ten years because she was crippled with arthritis. They had an arrangement whereby she did the cooking and housework, and he shopped and grew vegetables in her garden. He said, "I enjoyed that life; I was like a son to her. When I lodged with her, it helped me to settle down; it was a normal home life." The elderly lady had herself rented the house privately. When she died he had to leave the house as the landlord wanted to sell the property. He became homeless for a second time at the age of 53 years.

Fred had always suffered from mental health problems, and had received treatment for depression intermittently since the age of 16 years. He said, "when the old lady died it was a great loss, it reminded me of my mother's death. Losing my mother when I was thirteen years old affected me all through life." He never married, explaining, "you need to be steady to marry; have a steady job and be established. I never had a firm footing in life." He had always been a loner and had never had friends. He said, "I have never had any good friends; only mates in passing." He used to drink alcohol, "because of loneliness. I'm not an alcoholic. I had nobody in the world until my landlady took me in ... all alone in the world, no one to turn to, no home ... it turns you to drink. When I went into pubs I had company and someone to talk to."

Synthesis of the ways in which the death of spouses and landladies led to homelessness

The histories of Horace and Fred have common features to the other respondents who became homeless after their marital partners or landladies had died. The majority had experienced broken childhood homes, following which they had settled for many years with marital partners or landladies. Those who married became owner-occupiers or sustained council tenancies, and the majority worked consistently until they were aged at least late-fifties. Once their spouse or landlady died, the respondents had been unable to live independently. Like Horace, some abandoned their accommodation reporting that they had been too distressed to remain at home. Others like Fred had had to leave their homes, yet they had not attempted to find alternative housing.

The death of their spouse or landlady seems to have unsettled the respondents. Five men said that they drank heavily after being widowed. One man, who had also been made redundant and had been evicted from his council home, explained, "I was devastated and hit the bottle. I would go into a pub at 11 a.m. and stay there until 11 p.m. I wanted to be with people. I could not stand to be alone. I had nothing else to do with my life. I had lost my job, my wife and my home; there was nothing more to lose". Two men were admitted into psychiatric hospitals following suicide attempts. One man who had cared for his marital partner for ten years took an overdose after she died, explaining, "I was devastated by her death; I was desperate; I tried to commit suicide twice; I drank poison and ended up unconscious in intensive care". Others became restless and travelled from place to place.

Even before being bereaved, vulnerability and unsettledness are indicated in the respondents' histories. Besides having experienced disturbed childhood homes as in the cases of Horace and Fred, there were reports of heavy drinking, mental health problems, and unsettledness. Horace, for example, had been through stressful experiences as a child and he blamed himself for his mother's mental breakdown. He had been a heavy drinker and indicated that he had suffered from mental health problems. Likewise, Fred had received treatment for depression intermittently since he was 16 years old. Wives or landladies seem to have had a stabilising influence on this group of respondents. They had been in relationships which seem to have structured their lives and provided them with support and routine, possibly removing any requirement for self-determination. Fred, for example, had been unsettled since childhood and homeless for twelve years after leaving the army. He then settled and remained with a landlady for twenty years until she died. Two men who had been merchant seamen whilst married may have been unsettled while working but, at least for long periods, they had a home and base between voyages.

Once their spouse or landlady died, the respondents lost this stability and support and became unsettled. Many were aged over 50 years at the time. Since childhood, they had always lived with marital partners or landladies, or in tied accommodation. None reported *ever* having lived independently in accommodation. On discharge from the army, Fred had been on his own but had not sustained independent-living. Another man similarly spent ten years homeless when he left a foster home at the age of 16 years, before he settled with a marital partner. And when Horace left the army, he had been 'looked after' by a landlady until he married. The extent to which the respondents were able to cope with household tasks and manage financial responsibilities is unknown. One ex-merchant seaman admitted, "my wife managed all the finances and bills; I did not bother with such things." Their unsettledness may have been partly related to their inability to effectively manage a home, and homelessness may have been a way of escaping from such pressures.

Lack of support at the time of bereavement may have contributed to the passage to homelessness. The respondents commonly lacked family support; like Fred, five had no close relatives or friends, whilst most others had minimal contact with their siblings or children. Only two widowers had regular contact with their family at the time. One

received support from his adult children, the other had help from his wife's family to raise his teenage daughter. The effect of this support is interesting. These were the two men who remained housed in the years immediately following bereavement. One sold his house after experiencing additional bereavements within his family and attempting suicide, and the other man abandoned his home when his daughter married at the age of 16 years. This suggests that these men had been supported by their family for a few years but that this was not enough to prevent unsettledness and homelessness when additional stresses occurred.

Estranged family relationships may have been partly due to the behaviour of the respondents, such as heavy drinking and being away at sea, which had sometimes caused friction within families. Horace admitted that his relationship with his children had always been poor; his drinking habits had caused family arguments and his children blamed him for this. Another man who had been a heavy drinker since a teenager said, "my daughter accuses me of killing my wife (which he denies); she said I drove her mother to drink". Yet another man who had been a merchant seaman for 22 years, admitted that his wife had been 'fed up' with him being away for long periods. He eventually left the navy just seven years before she died of cancer. In other instances the men deliberately distanced themselves from their families. After his wife died, one man abandoned his children at a young age and they were brought up by relatives. He did not keep in touch with his children or his relatives.

Bereavement was likely to have been a highly distressing experience for the respondents, particularly as most lacked or were estranged from their families and had had to cope alone. At the same time, many experienced additional stresses and losses. Those in rented accommodation, such as Fred, had to leave their homes. Two men had been made redundant just before being bereaved, and therefore had also lost work roles. Two had cared for their marital partners for more than ten years and, once bereaved, they had lost a role in life to which they had been accustomed. Fred also indicated that he had a role in supporting his elderly landlady and had been responsible for the shopping and gardening. Others had witnessed the deteriorating health of their wives over several years. This was likely to have been stressful; at least one man knew his wife was dying but she was not aware of this or had not spoken about it. Another said, "I had no one to turn to; I did not want to lean on my children; so I turned to drink".

The respondents in this group became homeless after the death of their spouse, marital partner or landlady. But they often reported complex histories and it is likely that homelessness was the result of several inter-related problems which even they may not have been able to recognise and explain. Many had experienced broken or disturbed childhood homes, and the extent to which this had an effect on later coping abilities and homelessness is not known. Although they settled with marital partners or elderly landladies for a number of years, they appear to have still been vulnerable. Once bereaved, they lost the structure and routine in their lives, they lacked emotional and practical support, and were unable to cope alone.

11.3 The association between bereavement and homelessness

The death of a spouse, a parent or other significant person can be a major stressful event and an important factor which sometimes leads to homelessness for the first time in middle and later life. But the relationship between bereavement and homelessness is complex, and other factors seem to play contributory roles. For a few respondents, bereavement resulted in the loss of their right to remain in rented accommodation and, although it acted as a trigger to homelessness, other factors such as a lack of motivation to secure alternative accommodation were necessary for the progression to be made. For others, bereavement did not mean a loss of accommodation but instead it triggered unsettledness and the respondents volitionally abandoned their homes, or it highlighted poor coping skills and the respondents were evicted from their homes.

From the histories of the respondents, two patterns could be identified. Those who became homeless following the death of their parents had always lived at home, their work experience was limited, they were poorly socialised, and many suffered from mental health problems. Until the death of their parents, they had always been in environments which offered them protection and support. It is unknown whether such settings created dependency and poor socialisation, or whether problems such as mental illness and an inability to work and to be self-supporting made it necessary for them to live in such circumstances. After being bereaved, the majority remained housed and attempted to manage alone or with the support of relatives. Failure at coping or the breakdown of social relationships then triggered eviction and homelessness. Those who became homeless following the death of a marital partner or a landlady presented a

different picture. They had often experienced disruptive childhoods but then settled with marital partners or landladies and their lives seemed to have stabilised. They maintained long-lasting relationships and consistent work patterns, although heavy drinking, mental illness and transient work histories suggest a degree of unsettledness. After being bereaved, the majority volitionally abandoned or had to leave their homes, and they made no attempt to secure accommodation and avert homelessness.

One important factor related to all 31 respondents was that they had *never* lived alone. They had always lived with parents, marital partners, landladies or in tied accommodation (except for two people who became homeless in early adulthood when they were on their own). They appeared to have been supported by these 'carers' in two ways. Parents, wives and landladies played a housekeeping role and were responsible for managing the home. They were also likely to have provided a stable environment in which the respondents could structure their lives and develop a routine. Once this stabilising influence had been removed, the respondents were unable to manage alone. Another important factor was the lack of support that the respondents received at the time that they were bereaved. The death of a parent, spouse or landlady often meant that the most significant person in the respondents' lives and their main source of support had been taken away. For some it also meant that they had *no* surviving relatives. Others lacked support because family relationships had broken down, whilst some deliberately detached themselves from children and relatives, thus rejecting possible help.

Merton (1968) proposed that retreatist behaviours followed events such as widowhood, when people experience a disruption in their routine and social relations, without having clearly-defined norms and goals. But bereavement is very common and it rarely results in homelessness. In this study, it seem that a crucial link between bereavement and homelessness was the vulnerability of the respondents. Bereavement was the trigger which disrupted the protected, stable and structured lives of respondents who were vulnerable and had histories of mental illness, poor socialisation, disturbed childhood experiences, heavy drinking and unsettledness. Bereavement seems to have interacted with vulnerability in two ways and progressed to homelessness. Some respondents tried to manage alone in accommodation but, because of poor coping skills,

this was beyond their capabilities, and they were evicted from their homes. They obviously were in need of practical help and support at that time.

But others who were vulnerable abandoned their homes because they felt distressed and upset, and they made no moves to manage on their own and secure alternative accommodation. Instead, they reacted by selling their possessions, taking overdoses, drinking heavily, or by constantly moving from place to place. These are extreme behaviours which are likely to have been a reaction to alarm and panic, and suggest that the respondents were very unsettled. Alarm is a recognised early stage in the normal process of bereavement (Parkes, 1986). The vulnerability of the respondents together with the lack of emotional and practical support at a stressful time may have caused them to react in such an extreme manner. The next chapter examines the association between relationship breakdown and homelessness. It provides further evidence of the ways in which people who are vulnerable are supported in relationships, and the complex processes which lead to homelessness when such relationships are terminated.

Chapter 12

The Breakdown of Intimate Relationships and Homelessness

> *"I was married for eight years and then divorced. That was the real reason I went on the road. I had to get away from everybody. That was 20 years ago. Since that time I have wished I could go up a mountain or somewhere and just disappear."*
>
> Francis (sleeps rough and frequently moves from town to town)

Sixty respondents connected homelessness to the breakdown of an intimate relationship. For most, it occurred immediately afterwards but for a few there was a lag of months. Some had to leave their accommodation when relationships ended, whilst others abandoned their homes. This chapter investigates the association between the breakdown of marital and cohabiting relationships and homelessness. By tracing the histories of the respondents, it examines the interactions between the events and states of their lives, and how extraneous factors contributed to and directly triggered the relationship breakdown and its eventual progression to homelessness. The ways in which the respondents' circumstances changed and the possible reasons *why* and *how* homelessness occurred at that particular time are discussed, bearing in mind that some had reported long-standing marital difficulties. Of the 60 respondents who associated homelessness with the breakdown of a marital or cohabiting relationship, three men and one woman were unwilling to discuss their situation. Because of mental health problems, two men and three women were unable to provide this information. Details of the relationship breakdown and homelessness were therefore obtained from 51 respondents.

The duration, number, and the nature of their relationships differentiated the respondents who were grouped according to their *own* descriptions of their relationships (Table 12.1). Some associated the breakdown of a single, long-term partnership with long-standing physical abuse, some with heavy drinking, and others to specific events such as redundancy or infidelity. Yet others described a short-lived relationship, whilst a fifth group described a sequence of relationships and stressful events.

Table 12.1 Factors blamed for relationship breakdown and homelessness

Reported factors	Males No.	Females No.	Total No.
Long-standing alcohol abuse by respondents	9	0	9
Long-standing physical abuse by partner	0	7	7
Outcome of a stressful event in a long-term relationship	14	1	15
Outcome of a stressful event in a history of several relationships	4	4	8
Short relationship in a transient lifestyle	12	0	12
Total known	**39**	**12**	**51**
Refused or unable to provide information	5	4	9
Total who reported relationship breakdown	44	16	60

The chapter firstly provides quantitative information about the circumstances of the respondents who became homeless after the breakdown of intimate relationships. This is followed by a close examination of the five distinguished groups, using case studies to describe the processes leading to relationship breakdown and homelessness. For the investigator, it was difficult to sequence events and behaviours, understand their interactions, and the progression to homelessness. The respondents found it difficult to order events and to know, for example, whether a mental illness preceded the loss of a job, or resulted from the stress of being unemployed. Although the case studies provide detailed histories of the respondents, it has been necessary to withhold some information to prevent people being identified: the respondents become increasingly recognisable as more detail is provided about their diverse histories.

The reliability of the respondents' accounts is an issue. Although the chapter is about relationship breakdown, it has only been possible to collect information from one of the parties involved. The chapter is reliant therefore on the respondents' rationalisations of bad periods and failures in their lives which could not be verified. The interviews focused on sensitive topics. People may have sometimes denied behaviours such as heavy drinking, or blamed alcohol for their marital breakdown when in fact the situation was more complex and involved unstable personalities and a predisposition to violence. They may have misleadingly blamed themselves or their partners for the marital breakdown.

Wherever possible the respondents were interviewed on several occasions in order to gain their confidence, build trust, and verify information. Some respondents initially gave misleading information and avoided discussing intimate and painful details about their marriages. With repeated interviews and increasing trust, they gradually began to divulge more about their personal difficulties. One man, for example, only admitted on the fourth interview that he had been married and had a daughter and that his homelessness dated from his separation.

Although investigations have reported an association between marital breakdown and homelessness, most people whose marriages or intimate relationships end do not become homeless (Anderson *et al.*, 1993; Snow and Anderson, 1993; Austerberry and Watson, 1983). There is little understanding about the factors that select those people who become homeless after the breakdown of intimate relationships. Heavy drinking, infidelity and domestic violence have been blamed for relationship breakdown, and the progression to homelessness (Bahr and Garrett, 1976; Bogue, 1963). Yet similar reasons were given for marriage breakdown among people who never became homeless, suggesting that these behaviours are not sufficient to cause the added consequence of homelessness (Argyle and Henderson, 1985). One study of homeless people found that the respondents had tolerated domestic violence for many years before leaving their homes, yet no explanations are offered as to why relationship breakdown occurred after many years of tolerating physical abuse, and why homelessness resulted (Bull, 1993).

Divorce is stressful and often has a negative effect on a person's physical and psychological health (Duck, 1992). Divorced or separated people, particularly men, have higher rates of mental illness and alcoholism than the married (Argyle and Henderson, 1985). One-third of divorces are described as 'disorderly' in that the severance is incomplete, and emotional or role attachments continue or partners still share routines (Hagestad and Smyer, 1982). Factors which are reported to increase the chance of successful adjustment after relationship breakdown are social support, time for 'orderly' withdrawal from the relationship, and an ability to adapt to new role demands (Argyle and Henderson, 1985). Few studies have examined the histories of subjects who became homeless after a divorce or separation. Therefore, the relevance of

factors such as mental illness and social support in the breakdown of relationships and the process of homelessness is unknown.

12.1 The circumstances of the respondents

The majority (47) of the 44 men and 16 women who associated the breakdown of an intimate relationship with homelessness had been married, and their relationship had been long-lasting. Nearly three-fifths of the men and most women had been with their partners for more than ten years, although there are too few women in the sub-group to make comparisons (Table 12.2).

Table 12.2 The duration of the intimate relationship

Length (years)	Males		Females		Total	
	No.	%	No.	%	No.	%
Up to 5	11	26	2	15	13	23
6 - 10	7	16	1	8	8	14
11 - 15	6	14	4	31	10	18
16 +	19	44	6	46	25	45
Total known	**43**	**100**	**13**	**100**	**56**	**100**
Not known	1		3		4	
Total homeless after separation	44		16		60	

Almost two-thirds of the respondents were over the age of 40 years when their relationships ended, including more than one-third who were over 50 years (Table 12.3). Seven-tenths of the men had separated before the age of 50 years. Although the numbers of women were small, one-half had separated after the age of 50 years.

At the time of the relationship breakdown, nearly two-fifths of the respondents had been owner-occupiers (with their spouse or partner), and a similar proportion had had council tenancies (Table 12.4). All but one female respondent had been so housed. Three men had been living in privately-rented accommodation, and eight had moved in with their partner who possessed a tenancy. Many respondents, therefore, became

homeless in middle-age or old age after a long-standing relationship had been dissolved: until the time of separation, they had been living in secure accommodation as council tenants or owner-occupiers.

Table 12.3 Age of the respondents when the intimate relationship ended

Age (years)	Males		Females		Total	
	No.	%	No.	%	No.	%
Up to 39	18	43	2	14	20	36
40 - 49	11	26	5	36	16	29
50 - 59	9	21	3	21	12	21
60 +	4	10	4	29	8	14
Total known	**42**	**100**	**14**	**100**	**56**	**100**
Not known	2		2		4	
Total homeless after separation	44		16		60	

Table 12.4 Housing tenure of the respondents at the time of relationship breakdown

Housing tenure	Males		Females		Total	
	No.	%	No.	%	No.	%
Owner-occupier	12	32	6	50	18	36
Council tenancy	15	39	5	42	20	40
Privately-rented tenancy	3	8	0	0	3	6
Partner had tenancy	8	21	1	8	9	18
Total known	**38**	**100**	**12**	**100**	**50**	**100**
Not known	6		4		10	
Total homeless after separation	44		16		60	

12.2 Relationship breakdown and long-standing alcohol problems

Nine men reported that they had been heavy drinkers for years and this had resulted in marital problems, separation and homelessness. They said that their relationships had ended because their wives could no longer tolerate their heavy drinking and had asked them to leave. Three also gambled, and a fourth had had more than 15 prison sentences for shoplifting whilst drunk. One man explained, "she told me she had had enough and wanted me to leave. She said she would be better off on her own." All nine had been in relationships which had lasted for at least fourteen years, and for six men, more than twenty years. All except one had had children. Most (7 men) were over the age of 40 years when they separated.

Three had experienced intermittent periods of separation whilst married. One man's wife had left him and emigrated to California seven years before their marriage ended. He explained, "separation was bad for me; I went off my head; I was too ill to work; I took a whole lot of tablets. I was phoning my wife every night." They reunited two years later, and he joined her in California. They were together for three years, separated again for 18 months, and he then returned to his wife. He was only with her "for a few weeks, and then I came back to England and slept on the streets." Another man left his wife in Canada and returned to England, his wife followed ten years later. In the 15 years she has been back, they have been reunited several times but separated after a few weeks and he stays in hostels or sleeps rough. The third man used to work away from home during the week and return to his wife at weekends.

The nine men denied that a specific incident caused their marital breakdown. One man had, however, been in prison for six years after shooting a security guard during a burglary. His marriage ended soon after he was released. All nine men became homeless immediately after they separated. Two reported that they became depressed following the breakdown of their marriage, one of whom was treated with medication. He also described how, on first separating, he rented a room near his wife and used to "pester her" every day. She finally told him to leave so he moved to another area and, "since that time I have drifted ... between prison and hostels". The way in which heavy drinking led to marital breakdown and homelessness is demonstrated in the following case study.

George

George became homeless when he was in his early forties. He was born and brought up in Ireland, and had four brothers and one sister. He had a physical disability from birth[1] and schoolchildren used to tease and upset him. His family lived in a two-bedroomed house, so George and his brothers used to share a bed with their father, and his sister used to sleep with his mother. When he was 17 years old, he found his father dead in bed beside him. George could not settle at home after this. He explained, "it was a great shock to me; I woke up and he was dead next to me." He came to England when he was 18 years old. His elder brother was in England at the time, so George stayed with him for "a short while, and then I took off". Because of his disability, he had been rejected for the army. He worked in France and Germany as a paint-sprayer for three years and then returned to England.

He settled in one town, became a skilled watch repairer, and worked for a reputable jewellery firm for approximately twenty years. He lived with a woman from his early twenties and they were together for nearly two decades. They had two sons but never married. His relationship ended because of "my heavy drinking". He said that his drinking caused arguments at home and eventually affected his ability to work. He needed steady hands to repair watches and when he was drinking his hands became shaky. He had started drinking at the age of 14 years, his intake increased when his father died and, "over the years I was drinking more and more". He stopped work when his relationship ended, left his partner in their council home, and he was homeless. One son was in the navy at the time, the other lived in America. Since then George has travelled around the country, mainly sleeping rough but occasionally staying in hostels and Resettlement Units. At the time of interview, he was in his early sixties and had been sleeping rough for "about twenty years".

Relationship breakdown and long-standing alcohol problems: a synthesis

George had been a heavy drinker for years and this seems likely to have contributed to his relationship breakdown. He had been drinking since a young age, but more so, he believed, after his father's death. On separation, he lost his home and job, he had no money, and he was homeless. At the time, his sons were abroad, and he had had no

[1] In order to protect his identity, details are not provided.

contact with his siblings for about 35 years. Lack of support, together with heavy drinking and the loss of accommodation, work and income, are likely to have contributed to his homelessness. The other eight men in this section had histories similar to George's. When their relationships ended, they characteristically became estranged from their family, and they had no job, income or home. Only two remained in contact with relatives, and only one man was employed. The men already had a drinking problem, and it is likely that they coped with the stresses and changes linked to separation, by spending their money on alcohol rather than on lodgings and avoiding homelessness.

The men admitted that their drinking had caused marital problems, and that they were to blame for the separation. They were unwilling to discuss openly the reasons why they drank when they knew it was damaging their relationship. One man described, "I knew my marriage was breaking up but I could not stop drinking." Two reported that their fathers had been alcoholics, and another had been separated from his parents since he was a young child. Three associated heavy drinking with stressful events in their adult lives: one man's daughter had died in a car accident when she was six years old; another reported horrific memories of his time in the army as a paratrooper when he had to kill, and of the death in a car accident of his son when three years old; and George had found his father dead in bed beside him when he was 17 years old.

The extent to which stresses in childhood and adulthood influenced heavy drinking cannot be determined. The men's pattern of drinking before these incidents is unknown. The majority had been in relationships which had lasted for more than twenty years and, even after they separated, two men were still in contact with their wives, and a third man's wife has maintained contact through a day centre which he uses. This suggests that their relationships were not necessarily characterised by animosity, and that separation and homelessness occurred either because of one or more incidents which the men were unwilling to disclose, or because their wife's coping capacities had finally been exhausted.

12.3 Relationship breakdown and long-standing physical abuse

Seven women reported that they became homeless after years of physical abuse by their partners. They had all been married or had cohabited for at least ten years, and four for more than 25 years. They had been injured, and in some instances had needed hospital treatment. One woman said, "I was in and out of hospital. He hit me and I got broken jaws, a bruised face and black eyes." Another reported, "he hit me so badly I was admitted to hospital with three cracked ribs and black eyes. He poured boiling water down my back and my skin peeled." Six associated the violence with their husband's heavy drinking. The seventh believed that her husband was mentally-ill, stating "he thought I had poisoned his food. He sniffed everything I cooked and would not eat it. When I used to visit my daughter, he accused me of being with other men and hit me. He heard voices from nowhere, and when I said I could not hear the voices, he hit me." She said that he had behaved this way throughout their 27 years of marriage but, "he has never been to a doctor so nobody knew he was like that".

The police had been called to incidents of violence for four of the women. Three had themselves called the police. One explained, "my face was beaten up and my right eye completely closed; the police came to the house but said they could not interfere because it was domestic violence." Another said, "I took out a summons for assault on my husband on a few occasions; but they gave him a warning and let him go." The fourth woman said, "I was seen by the police in hospital many times; the hospital staff used to call them." Eventually her husband was given a six-month prison sentence for assaulting her. Four reported intermittent periods of separation and homelessness before their relationships finally ended. They left home for a few weeks when relationships became intolerable, stayed in hostels or bed-and-breakfast hotels, and then returned to their partners. One explained, "I used to leave my children with my husband when I left. He was a good father and I could not take them with me. The children were heart-broken and that is why I used to come back. But I had to take off and leave him; I had no option."

Besides long-standing abuse, other events compounded the stresses in the relationships and preceded separation. Four women received treatment for depression within three years of their marriages ending, of whom one was in hospital for six weeks. Three said that their husbands had become increasingly violent in later years. One

woman explained, "he had been more violent in the last ten years of our marriage, since he was made redundant from the (coal-)mines. He was in his middle 50s at the time and he took his anger out on me." All seven women identified incidents immediately before they left their partners, which they claimed were the reasons why they had finally separated. Three had left when they found out that their husbands were committing adultery, two when their husbands tried to strangle them, and another whilst her husband was in prison for assaulting her. Another had separated after being hospitalised following a stroke. She explained, "I remained with my husband for 29 years until I suffered a stroke. He used to hit me around the head with an iron bar and this brought on the stroke."

The women had also been through stressful life events during their childhood and early adulthood. Three reported broken or disturbed childhood homes, one of whom had found her grandmother dead when she was nine years old. Her grandmother had gassed herself and, "she still had the pipe going from the gas into her mouth when I found her". A fourth had been mentally-ill as a young adult. A fifth had experienced an early short-lived marriage in which her first husband had had sexual relations with her mother. Following this she separated and spent two years homeless before settling with her second husband for more than 25 years. One married a man who was 23 years older than her, and another a man 12 years her senior. Once married, two had experienced the deaths of children during infancy. One explained, "my son died of a cot death when he was three weeks old. It was such a shock I developed epilepsy."

