

Sleeping Rough

in Nottingham

A research project funded by **CRISIS**

undertaken by

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Andrew Redfern, Nottingham Help the Homeless Association
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Summary

Why was the research carried out?

- The research was an attempt to supplement the 'snapshot' picture of rough sleeping which was provided by the 'headcount' in July, 1996.
- It was feared that the 'headcount' could have given a misleading impression of the extent and nature of rough sleeping in Nottingham.

How many people sleep rough in Nottingham?

- 126 people slept rough in Nottingham at some stage during the 63 days between 6th January and 9th March, 1997.

Who sleeps rough in Nottingham?

- 21% of rough sleepers were women.
- The average age of rough sleepers was 28, though for women it was 24, with 30% under 20.
- 95% of rough sleepers were white, and 86% were English.

Where do rough sleepers come from?

- Three quarters of rough sleepers either came from Nottingham, or had lived there for at least a year, or cited somewhere else in the Midlands as their previous location.
- Two thirds of rough sleepers had been in their current rough sleeping situation for less than a month.
- While 30% had been in another rough sleeping situation immediately prior to the present one, 35% had had secure accommodation.

Why do people sleep rough?

- Reasons for sleeping rough included personal choice, previous life events such as relationship breakdown or eviction, and problems in gaining access to suitable emergency accommodation.

- 91% of rough sleepers were aware of night shelter provision in Nottingham; 49% did not use them for reasons of personal choice, and 43% were unable to do so because of night shelter policies.
- Among those who chose not to use night shelters, the most common reason was the inability of the shelter to accommodate partners, dogs or friends.
- For those unable to use night shelters, the most common reasons were exclusion for unacceptable behaviour, inability to pay, and, especially in the case of women applicants, because beds were all taken up.
- Three quarters of rough sleepers cited shelter or secure accommodation as their most pressing need, but a minority felt that nothing could improve their current situation.
- Obstacles to meeting this need which respondents identified included lack of money, personal motivation, getting off drink or drugs and an inability to access public housing.

How does sleeping rough affect people's health?

- 59% of respondents had eaten no more than a snack on the day they were interviewed.
- Nearly half were unable to access GP services because of uncertainty over whether or not they were registered.
- 28% of rough sleepers were suffering from a physical condition, and 30% had mental health problems.
- Nearly half of the rough sleepers consumed alcohol, drugs and/or solvents to degrees which they considered problematic.

How does sleeping rough affect people's lives?

- Half of rough sleepers had not been in contact with members of their family for at least a year.
- Four fifths spent their days mainly in the open air, wandering the streets, begging or selling *The Big Issue*.

What sources of support do rough sleepers receive?

- The services most used by rough sleepers were the Handel Street and Emmanuel House day centres, the Albion and Canal Street night shelters, and the soup run. The shared characteristics of these services are that they are accessible and less restrictive than other

services, including those run by statutory agencies.

- 62% were in receipt of DSS benefits, mainly Income Support or Job Seekers Allowance.
- 60% reported difficulties in claiming benefits and two thirds had received no advice.
- 38% appeared to have no visible means of financial support. However, a quarter said they begged, and 16% sold *The Big Issue*.

How can rough sleeping be reduced?

This research shows that the extent of rough sleeping in Nottingham is much greater than that indicated by the 'headcount' in July 1996.

It also demonstrates the complexity of the problem, and the fact that suitable accommodation is just one aspect of rough sleepers' needs. If the problem of rough sleeping is to be tackled effectively, particular attention must be paid to:-

- rough sleepers with special needs, especially alcohol, substance and mental health problems;
- rough sleepers whose behaviour has led to them being barred from night shelters;
- younger people who are sleeping rough, including those under 18;
- women sleeping rough, including those who are pregnant;
- couples sleeping rough;
- rough sleepers who have pets.

These findings are not thought to be unique to Nottingham. The recommendations of this report may also have relevance to the strategies being developed to deal with rough sleeping in other cities as well as Nottingham.

Preface: The Road to the Street

Jane's Story

Jane was born in Nottingham in the early 1960s. At the age of 6, she was taken into the care of the local authority. She had no further contact with her family. Up to the age of 12, she lived in a number of foster homes. In one of these, when she was 11, she claims to have been sexually abused by her foster father.

Jane married at the age of 18. Her husband was in the armed forces. He and Jane lived with his mother while saving to buy a home of their own. They had a baby daughter when Jane was 19. Jane was not happy living with her mother-in-law, and she says that her husband regularly beat her and smacked their daughter. Following a particularly bad incident of domestic violence, Jane fled from her husband and never returned. Their baby was still only a toddler. Jane failed in her attempts to take the baby with her. As Jane was homeless and had no support, the little girl remained with her father and his mother, despite Jane's desperate attempts to secure custody.

Jane failed in her attempts to establish a home of her own, and her daughter went to a foster family. Jane managed to keep in contact, visiting regularly, and hoped to be reunited with her daughter once she found a home. By the time Jane managed to get a home, she had become involved in drug misuse. By 1984, Jane had still not succeeded in getting her daughter back and she slipped into a life of heroin addiction, prostitution and homelessness. Eventually, feeling inadequate and under immense pressure, Jane signed the papers for her daughter to be adopted by the foster family.

Since then, for the past 12 years, Jane has continued to misuse alcohol and drugs, never being able to maintain a home for more than a few months at a time, and leading a very chaotic lifestyle. During 1993/94, Jane lived in rented accommodation and discovered that her maternal grandmother lived on the next street. Jane and her grandmother met and became friends and, through her grandmother Jane also met her brother. Sadly, her brother did not maintain contact, and a few months after their meeting her grandmother died.

At the time of writing, Jane is homeless again. She had the tenancy of a flat, but did not stay there. She regularly uses both the Canal Street and Albion night shelters. She is on bail to appear in court for a multitude of petty offences, and may receive a custodial sentence. Her lifestyle is so chaotic that it is difficult for her to access support services, or for them to access her.

Garry's Story

Garry was born in Belfast in the mid-1950s. On completion of his secondary education, he took up an apprenticeship as a welder in the shipyards where he worked until the 1980s. In 1983, Garry left Ireland and arrived in Nottingham where his brother and sister had already settled. Despite having a trade, Garry struggled to find stable employment and accommodation, and he

appeared at the Canal Street night shelter for the first time during the summer of 1988. Within a week, Garry was on the streets, having been barred for drunken violence against another resident, and a life pattern was set.

The life pattern is a depressing story of a failed struggle with alcohol abuse, and an inability to sustain independent accommodation. It is a story of repeated attempts at detoxification, frequent involvement with the criminal justice system, and 'bars' from all the night shelters and day centres in Nottingham. Garry's problems with violence are inextricably linked to his abuse of alcohol, his behaviour becoming so challenging that he is impossible to accommodate. His life is a cycle of hostel use and periods of rooflessness, with attempts at independent living being short-lived.

Garry suffers from alcohol abuse and epilepsy. His rough sleeping and inadequate diet have led to a deteriorating mental health, and his life expectancy is threatened. His future is bleak, bound up in a culture of homelessness and alcohol and an increasing dependency on the very people and projects from which he excludes himself.

Behind every statistic which appears in the pages that follow, there is a human story. The names of these two people have been changed to protect their anonymity. Jane and Garry are not intended to be typical of all the rough sleepers we encountered, but their stories illustrate many of the trends which we uncovered. Jane is a young woman, from Nottingham, who spent much of her childhood in local authority care. She suffered many broken relationships and abuse at the hands of men which eventually precipitated her into homelessness. She soon became involved in drug misuse and petty crime. Garry's life initially deteriorated through unemployment and homelessness into which he quickly became locked. He is now suffering the social and medical consequences which, like Jane, effectively debar him from the very services designed to help them both. Variants of these stories could have been told many times over of the people we found sleeping rough in Nottingham.

1 Background and Aims

1.1 Background

- **The research was an attempt to supplement the `snapshot' picture of rough sleeping which was provided by the `headcount' in July, 1996.**

During the early months of 1997, a consortium of local voluntary agencies undertook an Outreach and Research Project in Nottingham. This was funded by Crisis under its Action Research Programme. The project was a follow-up study of the `headcount' of rough sleepers co-ordinated by Shelter on 17th July, 1996, which had discovered 14 people sleeping rough in the city. Both initiatives are part of a response to the invitation by the Department of the Environment for Nottingham City Council to develop a local strategy to tackle the problem of rough sleeping in the City of Nottingham. The invitation followed the Government's decision to extend its Rough Sleepers Initiative, hitherto restricted to London, to a number of provincial cities.

Both the headcount and the outreach project were attempts to secure information on the nature and extent of rough sleeping in Nottingham. It was feared that the headcount might have underestimated the extent of rough sleeping in Nottingham, and masked the complexity of the problem. The outreach and research team sought to test this hypothesis. As well as being a more intensive and extensive investigation to elicit more robust and detailed information than the headcount could provide, the outreach project tried to identify the causes of rough sleeping.

It is anticipated that the findings of the team as recorded in this report will help to inform the Council's developing strategy to tackle rough sleeping, and the associated funding decisions.

1.2 Aims of the Outreach Project

The project pursued the following aims:-

- a) To investigate the nature, extent, duration and causes of rough sleeping in Nottingham.
- b) To supplement the `snapshot' picture generated by the headcount with a more extensive measure, taken over several weeks, of the pattern of rough sleeping.
- c) To explore the profile, circumstances, special needs, health and lifestyle of rough sleepers.
- d) To discover why some rough sleepers do not make use of agencies set up to meet their needs.
- e) To develop strategies for reaching out to rough sleepers which can be employed on a longer term basis.
- f) To make recommendations to guide the City Council in developing its rough sleepers strategy.

2 Methods

2.1 Duration and Timing of the Study

Information about rough sleepers was collected over a nine week period from 6th January to 9th March, 1997. There were several reasons for this:-

- it was the coldest part of the year during which the effects of extreme weather conditions were likely to be felt most intensively;
- it was the period during which people were least likely to sleep rough out of choice;
- it coincided with the period over which facilities for single homeless people remained open for a longer period under the City Council's Winter Shelter initiative.

2.2 The Participants

It would have been difficult to have found professional researchers with the skills needed to carry out this work. The necessary rapport with the subject group was obtained by seconding staff from 'front-line' agencies. The outreach and research team consisted of three workers, one from each of the following projects:-

- the Canal Street Night Shelter run by Nottingham Help the Homeless Association;
- the Albion Night Shelter run by Macedon; and
- the Emmanuel House Day Centre.

The team was supervised by the Revd. Geoffrey Halliday, Director of Emmanuel House. Its work was overseen by a steering group which met four times during the course of the study. (See 'Acknowledgements' above for details of membership of the steering group.)

2.3 Sources of Data

Further data were obtained from the following sources. Where possible, these data have been assimilated into the main findings.

a) The Nottingham Soup Run

Nottingham has a well co-ordinated network of soup runs undertaken by volunteers from a number of city churches, together with students from the two universities. The Saturday night soup run team keeps basic records of people who are met and helped, including their

accommodation circumstances and sufficient personal information to enable correlation with other sources. It was possible to assimilate the data gathered by the Saturday night soup run team during the period of the study with data collected by the outreach workers. As shall be shown, this method uncovered a number of people with whom the outreach workers had not made contact.

b) Monitoring at the Night Shelters

During the period of the study, both the Canal Street and Albion night shelters undertook monitoring of the applicants who were refused accommodation. Since these people were identified, this provided useful supplementary information on them, on the reasons for refusal, and on what happened to them afterwards. In addition, both projects compiled lists of 'barred' applicants who were currently excluded from either or both night shelters for various reasons and lengths of time. This also provided useful corroboratory information on some of those met by the outreach workers in the course of their research. At Canal Street, figures were also kept of the number of residents who had slept rough during the period of the study, the number who had previously slept rough and the number who had never done so. While these figures are also of interest, they cannot be assimilated with the data gathered by the outreach workers, though some of the respondents would have been interviewed as part of the research.

c) Other Sources of Evidence

Some limited evidence was provided by the police on those arrested for begging under the Vagrancy Act, 1824. The *Big Issue* office also provided figures on the number of its official vendors who were rough sleepers.

2.4 Basic Definitions

For the purpose of this study, sleeping rough is understood as a state of destitution involving a total lack of access to basic services (shelter, water, light, heat, cooking facilities and waste disposal) and/or the complete absence of those aspects of accommodation which cannot be shared, such as a bed to sleep in and some basic personal living space, and includes three situations:-

- a) **Rooflessness** - 'skipping' in colloquial parlance, sleeping in subways, in shop doorways, in caves, on park benches, under hedges, in cardboard boxes, or in any other situation which is potentially open to public access.
- b) **Squatting** - sleeping in buildings which are either structurally unfit for human habitation, or not built for human habitation, such as disused factories or warehouses. (It is recognised that 'squatting' conventionally has a much broader meaning involving all unlawful occupation of property. However, 'sleeping rough' should only include those squatting situations which involve a complete lack of access to basic amenities.)
- c) **Sleeping on floors** - it was also felt right to include sleeping in the houses of friends or relatives where the basic criteria of absence of a bed and personal living space were met.

It is recognised that no measure of rough sleeping can ever be wholly rigorous. However, the indicators we have used in this study have the merit of according sufficiently closely with the conventional distinctions which rough sleepers would themselves recognise as to make categorisation possible in most cases without having to ask too many searching questions about people's circumstances.

One drawback with the whole concept of 'sleeping rough' is the emphasis on *sleeping*. The term 'living rough' might be more appropriate in recognition that we were investigating a 24-hour problem which can best be described in terms of lifestyles rather than the places where people sleep. In fact, one of the features of this lifestyle is sleep deprivation, with people using day centres as places to sleep during the day when they were unable to do so at night. For this reason, the outreach workers were concerned as much to investigate what people did during the day as what they did at night.

2.5 Making Contact with the Subject Group

Making contact with such an elusive group as rough sleepers was potentially the most difficult aspect of the project. The continual search for privacy means that they will go to extraordinary lengths to avoid discovery. During the period of the study, some of those interviewed were reported to have taken refuge on the rooftops of shops in the city centre (*Nottingham Evening Post*, 5th March, 1997). We are grateful to the funding from Crisis which enabled the outreach workers to work full-time on the project throughout the period of the study. They were thus able to vary the days in the week and the times of day and night on which they visited different locations. They drew up a list of locations at which rough sleepers were known to congregate, and visited them frequently and systematically, using their inside knowledge as night shelter or day centre workers in selecting subjects who were either actually sleeping rough or were likely to have done so recently. The locations cannot be identified without jeopardising the anonymity of respondents, but they can be categorised as follows:-

- a) The two night shelters were visited weekly, and any new residents approached.
- b) The two day centres near the city centre were also visited regularly, and any new users approached. The Emmanuel House day centre offers a wide range of facilities for homeless and unemployed people, while the Handel Street 'wet' centre is particularly targeted at street drinkers and other homeless people with alcohol dependency problems.
- c) The *Big Issue* office was visited twice a week, a favourite haunt of homeless people generally. Vendors must provide proof of homelessness, and a significant proportion slept rough.
- d) All regularly used squats and other locations where people were known to sleep rough were visited twice a week, both day and night. Inevitably, the outreach workers were reliant on informal sources of information for these locations, since they did not have the facilities to comb the entire city, but we believe the coverage to have been fairly comprehensive.
- e) The city centre and other localities where people regularly beg or sell *The Big Issue* were

patrolled with a similar frequency. By no means all beggars and vendors were sleeping rough, but this was a useful means of picking up those who were sleeping on friends' floors.

- f) The Soup Run was accompanied on several occasions on a Friday or Saturday night to speak at greater length with some of those uniquely picked up by this method of contact.

Even when people were unwilling to give their names, the outreach workers took care to note identifying features which would prevent double counting and duplication of data.

2.6 The Geographical Scope of the Project

The project was focused on the centre of Nottingham and areas within easy walking distance of the centre. The outreach workers did venture south to the River Trent, east into Sneinton and St. Ann's, north into Radford and Basford, and west as far as Canning Circus, but only in response to reports of squats in these localities. The reason for the city centre focus was the understandable tendency of rough sleepers to congregate around those facilities which were available to serve their needs, together with the most lucrative places to beg. However, Nottingham city centre was undergoing substantial redevelopment at the time of the study which has involved the loss of most of the traditional places where people have slept rough, and has made rough sleepers, and the places where they can sleep, all the more elusive.