All were over the age of forty years when they separated, and three were over fifty. All except one had children. Three still had children living at home at the time of separation. One woman refused to say what happened to her children, and another reported, "social services had taken them away because my husband left them alone when I was at work". A third said that her husband had kept the children. For all seven women, the final separation was an unplanned event. They described how they had suddenly abandoned their homes. One woman explained, "I left suddenly when my husband tried to strangle me." At the time of separation, two women had no living relatives but the other five had brothers and sisters. One woman stayed with her brother for a few days and then came to London and booked into a hostel. The other four women said that they were not close to their family. One woman, who had a brother

and sister, said, "they would never help me when I was in trouble". Another woman said that her only sister, "had a house but she would not give me a bed and a drink of tea; she told me to go and get lodgings when I was homeless".

Apart from the woman who stayed with her brother for a few days, the other women had not arranged alternative accommodation and became homeless when they separated from their husbands or partners. They booked into hostels or slept rough. One woman described how she had slept in the ladies toilets, and sat in cafes during the day. Two women later acquired jobs at holiday camps for a few years, being accommodated during the summer at camps and staying in hostels during the winter, before they became persistently homeless. At the time of interview, one woman had been rehoused in sheltered accommodation but the others had not been resettled. Four had been homeless for more than five years. The association between long-standing physical abuse, marital breakdown and homelessness, is demonstrated in the following case study.

Agnes

Agnes became homeless at the age of 55 years. She was an only child and had been brought up by her mother. Her father had died when she was two weeks old. She suffered from epilepsy as a child, explaining, "I didn't go to school much; I was a backward child. I can't read or write. I clung to my mother." After she left school she worked in factories, then as a cleaner in hospitals for approximately 15 years. She lived with her mother until she was approximately twenty years old, when she met her common-law husband. He was 23 years older than her and a divorcee. They lived together near her mother for ten years, and then exchanged their council house and moved to another area.

Her husband worked as a security guard and was a heavy drinker. She said, "he used to drink in the evenings and would start drinking again at 5 a.m. Whereas most people had tea for breakfast, he had whisky." He was violent when he had been drinking and used to hit her but, "when he was out of drink he was a different person; he was a gentleman." He often worked nights and when leaving for work, "he locked me in the house and took the key with him. He would lock the cupboards so I could not get anything to eat. It was like a prison." She remained with him for 35 years. They never

had children. In the later years his drinking increased and the physical abuse intensified. She explained, "one day he tried to drown me in the bathroom. He put my head under the water and I had to struggle to get out. I was frightened to death of him. He was like a madman. He would kick me until I was black and blue."

Agnes left him on three occasions, booked into a bed-and-breakfast hotel or slept rough for a few weeks, and then returned home. She said that she had nobody to talk to about her situation: "I had no friends and I never told my neighbours my business. I used to visit my mum but I did not tell her what was going on; I did not want to upset her. She was ill. I used to keep it all to myself but my mother knew when I'd been crying." During the three years prior to her separation, she had been treated by her doctor for depression. She said, "my nerves were bad; I was worried about my mum and I was worried about the life I had with my husband. I wished I could have been taken out of the world." Her mother had developed cancer at that time and had been admitted into a nursing home.

She finally left her husband eight months prior to being interviewed because, "I found out he was having an affair with another woman so I cleared off." She continued, "I decided to leave him. I could not take anymore. I got away whilst he was asleep. I had to leave my clothes, records and everything behind. I could only carry one bag." After separating she had nowhere to go, so she went to the nursing home where her mother was living, and the staff found her accommodation in a hostel. Whilst in the hostel she refused the offer of a one-bedroom flat. She explained, "I did not want to live on my own. I have never lived alone. If I'm told what to do I can do it, but I could never manage living alone." She added, "I would not want my life over again; it's been terrible. I've never been wanted by anyone except my mum."

Relationship breakdown and long-standing physical abuse: a synthesis

Agnes's history is similar to that of the other six women in this group. They all reported that they had been physically abused by their husbands, yet this did not directly result in relationship breakdown. Instead, they tolerated abuse for years and only separated when it became more intense or when they discovered their husband's infidelity. The relationship between these women and their husbands was complex. They reported that they had stayed with their husbands because "the children were young", or because they

had had no-one to help them. Yet even when their children had grown up they did not separate. In three instances adult children tried to intervene but help was rejected. Similarly, the women were not isolated from other possible sources of help. They were in contact with the police, general practitioners, and hospitals, and three had been working and in contact with other people.

Their sudden departure from their homes suggests that they could have remained with their husbands through fear. Agnes left whilst her husband was asleep without even claiming her possessions. Another left whilst her husband was in prison. Information was only available from the respondents, and it is not possible to allocate blame on any partner. The women reported that their husbands behaved intolerably. Yet two women described how they had retaliated on occasions, one explaining, "I threw hot water over him on many occasions". A third woman, whose husband had been charged for assaulting her, said "I felt sorry for him and made out I had been drinking and had been hitting him. But it was not true." Although she denied this, another woman is known by the staff who are in regular contact with her, to be a heavy drinker. The womens' role within these pathological relationships is not clearly understood, but the reports suggest that the relationships were stressful and of low affection.

The problem is to understand *why* these women, who had remained in abusive situations for long periods, suddenly left their homes and became homeless. In order to understand fully the complexity of their behaviour, depth life histories and even psychoanalysis would be needed. But hypotheses can be formulated which attempt to explain their behaviour. Because they tolerated abuse for years and became homeless immediately they separated, one suspects that they were supported in some way by being with their partners. Most had never lived alone and they had been through stresses in their lives during childhood and early adulthood, which may have contributed to dependency on their husbands. The majority of women either lacked family or were estranged from their siblings. Their marital relationships may have provided them with some level of security, stability and support. This may have been one of the underlying reasons why these women remained in complex and fragile situations for years, and were unwilling to separate or accept help from either their children or external agencies.

Domestic violence was common among marriages in mediaeval times and in the early days of industrialisation, and it remains widespread (Giddens, 1989). Although men are primarily believed to be the perpetrators of such violence, studies indicate that wives strike husbands nearly as often as the reverse (Straus *et al.*, 1980). In 1975 an American study found that 28% of 2,143 couples reported at least one violent incident in their marriage, and in the 12 months preceding the interview, 3.8% of wives and 4.6% of husbands had been severely physically attacked by their spouse (Straus, 1978). Severe violence by females is more episodic than that by men, however, and it is much less likely to cause enduring physical harm. In some instances it may be a response to violence initiated by husbands (Dobash and Dobash, 1992; Gelles, 1979).

There are several reasons why domestic violence is common. One is the combination of emotional intensity and personal intimacy of family relationships which are often stressful and charged with strong emotions of love and hate. Although violence at work or in public settings is not approved of, it is often accepted as normative behaviour within families (Giddens, 1989; Gelles, 1979). It is sometimes learned through socialisation in childhood, whereby violence is regarded as an appropriate behaviour when one is frustrated or angry (Straus, 1978). Wives are more likely to tolerate abuse from their husbands if they have been victims of intrafamilial violence or exposed to spousal violence in their family of orientation (Gelles, 1979; Straus, 1978). Furthermore, women in violent relationships are more powerless and less likely to leave their husbands if they are unemployed and lack their own income and resources, and if they have a responsibility towards young children (Giddens, 1989: Watson and Austerberry, 1986; Gelles, 1979).

12.4 Separation following a stressful event in a long-standing relationship

Fourteen men and one woman associated marital breakdown and homelessness with specific stressful events which had occurred in a single long-term relationship. They often described pre-existing multiple inter-related problems which contributed to the separation, particularly the infidelity of partners (10 people), mental and physical illnesses, and redundancy. Among eleven respondents, two patterns could be identified:

- Five men had lost their jobs after becoming mentally or physically ill. One had had a stroke and could no longer work, another had had an accident at work and was unable to continue as a wood machinist, whilst a third was retired on medical grounds after becoming mentally-ill. The illnesses did not result in immediate relationship breakdown but, according to their reports, marital arguments and the infidelity of partners ensued, and separation occurred within three years.
- Six men reported that their marriages ended abruptly when their wives committed adultery. The men all had long-standing histories of heavy drinking or transient working lives.

All except one man reported unsettled histories before they married. Seven had experienced broken childhood homes, three reported that their fathers had been heavy drinkers, six had been merchant seamen or in the armed forces for at least nine years and had travelled extensively, and five had led transient working lives. Seven had not married until they were aged over 30 years. Once married, nine had settled in one location and maintained steady employment. But seven were heavy drinkers, and four continued to travel and work away from home.

At the time of separation, eight had been married for more than fifteen years, and the majority (10 respondents) were aged in their forties or fifties. Most had to leave their homes when their relationships ended. Seven men had dependent children; their wives were given custody and remained in the accommodation. One man explained, "because of the law my wife got the house and I had to leave." Another reported, "we jointly owned our house; after the divorce I signed it over to my wife but I regret it now." Two men volitionally abandoned their accommodation after their wives committed adultery. One was an owner-occupier and he gave his house to his daughter who was then aged eighteen years. The second man ceded a council tenancy.

On separation, most (10 people) made no attempt to secure alternative accommodation and immediately became homeless. One man, who was an owner-occupier and whose wife had deserted him, remained in his home. He drank heavily, did little work, his property was repossessed because he got into mortgage arrears, and he became homeless eighteen months after separation. A second man had been charged with the murder of his wife and was given a ten-year prison sentence. His council house

was repossessed and he became homeless on release from prison. He reported that his wife had been adulterous. Another man moved into his father's council house and lived with him for a few years. After his father's death, he experienced financial difficulties, was unable to pay the rent and was evicted. The remaining two men acquired temporary housing, found difficulties with coping, abandoned their accommodation shortly afterwards, and became homeless.

The following case study demonstrates how stressful events were reported to have progressed to relationship breakdown and homelessness among those who had had a single long-term relationship.

Albert

Albert was aged 59 years when his marriage ended and he became homeless. He stated that a fire was the main reason for his separation. He said, "as a child I was like a gypsy; I was the black sheep of the family." His parents moved around the country as his father was a civil engineer and worked in different towns. He sometimes lived with his family and at other times, "I was sent to aunts". He had five siblings. He described, "my father used to beat me with a strap. I don't think he wanted me to be born. Because I refused to cry, he used to beat me even more." He left home when he was 17 years old, and joined the army for eight years. He said, "I didn't like the army. I didn't want to kill people. I was a terror in the army; I took all the anger of my childhood out on the officers."

After leaving the army, he became a bricklayer, and was consistently employed for almost 30 years. He married when he was 26 years old, had eight children and lived with his family in a council house. When he was 54 years old, his neighbour's house caught fire. He tried to rescue an elderly woman who was living in the house, he dragged her outside but she was dead. He described in detail how the house was ablaze when he entered. The fire brigade were on strike at the time, and it had taken 30 minutes for help to arrive. His eldest daughter, then aged 22 years, was at the scene and had a succession of epileptic fits. She had had no history of epilepsy and he believed the fits resulted from shock. The fire occurred early one morning and, although he was aware that neighbours were at home, only one elderly man came to help. This man died six months later of heart problems.

For the next five years Albert suffered from breathing difficulties due to smoke inhalation, he had several courses of medication, developed pneumonia and was unable to work. He said, "I turned into a miserable, cantankerous old bastard. I was awful to live with. The tablets the doctors were giving me had a crazy effect on me. I lost my memory for three years. The things my family told me I did, I'm glad I can't remember those years." He had to attend the elderly woman's inquest and was interviewed by reporters. He said, "I felt that people were getting at me. I felt they thought I should have done more for the old woman and got her out alive. I was petrified going into the blazing house; it was only because my daughters were urging me on that I went in." During the years following the fire, he and his wife argued. He said, "I had turned into an angry and bitter man; the rows got worse, our relationship fell apart, and she kept telling me, 'I want you out of my life'." He said, "my respect had been lost; I was no longer the boss at home. My family treated me like an invalid and would not let me have any say or do anything." He continued, "I just upped and went one day. All that I took with me were my bricklayer's tools. I left everything else behind."

They separated six years after the fire, after having been married for 34 years. He slept rough for the next five years, was then rehoused but said, "I hate my council flat; it is not my home. I feel lonely. I have never lived alone." He has had no contact with his ex-wife and children since the day he left, eleven years before the interview. He explained, "the day my wife turned me out it broke my heart. I would never stay somewhere I was not wanted. I feel very angry and bitter towards my wife and family. My wife was unfaithful on-and-off throughout our marriage. After our second child was born I caught her with another man. But I stuck by her." He said that he is writing a manuscript about his life which he intends to give to his children so that, "they will know the truth about what really happened. I have not always been a dosser."

Relationship breakdown as the outcome of specific stressful events: a synthesis

According to his reports, relationship breakdown and homelessness for Albert seems to have been triggered by the fire. After the fire he suffered from physical and mental health problems, was unable to work, became bad-tempered, and this caused strained relationships between himself and his family. He developed breathing problems and eventually pneumonia, illnesses which are likely to have caused pain, discomfort and

distress, and possibly contributed to his irritability. It must have been a frightening experience to enter a blazing house to rescue someone. He said that his decision partly resulted from his daughters urging him on. He also indicated that he partly blamed himself for not being able to save the woman.

This is however Albert's interpretation of why his marriage ended. He denied ever drinking alcohol, and he has never been observed to have drank alcohol since 1988 when regular contact has been maintained with him at a soup kitchen. Presumably therefore heavy drinking on his part was not a problem within the marriage (although this cannot be confirmed). He reported that his wife had been intermittently unfaithful, but this had not resulted in immediate separation. He described a complex incident of a fire which led to other problems and contributed to marital breakdown. It was not possible to interview his ex-wife or children and so this assessment is reliant solely on his account. As such it was impossible to determine whether the fire was the triggering factor which caused his marital breakdown, or whether it is his rationalisation as to why his marriage had ended after many years.

For some respondents, it was impossible to determine the sequence of problems and identify how they had interacted with each other. For example, one man reported that he had lost his job because he was violent towards his employer. During the same period, he had developed a mental illness and his marriage had ended. Mental illness may have triggered his behaviour at work and the marital breakdown, or relationship difficulties may have caused stress which then led to mental illness and aggression. In the nine years preceding separation, another man experienced the death of his mother, lost his job through an accident, was admitted to a psychiatric hospital, started drinking heavily, and his wife committed adultery. He reported that he had had a settled marriage for twenty years until this time. For him, it has to be assumed that his experiences were interlinked and the multiple stresses collectively resulted in homelessness.

Albert had had an unsettled childhood, found difficulties in adjusting to army life, but had settled once married. He had been consistently employed, had maintained a long-standing marriage, and had raised a large family. Similar histories were described by others. All except one reported unsettled histories in childhood and early adulthood but, once married, the majority worked for years and raised a family. From Albert's

history, there was no evidence of especial vulnerability or dysfunction before the fire, and it seems that an exogenous event disrupted a stable, supportive home setting. Vulnerability and pathological states are indicated in some of the respondents' histories by their drinking habits, transience, criminal histories and threatening behaviour whilst married. Of the 14 men in this group, seven had been heavy drinkers throughout their marriage, and four reported that they had started to drink heavily when they were experiencing relationship difficulties. The extent to which heavy drinking contributed to or resulted from marital problems is unknown. Whilst married, four continued to travel and work away from home, and two served prison sentences. One had been in prison on numerous occasions for shop-lifting, the other had spent nearly one year as a "political prisoner" in Africa.

The extent to which these 14 men were aggressive and behaved in a threatening manner whilst married is unknown, but their reports suggest that this was a problem. Just before their relationship ended, two men served prison sentences for assaulting their wives, and a third man murdered his wife. Another man (described above) had been violent towards his employer. Two further men reported how they had been angry towards their wives but denied being aggressive, one of whom described how his wife used to throw hot tea in his face but, "I was never physically aggressive to her". He said that he used to smash crockery in the house and his wife eventually obtained a warrant for him to leave. Although it cannot be determined, he may have been aggressive towards his wife. Another man denied heavy drinking and aggressive behaviour yet the staff in the hostel where he was staying reported that he was a heavy drinker and he had physically assaulted one resident and threatened another using a knife. In summary, at the time of the relationship breakdown, eleven of the 14 men were heavy drinkers, two had served prison sentences for non-violent offences, three had been charged with assault on their wives, a fourth had physically assaulted his employer, and there are indications that another three may have been aggressive.

At the time of separation, most lacked, rejected or were estranged from their families. Albert, for example, had had no contact with his siblings for years, and estranged relationships had developed between him and his family. When he left home, he described feeling angry and being rejected by his wife and children. Another man, whose wife committed adultery explained, "I cut myself off from my brothers and

family when my marriage broke up thirty years ago." Yet another man had had four brothers and one sister but explained, "I haven't seen any of them since I was 21 (years old); we drifted apart." It was difficult to determine the association between marital breakdown, estranged family relationships, and homelessness. The extent to which the respondents refused to have contact with their family and the extent to which they were rejected by their family is unclear.

Some men deliberately severed links with their wives and children. Three men said that they had tried to keep in contact with their children but had been denied access rights. One man who was forbidden to see his three sons explained, "my wife's solicitor got the children to sign forms to say they did not want to see me. When I made contact with my nine-year old son, a contempt of court (order) was issued against me and I had to do a 14-day sentence." He angrily continued, "when I saw my wife a few years ago in the street she looked ill and I prayed for her to die; I prayed she had cancer." He had been separated for seventeen years when interviewed, but his anger was still apparent.

Another man referred to his ex-wife as "a constipated ferret" and said, "if I ever find out I have a terminal illness, I will get a pistol and shoot her. I would not mind spending my last months in prison if I haven't got much longer to live." He explained, "when we separated, my son and daughter were young and I did not get to see them much. I kept having to go to court to get access. Eventually you give up and just don't bother." He had been divorced for more than fifteen years when interviewed but still expressed extreme anger towards his ex-wife. A third man was only allowed to see his teenage daughter "under the social worker's supervision." These men were unable (or refused) to state why they had had restricted access rights. All had been mentally-ill and admitted into hospital prior to separation. One had been violent towards his employer, another denied being aggressive towards his wife but indications are that this may not have been true, and a third had physically assaulted his wife. He said, "I shoved her down the stairs; she looked in a terrible state; she was badly hurt and had to go to hospital". It is likely that their aggression had an influence on access rights. After many years of being divorced, the angry and bitter comments about their ex-wives indicate the vindictiveness of these men.

Besides continuing to express angry feelings about their ex-wives, the men often described their irritation with people and how they wished to be 'apart' from society.

One explained, "for 20 years I have wished I could go up a mountain and just disappear and get away from everybody; people drive me mad and screw me up." Another commented, "it would be nice if the voice boxes were removed from all people; I want to get away and be totally alone." A third man said, "I was suffering from psychological pain, grief and inner anger (after the divorce); I was consumed by that and could think of nothing else. I want to cut myself completely off from everybody, camp in the mountains, and have no contact with people".

Once their marriages ended, most made no attempt to find accommodation and live independently. At this time, eleven men were drinking heavily, three men had been sent to prison for assault, and four men and one woman were suffering from mental health problems. Instead of trying to avert homelessness, they immediately became homeless and started to sleep rough. This reaction may have been caused through a fear of having to cope alone, or because it caused extreme unsettledness in vulnerable people. Or their reaction may have been the result of angry feelings towards their partners who had rejected them (in 10 cases, partners were reported to have been adulterous) and towards 'society' who had refused them access to their children. Three men did attempt to live independently but soon became homeless.

12.5 Separation following a stressful event in a history of several relationships

Four men and four women had been through several marital relationships, some becoming homeless at the end of each relationship, whilst others became homeless after a second or subsequent marriage (Table 12.5). There was no single pattern to their histories. There were both long-lasting and short-lived relationships, those which ended in separation and others in the death of their partner, and both problematic and stable partnerships (Table 12.6). They sometimes abandoned their homes whilst others were evicted from their property. At times they became homeless immediately the relationship ended whilst, in some instances, they were housed for a period before becoming homeless.

Table 12.5 Experiences of multiple relationships and homelessness

Case and sex	Number of relationships and subsequent homeless status							
	1	Homeless	2	Homeless	3	Homeless	4	Homeless
1 (F)	✓	No	✓	No	✓	✓		
2 (F)	✓	No	✓	No	✓	No	✓	✓
3 (M)	✓	✓	✓	✓				
4 (M)	✓	No	✓	No	✓	✓	✓	✓
5 (F)	✓	✓	✓	✓				
6 (M)	✓	No	✓	✓	✓	✓		
7 (F)	✓	✓	✓	✓	✓	✓		
8 (M)	✓	No	✓	✓				

Table 12.6 Duration of multiple relationships and reasons for termination

Case and sex	Duration (number of years) and reason for termination							
	Relationship 1		Relationship 2		Relationship 3		Relationship 4	
	No.	Reason	No.	Reason	No.	Reason	No.	Reason
1 (F)	Few	death	18	divorce[1]	unknown	divorce		
2 (F)	8	divorce	>2	divorce	16	death	>1	divorce
3 (M)	13	divorce	4	divorce				
4 (M)	1½	death	8	divorce	1	divorce	6	divorce
5 (F)	unknown	divorce	>5	divorce				
6 (M)	9	divorce	2½	divorce	4½	death		
7 (F)	14	divorce	14	death	10	divorce		
8 (M)	14	divorce	8	divorce				

Note: 1. Throughout the table, divorce also includes separation.

The following two case studies of Winnie and Florence demonstrate the complexities of the histories and relationships of this group of respondents. To prevent identifying individuals, some details have been withheld.

Winnie

Winnie became homeless for the first time when she was in her early seventies. She had been homeless for ten weeks when interviewed. She had cohabited with a married man for eight years when in her twenties, and had had an illegitimate son. She married another man when she was in her early thirties, but this lasted for less than two years. Her husband had been mentally-ill and used to physically abuse her. She married for the second time when she was in her forties and described this marriage as being "satisfactory" for 16 years until her husband died. She said that her second husband "was my pal". She married for the third time when she was in her early seventies but it lasted for less than one year. Her third husband physically abused her so she left him. She had no children from her marriages, but raised her illegitimate son and her second husband's son. It was only when her third marriage ended that she became homeless.

Winnie had experienced four marital or cohabiting relationships. She had also been through other stressful events. She was aged 14 years when her mother died, she was named in a divorce petition at the age of 21 years, and she had an illegitimate son and raised him single-handedly for many years. Yet she had managed to cope with these stresses, had never suffered from mental health problems, and only became homeless after her third marriage ended. Two factors seem of great importance at the time she became homeless. She was aged in her seventies, her physical health had recently deteriorated, and she was vulnerable to aggression and threats. Her first husband had been violent but she was then in her thirties, and physically stronger. Her latest husband's violence occurred at a time in her life when physical health problems made her vulnerable. According to her, he tried to strangle her one day and, "that was enough; he had his hands around my neck and that was the finish." Rather than remain in a threatened situation, she immediately left him and made herself homeless.

She also lacked support at the time she became homeless. Her only living relatives were her son and step-son, both of whom were experiencing their own marital problems. She had moved to a new neighbourhood when she married her third husband, and had lost contact with her friends and former neighbours. She explained, "when he tried to strangle me I did not know where to go. I was new in the area and I didn't know where the police station was." Although she had previously coped with multiple problems and stressful events, failing health and lack of social support were likely

contributory factors in her inability to cope. She described, "I never thought that at my age I would be without a home. I really thought I was settled in my flat for life. I left home at the age of 17 and I've always managed until now." Relationship breakdown triggered homelessness for her at a time when she was physically and socially vulnerable.

Florence

Florence was in her seventies and had been homeless for six months when interviewed. She described a traumatic childhood during which her father was absent, and she was raised by an alcoholic mother and abused by a relative. She started to drink as a teenager and by early adulthood had become an alcoholic. She maintained a career until she married in her late twenties and had children. Both she and her husband drank heavily and he physically abused her. She separated briefly from him on several occasions but, because she had children, she was accommodated in refuges. After fourteen years of marriage she finally left her husband when he committed adultery.

She became homeless. She and her children stayed in a bed-and-breakfast hotel for more than two years before being rehoused in a council flat. Whilst living in the flat she had a lesbian relationship and lived with her partner for more than 15 years until the partner died. During this period they moved to another area and secured accommodation. Her partner died when Florence was in her early sixties, by which time Florence's children had grown up and left home. She was distressed by her partner's death, abandoned her accommodation, and became homeless for a second time. She returned to her native area and stayed in a hostel. She remained there for over a year and was then rehoused by the council. She had a second lesbian relationship which lasted for nearly ten years. During this time, she moved with her partner to another area and lived in a council flat. They separated because her partner was drinking heavily; Florence became homeless for a third time, and returned to her original location: she was in her seventies when this happened.