2.7 The Survey Methods Used

Information was gathered on each person by means of an interview based on a questionnaire with a mixture of factual and open-ended questions needing answers in the form of short phrases or sentences. (See Appendix 1 for a transcribed copy of the questionnaire.) The questionnaire was completed by an outreach worker to facilitate consistency in responses, and to avoid embarrassing respondents with literacy problems or who, for other reasons, might be unable or unwilling to complete a written questionnaire. In most cases, it was filled in immediately after the interview, rather than during it, which did create some problems of recall. However, all respondents were explained the purpose of the study, and were assured of complete confidentiality. The absence of pre-coded responses has restricted the scope for statistical analysis, but given the range of potential responses to many of the questions, pre-coding would have been very unreliable. We felt it would be better to code the responses that were actually given than to expect outreach workers to categorise responses on the spot.

The questionnaire had to be used flexibly. Some were only partially completed after several conversations. This is not surprising given the suspicion with which rough sleepers frequently view people asking them for personal information and filling in forms. It was a considerable advantage that the outreach workers were already known to many of the respondents. Not only did they have a basic rapport with the subject group, but they also had access to night shelter files which enabled them to supplement and corroborate information given to them on the streets. Even so, the outreach workers had to spend some time at the beginning of the study gaining acceptance in some of the locations in which interviews took place.

The interviews covered a range of topics on which information was sought to build a better understanding of the extent and nature of rough sleeping in Nottingham. The data provided by the interviews have been analysed and categorised under the following headings:-

a) A Profile of Rough Sleepers

Respondents' name, gender, age, ethnicity, height, weight (if known), and distinguishing features were sought. From this information, it was hoped to build a profile of the rough sleeping population.

b) Accommodation Issues

Questions were asked about present circumstances and reasons for them, awareness of night shelters and reasons for non-use, improvements felt to be needed in current circumstances, and perceived obstacles to overcoming homelessness. The research was seeking to tease out the reasons why people slept rough, the part played, if any, by personal choices in this, and people's preferences regarding accommodation.

c) Special Needs

The study was seeking to explore the nature of the relationship between mental and physical health, alcohol and substance related problems and rough sleeping. To this end, information was sought on access to GPs and care workers, food consumption, current medical problems, and alcohol and substance consumption, as indicators of any special needs which respondents might have.

d) The Lives of Rough Sleepers

A range of questions were concerned with contact with family, friendships, daytime activities, personal aspirations. An attempt was made to paint a picture of the lives of rough sleepers, and how far they had been altered by the experience of sleeping rough.

e) Money and Other Sources of Support

Respondents were then asked about their financial resources, including take-up of welfare benefits, and whether they had ever used any of a specified list of facilities for homeless people in Nottingham.

3 A Profile of Rough Sleepers

3.1 Contacts Made

74 people were interviewed by the outreach workers, though information on some respondents is limited. The outreach workers recorded the number of contacts which were made which varied between some respondents who were seen almost daily throughout the study period to the total of 24 who were seen only once. The following is a table of the number contacts made.

Number of contacts made	Re
Less than 10	
10 - 19	
20 - 29	
30 - 39	
40 - 49	
50 - 59	
Daily	
Total	

In addition to those interviewed by the outreach workers, the Saturday night soup run contacted a total of 67 individuals during the study period, with a similarly variable pattern in frequency of contact.

Contacts	Individuals
Once	38
Twice	11
Three times	8
Four times	2
Five times	2
Not known	6
Total	67

3.2 The Total Number of Rough Sleepers

- **A total of 126 people slept rough in Nottingham at some stage during the 63 days between 6th January and 9th March, 1997.**

All 74 people interviewed by the outreach workers had slept rough at some stage during the study period, even if they were not actually sleeping rough at the time they were interviewed. Of 67 people contacted by the soup run team, sufficient information was gathered to eliminate nine individuals as also having been interviewed by the outreach workers, and a further six as not currently sleeping rough. The soup run therefore discovered an additional 52 people sleeping

rough during the study period. Judging by the small amount of overlap with the outreach respondents, the soup run uncovered a significantly different population which made little contact with formal agencies of any kind.

Taking the two findings together, a total of 126 people slept rough in Nottingham at some stage between 6th January and 9th March, 1997, a period of 63 days. Even if we assume, as the table below indicates, that a fifth of these were sleeping on friends' floors, and exclude them, this still leaves a total of about 100. These findings put an interesting perspective on the headcount which showed 14 people sleeping rough on 17th July, 1996. As Shelter suggested, this figure was probably an underestimate. Even if this were not the case, it is still quite possible for this small group to change its composition sufficiently frequently to produce our much larger figure of 100 over a relatively short space of time, without producing a headcount of more than 14 on any one night. Moreover, it is likely that even this total understates the problem for at least two reasons:-

- Figures do not include users of Base 51, the day centre which specialises in the needs of young people, many of whom are sleeping rough. However, a brief survey of users was subsequently carried out using the outreach workers' questionnaire, and results can be seen in Appendix 2.
- Undertaking a study of rough sleeping in the depths of winter might understate the extent of the problem, for the obvious reason that in winter people will, more than ever, go to any lengths to avoid having to sleep rough.

Of the 74 respondents interviewed by the outreach workers, 63 gave further information on their living situation:-

Accommodation	%	Cases
Roofless	44.4	28
Squatting	30.2	19
Friend's floor	20.6	13
Accommodated (when interviewed)	4.8	3
Total	100.0	63

3.3 Gender, Age and Ethnicity

- **21% of rough sleepers were women.**
- **The average age of rough sleepers was 28, though for women it was 24, with 30% under 20.**
- **95% of rough sleepers were white, and 86% were English.**

Our findings confirm trends based on experience and other research that the population of rough

sleepers is becoming younger, more female and more local. For instance, a survey of rough sleepers in London (DoE, 1995, *The Rough Sleepers Initiative: Future Plans*, pp.9-10) revealed a quarter to be under 25, and 10% to be women. The traditional image of the rough sleeper as a middle-aged white male was never a totally accurate one. It should now be considered highly misleading. The group of rough sleepers in Nottingham and elsewhere is more diverse in terms of gender, age and ethnicity, than it was once thought to be.

The following figures relate both to the outreach findings and those from the soup run. However, the ages given by the soup run volunteers were sometimes estimated ones.

Gender: Men 99 (78.6%); Women 27 (21.4%); Total 126 (100%)

Age/Gender Profile: Men (93 cases) Average age: 30.0
 Women (26 cases) Average age: 24.0
 Total (119 cases) Average age: 28.7

The total of 119 merely indicates that not all respondents gave their age, nor was it possible to estimate it. The following table gives the spread of ages over the life span. The percentages in brackets are cumulative for each gender.

Age range	Men	Women	All
Under 20	13 (14.0)	8 (30.1)	21 (17.6)
20 - 29	40 (57.0)	13 (80.1)	53 (62.2)
30 - 39	28 (87.1)	4 (96.2)	32 (89.1)
40 - 49	6	1	7
50 - 59	2	0	2
Over 60	4	0	4
Total	93	26	119

What this reveals is that most rough sleepers are under 30, with a significant proportion under 20. The under-25 group is the one which has been most disadvantaged by recent changes to the Housing Benefit regulations, and therefore least likely to be able to secure solutions to their own homelessness. The women are also considerably younger than the men, with 30% under 20. The implications are clear: we are looking at one of the most vulnerable groups in our society.

The following two tables denote the nationality and ethnicity of respondents. Information was available from 49 respondents from the outreach project, and 32 of the soup run contacts.

Nationality	%	Cases
English	86.4	70
Irish	7.4	6
Scottish	4.9	4
Other	1.2	1
Total	100.0	81
Ethnicity		
White	95.1	77
Black/Mixed Race	4.9	4
Total	100.0	81

As can be seen, rough sleepers in Nottingham are predominantly white English. The proportion of Scots and Irish are no more than would be expected in the local population. Moreover, if we take the local rather than national population profile, black people are considerably under-represented. We should not conclude from this that black people are less likely to become homeless, though they may more rarely resort to those manifestations of rough sleeping which attract the attention of formal agencies, such as begging or use of day centres. In short, their homelessness is more hidden, though more research is needed into homelessness in the black community before these conjectures can be substantiated. We hope that the research into homelessness in the black community commissioned by the Homeless Strategy Working Group will throw some light on this.