The complex history of this woman is distinguished by stressful life events, unconventional relationships, and intermittent homelessness. She had a severe drink problem until she was aged in her forties; her partners had histories of alcoholism and drug problems; and her husband had been physically abusive and unfaithful. Shortly

after each relationship ended, she became homeless. This suggests that partnerships, however problematic, provided some stability and a rationale for being housed. Once they were removed, she was unable to cope on her own. She blamed her early alcohol problem and subsequent difficulties on her traumatic childhood experiences, and the distress she went through at the age of 23 years when her brother died. She said, "I had an unmanageable sort of life as a child. When my brother died I think I was in need of psychiatric help; that is when I started drinking a lot more." Each time she experienced a crisis, she had no family support. When her children were older, she was reluctant to turn to them for help. She explained, "I feel that after the life they have had with me it is better that I don't bother them. I have to manage my own life."

Synthesis of a sequence of marital relationships and stressful events

As with Winnie and Florence, the lives of the other six in this group were characterised by stressful events, problematic relationships, unconventional behaviours and homelessness. The majority (seven people) reported broken or disturbed childhood homes and had had parents who had separated or had been adulterous. One man had spent most of his life moving through marital relationships, prison and homelessness. He used to travel around the country booking into hotels and, "fiddling the system; I was a con'man and ripped people off. I have been in 32 prisons in England." Six reported heavy drinking in adulthood, one woman had been mentally-ill, and one man had served a prison sentence for assault on his wife. Most (seven people) had had children, but there had not been strong ties once the children had grown up. Their chaotic lifestyle is likely to have contributed to poor parenting and had an impact on family relationships.

All became homeless immediately after one or more relationships ended. Winnie coped with several stressful events in her life and only became homeless at a time when she was physically and socially vulnerable. In-between relationships she managed to survive independently. But Florence's history suggests that she was particularly vulnerable. She became homeless after each relationship ended, indicating that she was unable to manage on her own. Both women had had broken childhood homes, and had subsequently experienced multiple relationships and stressful events. Unlike Winnie, Florence had a history of heavy drinking and she reported untreated

mental health problems. These factors possibly increased her vulnerability and explain why she was less able to tolerate stress than Winnie.

12.6 A short-lived relationship within a transient life history

Twelve men who related homelessness to a relationship breakdown, described a single relationship which was a short interlude in a transient, unsettled life history. Five had been married. Since leaving home in early adulthood, they had either been in the armed forces or merchant navy and had frequently travelled abroad, or they had travelled around England working on building sites. When their relationship began, nine were over the age of 30 years. They had therefore been mobile for many years before committing themselves to a relationship. Most relationships were brief, nine had lasted for less than five years.

At the time of separation, most men had no family support or stable parental home to which they could return. They either lacked a family or had lost contact whilst moving around. One man described, "my mother was like an anchor. I could always go there; I have turned up sometimes at 3 a.m. I would stay at home for six months and then take off for a couple of years. When she died, I had nobody; I have no next of kin." Some had rejected their relatives. One man, whose father was an alcoholic explained, "I had a chip on my shoulder with my family and I drifted away from everything." Another commented, "I cut myself off from all the people that mattered and burned all my boats." All became homeless immediately on separation. This is illustrated by the following case study.

Paddy

Paddy was aged 72 years and sleeping rough when interviewed. He had been homeless since his marriage ended forty years ago. He was born and raised in Ireland, and had "many brothers and sisters". His father had been, "gassed in the First World War and this affected his mind. He was mad after this. He drank heavily and was violent. My mother used to beg on the streets to get money for food." Paddy left home when he was 19 years old and joined the Royal Air Force for seven years. After leaving the RAF he came to England, travelled around the country, and worked as a building labourer and stayed in work-camps. He married when he was 30 years old and lived with his wife in

a rented flat. He was married for less than two years before they separated and he became homeless.

Since that time he has intermittently worked on building sites or as a kitchen porter throughout England and Scotland. He has stayed in work-camps, hostels, Resettlement Units, and often slept rough. He has been a heavy drinker for years. He said that he started to drink heavily because of, "the awful sights I saw when I was in the RAF. I have been depressed for years. I'm too sensitive and drink helps blot everything out. I suffer from hallucinations and think people are watching and talking about me. When I'm drunk I'm not aware of other people and what they are thinking." He has never had treatment for mental health problems. He blamed his drinking and his wife's infidelity for his marital breakdown. He has had no contact with his relatives for years, saying, "they do not want to know me. My sister used to say 'go away, you drunken dog'."

A short-lived relationship within a transient life history: a summary

The other eleven men described a history similar to Paddy's. Nine reported broken or disturbed childhood homes. All had been transient workers before committing themselves to relationships, and presumably found it difficult to settle. One man described, "I would disappear for a few days whilst I was living with my woman. It was an unsettled outlook on life; I found it hard to settle." Another man admitted, "my relationship broke because I didn't settle". They may also have missed the male camaraderie associated with work-camps and the armed services to which they had become accustomed since early adulthood. Alcohol featured prominently in their histories. All admitted to drinking, and eight to heavy drinking. The extent to which this stems back to disturbed childhoods, or to the lifestyle associated with the armed forces, merchant navy and work-camps, is unknown. They said that their drinking had caused relationship difficulties. Although they commonly cited relationship breakdown as the reason why they became homeless, it seems that this was but one contributory factor which interacted with years of unsettledness, heavy drinking, and a lack of family support at a time of crisis.

12.7 The association between relationship breakdown and homelessness

The breakdown of intimate relationships progressed to homelessness for some respondents often when they were middle-aged or older. No single pattern characterised these relationships. Some had been short-lived and represented a brief interlude within an unsettled life history. Others had been long-standing, and had been a central feature of people's lives. Relationships were sometimes described as having been stable and to have deteriorated just before separation, whilst others had been characterised by long-standing or intermittent problems. Some respondents blamed themselves for the relationship breakdown, others accused their partners. Respondents reacted differently to the same problems. Some tolerated infidelity or abuse for years, whilst others immediately separated when these became apparent or such reported events were confirmed. Several co-incident factors were commonly associated with the relationships ending, particularly heavy drinking, violence, infidelity and mental illness. Sometimes these problems were the respondent's, in other instances, their partner's. The problems were mutually exacerbating, making it impossible to determine the extent to which each problem contributed to eventual separation.

Many respondents described histories suggesting vulnerability. They remained in childhood settings or lived in tied accommodation until marrying or cohabiting. They never lived independently or in favourably assessed relationships. Most sustained long-lasting partnerships even when these were reported to be stressful and characterised by long-standing problems of infidelity, physical abuse and heavy drinking. The extent to which childhood and early adulthood experiences caused unsettledness and vulnerability, and encouraged dependency on partners cannot be determined. It seems that the marital relationship, even when stressful and of low quality, provided some respondents with security, stability and support. Immediately this safety net was removed, they became homeless. But others had experienced broken childhood homes and had then married and worked for years, and there was no indication in their history of unsettledness and especial vulnerability.

When the relationship ended, most respondents lacked or were alienated from their family. Some deliberately cut themselves off presumably as an angry response to separation; others had earlier been unsettled and this had hampered sustained contact with families; yet others had led chaotic and problematic lifestyles which had probably

adversely affected family relationships. Their life became unsettled, they lacked stability and support, they were unable to cope, and many immediately began to sleep rough without trying to secure accommodation and avert homelessness.

The respondents in this chapter present a different picture to those who became homeless after being bereaved. Although mental illness was common among those bereaved, only a small proportion reported heavy drinking before the loss, and *none* reported histories of violence or expressed anger towards their family. Yet among the men who became homeless following a relationship breakdown, these latter behaviours were common, and some men remained angry and vindictive towards their wives and towards society generally years after they had separated. This anger may have contributed to them not seeking accommodation when they separated.

This chapter provides a partial understanding of the aetiology of homelessness. Although relationship breakdown was cited as the reason for homeless, for many respondents there are indications of pathological states whilst married, which are likely to have been important contributory factors. This study has identified the ways in which relationship breakdown can lead to homelessness and it has highlighted important contributory factors in the respondents' histories. But the understanding is limited because the study has only included a small number of people who became homeless after a relationship breakdown, it lacks reports from ex-partners, and it lacks reports from people who have been through these ills but *not* become homeless. To further our understanding of the association between relationship breakdown and homelessness, it would be necessary to involve a larger number of respondents and interview their families, ex-partners and children. The next chapter examines the association between mental illness and homelessness. It again demonstrates how homelessness resulted for some respondents because they were unable to cope when left alone, for others it seems to have been interlinked with strained social relationships.

Chapter 13
Mental Illness and Homelessness

"I had to leave my flat as monsters were attacking me. They were like tigers and alligators. They had machinery in them and laser rays which were 12 feet long. I had to leave the flat in a hurry. The doctors and dentists nearby were experimenting on people. They cut up people. The court found out, and the doctors and dentists were put in chains and manacles, and were given the death penalty".

Rose (aged 62 years, sleeping rough)

Mental illness featured strongly among the respondents in the field study. Two-thirds reported or were observed to have mental health problems when interviewed (discussed in chapter 8). Although they rarely associated homelessness with such problems, two-fifths (41%) admitted to having had a mental illness before they became homeless. This chapter examines the relationship between mental illness and homelessness, by identifying the ways in which mental health problems interacted with other states and events and triggered or contributed to homelessness. Although high rates of mental illness among homeless people have been reported in British and American studies, few have detailed the association and determined the reasons *how* and *why* mental illness progresses to homelessness in a minority of instances (Westlake and George, 1994; Rossi *et al.*, 1986).

This chapter examines how mental illness affected the lives of some respondents before they became homeless; how other factors had an influence on those with existing mental health problems; the ways in which events and circumstances are likely to have provoked mental health problems for those with no known psychiatric history; and how these situations then induced homelessness. It draws on (a) information from the respondents about their mental health problems; (b) observations of such problems during interviews; and (c) events described by the respondents which they did not relate to mental illness but which nevertheless demonstrate clear or probable connections.

The chapter relies largely on information provided by the respondents which is retrospective, decidedly dated, and could not be corroborated. The respondents may have denied or not recognised a mental illness, whilst the illness itself affected the

ability of some to provide details. They had sometimes been homeless for many years and their mental states may have changed over time. It is rare that information is collected immediately a person becomes homeless, and assessing the mental state of a person after they have been homeless for even a few months reveals little about their mental health problems prior to homelessness. Wherever possible, multiple interviews were conducted to verify reported facts.

There is a widespread lay view that there is a relationship between de-institutionalisation and homelessness. Studies have however shown that there is a lag between the closure of psychiatric hospitals and an increase in the number of mentally-ill people sleeping rough, and that many contemporary homeless mentally-ill people have never been hospitalised (Snow and Anderson, 1993; Craig and Timms, 1992; Hopper, 1988). Hypotheses suggest that mentally-ill people who are cared for by their families become homeless when this support breaks down through a lack of resources or strained relationships (Rosenthal, 1994; Snow and Anderson, 1993). It is proposed that the association between mental illness and homelessness is 'best understood as the result of an initial failure to develop adequate coping skills, coupled with a continued downward drift as part of the secondary handicaps of illness', and that homelessness occurs because of the failure of statutory services to offer appropriate care outside of institutional settings, the inability of mentally-ill people to manage the demands of housing such as rent payment, and behavioural problems such as aggression which lead to eviction (Craig, 1995, p. 60).

Two studies have conducted preliminary investigations into the processes leading from mental illness to homelessness. The histories of 53 homeless mentally-ill people who were admitted into a psychiatric treatment centre in Los Angeles were traced (Lamb and Lamb, 1990). Some subjects had lived with their families and had become homeless when the main carer (usually their mother) died or moved elsewhere; others had had accommodation but, because of paranoid ideas, were too afraid to stay at home. A study of 34 mentally-ill homeless people in Scotland (Edinburgh, Glasgow, Dumfries and Inverness) found that some respondents became both mentally-ill and homeless at the time of a major life event such as a marital breakdown; single men who were mentally-ill became homeless when the support from their parents was removed,

through death or remarriage; and, for some women, domestic violence was intertwined with mental illness and homelessness (Crockett and Spicker, 1994).

High rates of mental illness have commonly been reported among elderly homeless people, and older homeless women particularly are noted to be severely affected by persecutory ideas and memory problems (Crane, 1993; Keigher *et al.*, 1989; Douglass *et al.*, 1988; Kutza, 1987; Rossi *et al.*, 1986). Older homeless people in London had sometimes abandoned their homes because of paranoid ideas (Crane, 1993). In Chicago, mental health problems had sometimes led to older people not coping at home and either living in deplorable housing conditions or being evicted for the non-payment of rent (Keigher *et al.*, 1989; Kutza, 1987).

Some forms of mental illness are known to present in later life. Dementia, characterised by disorientation, and impaired memory, comprehension and judgement, is either a progressive organic disease of somatic origin (Alzheimer type), or is induced by factors such as alcohol, head injury, metabolic disturbances, and cardiovascular problems. Its estimated prevalence increases from 1% at the age of 60 years to 32% by the age of 85 years (Jarvik *et al.*, 1992, p. 332). Ten per cent of schizophrenic conditions manifest for the first time after the age of 50 years (Gurland and Fogel, 1992). Referred to as paraphrenia, late-onset schizophrenia is characterised by paranoid symptoms such as delusions, hallucinations and abnormal behaviours. It most often occurs in people who live alone, have never married or are separated, and who have had few intimate friends (Gurland and Fogel, 1992; Kay and Roth, 1961). Long-standing features of isolation and overtly sensitive or suspicious personalities are common.

Although two-fifths of the respondents reported mental health problems prior to homelessness, in some instances other factors such as widowhood or marital breakdown were implicated. There were 23 men and 15 women who reported mental health problems which seemed to have led directly to or played a significant role in becoming homeless. Their circumstances are examined in this chapter. Different influences on their lives and entry into homelessness could be seen. Only a minority became homeless immediately after being discharged from a psychiatric hospital. Some became homeless following a stressful event, suggesting that mental illness produced special vulnerability, whilst at other times mental illness provoked situations which precipitated homelessness. The 38 respondents have been classified into six groups according to the

ways in which mental illness contributed to homelessness (Table 13.1). The chapter examines each of these groups and uses case studies to assist interpretation.

Table 13.1 Dominant factors associated with mental illness and homelessness

Dominant Factor	Males No.	Females No.	Total No.
Those with a long-standing mental illness:			
1. Discharge from a psychiatric hospital	2	0	2
2. Loss of social support	4	4	8
3. Mental illness provoking changed circumstances	0	1	1
4. Vulnerability interacting with stressful incidents	5	3	8
Interaction with a relationship breakdown	7	2	9
Rapid onset of a mental illness	5	5	10
Total	23	15	38

13.1 Discharge from a psychiatric hospital

In this study, no direct connection was found between discharge from a mental hospital and homelessness. Only two men became homeless on discharge from a psychiatric hospital. The first man had spent six years in hospital after becoming depressed following the death of his mother with whom he had always lived. He was in his forties at that time. After being discharged from hospital, he secured work with tied accommodation in a hotel for two years, and then on fairgrounds for 15 years. Although he was homeless on discharge from hospital, he nevertheless managed to find accommodation attached to jobs for 17 years before he started to use hostels and sleep rough. The second man had never had a settled home. He had grown up in an orphanage and had been sent to a boarding school at the age of six years. He was first referred to a psychiatrist when he was 12 years old after being sexually abused. He was admitted into a psychiatric hospital for one year after leaving the boarding school at the age of 17 years. Arrangements were made for him to live in a hostel when he was

discharged from hospital. Since then he has had intermittent admissions into psychiatric hospitals, and has stayed in hostels and night-shelters, and slept rough for 40 years.

13.2 Loss of social support

Four men and four women with long-standing histories of mental illness became homeless following the loss of social support. For six respondents this was related to the death of parents, and in two cases the breakdown of family relationships. The respondents who became homeless after their parents had died, had always lived at home, had never married, most had never worked, and they had been supported by their parents. All had had psychiatric hospital admissions. The relationship between the loss of support and homelessness for those with mental health problems is demonstrated in the following case study.

Joe

Joe became homeless at the age of 38 years. He was an only child, had left school at the age of 14 years, and worked for a "few weeks" in a factory. He was called up by the Army at the age of 18 years but said, "I did not want to go; something went wrong with my head so I jumped out of the window. I thought if I killed myself I wouldn't feel the pains in my head any longer." He was admitted into a psychiatric hospital for seven years, during which time he had a leucotomy. After being discharged from hospital, he lived with his parents in their council house, and was mainly unemployed. His mother died first, his father three years later. At the time of his father's death, Joe was aged 38 years and unemployed. He lived alone in their house after his father's death, but was evicted by the council within three months because, "I stopped paying the rent. I used the money to buy food". This happened 20 years ago and since that time he has been homeless. He has mainly slept rough although, in recent years, he has stayed in hostels. He has also had subsequent psychiatric hospital admissions and has been treated for schizophrenia for many years.

Several factors indicate his vulnerability. He had been supported by his parents and had never lived alone. He had a poor work record and had been unable to maintain employment. His social relationships were probably minimal. He had never married

nor cohabited, lacked work colleagues, never drank alcohol and so did not frequent pubs, and had no siblings. His seven-year hospital admission and his leucotomy suggests that he suffered from a severe mental illness. Once his parents died, he lacked relatives and was without support. He was unable to cope with tasks such as budgeting and paying bills. For him, mental illness was not the direct cause of homelessness. His illness had been adequately contained for 13 years by the support he received from his parents. Homelessness was instigated by the death of his parents and the subsequent lack of support. Nevertheless, mental illness has to be seen as an important contributory factor in his homelessness, by retarding his coping skills and his ability to work and to form relationships.

13.3 Mental illness provoking changed circumstances

For one woman, a long-standing mental illness precipitated a change in her circumstances which then led to homelessness. Bertha had lived alone in a council flat outside London and had been employed as a hospital ancillary worker for over 20 years. She had never married. She had intermittently suffered from a mental illness for 15 years, had been treated with medication and had had several hospital admissions. When aged 55 years, her mental state deteriorated, she was unable to work and was retired for medical reasons. She continued to live in her flat but, instead of paying her rent, spent her money on social activities. She said, "I enjoyed the literary world. I was coming to London three or four times a week, going to concerts, ballets, theatre; and I got into arrears with my rent". She admitted that she had been receiving adequate income through both a state and an occupational pension.

Because Bertha refused to pay her rent, the council intended to evict her. She said, "I was not bothered to stay in the flat; I wanted to come to London to be near the theatres, so I left my flat rather than be evicted". This happened seven years after she stopped work. She came to London and slept on the streets (for the first time) at the age of 62 years. She remained homeless for nearly two years, and was then rehoused in a council flat. She had been living in her flat for 18 months when interviewed, but spent most of her time at soup kitchens and on the streets with homeless people. She had collected her pension on the day of interview, had spent most of the money on theatre

tickets, had no food at home, and possessed only 90 pence to last the week until her pension was due.

Bertha had sustained a job for years until a long-standing mental illness precipitated her loss of work. It is likely that her job provided her with stability, a structured activity and role, and social contacts. She had had no contact for years with her only surviving sibling. Whilst employed, however, she had experienced mental health problems and had been admitted to hospital on several occasions, indicating her vulnerability. Once she stopped work, she was unoccupied, unsupported and isolated, and she spent her finances on social activities rather than committing herself to paying rent. This suggests a loss or absence of a sense of responsibility.

The extent to which Bertha's behaviour can be attributed to mental illness, isolation or the lack of structured activity cannot be assessed. She was unable to explain *why* she behaved as she did and, even when rehoused, similar behaviour persisted. On the six occasions she was contacted, there were signs that she had mental health problems. She talked constantly and rapidly, her concentration was poor, and her thoughts frequently wandered from the topic under discussion. She was dressed gaudily, wearing several large flowers pinned to her dress and hat; she possessed a bright yellow radio which she persistently played; and late at night she frequently sat in doorways or street locations which most people would consider unsafe. Her behaviour was suggestive of hypomania, 'a mood disorder characterised by symptoms including inappropriate elation, extreme motor activity, impulsiveness and excessively rapid thought and speech' (Reber, 1985, p. 416). Although her mental health state before she became homeless is not known, hypomania could explain why, for example, she currently behaved irresponsibly and spent money on leisure pursuits rather than on basic necessities like food.

A long-standing mental illness may have provoked changed circumstances and homelessness for other respondents. But their histories were less clear than that of Bertha's, and it was impossible to determine the extent to which mental health problems contributed to situations which then led to homelessness. This is demonstrated in the next section.

13.4 Vulnerability interacting with stressful incidents

Five men and three women with long-standing histories of mental illness became homeless following stressful incidents, such as redundancy and burglary. Two had had their homes vandalised and could not settle, and four ceded their tenancies or were evicted because they found difficulty with paying their rent and mortgage after being made redundant. Two gave up tenancies and moved in with their family, but the relationships were strained and the arrangements short-lived. They had often been through several stressful events before becoming homeless.

Seven had had past admissions into psychiatric hospitals, the eighth man had been treated for depression for more than ten years but had never been in hospital. All were over 40 years of age when they became homeless, four were in their fifties, and two in their sixties. Five had been living alone at the time, two with their family, and one woman had been living with her son (who also became homeless) when she ceded her council tenancy. Most had been homeless for years when interviewed, and five regularly slept rough. Using the following two case studies of Barry and Clive, the association between mental illness, stressful events, and homelessness is examined.

Barry

Barry had been homeless for one week when interviewed. He was aged 63 years and it was his first experience of homelessness. He had one brother with whom he had occasional contact and one sister whom he has not seen for years. He described a settled childhood. He left school at 14 and since that time has worked. Apart from being in the army for three years, he mainly worked as a driver for haulage companies and as a bus driver in the north of England. He stayed with one company for 15 years but said, "I mainly went from job to job". He married when he was in his twenties, lived in a council flat, and had seven children.

He was divorced "about 20 years ago" but was reluctant to discuss the reasons. After his divorce, he continued to work and lived alone in a council flat. He maintained contact with his children, all of who had married and settled in the north of England. Three years ago he was made redundant. His employers moved to south-west England and he had the opportunity to move with them but said, "I did not want to leave the area;

I have always lived there, and my children were there." He gave up his council flat and moved to a nearby town in search of work and acquired another council flat. He had been living in his flat for six months when it was burgled. He could not settle in the flat afterwards, his general practitioner referred him to the Social Services, and they arranged for him to stay in an "old people's home". He stayed in the home for three months but said, "I did not like it; it was full of people who had been discharged from the local psychiatric hospital, so I bailed out."

He left the home, moved near his daughter, and acquired a privately-rented flat. Within the previous nine months, Barry's flat was burgled three times. He said, "on the last occasion they broke into the electricity meter and stole the money ... I got browned off and left ... I got fed up and bailed out." He said that it was "a sudden decision" to leave his flat: "I left everything behind and just handed my keys to the landlord; all my clothing is still there but I would not go back." When he left the flat he did not know where to go and caught a train to a town 70 miles away. On arrival, he went to the Social Services and they gave him the address of a hostel. He had been staying at the hostel for one week when interviewed and, since leaving his flat, he had not contacted his children.

Barry said that he had always been a loner and had never had friends, only "acquaintances". He occasionally drank alcohol but was never a heavy drinker. He had suffered with anxiety and depression for years, for which he had received medication for more than ten years. He said, "my nerve problems built up over the years, but I've been more depressed since I was made redundant and not been working." Barry's psychiatrist changed his medication about 12 months ago and, since that time, "I have been bad with my nerves". At the time he became homeless, Barry had had no medication for a few weeks because, "I ran out of tablets; I was feeling low and could not be bothered to go to the doctor."

Clive

Clive was in his early sixties and had been homeless for seven years when interviewed. He was paranoid and believed that he was a member of the Anti-Terrorist Squad and working for an Intelligence Agency. It was unusually difficult to collect realistic information from him. He said that his father was from Scotland and his mother from

France and, "they dropped me at a clinic in London when I was a baby." He was brought up by a family in Ireland who had three daughters but, "I was never adopted and I do not think they were my real parents." When Clive was 12 years old in Ireland, his family separated. Clive said, "my adopted father found out that I was different to the other children so he assumed his wife had had an affair."

Clive came to England at the age of 18 years and lived in one area for 34 years. He had numerous jobs, mainly in construction work on bridges, motorways and schools. He also worked in a steel factory and as a lorry-driver, motor mechanic and diesel fitter. He refused to say whether he had been in the armed forces, stating, "psychiatrists have been trying to get that information from me for years but I refuse to speak." He married in his early twenties, he and his wife had their own house, and they had ten children. They divorced 22 years ago because, "my wife went with anyone who knocked on the door. I caught her in the act one day with another man." After they separated he bought a house, lived there for 15 years, and was employed for the first 10 years until made redundant. He was then unable to find work and sold his house at the age of 53 years because, "Social Security were being difficult. They thought you were a millionaire if you owned your house so they stopped my benefits." After selling his home, he lived in hotels and bed-and-breakfast accommodation for three years until his money finished, following which he has slept rough for four years.

Before becoming homeless Clive had three admissions to psychiatric hospitals, at least one while married. He explained, "my wife was the reason I was admitted to the first loony bin. She put toxic substances in my food; she was trying to do away with me." He refused to provide further information about his hospital admissions except to say that he had spent 7½ years in hospital. He had had no contact with his family since he and his wife separated. He has had no contact with his children because, "two-thirds of them are not mine". He has refused to contact his three sisters as, "they are in the enemy camp; they got £500,000 of my money and were paying social workers to keep quiet." Whilst homeless he has refused to access health and welfare services, soup kitchens and day centres, because they "are the headquarters of these organisations; the staff working in them are killing people, cutting off their legs to prevent them escaping and cutting off their arms to prevent them writing or phoning."