3.4 Place of Origin

- **Three quarters of rough sleepers either came from Nottingham, or had lived there for at least a year, or cited somewhere else in the Midlands as their previous location.**

The tendency of rough sleepers to be of local origin is born out when we look at the findings on the length of time people had spent in Nottingham, and where they had lived before. The 62 respondents from the outreach project who indicated how long they had lived in Nottingham gave the following lengths of time:-

Length of time	%	Cases
Arrived today	1.6	1
Less than 1 week	12.9	8
1 week - 1 month	11.3	7
1 - 3 months	8.1	5
3 - 6 months	9.7	6
6 months - 1 year	4.8	3
1 - 2 years	1.6	1
2 - 5 years	16.1	10
5 - 10 years	4.8	3
10 years - life	27.4	17
Come and go	1.6	1

Total	100.0	62
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The 54 respondents who answered gave the following as their previous location:-

Previous location	%	Cases
Always lived in Nottingham	27.8	15
Elsewhere in the Midlands	24.1	13
London	9.3	5
Elsewhere in England	18.5	10
Other UK location	3.7	2
Travelling	14.8	8
Prison	1.9	1
Total	100.0	54

Taking the two tables together, more than a quarter of rough sleepers came from Nottingham, and a further quarter had lived there for at least a year. Of the more itinerant, another quarter restricted their travels to a fairly limited radius of about 50 miles of Nottingham, giving three quarters in all a strong association with the North Midlands region. However, the highly mobile travelling community formed a distinct but fairly small sub-group among rough sleepers. Rough sleeping is mainly a locally generated problem. There was little evidence that Nottingham acted as a magnet to rough sleepers from other parts of the country beyond the North Midlands region, though it may attract people from within that region. Similar local studies of rough sleeping in other provincial cities would help to bear this out.

4 Accommodation Issues

4.1 Homelessness

Although the outreach project was concerned with rough sleeping, and not homelessness more generally, respondents were asked if they perceived themselves to be homeless. Of the 70 who made a response, 65 (92.9%) claimed to be homeless. This might seem somewhat perverse given that all the people interviewed slept rough at some stage during the study period. Of the five who did not consider themselves homeless, two were accommodated at the time when they were interviewed, but one was squatting and two were roofless. This may reflect a temporary state of affairs, a misunderstanding of the question, or simply an error of recording. But there is at least a hint here that rough sleepers' perceptions of homelessness may not be the same as those held by researchers.

4.2 Duration of Rough Sleeping

- **Two thirds of rough sleepers had been in their current rough sleeping situation for less than a month.**

The movement patterns of rough sleepers become a little clearer when we look at figures on how long people claimed to have been sleeping rough. The 45 outreach respondents who gave information on this can be supplemented by 15 of those contacted by the soup run. The response rate on this issue means that findings must be treated with caution.

Duration	%	Cases
Less than 1 week	40.0	24
1 week - 1 month	25.0	15
1 - 3 months	8.3	5
3 - 6 months	5.0	3
6 months - 1 year	3.3	2
1 - 2 years	5.0	3
2 - 5 years	8.3	5
5 - 10 years	3.3	2
10 years - life	1.7	1
Total	100.0	60

What is clear even from these figures is that periods of rough sleeping were relatively brief, less than a month in nearly two thirds of cases. What we cannot tell, without tracing the movements of respondents over a much longer period, is to what extent this indicates that rough sleeping is a temporary, one-off response to an emergency, or a feature of an insecure lifestyle in which periods in temporary accommodation are interspersed with spells of total destitution. Although this pattern of rough sleeping does appear to mirror the mobility pattern (see 3.4 above)

in revealing two vaguely delineated groups which might be categorised as brief and long-term rough sleepers, analysis reveals little correlation between length of time in Nottingham and duration of rough sleeping. People did not necessarily begin to sleep rough on arrival in Nottingham.

4.3 Prior Circumstances

- **While 30% had been in another rough sleeping situation immediately prior to the present one, 35% had had secure accommodation.**

The outreach workers asked respondents about their previous accommodation situation. This may also have been a rough sleeping situation, though different from the one in which they currently find themselves. 56 respondents answered this question.

Previous accommodation	%	Cases
Own accommodation	21.4	12
Hostel or night shelter	19.6	11
Living with parents	14.3	8
Roofless	10.7	6
Staying with friends	10.7	6
Squatting	8.9	5
Varied	8.9	5
Prison	5.4	3
Total	100.0	56

If we assume that those who stayed with friends were sleeping on floors as an emergency (not an entirely justified assumption), then about 30% were in another rough sleeping situation prior to their present one. If we add to these the hostel or night shelter dwellers, we have at least half of rough sleepers who appear to be locked into a cycle of homelessness, drifting between various forms of temporary accommodation and sleeping rough. This throws some light on the responses to inquiries about the duration of rough sleeping. Those who indicated that their current period of rough sleeping was brief may also be part of this cycle of homelessness.

Yet we should not ignore the third of respondents who had some form of secure accommodation before their current bout of rough sleeping. Why should the loss of that accommodation lead people to sleep rough? And how quickly do these people return to a settled lifestyle, if indeed they do so at all?

We might also ask whether the presence of three discharged prisoners in the rough sleeping population indicates a failure in the prison after-care services.

4.4 Reasons for Sleeping Rough

- **Reasons for sleeping rough included personal choice, previous life events such as**

relationship breakdown or eviction, and problems in gaining access to suitable emergency accommodation.

Further light on rough sleeping patterns might be shed by examining the reasons people gave for sleeping rough. 63 respondents gave reasons for rough sleeping. Many of these gave more than one reason which is why the total comes to more than 63.

Reasons given for sleeping rough	Cases
Relationship breakdown	16
Problems in accessing emergency accommodation	12
Eviction/exclusion from previous accommodation	9
Out of choice	8
Travelling	8
In debt to accommodation provider	4
Possession of dogs	3
Drink/drugs problem	3
Fire/flood in previous accom.	2
Left prison/L.A. care	2
No perceived alternative	2
Fleeing violence	1
Death of friend	1

What these stated reasons reflect are the justifications which the respondents themselves emphasised to account for their current situation. What they reveal is a complex interaction between lifestyle choice, previous life events, and problems in accessing emergency accommodation. Some were sleeping rough because it was an aspect of their chosen lifestyle. For others, rough sleeping was a behavioural response to life events which these respondents had yet to overcome. A further group appeared to be stressing a clash of interests between aspects of their lifestyle and the policies deemed necessary for the efficient running of a night shelter. (See Appendix 3 for the regulations of the two night shelters relevant to this study.) Many respondents, and many of the reasons they gave, combined two or more of these broad factors making categorisation and quantification difficult.

With only 12 of the 63 being women, gender differences with regard to reasons for rough sleeping are hard to discern with any certainty. However, an even higher proportion (a third) gave 'relationship breakdown' as a factor, and none of the women were barred or in debt to a hostel or a night shelter.

4.5 Relationship to Night Shelters and Hostels

- **91% of rough sleepers were aware of night shelter provision in Nottingham; 49% did not use them for reasons of personal choice, and 43% were unable to do so because of night shelter policies.**
- **Among those who chose not to use night shelters, the most common reason was the inability of the shelter to accommodate partners, dogs or friends.**

- **For those unable to use night shelters, the most common reasons were exclusion for unacceptable behaviour, inability to pay, and, especially in the case of women applicants, because beds were all taken up.**

Similar problems of categorisation arise in interpreting respondents' attitudes to night shelter accommodation. Of the 69 who responded, 63 (91.3%) were aware of hostel/night shelter provision in Nottingham. Of the 62 who were reluctant to use this provision, the following reasons are given. Again, some respondents gave several reasons.

Reasons for non-use	Cases
No perceived need	3
Unaware of existence	6
<i>Personal choice factors:-</i>	
Possession of dogs	14
Just don't like them	9
Prefer to be with friends/partner	8
Lack of privacy	6
Bad reputation (eg 'full of drunks')	5
Perceived threat to safety	4
Specific other residents	4
<i>Shelter policy factors:-</i>	
Barred	11
Financial reasons (eg cost, debt)	11
Hostel full	5
Behavioural problems	5
Drink/drugs problems	4
Below age of admission	4
Refused entry on specified occasion	2
Pregnancy	1

Again the small numbers of women (only 10 of the 62) preclude clear inferences regarding gender differences, but it is worth noting that a much higher proportion (40%) said they just don't like night shelters, and, not surprisingly, a higher proportion (30%) gave exclusion because of youth as a reason. Moreover, none of the barred respondents were women; neither were any of those who were excluded because of debt.

The above table has attempted to categorise reasons into 'personal choice' factors and 'shelter policy' factors, although nearly all the factors listed contain elements of both, reflecting the clash between the two. The following table shows the number of individuals who gave reasons in each of the categories, and gives a better idea of their relative importance:-

Reasons for non-use	Cases
Personal choice factors	32

Shelter policy factors	25
Unaware of existence	6
No perceived need	3

This rather haphazard list of reasons does begin to paint a picture of the most important factors which are keeping nearly half (57 out of 126) of rough sleepers on the streets.

- a) Some do not wish to be separated from a partner, and night shelters, by and large, can only accommodate single people. Either those concerned cannot sleep together as a couple, or one partner cannot be accommodated at all because the shelter is full, or for some other reason.
- b) Many have dogs. The soup run team identified 26 dogs, two rats and one ferret among the rough sleeping population during the study period. Night shelters have no facilities for boarding dogs, yet rough sleepers keep dogs precisely to protect them from the perils of sleeping rough. They provide warmth, companionship and protection.
- c) Some people simply don't like night shelters. Despite actual improvements and tighter admissions policies in the Nottingham night shelters, they are perceived to offer little privacy, and to accommodate people with drink or behaviour problems who threaten personal safety. This is keenly felt by young women and people with certain mental health problems.
- d) Ironically, it is precisely to overcome these fears that many people are barred from the night shelters. They operate a list of individuals who have, by common agreement, been barred from the Nottingham shelters for an indefinite period. At the time of the study, there were 19 on the list, 17 men and two women. Eleven were still sleeping rough in Nottingham, two were in prison, three had their own accommodation, and the whereabouts of three were unknown. Nine were barred because of violence, normally towards staff, four because of other forms of aggression or intimidation, four because of inappropriate sexual behaviour, and two for other reasons. All 19 exhibit challenging behaviour: eight have drink problems, four use drugs or solvents, and seven have mental health problems. It is not the problems themselves which elicit the ban: it is the anti-social behaviour which arises from the problems which causes people to be barred.
- e) Some people perceive themselves to be excluded by their very destitution. Applicants are expected to pay for their accommodation, either directly, or by lodging a Housing Benefit claim which also serves as proof of their homelessness. Unwillingness to do either, or accumulated debts from previous visits, can also lead to exclusion.

To complement the reports of respondents, the staff at the Albion and Canal Street night shelters kept records of all incidences when applicants were not accommodated during the period of the study. In the case of the Albion, there were 100 such occasions: 23 involved women, 77 men. These occasions involved 56 individuals only once, six individuals twice, and seven individuals three times or more, including 12 times in one case. On just nine occasions, those concerned were found beds at the Canal Street night shelter or elsewhere, six involving women

and three, men. However, this is not to say that all the others ended up sleeping rough, though many did for certain. On fifteen occasions, applicants declined to take up beds that were available, by far the main reason for this (ten instances) being the inability of the Albion to accommodate a (normally female) partner. The remaining 85 instances involved people being excluded because the night shelter was full (24 instances), because the applicant was barred (18 instances), because the applicant was not homeless or could not prove homelessness (16 instances), or because the applicant was asked to return when sober (9 instances). Applicants who applied after midnight, possessed dogs, behaved aggressively, or refused to pay, were also excluded, but on fewer than five occasions in each case. It was felt inappropriate to accommodate one person who was under a Mental Health Section, and one wheelchair user had to be turned away because the Albion is not fully accessible. Those asked to return sober or behaving aggressively involved one-off exclusions, whereas people were 'barred' for a period which could be anything from one night to indefinitely. However, the instances referred to frequently involved the same individuals.

A total of 79 exclusions were recorded at Canal Street, 56 because the shelter was full, and eight because people were barred. A further 14 were placed on a queue at 6.00 p.m. (when the shelter was full), but did not return at 8.00 p.m. (when beds became available). This was a problem created by the practice of allowing residents from the previous night to reserve beds until 8.00 p.m. the next day. There may be evidence here of 'silting up', with 36% of vacancies being taken by the same 11 individuals during the study period.

In addition to the figures on exclusions, staff at both shelters kept the following figures (in %) on occupancy rates during the study period:-

Week beginning Canal Street	Albion
6th January	92.3	70.5
13th January	93.9	86.2
20th January	91.8	82.4
27th January	93.9	78.1
3rd February	89.8	77.6
10th February	92.3	78.1
17th February	95.4	67.6
24th February	96.9	Not available
3rd March	90.3	65.7
Average	93.0	75.8

The much larger Salvation Army hostel was 89% occupied over this period.

Probably the most disturbing of the above findings is the number of instances in which applicants, especially women, were denied accommodation because night shelters were full. This accounted for three quarters of the female exclusions in the case of the Albion. It has 27 beds for men, but only three for women, and the Canal Street shelter similarly has 25 beds for men and only three for women. These beds for women may be empty some of the time reflecting their reluctance to use night shelters, but can quickly fill up when demand rises unpredictably on a particular night.

4.6 Accommodation Hopes and Obstacles

- **Three quarters of rough sleepers cited shelter or secure accommodation as their most pressing need, but a minority felt that nothing could improve their current situation.**
- **Obstacles to meeting this need which respondents identified included lack of money, personal motivation, getting off drink or drugs and an inability to access public housing.**

The outreach workers asked people what improvements could be made to their current situation, and what obstacles stood in the way of them finding somewhere to live. Of the 48 who gave information on their aspirations, the following answers were recorded. Some people gave more than one answer.

Improvements	Cases
Safe, secure accommodation	27
Warmth	5
Join a van or travel	3
Some kind of shelter	3
Restoration of relationships	3
Money	2
A job	1
New accommodation	1
Better weather	1
Provision for dogs	1
Personal support	1
Nothing	8

Those 36 respondents who replied with 'safe, secure accommodation', 'warmth', 'some kind of shelter', or 'new accommodation' were all separate individuals, giving a total of three quarters of respondents who gave accommodation factors as the most important things which needed improving for them, though they varied in the level of their aspirations from those who could not think beyond basic shelter to those who longed for security. There is further evidence here that those who choose to sleep rough are a small minority. The answer of 'nothing' is hard to interpret, being an expression of anything from contentment to despair.

The 31 who wanted somewhere to live, and gave opinions on the obstacles which faced them in their quest, gave a variety of answers which were difficult to group.

Obstacles	Cases
Lack of money	7
Personal motivation	6
Council bureaucracy	5
Respondent's youth	4

Possession of dogs	1
Behaviour problems	1
Don't know	3

'Council bureaucracy' covers all those who had approached the City Council for help, and had either not qualified for housing, or had been put on a waiting list. There is no evidence of any respondents having been accepted as in priority need under Part III of the Housing Act, 1985. Some clearly accepted a degree of personal responsibility for their continued plight, but a larger group seemed victims of forces beyond their control.

5 Special Needs

5.1 Food Consumption

- **59% of respondents had eaten no more than a snack on the day they were interviewed.**

Of the 46 who responded, food consumption on the day of questioning was as follows:-

Consumption	%	Cases
Something (unspecified)	34.8	16
Snack (eg soup, sandwiches)	30.4	14
Nothing	28.3	13
Meal	6.5	3
Total	100.0	46

It might be expected that this unsatisfactory level and pattern of food consumption would have been reflected in respondents' height:weight ratio.

Average height (29 cases): 69.1 ins

Average weight (22 cases): 146.4 lbs

This weight falls into the correct band for people of this height. There is therefore no indication that rough sleepers are underweight, though this might not be surprising given the brief periods many respondents had been sleeping rough. Too few women responded to give a gender breakdown. To deduce anything from the findings on food consumption, we would need more details on when in the day each respondent was interviewed, and unfortunately these are not available. However, if rough sleepers are undernourished, then this might help to explain their poor medical condition which is detailed below.

5.2 Use of Health Care Services

- **Nearly half were unable to access GP services because of uncertainty over whether or not they were registered.**

Respondents were asked about their registration with a doctor. 58 gave details, with the following breakdown:-

Registration	%	Cases
Registered	53.4	31
Not registered	39.7	23
Did not know	6.9	4
Total	100.0	58

14 of those not registered gave the following reasons:-

Reason	%	Cases
No perceived need	57.1	8
Recently arrived	21.4	3
Travelling	14.3	2
Don't care	7.1	1
Total	100.0	14

Asked if they had encountered any problems in registering with a doctor, 37 respondents gave the following responses:-

Problems	%	Cases
No	83.8	31
Haven't tried	10.8	4
Yes	5.4	2
Total	100.0	37

A disturbingly large proportion of rough sleepers (nearly half) were not registered with a GP, or did not know whether they were registered or not. Very few appear to have encountered problems in registering themselves, and this was not volunteered as a reason by anyone. The nomadic lifestyle of a minority of rough sleepers explains non-registration in a few cases. By far the most important reason was the failure to recognise the need for ready access to medical attention which registration brings, despite the poor shape that many respondents were in. Night shelters and day care centres are regularly visited by health care workers, and this may have sufficed in the eyes of some. However, there is a hint here of the blunted self-awareness regarding medical condition, highlighted by other researchers, which comes of long periods of privation and the distorted self-perception associated with substance misuse.