The association between mental illness, stressful events, and homelessness: an interpretation

Barry and Clive had mental health problems for years and it is impossible to determine the extent to which mental illness made them vulnerable and unable to cope at a time of stress. They had however maintained employment and had lived alone for long periods. Barry had had occasional contact with his children, while Clive had become estranged from his family. Neither had relied on family support. This suggests that they were able to cope with everyday routines and minor happenings. They had both experienced several job changes, suggesting a degree of unsettledness. They became homeless after being made redundant and experiencing further stresses.

Through the years Barry's work had provided him with a structure, a role, and a means of finance. When he was made redundant he was 60 years old, and his life became unsettled and unstructured at a time when his employment prospects were hindered by his age. Since being made redundant three years ago, he has become very unsettled. He moved to different towns on three occasions and he had been burgled four times. He reported that his depression had intensified during this time. A long-standing mental illness is likely to have contributed to his vulnerability and, when faced with the loss of a job, income and structured activity and the subsequent stresses, he was unable to cope. He described a process by which he 'fled' from his accommodation into homelessness.

From Clive's history, it is difficult to separate reality from paranoid ideas and to identify the relationship between his mental illness, marital breakdown, redundancy and homelessness. He had been mentally-ill for at least 15 years (possibly intermittently) before he eventually became homeless. He blamed his wife's adultery on their separation, but whether this was true or a delusion is unclear. If it was true, this may have led to relationship difficulties, stress and subsequent mental illness. If a delusion, such false accusations may have led to relationship breakdown. Hence mental illness may have instigated relationship difficulties or *vice versa.* Mental illness persisted following his divorce. It was unclear whether he experienced financial problems when he was made redundant and therefore sold his house and became homeless, or whether his delusions about Social Security led him to sell his home. Although it is possible that family problems instigated his paranoid ideas, mental illness is likely to have

contributed to his isolation. Either he severed contact with his siblings and children because of his suspicions or they were alienated because of his false accusations. His suspicions have also contributed to him becoming estranged from statutory and voluntary services. He has thus distanced himself from or been rejected by all possible sources of support at a time of need.

It was difficult to collect information from Clive. He expressed many paranoid ideas and, while talking, he believed that cameras and tape recorders were hidden in lamp-posts and were monitoring the interviews. He had initially been willing to talk but on the seventh interview he refused to co-operate saying, "a nurse had been murdered the other day in the cafe (nearby); she ate a hamburger and it was poisoned. If the Terrorists see you talking to me, you will be killed next." He maintained this belief and would not co-operate further.

13.5 The interaction of mental illness with relationship breakdown

Seven men and two women with a recent history of a mental illness became homeless following the dissolution of a marital or cohabiting partnership. Several co-incident factors were reported, particularly heavy drinking, infidelity and redundancy. It was impossible to sequence the events, and therefore to understand the interactions between mental illness and other factors, particularly as the information was dated and possibly affected by changed mental states. This is illustrated by the following case study.

Malcolm

Malcolm became homeless in his late forties after he and his wife divorced. He spent two years in the army and then trained as a wood machinist. He married when 24 years old and had three children. He and his family lived in their own house and he was consistently employed until he was 42 years old, when he injured his hand at work, and could no longer continue his trade. He remained unemployed for the next six years. He said that, during this time, arguments increased between him and his wife, his wife committed adultery, he became depressed, took an overdose and was admitted into a psychiatric hospital for a few weeks, and started to drink heavily. Three years prior to his accident, his mother had died and this had also upset him.

Six years after his accident and after 24 years of marriage, Malcolm and his wife separated and they later divorced. Their children were in their early teens at that time. He signed the house over to his wife and became homeless. He was refused child access rights but was unable (or refused) to say why. He denied that there had been marital problems before his accident. He said, "we never had an argument until then". He described how he had felt depressed since the accident because he was no longer able to work. He said, "I was eating my dinner one Sunday and I could not control my hand; my fork ended up in my face. I got frustrated and threw the dinner plate against the wall. My wife phoned a psychiatrist and he gave me an injection." He described how he started to drink heavily, "I used to go out drinking once a week; but after the accident I went out most nights. I thought drinking would take my depression away and be the answer."

It is extremely difficult to determine the extent to which mental illness contributed to Malcolm's relationship breakdown and homelessness, or whether relationship difficulties instigated mental health problems. In the nine years preceding separation, he had experienced the death of his mother, lost his job through an accident, was admitted to a psychiatric hospital, started drinking heavily, and his wife committed adultery. He reported that he had had a settled marriage until this time. He denied ever suffering from mental health problems before his accident. For him, it appears that several adverse events, including a mental illness, interacted and contributed to homelessness. The other respondents in this section described similar multiple problems immediately before marital breakdown and homelessness interlinked with a mental illness.

13.6 The rapid onset of a mental illness

Ten respondents (five men and five women) became homeless for the first time in later life soon after developing *ab initio* paranoid ideas or confusion. According to their reports, they had not previously been treated for a mental illness. Nine were over 50 years of age when they became homeless, three were in their sixties and three in their seventies. All were living alone at the time and had no contact with their family. Three abandoned their homes whilst the other seven were evicted by local authority housing departments.

Eight (four men and four women) had developed persecutory ideas: they believed that neighbours were trying to harm them and that government officials had bugged their homes. One man sold his property and left his home town at the age of 70 years because, "an atomic bomb had been planted nearby". A woman abandoned her council flat at the age of 66 years because, "my neighbours turned against me and were plotting to harm me". Information from hostel staff and media reports indicated that the other two respondents in this section had become confused and disorientated and this had affected their ability to cope. They had been evicted from their council flats because their homes had become squalid, their behaviour disruptive, yet they refused to accept help.

The respondents' accounts have to be treated with caution. Most had been homeless for a few years and, although some reported paranoid reasons for leaving their homes when interviewed, their mental states at the time of entry into homelessness is unknown. They may have been extremely paranoid or their delusional ideas may have intensified with time. Using the following two case studies as examples, the association between the rapid onset of a mental illness and homelessness is examined.

Trudy

Trudy was 67 years old when interviewed in 1995. She became homeless in 1981 after being evicted from her own house because of mortgage arrears. Prior to this she had been through several stressful events and had become mentally ill. She had been born and brought up in the west of England, and had one brother who was four years her senior. She said that her grandmother died in a "mental institution; she had been there for years". Trudy was eight years old at the time of her grandmother's death and, "I was left a lot of money by my grandmother but I couldn't touch it; it was put in a trust fund and managed by two trustees."

Trudy left home when she was 24 years old and moved to the south coast where she stayed in private lodgings and worked as an upholstress. She lived there for two years and then returned to her home town. She married when she was in her late twenties, she and her husband had their own house, and they had one son. She said that her husband was a gambler and that they divorced when their son was six years old (around 1966). She continued to live in the house and she raised her son single-

handedly. She said that she received no maintenance from her ex-husband and, "I did not pursue it; I didn't want anything to do with him". Instead, Trudy worked as an upholstress and, "a couple of neighbours used to look after my son whilst I was working".

Trudy had been divorced for 15 years before she became homeless (in 1981). In 1972 her mother died and her father had a road accident and was hospitalised for several months. Following discharge, Trudy's father lived with her for six years. She said, "I was under a lot of pressure at that time. I was holding down two jobs, and looking after my son and my father. I was also having to deal with the legal matters associated with my father's property, because he owned his house and I had been given 'Power of Attorney'."

In 1978, three years before she became homeless, she stopped paying her electricity bills because, "I had no money and the government were plotting against me". She had been caring for her father for six years by this time. Her electricity was disconnected so whilst she was at work, "I used to leave my father a flask of tea (but) my father's mind was going and he couldn't undo it. He used to wander around the streets whilst I was working, and one day he was picked up by Social Services and taken into care. I had been without electricity for eight months when this happened." Her father died a few months afterwards. In the same year she stopped work because, "the firm was plotting against me; everybody was involved in the plots, even my brother and niece. Everyone was trying to siphon off the money I had been left by my grandmother." Two years later (1980) her home was repossessed because, "I had no money to pay my mortgage and rates. I was taken to court and my house was taken from me. I had had no electricity for three years." Four months earlier, her son had left home and joined the armed forces.

Following the repossession of her house Trudy was homeless for nine years, until 1990 when she was housed in a warden-assisted flat. She does not like where she is living as, "the manager of the property is against me. There are 21 surveillance cameras where I live; they are watching me and they pick up everyone who comes in and out of the place. I am under Home Office protection." In 1993 she was taken to the rent tribunal because, "I did not pay my rent; I did not want to live there. At the tribunal they decided to take my rent from my pension before it is paid to me." She has been

without electricity for two years because, "I will not pay the bills. All these people are in it together. They are interfering and controlling my life, and plotting against me." She has no furniture in her room except a bed "but I cannot sleep on it because people have interfered with it; they have undone the screws and it is dangerous. I have to sleep on the floor."

Mildred

Mildred was 60 years old when interviewed. She was an only child, did not know her parents, and was raised in a foster home. She married in 1953 when she was 19 years old. She never had children, but she and her husband adopted a son. They lived in a privately-rented house. After ten years of marriage, her husband was adulterous, left Mildred and lived with the other woman. Her son was three years old at the time. Mildred divorced her husband and brought up their adopted son. Her ex-husband used to keep in contact and occasionally visited their son. After separating, Mildred and her son moved into a council maisonette.

Since leaving school, Mildred worked consistently as a machinist, and had been employed at one firm for 9 years and another for 17 years. Whilst she was working, her mother-in-law looked after her son. After her mother-in-law died, a woman-friend whom Mildred had known since her school-days looked after her son during the school holidays. Mildred also used to be a foster mother to teenage boys. She explained, "the authorities used to send me lads as they knew I would help them get jobs."

Mildred was made redundant from the firm at which she had worked for 17 years in 1978. She had been divorced for 15 years by that time and had during the previous four years experienced problems with her adopted son who was then a teenager. He had played truant from school and, "Social Services put him into a children's home near where I lived. He and his friends kept coming to my flat; they started fires and vandalised my flat." The council had rehoused her from the maisonette because of the damage that her son and his friends had caused to the flat. She had felt under pressure as a foster mother at the time and she stopped taking in children; she explained, "it had got too much".

After being made redundant, Mildred experienced financial difficulties and had no money for rent. She was evicted from her council flat a few months later at the age of 44 years because she could not pay her rent and has since been sleeping rough. She had been living alone and believed that people had been stealing money and food from her flat, and that a monkey lived in the flat upstairs and used to come down the chimney and steal her money. According to Mildred, the woman-friend whom she had known for years and who used to visit her, had began "to steal my wages every week and my cheese and eggs from the fridge".

The increased severity of a recent mental illness and homelessness: a synthesis

Although the case studies of Trudy and Mildred describe unique sets of circumstances, common themes can be identified. They had had many responsibilities in the years before they became homeless and had managed single-handedly. They had both been through broken marriages, had been divorced for years, and had been responsible for raising dependent children, paying a mortgage or rent, and maintaining a full-time job. Although the date of the onset of their mental illness is unclear, it seems that additional pressures in the latter years contributed to mental health problems.

For Trudy, it was impossible to determine when her paranoid ideas started although, if she was given 'Power of Attorney' over her father's property at the time he moved into her house, she was then likely to have been mentally healthy. Before she became homeless she seems to have been under considerable pressure: she was caring for her father who had become confused and her teenage son, maintaining two jobs, in financial difficulties, and without electricity. It is possible that these pressures proved too stressful, and triggered paranoid ideas which exacerbated the situation. She stopped work, believing that her colleagues were against her, thus her financial difficulties were intensified. At the same time her son had just left home, a separation which was also likely to have been distressing. From her account, she received no help from statutory services. She went into arrears with her mortgage, and eventually her home was repossessed.

Mildred presumably was mentally healthy when she separated from her husband. At that time she was working, bringing up her adopted son alone, managing a home and driving a car. She fostered teenage boys and this was possibly stressful for a woman on

her own, particularly if the boys had disturbed histories. From her account, it seems that she began to experience problems with her adopted son when he became a teenager. He was taken into care four years before she became homeless. This may indicate the onset of her mental illness. Her developing illness may have affected her ability to care for her son and triggered his problematic behaviour, or difficulties with her son may have contributed to her mental illness. His background is unknown but, since he was adopted as a toddler, it is possible that he experienced a disturbed early life. Mildred was made redundant and no longer received a waged income. Whilst a foster mother she would have been paid to care for the children. Once she stopped fostering, this source of income ceased, possibly adding to existing financial stresses. She could not afford to pay rent, and was evicted from her flat.

According to their reports, Trudy and Mildred had no support from their family or friends when they were experiencing difficulties. For both, possible sources of help had become targets of their delusions. Trudy believed that her only brother was plotting against her and so refused to have contact with him, and her son had left home and was in the army. Mildred had had no family and believed that her life-long woman-friend, who was her main source of support, was stealing from her. Although this cannot be verified, it is unlikely to be true as they had been friends for thirty years. Hence Trudy's and Mildred's support networks were presumably destroyed by wrongful accusations or false beliefs. The former may have caused their family and friends to withdraw, and false beliefs may have caused the respondents to initiate withdrawal. From their accounts it was not possible to determine the extent of the support that they had received from their family and friends, and how the withdrawal of support related to their progression to homelessness.

Although Trudy had been rehoused, she was paranoid on each of the four occasions that she was interviewed. Her present delusional ideas were characteristic of earlier false beliefs, yet she denied ever having had psychiatric treatment. She once again believed that people were plotting against her, refused to pay her rent and, according to her, had had her electricity disconnected. Mildred had never been rehoused since becoming homeless. She was paranoid and isolated from services which might have been able to help her because, "prostitutes and pimps are trying to kill me; people are after me; they are trying to murder me." She survived by scavenging in litter bins.

It was very difficult to collect information from Trudy and Mildred. Trudy was talkative but repeatedly discussed the 'plots' against her and how she was being watched. Mildred was sometimes hostile when approached and was apparently hallucinating, and it was especially difficult to gain her attention and engage her in conversation. She was interviewed on seven occasions but only in her fourth interview was most of her history collected. She became lucid on that occasion and more willing to converse.

13.7 The association between mental illness and homelessness

The association between mental illness and homelessness is intricate. The rapid onset of a mental illness in later life seems to directly trigger homelessness for some people. From their reports, some respondents with no known history of psychiatric problems became homeless for the first time in later life after developing persecutory ideas and memory problems. A mental illness affected their ability to cope, it distorted their perceptions of reality, and it influenced their capacity to seek and accept help. Their mental and social situation deteriorated until they eventually abandoned their homes because of persecutory ideas or they were evicted.

Homelessness amongst those with a long-standing mental illnesses occurred in three ways. Some became homeless only following the collapse or termination of a previously effective structure of social support. Although mental illness may have increased their vulnerability, whilst receiving support it was adequately contained. A second group became homeless after stressful incidents. Their illness seems previously to have been managed and contained until a major adverse event, such as redundancy, required them to make considerable readjustments to their lives. Although they had competently managed everyday hassles and minor challenges, they were unable to cope with severe change or problems. Thirdly, homelessness occurred among those whose mental illness was uncontrolled. Their illness affected their ability to cope at work, and it interacted with relationship difficulties and contributed to marital breakdown.

These cases suggest that mental illness is not a sufficient reason for homelessness. For some respondents, it increased their vulnerability yet family support or a job had a stabilising influence and offset the effects. It was only when this

stabilising influence was disturbed, as by the death of a carer or redundancy, that an imbalance occurred, the respondents could not cope, and homelessness followed. For others, mental illness had a more direct effect on the process leading to homelessness. The illness itself disrupted the stabilising factors, and contributed to estranged social relationships, redundancy, or the cessation of tenancies and work, and the progression to homelessness.

Craig (1995, p. 60) suggested that the association between mental illness and homelessness is 'the result of an initial failure to develop adequate coping skills'. He was presumably referring to early life experiences. But this is not always the situation. Some respondents with long-standing mental health problems received continued support from their families and were unable to manage independently. Craig's suppositions could apply to this group. But other respondents had maintained jobs, lived on their own, accepted responsibilities, and sometimes coped with multiple stresses and changes for many years before they became mentally ill and eventually homeless. It can only be presumed that they *must* have had adequate coping skills. This behaviour was uncommon among the respondents in the other chapters who became homeless following a relationship breakdown, or after being bereaved or having led transient working lives. Few described histories which suggested that they had ever coped on their own for years. Among those who had coped for years until (according to their reports) a paranoid illness contributed to homelessness, they had often had multiple stresses in the preceding years. The relationship between stresses, late-onset schizophrenia, and homelessness needs further exploration.

For some respondents, their mental illness was of a form that prevented them recognising that they needed psychiatric treatment or support with household tasks, and they had no network to initiate help. But for others, their mental health problems had been recognised and they had been admitted into psychiatric hospitals or received treatment from general practitioners. Health-care services were aware of their circumstances. Yet through their choice or possibly others' neglect, these people lacked informal social networks, had eluded formal support systems, and had ended on the streets. Once homeless, their mental state continued to influence the support they received. They sometimes refused to access services and accept help because of

suspicion or ignorance, and their mental health problems and homelessness had never been resolved.

This study has identified that mental illness can interact with vulnerability and progress to homelessness in different ways. There is a strong indication that the onset of a mental illness directly triggers homelessness for some people in later life. At present, there is little understanding of the extent to which mental illness leads to homelessness and homelessness contributes to mental health problems. A deeper understanding of the association between mental illness and homelessness can only be achieved from a longitudinal study which demonstrates how mental health states change with the duration of homelessness. The ways in which mental health problems affect social relationships and destroy support networks is also unknown. To develop our understanding of the ways in which a mental illness causes estranged social relationships, information is also needed from the respondents' relatives and friends.

Pathways into Homelessness: Summary Findings

This section of the thesis has examined four commonly-reported syndromes which preceded homelessness among the respondents. These were mobile work histories, bereavement, the breakdown of intimate relationships, and mental illness. Each of these situations were sub-divided for analyses according to the histories of the respondents. Other events which preceded homelessness were reported but it has not been possible to examine these within the thesis. For example, a few respondents became homeless after leaving disturbed childhood homes before they were 16 years old, others after being discharged from the armed forces or from prison, or after leaving work settings such as hotels and hospitals which provided tied accommodation.

It was possible to distinguish between events which triggered homelessness and contributory states. A single incident such as a relationship breakdown sometimes acted as a 'trigger' and directly resulted in a respondent leaving or being evicted from their home. Such incidents were usually reported by the respondents as being the causes of homelessness. But other unreported states and events were usually involved which were less evident. Although they did not directly cause homelessness, they nevertheless contributed to the process. Different events and states triggered and contributed to homelessness at different stages of the life course (Figure 13.1).

Although many studies have specified the events which trigger homelessness, few identify contributory factors and their reports can be oversimplified. For example, an association has been made between discharge from the armed forces and homelessness (Randall and Brown, 1994). In this doctoral study, 14 men became homeless before they were 25 years old after leaving the armed services. But when their histories were examined, the majority (10) had experienced disturbed or broken childhood homes *before* entering the forces, five reported stressful experiences whilst in the army, and eight were drinking heavily when they left the forces. Although the men became homeless after discharge from the armed services, unsettled childhoods, heavy drinking and stressful experiences were contributory factors to homelessness. To cite discharge from the armed forces as the reason for homelessness simplifies the association.

Figure 13.1 A schematic representation of the life course of older homeless people and states and events relevant to homelessness

Approximate age	Relevant states (S) and events (E)
Childhood and adolescence	• Broken and disturbed childhood homes (S) • Discharge from orphanages (E)
Early adulthood	• Discharge from the armed forces (E) • Mental illness (S) • Heavy drinking (S) • Transient working life (S)
Mid-life	• Death of last surviving parent (E) • Marital or relationship breakdown (E) • Drift by transient workers to less secure work and accommodation (S) • Mental illness (S) • Heavy drinking (S)
Later-life	• Relationship breakdown (E) • Death of spouse (E) • Discharge from the merchant navy (E) • Retirement and loss of tied accommodation (E) • Mental illness (S)

The case histories have demonstrated the multi-faceted and complex nature of homelessness. Each of the four situations analysed did not contain a single sufficient reason for homelessness. The death of the last surviving parent, for example, immediately led to homelessness for a few respondents, but for others there was an interval between the two events. Similarly, some respondents became mentally ill and homeless soon after, yet others remained housed for years until other factors incited homelessness. From the histories of the respondents, vulnerability seemed to stem from several causes. These were broken and disturbed childhood homes, mental illness,

heavy drinking, a marginal coping ability, limited social skills, and unsettled lifestyles. They affected the respondents to various degrees and increased their vulnerability at times of stress.

Multiple causation

Homelessness was often the result of the interactions between several events and states. For those who became homeless after their parents had died, poor social relationships, limited work skills, mental health problems, and a dependency on their parents, are likely to have been contributory factors. In most instances, homelessness did not follow immediately but occurred a short time after. The approximate ordering in time of the events is represented graphically in Figure 13.2. The modal age for this group at which parents died was early forties and the modal time for entering homelessness was six months later. Likewise, for those who became homeless after their marital partner had died, a disturbed childhood home, heavy drinking, mental illness and transience, were often implicated (Figure 13.3). The modal age for this group at which they became widowed was early fifties and the majority became homeless immediately after.

Two further shared characteristics were identified in the histories. First is a dysfunctional relationship with parents. Before becoming homeless, some respondents had always lived with their parents in protected environments and had limited other social relationships and had seldom worked, while others had had disturbed childhoods, following which they lived with a spouse, partner, landlady or in tied accommodation and experienced a period of stability and structure to their lives. They sustained long-lasting relationships, raised families, and worked consistently. This continued until circumstances, such as the breakdown of a relationship or redundancy, upset the equilibrium.

The second characteristic is the lack of social support and estranged family relationships at the time of entry into homelessness. Social networks are important in providing emotional and practical support, impeding a distressing event, and acting as a buffer once stress has occurred (Thoits, 1982). The respondents lacked support for several reasons. For some, the stressful event which triggered homelessness, (as the death of the last surviving parent), also destroyed their only social network. Others

Figure 13.2 A schematic representation of prior states and events and entry to homelessness for those who became homeless after their parents had died

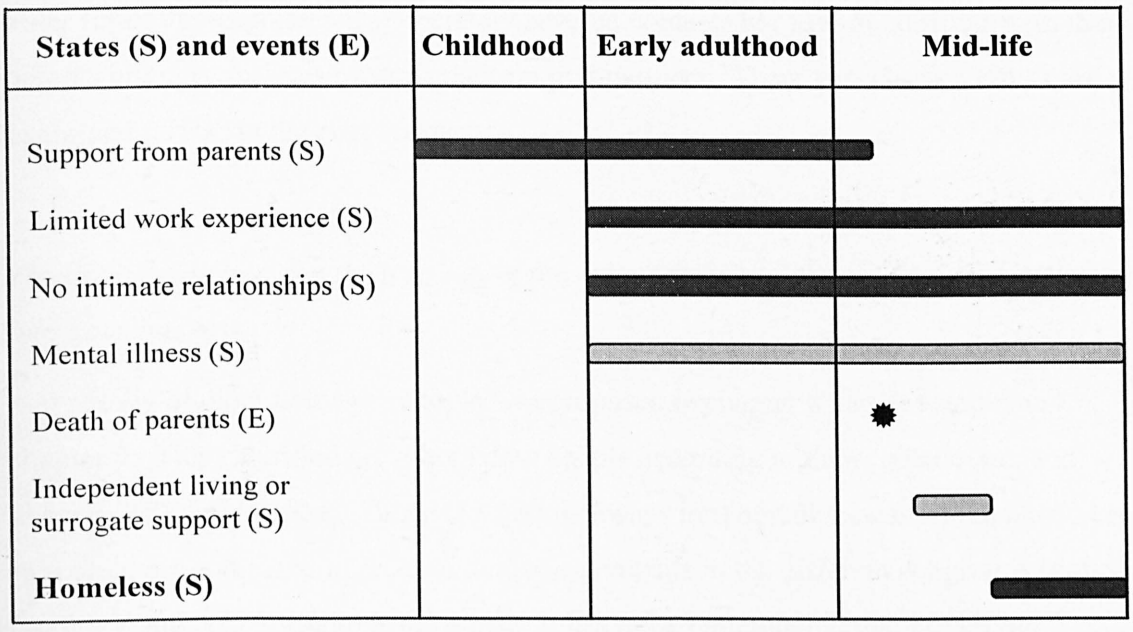
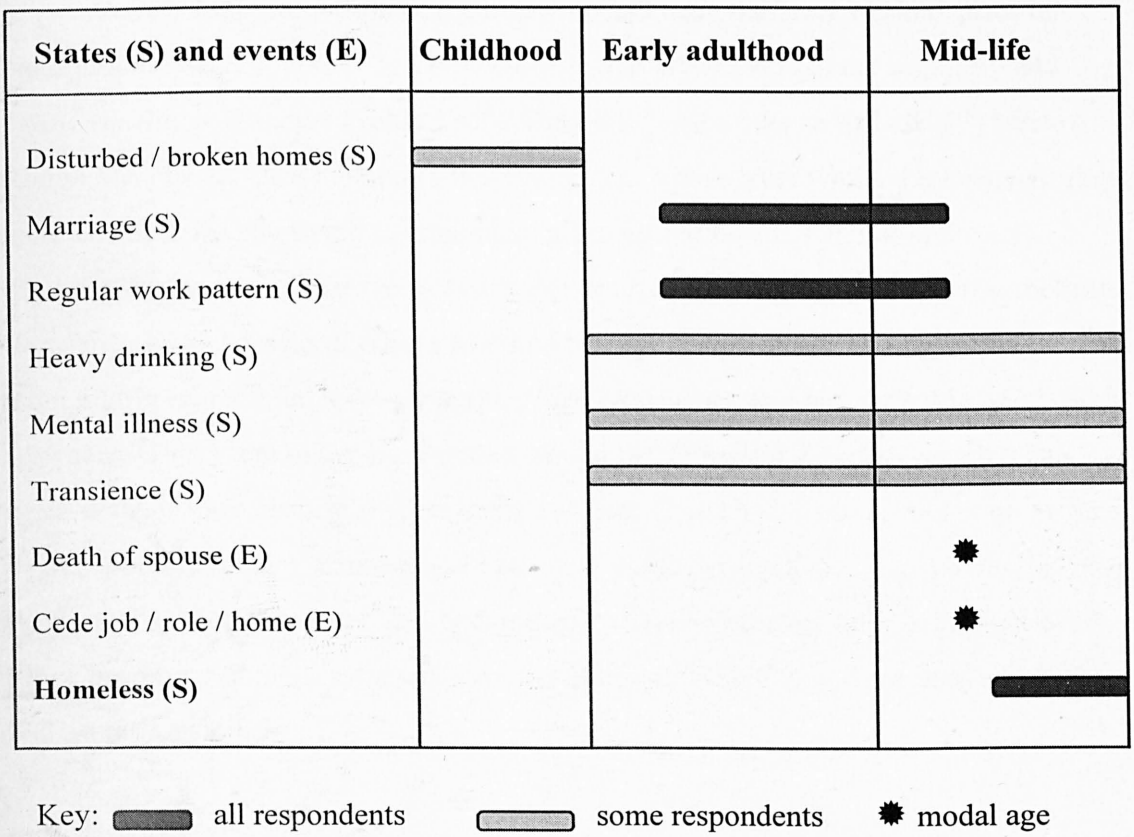


Figure 13.3 A schematic representation of prior states and events and entry to homelessness for those who became homeless after their spouse had died



were estranged from their families and friends, sometimes heavy drinking, mental illness or transience were reported to have contributed to strained relationships. At other times the respondents deliberately severed contacts because of conflicts with their parents or angry feelings towards their marital partners. These two characteristics are examined further in the next chapter.