A few respondents were in regular contact with other health and social care personnel. The 51 who responded identified the following:-

Occupational group	%	Cases
None	74.5	38

Drug/alcohol support worker	7.8	4
Mental health support worker	5.9	3
Nurse	3.9	2
Psychiatrist or other doctor	3.9	2
Midwife	2.0	1
Someone unspecified	2.0	1
Total	100.0	51

A quarter of respondents were in contact with health and welfare workers other than a GP. However, there were never more than two or three respondents in each case, and, although more relevant to the particular needs of individuals, these workers do not adequately substitute for the lack of access to primary health care services.

5.3 Medical Condition

- **28% of rough sleepers were suffering from a physical condition, and 30% had mental health problems.**

Of the 54 respondents who gave some indication of their medical condition, the following illnesses and other medically relevant issues were reported. Some respondents reported several conditions.

Illness or condition	Cases
No problems	20
Substance abuse	13
Depression	9
Other mental health	5
Asthma	5
Physical injury	4
Skin conditions (eg psoriasis)	3
Epilepsy	3
Insomnia	3
Flu	1
Ulcers	1
Hepatitis	1
Kidney problems	1
Pregnant	1
Anxiety	1

The following table breaks these conditions down into four categories. The two pregnant women were included in those with no problems. Some people had conditions in more than one category.

Category	Cases
No problems	22

Mental health problems	16
Physical conditions	14
Substance abuse	13

What we are looking at here is a highly vulnerable special need group, characterised as much by their physical and mental health problems as by their homelessness. 28% suffered from a physical condition, and 30% had mental health problems. If we focus on the 13 substance abusers, less than a quarter had no problems, nearly half had physical conditions, and around 30% had mental health problems. Skin conditions, epilepsy and insomnia were more frequently reported, depression less so, but the numbers were too small to draw precise inferences. The point is that these high levels of physical and mental ill health cannot be attributed entirely to the high proportion of drug and alcohol misusers, and must be linked to the experience of rough sleeping itself, or something associated with it.

5.4 Substance Consumption

- **Nearly half of the rough sleepers consumed alcohol, drugs and/or solvents to degrees which they considered problematic.**

Of the 62 respondents who gave details of their consumption of alcohol, drugs and solvents, the following results are given. Some respondents consumed more than one category, and those who responded with 'anything' would have been included in all 3. 30 of these 62 respondents considered their consumption to be problematic. The following table gives the proportions in each category who considered their consumption problematic.

Category	C	Cases with problematic consumption	% with problematic consumption
Alcohol		27	61.4
Drugs		12	46.2
Solvents		5	55.6
'Anything'		2	50.0
Nothing			

Despite the decline in the traditional image of the high profile street drinker in the rough sleeping population, problem drinkers still make up nearly half of those in Nottingham.

6 The Lives of Rough Sleepers

6.1 Family and Social Relationships

- **Half of rough sleepers had not been in contact with members of their family for at least a year.**

Friendships were more important than family to rough sleepers. Of the 57 who gave information, 86.0% (49) said they had some friends. However, less than half claimed either to get on with their family, or to be in regular touch with them.

When asked when was the last time they spoke to members of their family, 41 respondents gave the following responses:-

Spoke to family	%	Cases
Less than a week ago	9.8	4
1 - 2 weeks ago	9.8	4
2 wks - 1 month ago	17.1	7
1 - 12 months ago	12.2	5
More than a year ago	26.8	11
Never	19.5	8
Can't remember	4.9	2
Total	100.0	41

Less than half have been in touch with their family in the last year, further evidence of the strong association between family breakdown and all forms of homelessness.

6.2 Day Time Occupation

- **Four fifths spent their days mainly in the open air, wandering the streets, begging or selling *The Big Issue*.**

Two sources of information are relevant here. In the first, the outreach workers noted where they encountered respondents, and what they were doing at the time they were interviewed. Locations were noted in 65 cases.

Location	%	Cases
Handel St. Wet Centre	33.8	22
City Centre streets	16.9	11
Sneinton	13.8	9
Emmanuel House Day Centre	7.7	5
Albion Night Shelter	7.7	5
Canal Street Night Shelter	7.7	5
<i>Big Issue</i> Office	6.2	4
Subway	4.6	3
All Saints Community Centre	1.5	1
Total	100.0	65

Nearly two thirds were enjoying some kind of shelter when they were encountered, but this probably reflects the choices of the outreach workers as much as their respondents.

The other source of information came from respondents' own accounts of what they spent their days doing. Of the 49 respondents who gave information on how they spent their days, the following activities or locations were reported. Some respondents gave more than one activity.

Activity/Location	Cases
Wandering the streets	30
Begging	12
Attending day centre	9
Selling <i>The Big Issue</i>	8
Drinking	6
At friend's house	5
Busking	2
Attending Base 51	2
Sleeping	2
At squat	1
Travelling	1

The proportion who spent at least part of their days in a sheltered environment is much smaller (about a third) than would be suggested by the places where they were interviewed. Eight of those who wandered the streets (16.3%) also spent some time sheltered, but their predominant locality was the streets, leaving a total of more than four fifths who spent their days mainly in open-air situations in the coldest part of the winter. We might also expect that boredom as well as cold is a key feature of the lives of rough sleepers.

Further information on daytime activities was provided by the *Big Issue* office. There are 25 'pitches' designated by the Council in Nottingham, and 64 'badged up' vendors, of whom 55 are regular. Those without designated pitches are 'floaters' who are free to use pitches when not being used by regular vendors. 20 of the badged up vendors currently sleep rough.

6.3 Aspirations for the Future

Respondents were asked where they would like to be in a year's time, and what they envisaged as the main obstacles to getting there. Replies reflected those given to the question about improvements to accommodation situation. 37 responded to this question.

Destiny	%	Cases
To be settled	54.1	20
To be traveling	10.8	4
To be back with partner	8.1	3
Don't know or don't care	27.0	10
Total	100.0	37

The pattern of responses is in some ways an indicator of overall distinctions in the rough sleeper population between the small minority for whom rough sleeping is part of a chosen lifestyle, the large majority who simply aspire to a settled lifestyle, with a small sub-group who long to return to a former life which has been lost, and a much larger minority who appear to have given up having aspirations of any kind.

24 of those who had aspirations identified the following obstacles to getting there:-

Obstacle	%	Cases
Money	29.2	7
Getting off drink or drugs	20.8	5
Council bureaucracy	12.5	3
Personal motivation	8.3	2
Barred from hostels	8.3	2
Criminal convictions	4.2	1
Youth	4.2	1
None	12.5	3
Total	100.0	24

Many of the obstacles are reminiscent of those given as impeding accommodation improvements, except that a slightly greater emphasis is given here to factors to do with personal willpower (30% as against 20% before).

7 Money and Other Sources of Support

7.1 Social Security Benefits

- **62% were in receipt of DSS benefits, mainly Income Support or Job Seekers Allowance.**
- **60% reported difficulties in claiming benefits and two thirds had received no advice.**
- **38% appeared to have no visible means of financial support. However, a quarter said they begged, and 16% sold *The Big Issue*.**

Respondents were asked about the DSS benefits they were receiving, any difficulties encountered in claiming, and any advice they had received. 61 respondents gave information on benefit receipt.

Benefits received	%	Cases
Claimed they received none	37.7	23
Income Support/Job Seekers Allowance	54.1	33
Pension	3.3	2
Incapacity Benefit	3.3	2
Disability Living Allowance	1.6	1
Total	100.0	61

Of the 45 who responded, 60% (27) had had difficulties in claiming, and more than two thirds had received no advice. We might also note from the above table that more than a third appeared to have no visible means of financial support, something which needs to be set alongside the quarter of respondents who begged, and the one sixth who sold *The Big Issue*, recognising of course that these need not be the same people. Nevertheless what these figures suggest is that a substantial proportion of rough sleepers may be forced into begging by an inability to access the benefit system.

7.2 Homelessness Agencies Used

- **The services most used by rough sleepers were the Handel Street and Emmanuel House day centres, the Albion and Canal Street night shelters, and the soup run. The shared characteristics of these services are that they are accessible and less restrictive than other services, including those run by statutory agencies.**

The outreach workers finally asked respondents to indicate which of a list of agencies, all of which had been set up to meet the needs of various groups in the homeless population, they had ever used. Further details on the precise services offered by these agencies can be found in HLG (1996), *The Guide, 1996: Guide to Hostels, Projects and Supported Housing in Nottinghamshire*,

Nottingham Hostels Liaison Group. 63 responded to this question.

Agency	Cases
<i>Direct Access or Unsupported Hostels</i>	
Albion Night Shelter	28
Canal Street Night Shelter	18
Sneinton House	3
YMCA	3
YWCA	1
<i>Supported Hostels</i>	
Open Doors	7
Alexander Court	5
Second Base	3
Somerville House	2
Ken Wilde House	1
Raleigh Street	1
Waterloo Crescent	0
Noelle House	0
Park House	0
Rockleigh	0
<i>Hospital facilities</i>	
The Wells Road Centre	4
Newcastle House	2
<i>Day Centres</i>	
Handel Street Day Centre	32
Emmanuel House Day Centre	29
Base 51	8
All Saints Community Care Project	2
The Bridge Centre	2
The Friary Drop-in Centre	2
The Foyer	1
<i>Advice and Support</i>	
Mental Health Support Team	10
Nottingham Community Health Team for the Homeless	8
The Homelessness Support Centre	6
Soup Run	9

To be meaningful, the above figures on numbers of users should be expressed as a percentage of respondents who were potentially eligible for a service, since many of them are highly specialised. Moreover, the figures in part reflect the places frequented by the outreach workers in their search for potential rough sleepers. Notwithstanding these caveats, the most used services are the ones which appear to be the most generic in their user group, and the most accessible, and place the fewest restrictions on their use.

8 Recommendations

One of the purposes of this research was to gather and present information which would assist and inform the development of a strategy for tackling rough sleeping in Nottingham. It is for policy makers, in co-operation with voluntary agencies, to make a detailed response to the needs identified in this report. However, we would like to direct their attention towards the following priorities.

8.1 They should make a detailed study of the findings of this report.

8.2 They should seek to develop a network of accommodation and support services which address the range and complexity of the problems faced by people sleeping rough. More specifically,

- those with special needs arising from alcohol and substance consumption and mental health problems;
- those with challenging behaviour which has resulted in their being barred from emergency accommodation;
- women sleeping rough who either encounter inadequate bed spaces in traditional night shelters, or who find them unacceptable;
- young people sleeping rough, especially the under 18s, and others whom rough sleeping puts at considerable personal risk;
- those who wish to maintain their relationships with loved ones or pets.

8.3 They should seek to establish securely funded programmes to address the root causes of rough sleeping including,

- good quality emergency accommodation, directly accessible on a 24-hour basis;
- accessible day care to provide shelter and sustenance for homeless people throughout the day;
- affordable move-on accommodation for homeless people, with appropriate levels of support;
- an effective strategy for young people leaving local authority care, to prevent them drifting into rough sleeping;
- continuing outreach work among the city's rough sleepers, including a prominent, accessible, round-the-clock contact point for emergency advice, sustenance and support;

- community-based services to meet the care and support needs of vulnerable homeless people to prevent a return to rough sleeping;
- effective co-ordination between local and central government, public, private and voluntary sectors, to eliminate all involuntary rough sleeping from the streets of Nottingham.

8.4 There is a need for further studies of rough sleeping in other parts of the UK, both urban and rural.

Appendix 1

ROUGH SLEEPERS PROFILE SUMMARY SHEET

(ALL INFORMATION CONTAINED HAS BEEN OBTAINED CONFIDENTIALLY)

DATE OF INITIAL CONTACT:..... LOCATION:.....

WHAT DOING:.....

PERSONAL DETAILS:

NAME:..... PREFERRED NAME:.....

D.O.B.:.../.../... AGE:.... SEX: M / F ETHNIC ORIGIN:.....

HAIR COLOUR/STYLE:..... EYE COLOUR:.....

EYESIGHT: L.../R... GLASSES:..... LAST TESTED:.....

HEARING: L.../R... AID: L.../R.../BOTH... LAST TESTED:.....

HEIGHT:..... WEIGHT:.....

ACCOMMODATION:

DO YOU CONSIDER YOURSELF AS HOMELESS? YES / NO

LENGTH OF TIME IN NOTTINGHAM:.....

WHERE LIVED PRIOR TO THIS:.....

CURRENT ACCOMMODATION SITUATION:.....

REASONS FOR CURRENT SITUATION:.....

.....

.....

ARE YOU AWARE OF DIRECT ACCESS HOSTELS IN NOTTINGHAM? YES/NO

REASONS FOR NON-USE OF DIRECT ACCESS HOSTELS (BAR, FULL, etc):.....

.....

.....

WHAT IMPROVEMENTS COULD BE MADE TO YOUR CURRENT SITUATION?

.....

.....

ARE YOU LOOKING FOR ANYWHERE ELSE TO LIVE AND IF SO WHAT
OBSTACLES ARE IN THE WAY OF THIS?

.....

HEALTH

WHAT HAVE YOU EATEN TODAY AND WHEN?

.....

ARE YOU REGISTERED WITH A G.P.? YES / NO

IF NOT, WHY NOT?

.....

HAVE YOU EVER EXPERIENCED ANY PROBLEMS REGISTERING WITH A
DOCTOR?

.....

.....

WHEN WAS THE LAST TIME YOU SAW YOUR DOCTOR?

DO YOU HAVE ANY PROBLEMS MEETING WITH OR TALKING TO YOUR
DOCTOR?

.....

.....

DO YOU HAVE ANY CURRENT HEALTH PROBLEMS?

.....

.....

HAVE YOU SEEN, OR ARE YOU SEEING, ANYBODY RELATING TO ANY HEALTH

MATTERS OTHER THAN YOUR G.P.? YES / NO

IF YES, WHO?

DO YOU DRINK OR TAKE DRUGS? YES / NO

IF SO, WHICH, HOW OFTEN AND WHY?

.....

DO YOU THINK YOU HAVE A PROBLEM WITH DRINK OR DRUGS?

.....

.....

FRIENDS / RELATIONSHIPS

DO YOU KEEP IN TOUCH WITH ANY OF YOUR FAMILY /RELATIONS? YES / NO

DO YOU GET ON WITH ANY OF YOUR FAMILY / RELATIONS? YES / NO

WHEN WAS THE LAST TIME YOU SPOKE TO THEM?

.....

.....

WOULD YOU SAY YOU HAD ANY FRIENDS?

.....

.....

HOW DO YOU SPEND YOUR DAYS?

.....

.....

WHERE WOULD YOU LIKE TO BE IN A YEAR'S TIME?

.....

WHAT DO YOU SEE AS THE BIGGEST OBSTACLE TO YOU GETTING THERE?

.....

.....

HAVE YOU HAD ANY DIFFICULTIES CLAIMING BENEFITS?

.....

HAVE YOU RECEIVED ANY ADVICE ABOUT BENEFITS AVAILABLE TO YOU?

YES / NO

EXISTING FACILITIES FOR THE HOMELESS

DO YOU OR HAVE YOU USED ANY OF THE FOLLOWING SERVICES FOR THE HOMELESS?

ALEXANDER COURT	YES / NO
WATERLOO CRESCENT (FF)	YES / NO
KEN WILDE HOUSE	YES / NO
ALBION NIGHT SHELTER	YES / NO
NOELLE HOUSE	YES / NO
PARK HOUSE	YES / NO
SOMERVILLE HOUSE	YES / NO
CANAL STREET NIGHT SHELTER	YES / NO
ALL SAINTS COMMUNITY CARE PROJECT	YES / NO
BASE 51	YES / NO
THE BRIDGE CENTRE	YES / NO
EMMANUEL HOUSE DAY CENTRE	YES / NO
THE FOYER	YES / NO
THE FRIARY DROP-IN CENTRE	YES / NO
HANDEL STREET DAY CENTRE	YES / NO
MENTAL HEALTH SUPPORT TEAM	YES / NO
NOTTINGHAM COMMUNITY HEALTH TEAM FOR THE HOMELESS	YES / NO
THE HOMELESSNESS SUPPORT CENTRE	YES / NO
THE WELLS ROAD CENTRE	YES / NO
NEWCASTLE HOUSE	YES / NO
SECOND BASE	YES / NO
RALEIGH STREET	YES / NO
ROCKLEIGH	YES / NO
OPEN DOORS	YES / NO
SNEINTON HOUSE	YES / NO
Y.M.C.A.	YES / NO
Y.W.C.A.	YES / NO

PLEASE LIST ANY OTHER SERVICES USED:

.....