The association between the typology of the respondents and the predominant pathways into homelessness

A typology of older homeless people was proposed in chapter 8 and developed in chapter 9. This classified older homeless people according to their (behaviours and) histories of homelessness. When the four pathways into homelessness which have been examined are compared in relation to the respondents in the different subgroups of the typology, interesting findings are noted. It has to be remembered that not all the respondents were included in the typology of older homeless people and, occasionally a respondent's history was discussed in more than one of the four pathways leading into homelessness. Nevertheless, these findings lead the way for further research and more detailed analyses about the association between pathways into homelessness, behaviours once homeless, and histories of homeless outcomes and resettlement.

A very high proportion of the men who had been transient workers prior to homelessness were found to be *Convivial Rough Sleepers* who drank regularly and *Transient Rough Sleepers* (Table 13.2). Only one person was an isolated *Withdrawn Rough Sleeper*. It seems therefore that these men, whose lives whilst they were working were characterised by living in communal all-male settings, transience and heavy drinking, continue their pattern of heavy drinking, socialising with men, and sometimes transience when homeless. Those who had become homeless after being bereaved were most highly represented among *Passive Hostel Residents*, and had settled in one hostel for years. They were under-represented among the *Transient Rough Sleepers*. This again reflects their histories before homelessness. Some had always lived at home, had been supported by their parents, and had never worked; others had married but had been supported by their wives and had become unsettled immediately after being widowed. Since becoming homeless, they had settled in hostels where they were 'looked after' and had no responsibilities.

Table 13.2 A typology of the respondents and types of current behaviour and the predominant pathways into homelessness

Typology	Predominant pathways into homelessness							
	Transient workers		Bereavement		Marital breakdown		Mental illness	
	No.	Ratio[1]	No.	Ratio	No.	Ratio	No.	Ratio
I Withdrawn Rough Sleepers	1	*0.2*	4	0.9	5	0.6	14	**2.6**
II Convivial Rough Sleepers	14	**2.0**	4	0.8	9	0.9	1	*0.1*
III Active Rough Sleepers	2	0.9	2	1.3	3	0.9	2	1.0
IV Transient Rough Sleepers	7	**1.6**	1	*0.3*	8	1.3	1	*0.2*
V Passive Hostel Residents	4	0.8	6	**1.6**	7	0.9	4	0.8
VI Symptomatically Homeless	5	0.6	6	1.0	14	1.2	8	1.1
Total	33		23		46		30	

Note: 1. Ratio of percentage for the group to the percentage of the entire sample.

There was a less distinct pattern of current behaviour and accommodation among those who had become homeless after a relationship breakdown. They tended to be either *Transient Rough Sleepers* or *Convivial Rough Sleepers*, while many had been rehoused but continued homelessness behaviours and were *Symptomatically Homeless*. This group contained the largest proportion of those who had been rehoused, suggesting that they were more capable than the other respondents of sustaining a tenancy. There was a clear outcome for most whose pathway into homelessness had been associated with a mental illness. A very high proportion were *Withdrawn Rough Sleepers*. This indicates that mental health problems contributed to or directly triggered homelessness among these respondents and, once homeless, they were isolated and their problems never resolved. They tended not to be *Transient Rough Sleepers* or *Convivial Rough Sleepers,* again confirming their histories which were not generally associated with heavy drinking or transience.

The association between the typology of older homeless people and their pathways into homelessness, strongly suggests that there is a connection between people's histories before they become homeless and how they present and behave once they are homeless. This is important for understanding the problems and needs of

homeless people and how these can be met. These issues are addressed in the following two chapters which conclude the thesis.

Section V

Understanding Homelessness: Contributions to Theory and Practice

The final section of the thesis of two chapters examines the ways in which the findings from this investigation advance our knowledge of the aetiology of homelessness and the problems and needs of older homeless people. The first chapter examines how the information which has been collected and analysed about triggering events, contributory states and factors, and pathways into homelessness, can be applied to our current understanding of the reasons for homelessness. As discussed in chapter 4, present theories of homelessness have rarely been supported by systematically-analysed empirical evidence. The relevance of current theories and hypotheses about the causes of homelessness are examined in relation to the rich evidence from the respondents about their histories and progression to homelessness. Some of the theories are disputed, while others prove a useful foundation and are developed. Although many questions remain unanswered, the chapter nevertheless deepens our understanding of the reasons why people become homeless and why they maintain homelessness behaviours even when rehoused.

The second chapter concludes the thesis by examining the implications of the findings for policy-makers, service-planners and practitioners. There is firstly a detailed history of how policies and services for homeless people have evolved through the years, and of the ways in which these have been conditioned by different conceptualisations of homelessness. There follows a discussion of the construction of homelessness as a problem to be 'contained' by services, and the suggestion is made that the problem may be exacerbated by the services intended to help homeless people. The marked change in the services and interventions for homeless people over the last 20 years is highlighted. Yet, as this study has demonstrated, there are many older homeless people on the streets and in hostels who have neither been helped by present services nor successfully resettled. The chapter concludes by making recommendations about the types of interventions and resettlement programmes which are needed to help older homeless people exit from homelessness.

Chapter 14
Contributions to Theory

"This life is the alternative to suicide. If someone is in a house and feels suicidal because of relationship problems, the answer is make yourself homeless. You will then live because you will start behaving like us homeless people and develop our mentality. Our main aim is to survive each day; we spend our time working on survival. By learning this, the man who was thinking of suicide will no longer have time to think of killing himself; he will have been saved from that at least."

Harold (aged 63 years; sleeping rough for more than twenty years)

This chapter returns to current theories and hypotheses about the causes of homelessness and relates these to the respondents in this study. It draws on the empirical findings to advance our knowledge of the aetiology of homelessness and to make contributions to present theory. It firstly disputes British theories that homelessness is due to structural and economic conditions within society, by demonstrating how these factors were of little relevance in the process which led to homelessness for most respondents, and how factors at individual and societal levels were more critical. There follows a detailed presentation of two hypotheses about the reasons for and processes leading to homelessness. These have been informed by American sociological theories and hypotheses about homelessness and developed from the empirical findings of the field study. The two hypotheses are then used to explain why some homeless people who are rehoused still display homelessness behaviours.

In the previous section it was established that homelessness is a complex process and the outcome of the interactions between multiple states and events. The histories of the respondents were often complicated and characterised by problems and difficulties stemming back to childhood. There were reports of proximate events which triggered homelessness, such as marital breakdown, bereavement, and discharge from the armed forces. But when the histories were examined, it was apparent that the reported reasons for homelessness were a single incident enmeshed in a complex web of states and events, and that the incident itself was not a sufficient cause. Although homelessness was triggered by different events for those who were homeless from early adulthood

compared to those who became homeless in later life, nevertheless common themes were found.

Because of the heterogeneity of homelessness, no single theory can encompass or explain the problem. Theories and hypotheses have focused on sociological and personality factors as causes of homelessness, and on economic and macro-structural changes and constraints within society. More recently American researchers have developed syntheses which include both perspectives. The discussion of theories and hypotheses which follows pertains to the respondents in this study, and does not claim to reflect the situation of all homeless people.

14.1 The relevance of structural and economic theories of homelessness

Homelessness in Britain is commonly associated with structural changes in society and economic conditions, particularly changes in housing policies, a lack of low-cost rented housing, and poverty and unemployment (Malpass and Murie, 1994; Greve, 1991; Drake, 1989). Yet these factors have had little influence on the respondents in this study and their progression to homelessness. For them, the aetiology of homelessness has been more complex and has been related to personal inadequacies, stresses accumulated over the life course, and mental illness. At the time of entry into homelessness, many respondents had homes which either they ceded or from which they were evicted, because of difficulties associated with poor coping skills, mental illness and emotional distress. Others had been without secure housing for years, often since leaving their childhood home, and had never sought a tenancy. They had lived in lodgings or in tied accommodation, and had relied on hostels and Resettlement Units between times. Some had been rehoused but became homeless again because of loneliness, mental health problems, and an inability to cope. Others sustained the tenancies but stayed on the streets for long periods and continued to demonstrate homelessness behaviours.

Unemployment and poverty are reported to contribute to homelessness because people are unable to afford low-cost rented housing (Avramov, 1995; Greve, 1991; Wright, 1989; Ropers, 1988). For most respondents, unemployment had not been a factor in the progression to homelessness. In the instances where unemployment had

had a contributory role, it had been instigated by the interactions of social and psychological states and events, and economic conditions had little impact. Some respondents had given up their jobs and homes at the time of a bereavement or relationship breakdown. Others had been unable to function effectively at work due to heavy drinking and mental illness, and had seldom worked or they had lost their jobs. Although the men who had been transient workers, such as building labourers, reported that in the 1970s jobs were scarce and it had become more difficult to get work, some described how they had frequently changed jobs because they had been unsettled. This suggests that personal difficulties contributed to their inconsistent work histories and eventual homelessness.

Poverty was a feature of many respondents once they became homeless, but it was rarely a cause of homelessness. For many, their experiences suggest that they were not poverty-stricken before they became homeless. Just over two-fifths of the men had been consistently employed and had earned a regular wage until or near the normal age of retirement. Fifteen per cent of the respondents had owned property (as sole or joint owners), and a minority had owned cars and caravans and had holidayed abroad. Those who had been building labourers reported that they had earned "good money" but this had been spent on heavy drinking and gambling, with little attention to savings or investment. The respondents rarely reported financial problems until other circumstances triggered such difficulties.

Mental illness and poor coping skills sometimes caused financial difficulties which progressed to homelessness. Some respondents who had mental health problems described situations which suggested that they had behaved irrationally, and this had caused financial problems and eviction. One woman,[1] for example, had used her pension money to frequent theatres instead of paying her rent. A few respondents had sold their homes and assets after becoming widowed and spent the proceeds on alcohol, or gave the money to their children. This presumably was a reaction to the distressing event. Yet others had poor coping skills and were unable to budget and claim relevant benefits after their main source of support was removed. Although in these instances the respondents had experienced financial difficulties which had contributed to

[1] Case study of Bertha, chapter 13.

homelessness, the reasons were intricate, related to complex personal difficulties and not simply destitution and economic constraints.

There is a commonly-held assumption that homelessness is associated with deinstitutionalisation and the closure of large psychiatric hospitals. In this study, mental health problems were present among many respondents. But this study confirms other findings that only a minority of respondents became homeless immediately after being discharged from a mental hospital (Rosenthal, 1994; Hopper, 1988; Sosin *et al.*, 1988). Instead, many older homeless people had mental health problems for which they had never received treatment, whilst others who were mentally-ill only became homeless when their main source of informal support was removed.

Two hypotheses are now discussed which have been developed from current theories of homelessness and from the empirical findings of the field study. They offer explanations of the reasons for, and processes which lead to, homelessness.

14.2 Vulnerability interacting with stress and leading to social disconnection and homelessness

Histories of vulnerability

In this study, homelessness was often the outcome of a person's vulnerability interacting with stressful events. Many respondents became homeless following events over which they sometimes had no influence, such as the death of the last surviving parent, widowhood, retirement and the loss of tied accommodation, and redundancy. When their histories were examined, there were strong indications of their vulnerability and of the extent to which they had been supported by a parent, a spouse, a landlady, a job, or in tied accommodation and institutional settings, until these events occurred and they became homeless. Their vulnerability was evident in three ways:

- Some respondents had long-standing personal difficulties, such as mental health problems and limited social skills, which had affected their ability to cope and manage independently. They had poor work and relationship histories, and had relied on people or institutions for maximum support. Some had always lived with and been looked after by their parents. Another man had seldom worked and had

lived in prisons since a teenager, and in-between times he was homeless; he used to commit petty offences so that he could go back to prison because, "prison was a home to me".

- Some respondents had long-standing work and relationship histories, but had relied on marital partners, landladies, or institutional-type work settings, to provide them with the structure and stability within which they were able to function. Included were those who had been in the armed forces and the merchant navy, and those who had lived and worked in hotels and hospitals. They had often had disturbed and unsettled childhoods but had settled in adulthood with support. Their reliance on people or work settings was evident in that they became homeless immediately or soon after the support was removed. One man had become homeless on discharge from the army after 24 years of service. Similarly, one woman had become homeless after having worked and lived in a hospital for 40 years. She stayed in a privately-rented room for a few months after retiring but could not cope so ceded her tenancy. Many had never lived independently and, even while being supported, some had been mentally-ill, heavy drinkers, and had had unsettled lives as transient workers.

- Some respondents described unsettled behaviours which had not been suppressed by parents, marital partners or institutional environments. Instead their lives had been characterised by transience: they had frequently changed jobs and tied accommodation, they had poor relationship histories, and they had never established 'roots' or connections in one place. They had often experienced disturbed childhood homes and were heavy drinkers. Many of the men with transient work histories belonged to this group. Another man had seldom worked but had travelled around the country committing crimes, and serving short prison sentences when caught.

The degree of vulnerability varied among the respondents. Whereas some were able to work and sustain relationships with support, others were unable to accept social responsibilities even when living in structured and protected environments. Both sociological and psychological factors seem to have contributed to vulnerability. These include broken and disturbed childhood homes, poor social relationships, a dependency

on people or institutions, mental illness, heavy drinking, limited work histories, and transience. But it is impossible to determine the ways in which these factors interacted and generated vulnerability. Two-thirds of the respondents were either raised in broken or disturbed childhood homes, or in protected settings within which they continued to live with their parents in adulthood. The extent to which these situations affected socialisation is unknown but it is likely to have had some impact. Unsettled childhoods may have exacerbated mental illness and heavy drinking, which then affected the respondents' ability to work and sustain social relationships; or dependency on parents may have led to or resulted from a mental illness, which then may have impeded socialisation and the ability to work, to form intimate relationships, and to fulfill social roles and accept responsibilities.

Stressful events leading to social change

The respondents in the above three groups generally became homeless when the structure, stability and support in their lives which had been provided by a person, a job, or by living in an institution or in tied accommodation was removed. This occurred at any stage during the life course. Homelessness occurred in mid-life when their parents died, and in later life following widowhood or marital breakdown. It sometimes resulted after the respondents left the armed forces or were made redundant, retired, or lost tied accommodation; at other times it occurred when they were released from an institution like a prison. The structure and stability which they had received from a person, job or institution provided them a routine and possibly had removed the need for self-determination. When this was lost, the equilibrium in their lives was disturbed and instability occurred.

While the respondents were in a structured and stable environment, their behaviour was regulated and controlled, they conformed to society's norms, and they functioned to various degrees. But once this stability was removed, their lives became chaotic and uncontrolled. This can be likened to Durkheim's (1893) concept of anomie[2] which he associated with the division of labour in society. According to him, equilibrium was maintained in society and prevented a state of anomie if, 'organs

[2] Discussed in chapter 2, section 2.2.

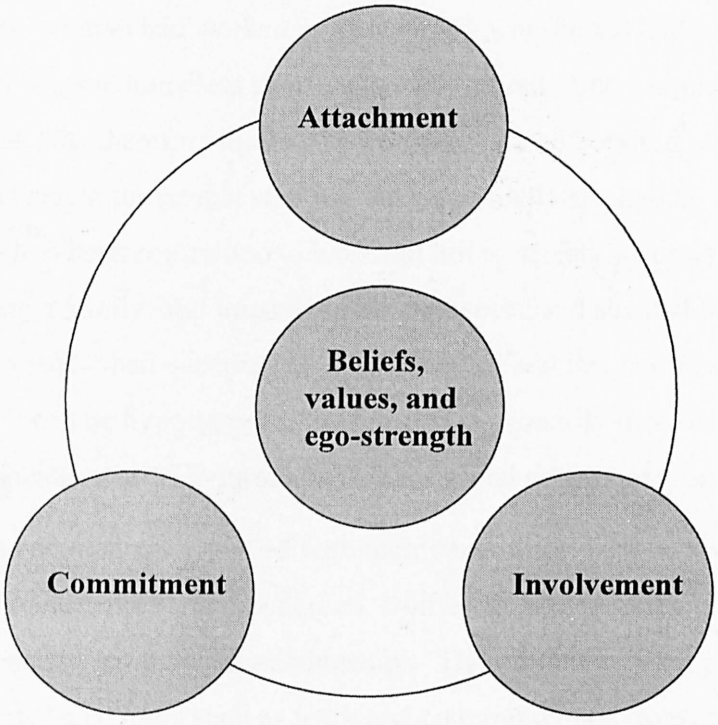
solidly linked to one another are in sufficient contact ... being adjacent to one another, they are easily alerted in every situation to the need of one another and consequently they experience a keen, continuous feeling of mutual dependence ... they regulate themselves' (Durkheim, 1983, p. 304). Once some 'blocking environment is interposed between them', a person is no longer controlled by rules or limits, sees no purposes or goals, and a state of anomie arises. Talcott Parsons (1951, p. 39) has also described anomie as 'the polar antithesis of full institutionalization'.

Merton (1968) proposed that when people suddenly experienced social change, as in widowhood or retirement, they lost established social relations and patterns of behaviour, this produced a state of anomie and normlessness, and they became alienated and retreated from society (discussed in chapter 4, section 4.2). But events such as widowhood and retirement occur frequently; Merton offered no explanation as to why only a minority of such people become homeless. When the histories of the respondents were examined, a critical factor in their progression to homelessness seems to have been the extent to which they were bonded to society *before* they experienced the stress which disrupted their lives and led to homelessness.

Social bonding and disconnection

Theories of social control have rarely been applied to studies of homelessness, yet they have been used to explain delinquent behaviour (Reckless, 1973, in Pfohl, 1994; Hirschi, 1969). Hirschi and Reckless proposed that a person's bond to society has inner and outer dimensions. The former consists of factors learned through socialisation such as self-control, ego strength, a positive self-concept, conventional values and beliefs, and a sense of responsibility (Figure 14.1). The outer dimensions of social bonding are attachment, commitment and involvement (Hirschi, 1969). Attachment refers to the strength of a person's ties to others, and their need for respect; commitment refers to the degree to which a person is tied to conventional ways of behaving because of social rewards, such as prestige and prospects; involvement refers to the proportion of a person's time which is spent pursuing conventional activities. The components are interlinked, and they collectively encourage conformity, act as a buffer during periods of social change and upheaval, and prevent a person from deviating. Social change may

Figure 14.1 The components of social bonding



disrupt one or more of the components of bonding, and weaken or suspend its other features.

Although Hirschi's theory of social control was associated with delinquency, it is a useful model in understanding a person's relationship to society and how this might be affected and contribute to a person becoming socially 'disconnected'. The theory does not explain why some people become homeless if the social bond is weakened. It can be hypothesised that those who have weak social bonds are more at risk of becoming homeless following a stressful event than those who have strong social ties. A life event, such as retirement, widowhood or divorce, is likely to have a major impact on a person's social connections if that person is poorly-socialised and their job or spouse has been their principal tie to society.

From the histories of the respondents, it can be seen how different dimensions of the social bonding were affected by stressful events and contributed to that person

becoming detached from society. Although it is not possible to comment on the inner dimension of the respondents' social bond, the following examples examine the outer components. One woman had worked as an ancillary worker and had lived in a hospital for 40 years, and became homeless shortly after she retired. She had no family or friends. Her work was therefore the focal point of her social bonding. Her social attachments had been to the people at work, but presumably she had no strong social ties to them; she had been committed to work but not to society's norms of having her own home, raising a family, and improving her prospects; and she had been highly involved with her job, it had occupied most of her time, and this had been her main social bonding. It can be hypothesised that retirement primarily destroyed her involvement in society which, in turn, affected her social attachments and commitments.

For those who had always lived with their parents and who had become homeless when the last surviving parent died, a different pattern is seen. They had seldom worked and had poor social relationships. Therefore they were not involved in conventional social behaviours such as work and community activities, and they were not committed to society's norms of achieving and goal-striving. They were however attached to society through the strong ties they had with their parents. The death of the last surviving parent destroyed this attachment and, as they were already poorly involved and committed within society, they became socially disconnected.

Some men who had been building labourers were transient and they frequently changed jobs and tied accommodation, and moved from town to town. They had poor social relationships and had no ties to their family, to intimate partners, or to a single community. They were not highly involved or committed to their work: they would take days off, for example, if they had been drinking heavily. They were not committed to other social norms such as marrying and securing stable accommodation. These men were therefore weakly bonded to society and, once they could not find work and lost tied accommodation, they had no social connections.

But social detachment does not necessarily progress to homelessness. Many people are isolated yet are not homeless. Homelessness occurs if the 'disconnected' person is vulnerable and unable to function alone at home. For the disconnected respondents, vulnerability and an inability to cope following the stressful event seem to

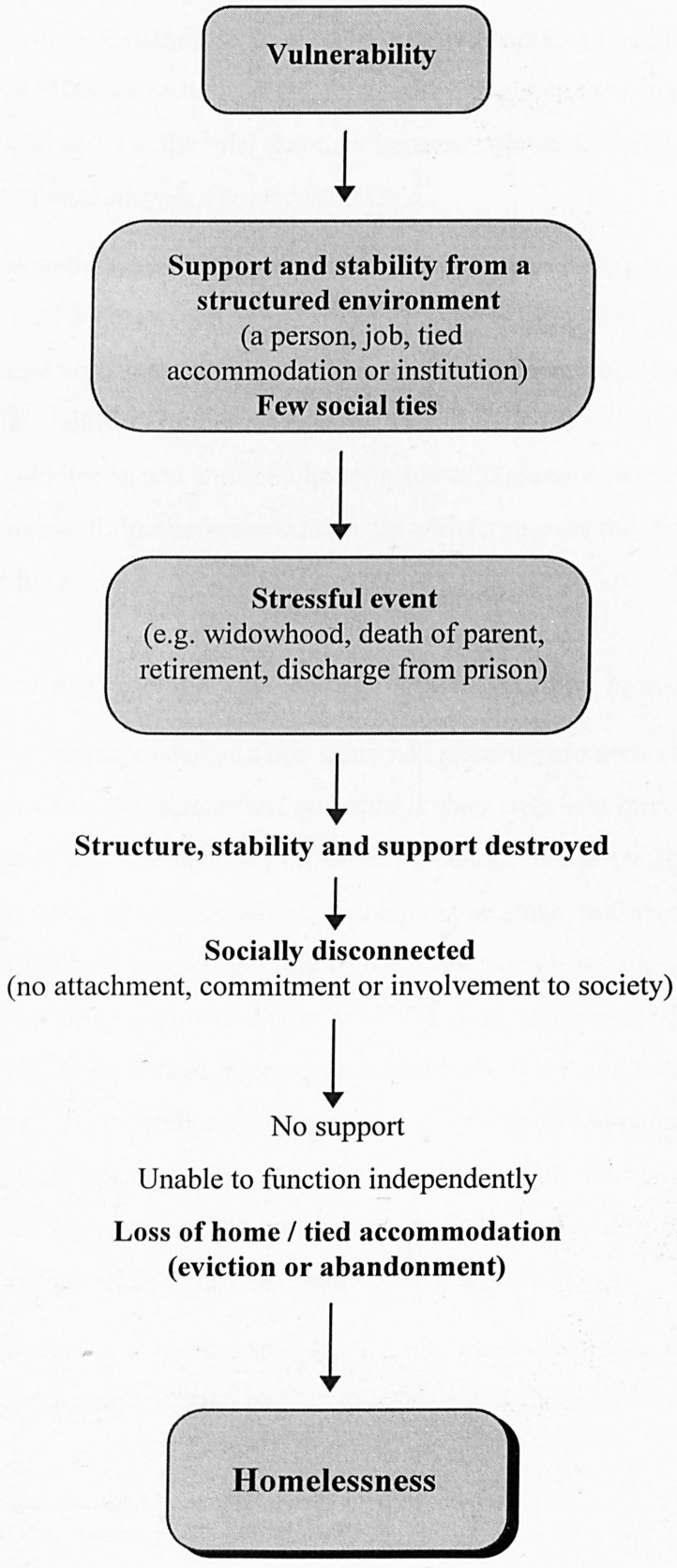
have been critical factors in their progression to homelessness. People generally cope with stresses in several ways. Some remain in a situation and try to manage, others adopt strategies such as avoidance and distancing, yet others seek social support (Hooker *et al.*, 1994; Lazarus, 1993, 1992). The majority of the respondents in this study did not seek social support when they were experiencing difficulties. This was due to several reasons. Some were estranged from their relatives, others lacked a family, yet others were poorly socialised and lacked the skills needed to mobilize help. And some seemed to have been too distraught to seek help. Instead they reacted to the situation in one of two ways. A few remained at home following a bereavement or relationship breakdown, tried to manage alone, but were evicted for reasons such as non-payment of rent. They had attempted to cope with their situation but it seems to have been beyond their capabilities. Others avoided and distanced themselves from the immediate problems by abandoning their homes or by not trying to secure housing when they lost tied accommodation.

Synthesis of the relationship between vulnerability, stress and homelessness

The hypothesis about the way in which vulnerability and stress interact and lead to social disconnection and homelessness proposes that three important states interact at the time of a stressful event. The person is already vulnerable and weakly bonded socially, the structure and stability in their lives is destroyed, and they become socially disconnected at that time (Figure 14.2). This pattern was commonly seen in the histories of the respondents who became homeless after being bereaved, among those who had led transient working lives, and among some who became homeless following a marital breakdown or a mental illness. Because they were vulnerable and had never lived alone, they were unable to function independently and became homeless.

The undersocialisation theory was first related to homelessness fifty years ago when it was proposed that men who were poorly socialised and dependent, never married but left their childhood homes when adult and moved into protected, institutional environments, and were thus relieved of household responsibilities (Pittman and Gordon, 1958; Straus, 1946: discussed in chapter 4, section 4.3). Many respondents described histories which were suggestive of limited or disrupted socialisation: broken

Figure 14.2 Vulnerability interacting with stress and leading to social disconnection and homelessness



and disturbed childhood homes or living with parents in adulthood and never leaving home; never marrying or only experiencing short-lived intimate relationships; living and socialising only within work-camps, tied accommodation, and institutions; transient lifestyles and never establishing roots in one place; and some had had few close friends and limited work histories. Although it is impossible to gauge the extent of the respondents' social skills at the time that they became homeless, from their histories it can be presumed that some were poorly socialised.

The undersocialisation theory proposed that men who were poorly socialised lived in institutional settings such as army barracks and work-camps when they left home, they became accustomed to the lifestyle, and drifted into homelessness. This study supports this pathway into homelessness, but also proposes that some people with limited social skills live in conventional households with parents, partners or landladies, and become homeless following a stressful event which removes the structure and stability in their lives.

14.3 Traumatic and stressful events leading to alienation and homelessness

Although many of the respondents in this study had histories of vulnerability and became homeless when the support and structure in their lives was removed, this was not always the situation. The histories of some respondents did not suggest that they were highly vulnerable, poorly socialised, unable to cope alone, and were reliant on support. This particularly applied to some who became homeless following a mental illness or a relationship breakdown. Some had lived alone for years, and had single-handedly raised children, worked regularly, sustained tenancies, and accepted additional responsibilities such as fostering teenagers or caring for a confused parent.[3] Others married and raised families and, although they were living with their spouses, they were regularly employed for years and did not report histories of heavy drinking, unsettledness or mental illness until the latter years of their marriage.[4]

From the histories of these respondents, homelessness seems to have been the outcome of trauma and stress which had led to states and behaviours such as mental

[3] Case studies of Winnie, chapter 12, and Trudy and Mildred, chapter 13.
[4] Case studies of Albert, chapter 12, and Malcolm, chapter 13.

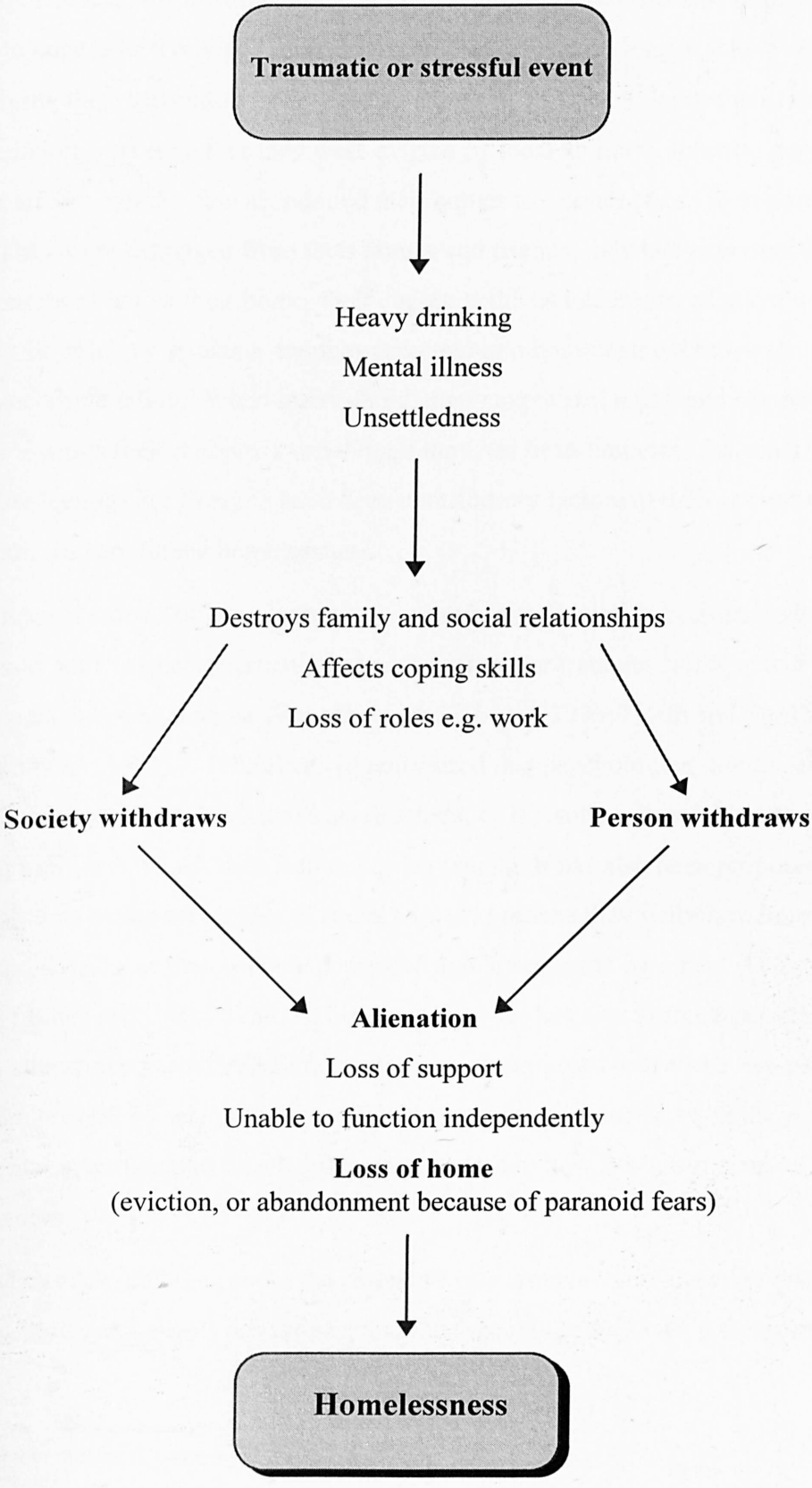
illness, heavy drinking and unsettledness, and progressively to the breakdown of family and social relationships and the loss of coping skills (Figure 14.3). The respondents described stressful events which had caused them to become unsettled, such as the death of members of their family, problems within their family, redundancy, the onset of a physical illness, accidents, war traumas associated with active service, and incidental events such as a fire or a burglary. Some had experienced a single stressful event, others reported multiple stresses often in close proximity. These events did not directly result in homelessness but often led to heavy drinking or mental illness. These are likely to have been escapist behaviours by the respondents to cope with the trauma and distress. But such behaviours can also be alienating, and it seems that they destroyed family and social relationships, and led to estrangement and alienation.

Alienation was reported to have occurred in two ways. Either the family rejected the respondent or the respondent withdrew from their family and friends. Because information was only available from the respondents, it was often impossible to determine the ways in which estranged relationships had occurred. In many instances of marital breakdown, it seemed that the family had withdrawn from the respondent. One man, for example, had become homeless after he had been involved in rescuing a neighbour whose house had caught fire.[5] Following the fire, he developed mental and physical health problems, lost his job, arguments intensified between him and his wife and children, and he and his wife separated. According to his reports, his family asked him to leave the house and he has subsequently refused to have contact with them. His family therefore withdrew from him, he resented this, and he has since alienated himself from them (it is unknown whether they would agree to have contact with him if this was pursued). Some respondents whose homelessness was triggered by a mental illness, described estranged social relationships which seemed to have been the outcome of delusional ideas. In such instances, the respondents could have withdrawn from their family and friends because of false beliefs, or the family could have rejected them because of false accusations.

Alienation in itself was not responsible for homelessness. People become estranged but do not become homeless. For the respondents, the loss of support *at the*

[5] Case study of Albert, chapter 12.

Figure 14.3 Traumatic and stressful events leading to alienation and homelessness



same time as a loss of coping skills seem to have been critical factors in their progression to homelessness. Their alienating behaviours, as mental illness and heavy drinking, had not only destroyed their social relationships but had also impaired their ability to cope effectively and independently. Some were no longer able to work, thus intensifying their separation from society. Most were forced to leave their family home when relationships ended, or they were evicted by local authority housing departments for rent arrears, while a few abandoned their homes to 'escape' from their paranoid fears. They were estranged from their family and friends, they had experienced the further stress of losing their home, their coping skills had deteriorated, most were mentally ill or heavy drinkers, and they retreated into homelessness rather than try to secure accommodation. When interviewed, many expressed angry and resentful feelings towards their relatives even though they had been homeless for years, and such vindictive feelings are likely to have been contributory factors to their retreatist behaviours and continued homelessness.

Recent studies of homelessness have made an association between mental trauma and homelessness, particularly in relation to war traumas during active service, and physical and sexual abuse (Rosenheck and Koegel, 1993; North and Smith, 1992; Goodman *et al.*, 1991).[6] It has been hypothesised that psychological trauma either directly leads to unsettledness and homelessness, or it results in mental health, alcohol and drug problems, which then lead to homelessness. It has also been proposed that trauma victims experience a loss of social support because they withdraw from their family and friends, or they become depressed and are rejected by others (Goodman *et al.*, 1991; Elder and Clipp, 1988). This doctoral study has also found an association between stressful experiences and homelessness. It proposes how these two events are linked, the process by which social relationships and coping skills are destroyed by heavy drinking and mental illness following stress, and how this progresses to homelessness.

The two hypotheses about the pathways into homelessness describe different preceding states and events but suggest that the outcome is the same at the point of entry

[6] Discussed in chapter 4, section 4.3.

into homelessness: people are disconnected or alienated from society, and they are unable to function independently. But their relationship to society seems to have differed. The respondents who were vulnerable and became homeless following a stressful event seem to have had limited social skills, and had always been weakly bound to society; whereas those who had no reported history of vulnerability and became homeless following stress seem to have had strong social links, but they were either rejected by or they withdrew from society.

Although both groups were unable to cope and function alone at the time of entry into homelessness, this was also for different reasons. Those with histories of vulnerability had never lived alone and had always relied on others for support, and it seems that they had never acquired the skills to survive independently and accept responsibilities. But those who had no history of vulnerability had had such skills but these had been destroyed in the process which led to homelessness. When the typology of older homeless people was examined in relation to pathways into homelessness, it was found that a higher proportion of the respondents who had become homeless following a marital breakdown or a mental illness were in secure housing compared to those who had been transient workers or had become homeless after being bereaved (Table 13.2). Although this would need closer examination before conclusions could be reached, it suggests that the former may have been more capable of securing and sustaining tenancies.

The hypotheses raise many unanswered questions which need further investigation. More information is needed about the social relationships and roles of people and their coping skills and experiences through the years and immediately before they became homeless. Information is required about the effect of the traumatic event or stress on the person, the ways in which they coped with the problem, the type of help which was wanted and offered, the ways in which behaviours such as heavy drinking and mental illness affected social relationships, and how social relationships and roles were destroyed.

14.4 Gender differences in understanding homelessness

Throughout this study, similarities and differences between men and women and their experiences of homelessness have been noted. Men were over-represented in the sample. This may partly be explained by the difficulty of gaining access into some hostels for homeless women. Most studies of homelessness have however reported a higher proportion of men in their samples. It has been suggested that the rate of homelessness is higher among men because they are more likely than women to have problems with drug and alcohol abuse, and criminal behaviour, and because they do not have such effective social and support networks as women (Susser *et al.*, 1993). The women in this study tended to have become homeless at a later age than the men. This may partly be explained by the differential access to help and support available to homeless men and women. Whereas local authority housing departments have a duty to rehouse young and middle-aged homeless women who are pregnant or with dependent children, no such obligation exists for single homeless men.

Gender differences and similarities existed when the pathways into homelessness were examined, and the theoretical models described above appear to be of relevance to both men and women. Triggers to homelessness for the male respondents included mobile work histories, discharge from the armed forces and merchant navy, and discharge from prison, none of which applied to the women in the sample. A minority of women did however become homeless after losing tied accommodation when they retired from hotel and hospital work. Although no women expressly linked homelessness to widowhood, the association was made by some men. This may partly be explained by the sex-role differentiation which was strong during the early adult lives of the cohorts. Men usually worked full-time, whilst women stayed at home and worked in the house and looked after the children. Women would be more accustomed than men therefore to managing a home. On becoming widowed, it can be speculated that women were more able than men to manage mundane household responsibilities such as shopping, settling bills, and paying rent.

There were no gender differences in relation to the death of parents and homelessness. Both men and women had become homeless after the death of their last

surviving parent. As discussed in chapter 11, this group were recognised to be particularly vulnerable. They had poor work histories, few social relationships, and many suffered from mental health problems. Once they were left on their own, they were unable to manage independently, regardless of sex. Similarly, both men and women associated homelessness with relationship breakdown, although they often reported different reasons as to why their relationships had ended.

Interesting gender differences were noted in relation to mental illness and alcohol use. At the time of interview, a higher proportion of the female respondents than the male respondents had severe mental health problems. Similarly, a higher proportion of the women reported mental health problems prior to homelessness. Mental illness directly triggered or contributed to homelessness for 45% of the women yet for only 21% of the men. These findings are not surprising. In surveys of domiciled populations, women are reported to have higher rates of psychiatric problems than men, although the findings are believed to be related to different socialisation patterns and the greater tendency among women to express emotional difficulties (Huppert and Whittington, 1993). In comparison, heavy drinking was applicable to some men yet to very few women. Histories of heavy drinking preceding homelessness had been reported by some men who became homeless following widowhood or relationship breakdown, and by many who had been mobile workers. The Health and Lifestyle Survey of Great Britain in the mid-1980s found that men are more likely than women to admit to heavy drinking (Whichelow, 1993, p. 238).

There also appear to be differences in the response of service-providers to homeless men and women. Homeless women are often seen to be vulnerable 'victims' who need to be protected by staff in hostels - they are provided with refuges. Yet, until recently, homeless men were most often treated as though they were to blame for their situation. They were accommodated in large, Victorian hostels, and in Reception Centres where they were only allowed to stay for one night, before being forced to move to another town. Neither response resolves the problem of homelessness, as elaborated in the next chapter. It is likely that the relationship between gender and homelessness will modify in the future. With much changed occupational, marriage and cohabitation

patterns, it is no longer the case that men work while women stay at home. Homelessness may become a state with a more equal sex distribution.

14.5 Homelessness as an arrested or persistent condition

Homelessness is a state of retreatism. Homeless people are estranged from conventional social relationships and roles, and they do not adhere to conventional norms and values. Retreatism is a matter of degree. The extent to which the respondents in this study avoided and shunned society varied. Although they generally had little or no contact with mainstream social groups or services, some socialised with homeless people, accessed hostels and Resettlement Units, and used day centres and soup kitchens. Others were elusive and retreated from social contact by isolating themselves, behaving suspiciously and aggressively when approached, avoiding service-points such as hostels and soup kitchens, and frequently moving from town to town.

But homelessness is not necessarily persistent. As this study has demonstrated, once structure and stability was renewed in the lives of some respondents through, for example, marriage or by the support of a landlady, they were able to resettle and exit from homelessness for many years. One man, after having had an unsettled childhood and having been homeless for 12 years, settled and lived with a landlady for 20 years before she died and he became homeless again.[7] One woman spent two years homeless as a young adult after a disturbed childhood and a failed first marriage, following which she lived with her second husband for 26 years before becoming homeless again. For many respondents, however, homelessness had become a long-term condition, and they had either never exited from the lifestyle or they had secured accommodation but soon became homeless again.

It can be hypothesised that the extent to which people continue to 'retreat' and alienate themselves once homeless, or 'permit' structure and support to be reinstated in their lives, is partly determined by the circumstances which trigger the movement into homelessness. For those respondents who became homeless because they were vulnerable and unable to cope alone after the structure and support in their lives were

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[7] Case study of Fred, chapter 11.

removed, it is likely that homelessness could be thwarted if stability and support was to be reinstated. This would explain why the man and woman discussed above exited from homelessness for years once they had the support of a landlady and a husband. It would also explain why some respondents had 'settled' and stayed in hostels for years. A high proportion of this group were found to be those who had become homeless after being bereaved (Table 13.2). It would seem that hostel settings had replaced the high level of support which some respondents had received from their parents and spouse.

For those whose pathway into homelessness progresses from trauma and stress to alienation, it is likely that retreatism continues (and possibly intensifies) and homelessness persists, unless the distress from the trauma is resolved, and their alienative behaviours (heavy drinking and mental illness) are controlled. This would elucidate why some male respondents who had become homeless after a marital breakdown still expressed angry and vindictive comments about their ex-wives years after they had separated, and continued to sleep rough and isolate themselves; and why others who had experienced war traumas whilst in active service more than 50 years ago, remained distressed about their experiences and still drank heavily to combat nightmares. It would also explain why a high proportion of those whose homelessness was associated with a mental illness, isolated themselves, never used services, behaved suspiciously and aggressively, and had never been rehoused (Table 13.2).

The maintenance of homelessness behaviours

Homelessness is a complex problem and, even when homeless people are rehoused, it does not necessarily mean that they re-establish conventional social roles and behaviours and exit from the lifestyle. As this study has found, some homeless people who have been rehoused continue 'homelessness behaviours': they remain estranged from their family and children, they do not work, they congregate for long periods on the streets with homeless people rather than integrate in conventional social groups, and they regularly use day centres and soup kitchens for homeless people instead of accessing community services.

The reasons for homelessness behaviours among housed people have rarely been explored. The respondents reported three main reasons for this behaviour: loneliness

and a need for social contact, difficulties with coping and a need for support, and boredom and a lack of structure in their life. When these reasons are examined in relation to their histories, it seems understandable why some have continued to integrate with homeless people (Figure 14.4). Many were socially estranged when they entered homelessness, they have since been 'apart' from conventional society for years, and some have always had difficulty in forming social relationships. Many had never acquired the skills to manage independent-living, others had lost these skills because of mental health problems and heavy drinking, yet they recognise that they need help and support. It can be hypothesised that the extent to which the respondents were socially disconnected, vulnerable, and unable to function independently at the time of their entry into homelessness, and the duration of homelessness, is likely to influence their experiences of resettlement and continued homelessness behaviours.

Figure 14.4 Reasons for homelessness behaviours among housed people: reports from the respondents and analyses of their histories

Reports from respondent	Analyses from respondents' histories
Need for social contact because of loneliness	Estranged from family and from conventional social groups (often for years). Familiar with homeless people. Accustomed to having social contact on the streets and in hostels. Many had limited socialisation experiences. Difficulty in forming new relationships.
Need for support because of coping difficulties	Never lived independently. Poor coping skills in relation to household tasks. Never had responsibility for budgeting and paying bills. Ability to cope affected by mental health problems and heavy drinking.
Need for structure to overcome boredom	No social roles and responsibilities. No structure or routine in their lives. Familiarity with homeless environment.

14.6 Ways of advancing our present understanding of homelessness

By analysing the histories of older homeless people, this study provides depth, original information about the causes of, and processes which lead to, homelessness. It has demonstrated that the origins of homelessness are complex and deep-seated, they are intricately related to psychological and sociological factors, and that homelessness extends far beyond a lack of housing. Through an intensive field study and the collection of partial life histories, events and states which both trigger and indirectly contribute to homelessness have been identified. By ordering these events and states, and examining stages and processes, it has been possible to make interpretations of the ways in which events and states interacted, the effect of these interactions on the respondents, and the reasons for the progression to homelessness.

Through these interpretations, two common themes could be identified which related to the interactions between states and events and the progression to homelessness. These were vulnerability interacting with stress which led to a person becoming socially detached and soon afterwards homeless, and traumatic and stressful events which led to alienation and homelessness among those weakly bonded to society. These two themes have been examined in this chapter and developed into hypotheses about the aetiology of homelessness. They have been informed by early American sociological theories of homelessness. The hypotheses propose states and events which institute homelessness and the processes which lead to homelessness. As this study has demonstrated, there are many questions unanswered about the causes of homelessness and its course, and of the ways in which it can be prevented and alleviated. As a result, homelessness remains a problem which is not being curtailed and people remain homeless without being effectively resettled.

A typology of older homeless people has been developed in this study which has identified distinct characteristics, problems and needs within each group. It has also been proposed that the process by which a person becomes homeless may influence the way that person behaves, and their needs once they are homeless. There needs to be depth knowledge and understanding of each person's cause of homelessness, and of the ways in which states and events interact and influence or trigger homelessness.

Associations have been established between antecedent states and events and homelessness, and two hypotheses developed of pathways into homelessness. There needs to be more penetrating information in order to understand the ways in which these factors interact and make people vulnerable, and to identify the situations or changes which are most responsible for the entry to homelessness. Such information could then be translated into measures to prevent and alleviate homelessness. This type of understanding requires depth biographical information from homeless people about their histories and experiences of events and states, followed by sequencing and detailed analyses of factors through different stages of the life course (Snow *et al.*, 1994).

There also needs to be deeper understanding of the transitions into and from homelessness in order to gain insight into the course of homelessness, how it is influenced by different factors and vulnerabilities, and the types of services and interventions which enable effective resettlement, an exit from the lifestyle, and allow for periods of stability (Farr *et al.*, 1986). At present most studies of homelessness, particularly in Britain, have relied on cross-sectional information collected at a single time, and longitudinal data are scarce. Yet, as this study has shown, it is sometimes impossible to reach conclusions about the influences of states and events and their contribution to homelessness, and verify the effects of interventions and resettlement programmes on exits from homelessness, when relying on retrospective information. The final chapter in the thesis discusses the findings from the study in relation to current policies, services and interventions for homeless people. It firstly describes how these have evolved through the centuries, and then examines how their current implementation has had an influence on the respondents in this study.

Chapter 15

Policies, Services and Practice for Older Homeless People

"When I came out of prison I slept rough in toilets and cars. In prison I had a warm bed; when I was sleeping rough in the winter I would wake in the morning and my body would be covered in ice. I never wanted to come out of prison. I would do crimes to get back in. Prison to me was not my second home; it was my home."

Cyril (aged 67 years and homeless since a teenager)

This chapter is a critical review of British policies and practices concerned with homelessness. It examines how policies have been developed and implemented through time, concentrating on those which have evolved over the last twenty years. The ways in which policy and practices have addressed the needs of older indigent homeless people are discussed and evaluated, drawing on the situation of the respondents in the field study and analyses of their experiences of resettlement. The chapter ends with recommendations on policy and practice for older homeless people, and makes initial suggestions as to how those at risk of homelessness can be identified. These are informed by a discussion of the implications for policy and practice of the findings of the field-work.

Homelessness is a controversial issue for politicians, statutory and voluntary agencies, the media and the public. There is real concern about the situation of homeless people, and efforts are made to help and support them. The government have recently invested large sums of money in accommodation, out-reach workers and resettlement schemes for homeless people. And there is public support for homeless people, at least through buying *The Big Issue*, the magazine sold by homeless people. At the same time, homeless people are publicly attacked. Leading politicians have made critical remarks about rough sleepers and beggars (Middleton, 1994; Leppard, 1994). Local authorities and businesses 'move' homeless people from public areas such as London's Lincoln's Inn Fields, prevent them loitering at railway stations, and ban drinking alcohol in public (Leppard, 1994; Cavell, 1993). Plans for shelters and services for homeless people are often opposed by local residents and businesses (Randall and Brown, 1996).

Policy-making about homelessness is consequently complex. The attitudes of politicians and the media influence the reactions of the public; and public opinion affects the agendas of political parties and the government. Policy reflects today's understanding of homelessness which is a mixture of presumptions and research findings. Services for homeless people compete for scarce resources alongside health and social care, and older homeless people's needs vie for attention with those of younger homeless people. At the same time, homeless people generally have no political voice, they tend to behave individualistically, and they rarely form strong collective groups capable of promoting their cause. Instead their interests are promoted by welfare organisations with wider missions.

Policies and services for homeless people are further complicated by different conceptions and understandings of the phenomenon. At times homelessness is regarded as criminal or antisocial and produces policies of restraint. A welfarist perspective also underpins the policies which marshal help and support, sometimes reflecting a social welfare and medical construction that stimulate treatment and rehabilitation programmes, and sometimes, as with the vigorous efforts of *Shelter*, focusing on improving the availability of low cost housing (Foster and Burrows, 1991). It is also seen as a moral problem, and some religious bodies have developed services with salvation in mind. The role of health services, local authorities, and voluntary organisations are all moulded by current policies and the financing they provide.

15.1 Evolving policies in relation to homelessness

Policies through the centuries

The existence of policies and interventions in Britain to address the problem of homelessness is timeless. Policies to control vagrancy date back to the fourteenth century when, following the dis-establishment of the monasteries and the Black Death, a large number of people became transient and resorted to begging (Chambliss, 1964; Gillin, 1929). The first English vagrancy statute was passed in 1349; vagrants were treated as criminals, kept in stocks, and returned to their parish (Chambliss, 1964; George, 1925; Ribton Turner, 1887). The punishments became more severe, and vagrants were whipped and branded, while repeated offenders were sentenced to death (Chambliss, 1964; George, 1925). Over the years, vagrancy laws and statutes have

changed but the *Vagrancy Act* 1824, amended in 1935, is extant (Home Office, 1974). Although vagrancy and destitution was treated as a criminal offence, it was also recognised that some people were vulnerable, needy, and deserved help. At the end of the sixteenth century, the Elizabethan *Poor Law* provided relief for destitute people, and the sick and the old were looked after in poor-houses or given a licence to beg (Burnett, 1994; Ribton Turner, 1887). Its revision of 1834 enabled those in need to obtain food and shelter in the casual wards attached to work-houses (Burnett, 1994; Rose, 1988; Berry, 1978).

Policies from 1948 to mid-1970s

The *Poor Law* was replaced in 1948 by the *National Assistance Act* and homelessness policies changed. The responsibility for homelessness was allocated to local authority welfare departments who had a duty to provide 'temporary accommodation for persons who are in urgent need thereof, being need arising in circumstances which could not reasonably have been foreseen' (quoted in Clapham *et al.*, 1990, p. 116). The Act also placed an emphasis on resettling vagrants. Casual wards became the responsibility of the *National Assistance Board* and known as Reception Centres, with a statutory duty 'to make provision whereby persons without a settled way of living may be influenced to lead more settled lives' (National Assistance Board, 1966, p. 263).

Through the 1960s until the late 1970s, there were marked changes in attitudes to homelessness, instigated by official reports and the concern of voluntary organisations and the public. Concern had been aroused by the increasing number of people sleeping rough in Central London, and by the film *Cathy Come Home* in 1966 which depicted the squalid conditions of local authority hostels (Archard, 1979). The number of homeless people placed in such hostels had risen substantially, demand outstripped supply, and local authorities were forced to accommodate homeless people in bed-and-breakfast hotels (Rose, 1988). As a result, organisations such as *Shelter* and the *Campaign for the Homeless and Rootless* (CHAR hereafter) were established to campaign on behalf of homeless people for improved housing conditions (Rose, 1988).

There was also growing concern among voluntary organisations about the increasing number of homeless people who slept rough or lived in lodging houses, hostels and reception centres, and who were deemed to be socially inadequate or who

had mental health and alcohol problems (National Assistance Board, 1966). The process of deinstitutionalisation of mentally-ill people had been in progress since 1954, and involved the closure of psychiatric hospitals and the discharge of psychiatric patients into the community (Timms, 1993). This concern prompted a National Survey of Single Homeless People in 1965, and the setting up of Working Parties in the early 1970s to report on the situation (Archard, 1979; National Assistance Board, 1966). The Working Parties raised awareness that many single homeless people were socially inadequate, chronic alcoholics and mentally ill, that their problems were social and medical as opposed to criminal, and that they needed to be helped and treated rather than punished (Archard, 1979; Cook, 1979; Home Office, 1974). The Working Parties recommended that care should be based on the expertise of psychiatry and social work, and that interventions such as rehabilitation, therapy, specialised hostels, and detoxification centres were needed (Archard, 1979).

During the late 1960s and early 1970s, various Committees were set up to report on housing and social services, including the *Seebohm Committee* and the *Cullingworth Committee* (Clapham *et al.*, 1990). Their reports asserted that homelessness was essentially a housing rather than a welfare problem, and that statutory responsibility for homelessness should be transferred from social services to housing departments. The *Seebohm Committee* recommended that housing departments should have a responsibility to provide permanent rather than temporary housing, in order that homeless families were not separated (*op. cit.*). This situation had arisen in the film *Cathy Come Home*.

Policies in the late 1970s and 1980s

Rising concerns about homelessness in the 1960s and 1970s prompted new policies and interventions to address the growing problem. Homelessness was constructed as a housing problem, and its responsibility was transferred by the *Housing (Homeless Persons) Act* 1977 from local authority social services departments to local authority housing departments. The Act placed a duty on local authority housing departments to secure accommodation for homeless people in priority need, provided that they had not made themselves intentionally homeless (discussed in chapter 2). Those in priority need included people who were vulnerable because of old age, and those who were mentally

or physically ill, but most single homeless people were excluded. This legislation echoes the *Poor Law* principles and has been reused in the *Housing Acts* 1985 and 1996.

The transfer of homelessness responsibility occurred at a time of high unemployment and of pervasive changes in housing provision. From the late 1890s until 1979, local authorities had played an important and growing role in the provision of low-cost rented housing, particularly for low-income families (Malpass and Murie, 1994). Although the elaboration of the local authority role had been uneven, they nevertheless had become major providers of such accommodation. The Conservative government programme from 1979 dismantled the role of local authorities and housing associations became the main providers of rented housing (*op. cit.*). At the same time, home-ownership was further encouraged, council house tenants became eligible to buy their homes, and there was a virtual cessation in housing investment by local authorities.

In the late 1970s, housing groups and voluntary organisations such as CHAR campaigned for an improved standard of temporary accommodation for single homeless people. They argued that large traditional hostels and Resettlement Units (the former Reception Centres) should be replaced with smaller hostels and special-needs housing (Eardley, 1989; CHAR, 1985). The former were castigated as institutional settings, typically with large dormitories or cubicle bed-spaces, and poor standards of privacy and cleanliness. Many hostel residents were reported to have been so housed for years without being resettled (SHiL, 1995; CHAR, 1985). Likewise, the Resettlement Units had achieved only a low rate of resettlement, and promoted a 'circuit of homelessness' circumscribed to temporary accommodation and the streets (Deacon *et al.*, 1993, p. 4; CHAR, 1985; Fielding, 1985; Consortium Joint Planning Group, 1981). In 1980 the *Hostels' Initiative* was launched, to close the large traditional hostels and replace them with smaller, special-needs housing and hostels (Drake, 1989; Eardley, 1989). This coincided with the closure of the Resettlement Units or their hand-over to voluntary organisations.

Policies in the 1990s

During the late 1980s the number of homeless people on the streets in central London grew rapidly, and local voluntary organisations reported an escalation in the demand for services (Randall and Brown, 1993). There was little secure, long-term accommodation

for resettling homeless people, and the declining number of hostel beds were 'blocked' and unavailable for new, mostly young, homeless people (Randall and Brown, 1993; Spaull and Rowe, 1992; Eardley, 1989). A Social Security reform in the late 1980s was reported to have exacerbated the situation, for board-and-lodging allowances were replaced by income support and housing benefit, income support decreased for those under the age of 25 years, and those younger than 18 years were disentitled to benefits (Hutson and Liddiard, 1994; Malpass and Murie, 1994). Neither voluntary organisations nor the local authorities had the resources to tackle the evident problem of homelessness (DoE *et al.*, 1995).

In response to the situation, the government launched the *Rough Sleepers' Initiative* (RSI hereafter) with the objective of 'making it unnecessary to have to sleep rough in central London' (DoE *et al.*, 1995, p. 5). The first phase from 1990 lasted three years and concentrated on designated inner London zones. £96 million was allocated for temporary and permanent accommodation, cold-weather shelters, and out-reach and resettlement workers, to help people sleeping rough (Randall and Brown, 1993). Through this scheme, many single homeless people were successfully housed and the number of rough sleepers in central London declined (*op. cit.*). The RSI was extended in London for a further three years to March 1996, with an additional £86 million. There was heightened attention on long-term rough sleepers, out-reach and resettlement work, and on forming consortia of voluntary and statutory agencies (Randall and Brown, 1996). The aim was to return housing responsibility for rough sleepers to local authorities at the conclusion of its second phase (DoE *et al.*, 1995).

In June 1995, the White Paper, *Our Future Homes: Opportunity, Choice, Responsibility,* reported on the government's commitment to continue the RSI in London after March 1996, and to extend it to other areas where rough sleeping was a major problem (DoE *et al.*, 1995). Bristol was designated a new RSI zone, and a further sixteen cities and towns and seven London boroughs were asked to produce evidence about people sleeping rough, including Manchester, York, Birmingham, Gloucester, Cambridge and Norwich. Following this inquiry, Brighton was designated a RSI zone and the zones in London were expanded (DoE, 1996b). The RSI has recently been extended to 1999 and £73 million has been made available for the provision of out-reach workers, cold-weather shelters, hostel beds, schemes for mentally-ill people and those

with alcohol problems, and permanent accommodation (DoE *et al.*, 1996). A *Rough Sleepers' Revenue Fund* has been set up to provide grants to voluntary sector agencies for projects in towns and cities such as Manchester, Leicester, Bath, Nottingham, Cambridge and Oxford (DoE, 1996b). The RSI is a radical change in the nation's response to homelessness, for the first time placing the control of targeted funds with central government. The *Department of the Environment* invites non-statutory organisations to submit project bids which have been approved by the local authorities.

In 1990, the *Mental Health Foundation* and the *Department of Health* launched the *Homeless Mentally Ill Initiative,* to coincide with the RSI, and in response to concerns from voluntary and professional bodies about the increase in the numbers of mentally ill people sleeping rough in central London (Craig, 1995). The policy of deinstitutionalisation and the closure of psychiatric hospitals had continued since the 1950s, the number of psychiatric beds had halved since 1954, and some psychiatrists believed that the process should be halted (Craig and Timms, 1992; Weller, 1989). The *Homeless Mentally Ill Initiative's* objective was to provide short-term accommodation and services for homeless mentally ill people sleeping rough in London, until they could be resettled in conventional or supported housing and receive care from statutory health and social services authorities. Over £20 million was made available for out-reach teams and specialist hostel places (Craig, 1995; Department of Health, 1992; 1990). The *Homeless Mentally Ill Initiative* has been extended in partnership with the third phase of the RSI, and nearly £2 million has been made available for the scheme over the next three years (DoE, 1996b).

15.2 Implementing policies and developing services and interventions

Services and interventions to 'contain' the problem of homelessness: 1900 to 1970

During the nineteenth century a few charitable night-shelters and soup kitchens existed for homeless people in cities such as London, Liverpool and Manchester (Rose, 1988; Ribton Turner, 1887). Others booked into common lodging-houses, stayed in casual wards, or slept rough. From the 1890s onwards, voluntary and religious organisations, notably *The Salvation Army*, and local authorities and private enterprises increasingly provided large hostels for homeless men. The *London County Council* built three

hostels for nearly 2,000 men, and *Lord Rowton* five lodging houses for around 5,000 men (Rose, 1988). Other charitable organisations accommodated homeless people in crypts of churches and in warehouses. In London during the early 1900s, *The Embankment* was a focal point for charity work to those sleeping rough, by religious organisations such as *The Salvation Army* (Rose, 1988). Religious organisations remained one of the main service-providers for homeless people until the late 1970s. *The Salvation Army* operated the largest number of hostel beds when the National Survey of Single Homeless People was conducted in 1965 (National Assistance Board, 1966). They had 62 hostels nationwide with just over 8,000 bed-spaces (*op. cit.*).

Until the 1940s there were over 300 casual wards in England and Wales, used mainly by homeless men. While the accommodation was free, the rules *discouraged* its use (Berry, 1978). Vagrants were given shelter for the night but they had to leave the next day after completing a compulsory work task; and they were not allowed to stay in any one casual ward for more than one night each month (Rose, 1988; Berry, 1978; Orwell, 1933). Those who tried to book into a casual ward more frequently or refused to do the allocated work task were punished. The casual wards were on average 15 to 20 miles apart, and homeless men walked from one to the next in a day. In the 1930s, approximately 17,000 men used them nightly (Berry, 1978). Orwell (1933) noted, 'a tramp tramps ... because there is a law compelling him to do so ... each casual ward will only admit him for one night, he is automatically kept moving.'

Under the *National Assistance Act* 1948, the role of casual wards changed from containing vagrancy to resettling itinerants. Homelessness was not a visible problem at that time, religious organisations provided hostels, and few men were using casual wards (Rose, 1988). The *National Assistance Board* therefore closed many of the 290 causal wards which were handed over to them, and only 17 were converted to Reception Centres (Rose, 1988; National Assistance Board, 1966). Under the new regime, men were able to stay in the centres for several weeks providing that they were working or looking for work (O'Connor, 1963). Those who did not seek work were only allowed to stay for one night and, after completing their work task, they had to leave. The remaining centres were up to 60 miles apart, making it difficult for men to reach the next one before nightfall. By the 1960s, just 1,200 people were using the Reception Centres nightly and successful resettlement was rare (Rose, 1988). Those using the

Centres had mental health and alcohol problems, and they were unable to sustain jobs. In 1976 the Reception Centres became the responsibility of the *Department of Health and Social Services* as 'Resettlement Units' (CHAR, 1985; Fielding, 1985).

In the early decades of this century, the *Vagrancy Act* 1824 as amended in 1935 was widely implemented and people sleeping rough continued to be convicted. Sleeping rough in a barn, deserted building or in the open air was a criminal offence if a person was unable to give an account of himself (Home Office, 1974). In 1905, over 12,000 people were prosecuted for the offence. By the early 1960s the number had reduced to just under 800 a year, and by the 1970s to fewer than 400 (*op. cit.*). The amended *Vagrancy Act* 1935 made it necessary to prove that the person arrested for vagrancy had refused the offer of free accommodation. But since the *National Assistance Board* had taken over the casual wards in 1948, the assumption that free accommodation was available was no longer realistic. In 1974 a Working Party to examine vagrancy and street offences, recommended that sleeping rough should no longer be a criminal offence, provided that such persons were not filthy, verminous or causing a nuisance (Home Office, 1974). Their recommendation was never implemented, and the *Vagrancy Act* 1935 remains a statute although it is seldom used.

Until the late 1960s, indigent (unofficial) homelessness was a problem which seems to have been 'contained' mainly by religious organisations and at the government Reception Centres, and there are few reports of intensive resettlement programmes. It can be hypothesised that policies and services at that time were playing an effective role in *maintaining* homelessness. Reception Centres were likely to have encouraged transience and unsettledness by only accommodating men for a single night and forcing them to move elsewhere. In this study, some respondents had been transient and had regularly used Reception Centres since the 1950s without ever being resettled. Similarly, hostels were likely to have encouraged dependency by accommodating people for years without rehousing them. One female respondent had lived in the same direct-access hostel for 27 years.

Interventions and rehabilitation to resettle homeless people: 1970 onwards

The last two decades have seen significant changes in service-provision to indigent homeless people. The recognition from the late 1960s and 1970s that a high number of

homeless people had mental health and alcohol problems and needed treatment and rehabilitation, have prompted changes in the types of services which are now provided. There has been a move towards treatment, counselling, and resettlement programmes. Detoxification centres, special-needs hostels, and supported housing schemes have been established, trained staff employed, and the role of housing associations as the major providers of 'special-needs' services has been elaborated.

Organisations such as *St Anne's Shelter and Housing Action* in Leeds, the *St Mungo Community Housing Association* in London, and the *Talbot Association* in Glasgow, were founded in the late 1960s and early 1970s. They generally started as a single hostel or day centre for homeless people and have since expanded to provide varied housing and support schemes. *St Mungo Community Housing Association*, for example, now manages 50 projects and accommodates more than 1,000 people each night (Crane and Warnes, 1997). Services for homeless people have therefore shifted from 'containing' the problem of homelessness to resettlement, from religious and private organisations to housing associations, and from volunteers and the pastoral care of religious bodies to trained professional staff.

15.3 Current services and interventions for homeless people

Out-reach work on the streets

Since the mid-1980s there has been an increasing awareness of a need for trained out-reach and resettlement workers to help people on the streets who are sleeping rough and not accessing services. It has been repeatedly demonstrated in Britain and America that it is possible to help homeless people who are isolated, severely mentally ill, difficult to engage, service-resistant, and who have complex problems and needs, through persistent out-reach work and intensive case management, (Craig, 1995; Sheridan *et al.*, 1993; Wasylenki *et al.*, 1993; Cohen *et al.*, 1992a; Marcos *et al.*, 1990; Susser *et al.*, 1990; Cohen *et al.*, 1984). Although resources have been made available through the RSI and the *Homeless Mentally Ill Initiative* for street out-reach workers in London, this is not necessarily the case in other towns and cities where provision depends on the availability of local funding.

Soup kitchens and day centres

Since the 1980s, day centres for homeless people have rapidly expanded throughout Britain, although they are often established on 'an *ad-hoc* basis' without due attention to supply and need (Watkins, 1992, p. 7; Llewellin and Murdoch, 1996). Over 60 exist in London, others operate in small towns and rural areas, yet there are only three throughout Wales. Some began and continue as soup kitchens, providing only food, clothing and showers, and depend heavily on volunteers. Others have salaried and trained staff who provide rehabilitation, group therapies, resettlement programmes and health-care (Waters, 1992). According to reports, an increase in the number of day centre users has contributed to over-crowded conditions and increased violence. Nevertheless, they are supporting young people, those with mental health problems, those who are housed but vulnerable, and others who have 'lost contact with the community care system or never found access to it in the first place, (and as such) are one of society's only safety nets' in moments of crisis (Llewellin and Murdoch, 1996, pp. 4-5; Waters, 1992).

Temporary hostels and shelters

Temporary accommodation for homeless people has changed substantially since the 1980 *Hostels' Initiative* and the closure of large traditional hostels and Resettlement Units. Most had offered *direct-access* accommodation to single homeless men. They were able to book into such places and be immediately accommodated, without having to be referred through an agency. Direct-access beds have decreased massively in large towns and cities such as London and Manchester (SHiL, 1995; Garside *et al.*, 1990). In London, for example, there has been a loss of almost 8,000 beds from 1981 to 1994, and the remaining hostels are generally full (Harrison, 1996; SHiL, 1995, p. 9; Eardley, 1989). Although the *Hostels' Initiative* funded the development of smaller special-needs hostels, these projects do not offer direct-access accommodation but focus on people with particular needs, and admittance is through referral and assessment (Drake, 1989; Eardley, 1989).

'Cold-weather shelters' have operated in London from December to March since the early 1990s. They provide direct-access beds funded through the RSI, to encourage people off the streets and into temporary accommodation during severe weather.

Because the shelters are free, easily-accessible and make few demands, they attract people who have long histories of homelessness, including older homeless people, and those with mental health and alcohol problems (Randall and Brown, 1993).

Resettlement and long-term support

For many homeless people, housing alone is not a solution, rather they need intensive resettlement programmes and long-term support once they are rehoused (Craig, 1995; Randall and Brown, 1995; Warner, 1995; Spaull and Rowe, 1992; Eardley, 1989; Niner, 1989). The *Homeless Mentally Ill Initiative* initially assumed that the care needs of people would decrease once they were rehoused, but it was found that many continued to need high support (Craig, 1995). Some who were rehoused during the first phase of the RSI wanted but did not receive help with benefits and rent payment, and they soon accumulated rent arrears. Support services were intensified in the RSI's second phase (Randall and Brown, 1996; 1995). Since the *Hostels' Initiative* 1980, there has been a growth in the number of housing schemes and group homes for people who need support. In London, the beds in such projects increased by nearly 4,700 between 1985 and 1994 (SHiL, 1995). Yet it is reported that demand outstrips supply, and people with mental health and alcohol problems remain in temporary hostels because of a lack of long-term supported accommodation (Craig, 1995; DoE *et al.*, 1996; Spaull and Rowe, 1992; Eardley, 1989; Niner, 1989).

15.4 The problems and needs of older homeless people

Policies and interventions to address the problem of homelessness have evolved considerably over the twentieth century, particularly since the early 1990s, but few have tackled the specific problems and needs of older homeless people. Statutory help to elderly people is conceived under the community care provisions of the *National Health Service and Community Care Act 1990*, and they are accepted as a priority group for local authority housing in the *Housing Act 1996*. Local authority social services departments have a responsibility to assess an individual's needs, design packages of care, and secure services for people who are vulnerable because of old age (Department of Health, 1989). NHS health-care workers have a duty to meet health needs. The implementation of the *Community Care* legislation however is orientated towards those

who are housed and in contact with statutory services, and it is expected that elderly people or their relatives will recognise problems and seek help (SHiL, 1995; Access to Health and Medical Campaign Project, 1992). Housing or social services departments rarely 'search' for older homeless people on the streets who are in priority need, or who have multiple health and welfare problems, and who have no contact with relatives or statutory services.

Many respondents in the field study had been homeless for years, they had multiple health and social problems, and they were not benefiting from help and support. The issues relating to their problems and needs are as follows:

Issues of rough sleeping and non-contact with services

Many respondents were sleeping rough and had severe mental health and social problems which were not being addressed. As identified in the typology of older homeless people, the *Withdrawn Rough Sleepers* were isolated, they had severe mental health problems, and they slept in hidden locations and avoided services (see Table 8.24 and Figure 8.1). The *Transient Rough Sleepers* frequently moved around the country and were equally difficult to locate, while the *Convivial Rough Sleepers* congregated in public places and were heavy drinkers. Some respondents in the latter two groups intermittently booked into direct-access hostels as respite from the streets. Their only contact with helping agencies was through such brief spells in hostels, but they usually did not stay long enough to benefit from help.

Many of those sleeping rough, particularly the women, never used day centres and soup kitchens. Some had severe mental health problems and were unable to understand the value of the available help, whilst others expressed paranoid ideations about the care staff. Others disliked the noise and overcrowded conditions, or they feared violence and intimidation from younger homeless users. Similar findings have been reported in America (Cohen and Sokolovsky, 1989; Douglass *et al.*, 1988; Doolin, 1986; Coalition for the Homeless, 1984). Others accessed the centres but were often inconspicuous, unassertive, and they rarely asked for help. Whereas younger homeless people generally demanded the attention of staff, the older users sometimes stayed only briefly whilst they collected food, and their presence was hardly apparent. They were

not therefore benefiting from the other services such as medical care and resettlement programmes that are accessed from these points.

When four day centres in London arranged sessions and workers specifically for older homeless people, these were found to be beneficial (Crane and Warnes, 1997). By providing a segregated service, the staff were able to engage older homeless people, identify their problems and needs, and successfully advocate for services on their behalf. Centres specifically for elderly homeless people operate in New York and Boston which have successfully helped clients to access housing, welfare entitlements and health-care (Cohen *et al.*, 1993; 1992a; Doolin, 1986).

Analyses of the respondents' histories of resettlement found that those who had regularly slept rough tended not to have been rehoused; and of those who had been resettled, regular rough sleepers and those who were transient tended to have become homeless again. This suggests the difficulties of resettling these groups. Although large financial resources have been invested into out-reach workers through the RSI and the *Homeless Mentally Ill Initiative*, it seems that these workers are not successfully finding and engaging some isolated and transient older homeless people. Fifty-eight respondents were interviewed who were sleeping rough in London: at least 41 had been in that situation since the RSI was launched in 1990 and had therefore not been helped to resettle. And an elderly homeless man who recently died on the streets had been 'living' in the doorway of a *Pizza Hut* in West London for more than one year (Penhale, 1997).

There may be two reasons why older homeless people continue to sleep rough. Firstly, out-reach workers at present provide a generic service to rough sleepers, and their case-loads include younger homeless people who tend to be more visible, assertive and demanding of services. No workers provide a service specifically to older homeless people who are often more isolated, and difficult to find and to engage. Secondly, this study has identified different reasons why older people are homeless and, as discussed in the previous chapter, it is proposed that the circumstances which triggered homelessness determine the extent to which people continue to 'retreat' and resist services once homeless. Unless their reasons for homelessness are understood, services may not prove effective.

Those who were transient and those who were isolated often reported stressful experiences which had progressed to homelessness, such as a marital breakdown, a traumatic war experience, or the death of their spouse or that of a child. They had never resolved these tragedies, and had coped by drinking heavily or they had become mentally ill, and eventually such behaviours had led to homelessness. Since becoming homeless, they had avoided their relatives and services and their grief had never been alleviated. It is likely that such respondents would need intensive support and counselling before they would be willing to accept help to be resettled.

Issues of resettlement

Many respondents had been homeless for years without being resettled. Just over one-half had never been resettled, while others had been rehoused but became homeless again. A few had experienced multiple episodes of homelessness and resettlement. As identified in the typology, 28 respondents were *Passive Hostel Residents* and had remained in a single hostel for more than three years. Some had been so housed for more than ten years. But resettlement *is* possible with older homeless people even though they may have been homeless for years. One male respondent had intermittently stayed in lodgings, hostels, and slept rough for approximately 25 years, until he was successfully resettled in a council flat 12 years ago. Similarly, another man spent 32 years homeless and has now been rehoused for 17 years. From their histories of vulnerability, non-independent living and repeated homelessness, it is evident that many respondents would need intensive resettlement programmes if they were to be rehoused.

The RSI provides resources for resettlement work in London, yet some respondents had become long-term residents of hostels and had never been rehoused. A few had severe mental health and alcohol problems and obviously needed long-term support, but others displayed no apparent mental health problems and could probably have been successfully resettled with support. Others were unsettled and were not being adequately supported in hostels. A few stayed in direct-access hostels which required them to leave the premises in the early morning and not to return until the evening. They had no option but to circulate the streets and around soup kitchens and day centres. This is likely to increase vulnerability, decrease morale, and provoke physical ill-health.

A minority had been evicted from hostels because the staff were unable to cope with difficult behaviour related to mental health and alcohol problems. This is likely to foster unsettledness and a sense of rejection among people who already have complex difficulties. The problems of supporting homeless people who are heavy drinkers or who have mental health problems in hostels have been noted elsewhere (Craig and Timms, 1992; Marshall, 1989). Some staff have no psychiatric training to assess and manage the residents, who receive no treatment and rehabilitation, and their psychiatric and housing problems are not addressed.

In the few instances where projects have been developed to concentrate on resettling older homeless people, these have proved effective. The *Over Fifty-Fives Accommodation Project*, in Leeds,[1] for example, is a pioneering scheme to assess and resettle homeless older people in supported and conventional housing, and to provide intensive support packages to meet individuals' needs. Since the project's inception more than five years ago, over 300 older homeless people have been rehoused into independent accommodation, sheltered flats and shared housing schemes. Some have had long histories of homelessness, mental illness and heavy drinking.

The importance of early interventions to increase the likelihood of effective resettlement has been documented (DoE *et al.*, 1995; Randall and Brown, 1995). In this study, the respondents who had been homeless long-term were less likely to have been resettled, and to have remained rehoused, than those who had short-term histories of homelessness (Chapter 9, Table 9.9). There was however a different pattern among those who had been resettled after more than 20 years of homelessness; some of this group stayed housed once resettled. A recent study of 210 older homeless women in New York City found that those who had been homeless for less than one year, were more likely than those with longer histories of homelessness, to have been resettled when contacted again two years later (Cohen *et al.*, 1997).

Issues of long-term support

From the histories of the respondents, it was evident that some would need long-term support if they were to be effectively rehoused. Some had been resettled but became homeless again because of mental health problems, loneliness, or poor coping skills

[1] The *Over Fifty-Fives Accommodation Project, St Anne's Shelter and Housing Action*, in Leeds.

(discussed in chapter 9). They had often been rehoused in independent accommodation without support. They either abandoned their homes or had been evicted because of rent arrears. Problems of managing a home had often contributed to the initial homelessness. Yet they had been rehoused in similar circumstances, and the difficulties recurred. The majority of the respondents who had tenancies were experiencing difficulties at home and appeared vulnerable. Some were receiving support at day centres, but others stayed on the streets for long periods and were without help. Long-term support was often found to be a critical factor among older homeless people who were resettled through the *Over Fifty-Fives Accommodation Project* in Leeds.

Day centres seem to play an important function in supporting homeless people once they are rehoused. Some securely-housed respondents in the field study regularly used day centres and soup kitchens, and made use of the offered housing support, welfare advice and medical care. They said that they used the centres because they felt lonely and needed company, they were bored and had nowhere else to go, being in a centre deterred them from drinking alcohol, and the centres helped to structure their day. Some had mental health problems, a few were heavy drinkers. Many had been homeless for years and, although rehoused, they were isolated from statutory services and relatives, and their only social contact was at the centres. They were therefore using the centres to obtain support which most of us acquire from relatives, friends and statutory services. In this study, the respondents who regularly used day centres and soup kitchens were more likely than non-users to have been resettled and to have remained rehoused (Chapter 9, Table 9.12).

15.5 Recommendations for interventions and services for older homeless people

The government's and the welfare professions' response to homelessness has developed rapidly in recent years. There has been a move away from providing large hostels and soup kitchens to 'contain' the problem. Increasingly it is recognised that homeless people often have psychological and social maladjustments of long-standing, and that housing alone is not the solution. Their problems can only be ameliorated by intensive, experienced and sustained assessment and support. Older homeless people are a particularly difficult group to find, engage and help. They are often isolated and

unassertive, and they will not make known their circumstances and needs. Many have been homeless intermittently or consistently for years, they have idiosyncratic behaviours and complex problems, and they often shun present services. But the innovatory schemes in Britain and America show clearly that, through prolonged and persistent case-management work, it is possible to engage older homeless people and successfully resettle them in conventional settings.

The 'generational gap' in attitudes, habits and behaviours is no less evident among homeless people than it is for the population as a whole. It is therefore not surprising if hostels and day centres thronged with young people provide uncomfortable settings for people who are perhaps three times their age. The primary recommendation is therefore that special facilities are made available for the older (and middle-aged) homeless person. 'Older' in this application principally contrasts the needs of mature adults against those of adolescents and young adults. It also hints at the likely incompatibility, added difficulties or ineffectiveness of facilities which serve all ages. The following recommendations have been informed by the findings from this and other studies, by eight years personal experience of working with older homeless people, and by continued contact and discussions with staff at hostels and day centres who have expertise of working with older homeless people.

Area needs assessment and the co-ordination of plans and services

Before services for older homeless people are funded and established, there should be an intensive assessment of the needs of this client group in a city or town. This should gauge the extent of the problem, the availability and effectiveness of current services, and the distinct needs of local older homeless people. If a need for services is identified, local organisations with a good record of effective intervention should be encouraged to develop plans. There is a strong case for this strategy to be developed through consortia, comprising voluntary and statutory organisations. Its terms of reference and responsibilities would be: (i) to monitor the problems and needs of older homeless people; and (ii) to promote high quality and effective responses.

Recommended services for older homeless people

There need to be specialised and intensive assessments and programmes of support to help older homeless to be resettled and remain housed. It will not be easy or often appropriate to establish large facilities, and it will be difficult to avoid high capital and labour costs per client. Pilot and exploratory projects for older homeless people should be established and evaluated, so that the most effective interventions and methods of resettlement can be understood and implemented. It is recommended that:

- **Specialist out-reach workers** with experience of psychiatry and counselling should be employed to work with older homeless people on the streets in areas where there are large concentrations of such people. Their role would be: (i) to seek out and assess the needs of isolated older homeless people and refer to appropriate services; (ii) to provide counselling and intensive support to clients on the streets and at day centres; and (iii) to develop a rehabilitation and resettlement package of care and support.

- **Resettlement projects** specifically for older homeless people should be established in towns or cities with a substantial number of older people who become or are at risk of becoming homeless. The aims of the project would be: (i) to resettle older homeless people who sleep rough and who are in local hostels; (ii) to support those who are vulnerable and at risk of becoming homeless; and (iii) to arrange long-term support for and to monitor those who have been rehoused through the project.

- **Supported accommodation** should be made available for older homeless people who are unable to manage in independent tenancies. This should include independent housing with support at home, shared housing schemes, and small high-care group homes for those with severe mental health problems. Most placements in the shared housing should be seen as temporary, and assessments and rehabilitation programmes by experienced staff should aim to rehouse the older people into less supported accommodation.

- **Direct-access accommodation** should be available as an *interim measure* for older homeless people who shun resettlement programmes and are not ready to be rehoused. Once an older person is accessing a hostel, intensive support should be

undertaken to encourage resettlement. Because many older homeless people refuse to access services which are dominated by younger homeless people, it is recommended that some hostels should provide accommodation specifically for older people. In each large city, one direct-access hostel could at modest cost be converted to provide services exclusively for older homeless people.

- **Training and support** should be available for hostel and day centre staff who are working with older homeless people who are mentally-ill, heavy drinkers and disruptive. It is possible that a collaborative scheme could be established between a housing association and a NHS Mental Health Trust to provide psychiatric input into hostels.

Recommended services in relation to the typology of the respondents

The typology of the respondents presented in chapter 8 identified the few repeatedly combinations of circumstances, problems and needs among this study's older homeless subjects (see Table 8.24 and Figure 8.1). To maximise the likelihood of effectiveness, services and interventions should be informed by and compatible with these syndromes of cause and presentation. This section draws out the likely implications for welfare practice - in the fields of housing, health care, social work and counselling - of the salient characteristics of the principal sub-groups of older homeless people that were identified. The account is informed by a deepening acquaintance with practice responses around the country.

- **Withdrawn Rough Sleepers** are those who regularly sleep rough, and who seldom have contact with day centres and soup kitchens. They are isolated, hidden, and elusive, and the majority have severe mental health problems. For this group, intensive out-reach work on the streets has to be undertaken by specialist workers. The workers should seek out and build trusting relationships with this difficult client group, and assess their immediate problems and needs. The staff have to develop effective ways of persuading clients to accept the basic requirements of food and accommodation, and treatment for physical and mental health problems. Once they are settled in temporary accommodation and mental health problems are controlled, resettlement options can be explored.

- **Convivial Rough Sleepers** are those who sleep rough, drink heavily, and tend to congregate in busy public areas and are thus easily visible. They occasionally book into hostels for brief spells. For this group, intensive out-reach work on the streets has to be undertaken by specialist workers. The workers need to learn the reasons why this group are drinking heavily, and why they repeatedly quit even temporary accommodation. The workers need to assess their immediate needs, advocate for services on their behalf, offer help with alcohol-related problems, and if appropriate offer counselling to help resolve traumas. Once the clients are settled in temporary accommodation and their drinking is controlled, resettlement options can be explored.

- **Active Rough Sleepers** are those who sleep rough yet are fairly independent and self-reliant. Out-reach work on the streets has to be undertaken with this group to determine their problems and needs, to identify what type of help and support they are willing to accept, and to develop effective rehabilitation and resettlement programmes.

- **Transient Rough Sleepers** are those who are isolated and frequently move from town to town. They sleep rough and occasionally book into hostels for brief spells. For this group, intensive out-reach work on the streets has to be undertaken by specialist workers. The workers should identify and build trusting relationships with this client group, and assess their problems and needs. Effective strategies need to be developed to encourage them to remain in one location, accept basic services such as food and temporary accommodation, and treatment and support for physical health, mental health, and alcohol-related problems.

- **Passive Hostel Residents** are those who have been in hostels for years. For this group, there has to be an assessment of their individual needs, and individualised rehabilitation and resettlement programmes need to be instigated. With intensive help and support, it has repeatedly been shown that older people who have been homeelss for years can be rehoused into more appropriate and secure accommodation.

- The **Symptomatically Homeless** group are those who have secure accommodation but regularly use soup kitchens and congregate on the streets with homeless people.

There needs to be an assessment of the problems and needs of these clients by day centre staff and out-reach workers on the streets. Education and long-term support packages need to be developed which enable them to cope at home, which monitor the situation and recognise if problems are occurring, and which prevent re-entry into homelessness.

Preventive measures

Policies have addressed the issue of homelessness and large sums of money have been invested into resolving the problem, but there has been little focus on its prevention. As a result, older homelessness as well as homelessness generally is a problem which is not being curtailed. In this study, more than one-half of the respondents' current episode of homelessness had occurred when they were over 50 years of age (Chapter 9, Table 9.7). In the year ending September 1996, the *Over Fifty-Fives Accommodation Project*, in Leeds, received 87 new referrals of older homeless people or those threatened with homelessness (Crane and Warnes, 1997). Even among statutory homelessness, around 6,000 households each year are accepted as being homeless because of old age (DoE, 1996a).

This study has identified events which trigger homelessness, the ways in which these interact with states and circumstances for vulnerable people, and the processes which lead to homelessness. Besides relatives and friends, workers in local authority housing and social services departments, health services, voluntary organisations, employers and the police, are all likely to come into contact with vulnerable people who are at risk of becoming homeless. By recognising such people and taking necessary action, it is possible to prevent homelessness in some instances. The *Over Fifty-Fives Accommodation Project* has increasingly intervened on behalf of older people who are threatened with homelessness, and has found that it is possible to prevent homelessness if it is recognised in time and appropriate action taken.

From the histories of the respondents, situations could be identified which may indicate particular vulnerability and about which agencies should pay heed. Attention should be given to people who are housed but:

- are subject to repeated physical abuse by their family or marital partner. Some female respondents had become homeless after being physically abused for years by their husbands. Some had repeatedly been admitted to hospital, others had sought help from the police, while others had been treated by their General Practitioners for depression. When people present to services and indicate that they cannot cope at home, these are likely to be early warning signs of intolerable situations.
- are expressing paranoid ideas about their neighbours and requesting accommodation moves. Local authority housing workers are likely to come into contact with such people.
- lose a support network and are left alone. Risk factors for poor coping and homelessness are likely to include mental illness, few social relationships, a poor work history, heavy drinking, and no prior experience of independent living. These factors were commonly seen in the histories of the respondents. General Practitioners and possibly social service workers may come into contact with such people.
- find difficulty in paying their rent, particularly if they have recently acquired tenancies, or there has been a change in their circumstances (for example, their parents have died and they have taken over the tenancy), or if they suddenly stop paying their rent or mortgage having been regular payers. Housing department staff will be aware of non-payers, and of changed circumstances regarding tenancies.
- are mentally ill or heavy drinkers, and who live alone, find difficulty with coping, and repeatedly have rent arrears or default with paying bills. Such people may come to the attention of staff in Social Services Departments, health services and voluntary organisations.
- leave tied accommodation or an institution and have never lived alone. Particularly vulnerable are those who lack or are estranged from their family, and have no local community connections.
- frequently present at casualty departments, social services, or housing departments with mental health and social problems. Once again, those who lack or are estranged from their family, and have no local community connections, are particularly vulnerable.

- have previously experienced homelessness and, although resettled, congregate on the streets for long periods with homeless people. Particularly at risk are those who remain on the streets at night. People involved in soup runs, out-reach work, and the police are most likely to be in contact with this high-risk group.

Improved understanding and further research

Huge financial resources have recently been invested into services and interventions to help alleviate homelessness and many homeless people have been resettled. Yet the problem has not been curtailed. There is a steady flow of people entering homelessness for the first time, and others are experiencing further episodes of homelessness after having been homeless and resettled. It is a problem which affects all age groups.

In relation to older homeless people, there needs to be:

- Increased understanding of the reasons why older people become homeless, the ways in which older people at risk of becoming homeless can be identified, and services and interventions which are effective in preventing homelessness.
- Increased awareness of the extent of older homelessness in British towns, cities, and rural areas, and improved enumerations of older homeless people which include indigent homeless people as well as statutory homeless people. Statistics should also be collated of the extent of older homelessness in a location through time.
- Increased understanding of interventions and types of services which enable homeless people to be effectively resettled. There is a need for longitudinal information which monitors homeless people through time, and which explains the association between interventions, resettlement strategies, histories of homelessness, and personal difficulties and incompetencies.

To date, the needs of many older homeless people have been ignored. They have been 'allowed' to live on the streets although they are mentally ill, and remain 'parked' in temporary accommodation without being resettled. It is time that specialist interventions and services were developed to help these people resettle back into the community. This is long overdue.

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Appendix A: Glossary of Terms Used in the Thesis

Cold-weather shelters	Shelters in London which are funded through the *Rough Sleepers' Initiative* and are open between December and March.
Direct-access hostels	Hostels for single homeless people which offer immediate accommodation, and accept referrals from any agency, including self-referrals.
Flop-houses	In America, lodging houses which consist of small cubicles four-feet by seven-feet. The cubicles are separated by a thin wall that extends part way to the ceiling and the space is filled by chicken wire (Cohen and Sokolvsky, 1989).
Homeless Mentally Ill Initiative	Launched in 1990 by the *Department of Health* and the *Mental Health Foundation* to provide services for mentally ill people sleeping on the streets in London.
Homelessness behaviours	In this study, term used to describe the overt and distinctive behaviour of people who congregate on the streets with homeless people and regularly use day centres and soup kitchens for homeless people. In its extreme form the behaviour may also include sleeping on the streets, drinking alcohol in doorways, rummaging through litter bins, hoarding rubbish in shopping-trolleys, and begging.
Indigent homeless people	In this study, term use to describe homeless people who are not statutory homeless *i.e.* officially registered as being homeless with local authority housing departments. They either sleep rough or stay in hostels, night-shelters, and Resettlement Units.
Resettlement Units (former Reception Centres or 'spikes')	Resettlement Units were former Reception Centres which became the responsibility of the *Department of Health and Social Services* in 1976. They originated from the casual wards, became the responsibility of the *National Assistance Board* in 1948, and were sometimes referred to as *Spikes* (which referred to the splitting iron used in stone-breaking). They have either now closed or are managed mainly by voluntary organisations.
Rough Sleepers' Initiative (RSI)	Launched in 1990 by the government to provide services for people sleeping on the streets in inner London zones. It has recently been extended to other towns and cities in England where rough sleeping is a problem.

Skid row area	Originally in Seattle, Washington State. It describes an of a city predominantly inhabited by homeless men, and which offers cheap lodgings in missions, flop-houses, single-room occupancy hotels, and services such as cheap bars and cafes, second-hand clothing stores, and pawnshops (Hoch, 1991; Cohen and Sokolovsky, 1989).
Sleeping rough	Those whose primary night-time residence is in the streets, in doorways, train stations and bus terminals, public plazas and parks, subways, abandoned buildings, loading docks, disused cars, and other hidden street sites (Baxter and Hopper, 1981, pp. 6-7).
SRO hotels	In America, single-room occupancy hotels originally designed as accommodation for poor transient workers. The hotels were designed in a way to maximise density and provide for the minimal needs of the migrants (Hoch and Slayton, 1989).
Statutory homeless people	People who are registered with local authority housing departments as being homeless. They are included in official statistics of homelessness.
Street sites	In this study, term used to refer to recognised street locations where homeless people sleep and where handouts of food and clothing are distributed.
Transience	In this study, term used to refer to homeless people who frequently move from place to place without settling in a location.

Appendix B: The Interview Schedule

Information required from the respondents:

1. Personal details

Age and date of birth; sex; place of birth; age when came to England if born outside U.K.; marital status; length of time of present marital state for those not single.

2. Family histories

Childhood home experiences before the age of 16 years: whether raised by one or both natural parents; if not raised by natural parents, by whom and reasons; experience of parental problems (asked as the study progressed); number of siblings; age left childhood home; the extent of family contact once left home.

3. Marital experiences

Experiences of marital and cohabiting relationships: number of relationships; age when relationships began; duration of relationships; problems within the relationships; reasons why relationships ended; whether divorced or separated; last contact with spouse or partner.

Number of children; age of children when relationship ended; the extent of contact with children once the relationship ended.

4. Work experiences

Experiences in the armed services and merchant navy: type of forces in which served; length of time in forces; age when entered and left forces; reasons for leaving forces; experiences or stresses whilst in forces (asked as the study progressed); reasons for not being in armed forces, if applicable.

Work experiences: age when started work; the type of work; number of jobs; the duration of jobs; the location of jobs; reasons for leaving jobs; age when last worked; reasons for not working. Reasons for constantly changed jobs, if applicable (asked as the study progressed).

5. Accommodation experiences

Type of households in which lived since leaving childhood home; tenure of accommodation; the location of the accommodation; length of stay in accommodation; reasons for changing accommodation. Experiences of homelessness.

6. Personal problems prior to homelessness

History of mental illness: age when experienced mental health problems; treatment received; hospital admissions and length of stay.

Drinking habits: age when started to drink alcohol; type of alcohol consumed; frequency of drinking; reasons for drinking heavily, if applicable; number of times arrested for drunkenness, and outcomes; effect of drink on work and relationships.

Experiences of penal detention: number of times imprisoned; reasons for imprisonment; length of sentences; age when imprisoned.

7. Circumstances leading to first (and subsequent) entries to homelessness

Tenure of accommodation immediately before becoming homeless; type of household; length of stay in accommodation; whether working at the time; events and circumstances which contributed to homelessness; reasons for leaving the accommodation; whether the move was forced or intentional; the process involved in the movement from housing into homelessness; age of entry into homelessness.

8. Histories of homelessness

Number of episodes of homelessness; duration of episodes of homelessness.

Use of hostels and Resettlement Units: location of hostels; length of stay.

Experiences of sleeping rough, including types of places used, and duration; reasons for not using temporary accommodation.

Transient patterns since becoming homeless: reasons for moving between towns; the number of towns frequented and the location of towns; whether travelled alone or with others.

Experiences of work whilst homeless, and use of day centres and soup kitchens.

9. Histories of resettlement

Offers of resettlement, and reasons for non-acceptance; number of times been resettled; tenure of accommodation in which rehoused and type of household; dates (years) of resettlement and duration; outcomes of rehousing; and reasons for re-entering homelessness.

10. Present circumstances

Present sleeping arrangements: tenure and household composition if in accommodation; length of time in present sleeping arrangements. Accommodation used in the last six months.

Existence of parents, siblings and children: where currently living; when last contacted and type of contact; reasons for non-contact.

The extent of contact with homeless people; frequency of use of day centres and soup kitchens; number of such facilities used each day; and reasons for use.

Present mental health problems: whether receiving treatment and type of treatment; admissions to psychiatric hospitals since becoming homeless.

Current use of alcohol: type of alcohol consumed; frequency of drinking; reasons for drinking heavily; number of times arrested for drunkenness since becoming homeless.

Transient patterns: number of towns frequented in last six months; location of towns.

Appendix C: The 'Field-work Procedures' Code

Stage of field-work	Action to be taken
Before commencement	Obtain professional insurance
	Update vaccinations against tetanus, hepatitis-B, and tuberculosis
	Notify police in study towns of the field-work
	Gain knowledge of health, housing and social services to which a respondent can be referred in an emergency
	Gain knowledge of the study area and of sources of help *e.g.* police stations, late-night cafes, bus and train stations
Whilst in progress **i. The respondents**	Explain the nature of the study to the respondents, obtain their verbal consent to participate, and remind them of the study at each interview
	Maintain confidentiality and protect the identity of the respondents at all times
	Ask questions sensitively and ensure that the respondents are not unnecessarily distressed by interviews or disturbed by observations
	Do not persist with interviews or observations if a respondent requests or shows signs of distress
	Pressing health, housing and social needs of the respondents are to override interviews
	Ensure the respondents are calm and not apparently disturbed before terminating an interview and leaving the respondent
ii. The researcher	Ensure no unnecessary risks are taken: leave an area if it is deemed to be unsafe; be aware of 'escape' routes before entering hidden and less accessible places
	Always carry a mobile phone, personal alarm, a letter of authorisation, and contact numbers to which a respondent can be referred in an emergency
	Inform supervisor (or colleague) when starting and completing a piece of field-work, the addresses of planned visits, and of intended movements in the field (where possible)
	Maintain notes of all field visits, including incidents in the field, difficult situations and how they were managed, and lessons learned from such experiences
	Maintain regular contact with staff at hostels and centres to determine the effect of the research on the respondents
iii. The researcher and the supervisor	Regular evaluations of the field-work and (i) interventions and incidents in the field; and (ii) the apparent benefits and harms to the respondents and the researcher.
	Revise code when needed as the field-work progresses

Appendix D: Services and Projects for Homeless People Visited or Involved in the Study

London

St Mungo's, Harrow Road Hostel
St Mungo's, Hilldrop Road Hostel
St Mungo's, Hatton Gardens Hostel
St Mungo's, Endell Street
St Mungo's, Neville House
59 Greek Street (Hostel)
Hopetown, Salvation Army Hostel
Queen Mary's Hostel, English Churches
Parker Street Hostel
St Martin-in-the-Fields Social Care Unit
St Botolph's Crypt Centre
The Passage Day Centre
Arlington Day Centre
Thamesreach Out-reach Team
St Mungo's Out-reach Team
Homelessness Team, Charing Cross Police

Leeds

Resettlement Unit, Whitehall Road
Garforth House
Holdforth Court
The Hollies (Hostel)
Oakdale House
Oak Lodge
Regents Court
The Maltings
Over 55's Accommodation Project
St Anne's Day Centre
St George's Crypt
Leeds Probation Service

Sheffield

Woodhouse Resettlement Unit
Norman House
Carr-Gomm Housing
Men's Salvation Army Hostel
West Bar Day Centre
St Wilfrid's Day Centre
Cathedral Breakfast Project
Hanover Street Medical Centre

Manchester

Men's Direct Access Hostel
Minshull Street Day Centre
Lifeshare Out-reach Services