ANY OTHER COMMENTS OR STATEMENTS:

.....

Appendix 2: Base 51 Results

38 young people, who use Base 51, took part in the questionnaire over a period of four days, from 1st to 4th April, 1997.

Age and Gender

Gender	Age		
	15 - 18	19 - 21	22 - 25
Male	6	2	8
Female	4	8	9
Transexual			1

Ethnic Origin

Young people were asked to define their own ethnic origin.

British	7	White U.K.	15
Jewish/British	1	British/American	1
European/White	1	French	1
Pakistani	1	Swedish	1
Mixed Race	2	Asian	1
Irish/U.K.	1	No Data	6

Accommodation

<u>Present Accommodation</u>	<u>Cases</u>
Night Shelter	3
Hostel	10
Housing Association	2
Council Tenant	4
Family	1
No Data	5

<u>Previous Accommodation</u>	<u>Cases</u>
Sleeping Rough	2
Friends Floor	4
Night Shelter	7
Hostel	16
Family	6
Housing Association	1
Local Authority Care	1
No Data	3

8 young people considered themselves currently homeless.

26 said they had been homeless at some time.

Reasons Given for Being Homeless

Losing job		1
Evicted from accommodation	1	
Thrown out of family home		5
Parental Breakdown		4
Insecure Accommodation		4
Hostels only give temporary accommodation	1	
Eviction from Hostel		2
Absconding from Care		1
Moving from another City		1
Divorce of parents		2
No Data		16

One 25 year old man said he had been homeless since he was 11 years old.

Nutrition

Asked what they would eat that day:	14	would have a meal
	19	would have a snack (soup, sandwiches)
	7	would eat nothing that day

Health

9 young people are not registered with a doctor.

Out of the 38 only 8 stated they had not any medical condition.

Medical problems:

Asthma	10	Schizophrenia	1
Depression	4	Anxiety	3
Mental Illness	3	Hypoglycaemia	1
Diabetes	2	Skin Problems	2
Arthritis	2	Bulimia	1
Stress	3	Chronic Fatigue	1
HIV	1	Psychotic	1

4 young people said they misused substances.

3 did not wish to answer.

Individuals often stated they had more than one complaint.

Where do you go during the day?

Base 51	26	Stay at Home	4
---------	----	--------------	---

Window Shopping	2	Open Doors	2
Care for child	2	See friends	3
University/college	4	Foyer	1
Emmanuel House	3	Trading Post	1
Voluntary Work	1	Job	1
Pub	2	Shopping	1
Job Centre	1	No Data	3

What Benefits do you claim?

Income support	2	Incapacity Benefit	4
Housing Benefit	3	Sick Benefit	4
Disability Living Allowance	4	Family Credit	1
Job Seekers Allowance	10	Severe Hardship	1
Student Grant	1	Maintenance Grant	1
Receiving no Benefits	3	No Data	1

3 young people are in work.

The results shown above came from a snapshot survey of a small proportion of the young people using Base 51. Obviously this only represents those young people who already know of our services. At present there is no outreach work being undertaken which will pick up those young people who have nowhere to live. 68% of the young people we interviewed had been homeless at some time in their lives including one young man who had been homeless since 11 years old. Although Base 51 can currently provide support in Health, Counselling, Food, Laundry, Showers etc - and if successful in our bid for a Resettlement Worker (Section 180, Department of the Environment), a Resettlement Programme - there is a real need for outreach work to be carried out in the city.

Janet Lewis
April 1997

Appendix 3: Night Shelter Regulations

The following regulations apply to the two direct access hostels including in the study. They denote the conditions under which places are offered and applicants excluded.

The Canal Street Night Shelter

This is run by Nottingham Help the Homeless Association as part of its Homeless Support Centre which also includes the First Step resettlement hostel. The Canal Street Shelter is a direct access hostel with 28 beds, 25 for men and 3 for women. The following information about the running of the hostel is given to residents on admission.

Information for residents

OPENING HOURS: 6.30 p.m. - 9.00 a.m. (all year round)

A queue is taken from 6.00 p.m. onwards for new people wishing to book in. Please ring the bell and speak to a member of staff.

- Beds are offered on a nightly basis. You need to claim your bed before 8.00 p.m. each night.
- If you are likely to be later than 8.00 p.m., speak to a member of staff to prevent your bed from being given to someone else.
- Most of your rent will be covered by Housing Benefit, but everyone is expected to pay £17.50 per week out of their benefit towards food, heating, lighting etc. (This may be deducted directly from your benefit.)
- You will also need to register with the local Benefits Agency on Station Street the day after you book in. A member of staff will give you a cover note to take with you.

Basic rules

We have kept these to a minimum; those we have are to ensure everyone feels safe and secure.

- **No** alcohol (please hand bottles in).
- **No** drugs and solvents.
- **No** violence or threatening behaviour.
- Please show respect towards the building and everyone in it.

Unfortunately we cannot accept responsibility for any loss or damage to your belongings.

Services and facilities

- Breakfast (7.30 - 8.30 a.m.).
- Evening meal (7.00 - 8.00 p.m.).
- Doctor's surgery, Monday and Friday (8.30 a.m. onwards).
- Dentist's, chiropodist's and optician's appointments can be arranged.
- Drug and Alcohol Team drop-in session (every other Thursday, 8.00 a.m. onwards).
- HLG Mental Health Support Team drop-in session (Wednesday evenings) offering friendly informal support.
- Resettlement worker available for move-on accommodation, advice and information

(Tuesday, Thursday and Friday, 8.30 p.m. onwards).

- Help with benefits.
- Laundry.
- Clothing store.
- Towels and toiletries.
- Storage cupboard and safekeeping.

The Albion Night Shelter

This is run by Macedon, and is a direct access hostel with 30 beds, 27 for men and 3 for women. The following information about the running of the hostel is given to residents on admission.

Information for residents

Welcome to the Albion. Everybody who need emergency accommodation is welcome regardless of race, gender, sexuality or religious belief. The following is a summary of what we offer and what we expect during your stay here,

OPENING HOURS

The shelter is open to residents between 7pm and 9am.

MEALS

Breakfast 7.30am - 8.30am.
Dinner 7.15pm onwards.

We do not admit people between midnight and 7.30am unless they have arranged a 'late pass'.

Please let us know if you have any special dietary needs.

**PERSONAL LAUNDRY FACILITIES,
TOILETRIES and TOWELS
SAFE KEEPING FOR VALUABLES and CASH**

**LUGGAGE STORAGE
CLOTHING STORE
SAFE ADDRESS FOR YOUR
BENEFIT PAYMENTS**

HELP AND ADVICE ARE AVAILABLE FROM:-

STAFF are available to help you as best we can, within the limits set by attending to the needs of all residents.

The service we offer is confidential within the staff team.

RESETTLEMENT WORKER a specialist worker to help you find appropriate longer term accommodation. Please ask if you are interested.

DOCTOR a weekly surgery here on Monday mornings. At other times you can use the Windmill Practice Health Centre as any other local resident.

COMMUNITY NURSE visits on Tuesday evenings.

HOMELESS SUPPORT TEAM offer personal help with a wide range of problems. A worker from the team visits on Tuesday evenings. Alternative times can be arranged.

OTHER AGENCIES we can help you make contact with other agencies if you wish.

COMPLAINTS and SUGGESTIONS If you wish to make a complaint or suggestion about any aspect of the service you receive during your stay at the Albion please either:-

- Speak with a member of staff.
- Complete a complaint suggestion form.

Each case or issue will be thoroughly investigated.

WHAT WE EXPECT OF YOU DURING YOUR STAY

SAFETY: In order to ensure the safety of all residents, staff and volunteers, abusive and aggressive behaviour, including that of a racist or sexist nature will not be tolerated.

TOLERANCE: Please be tolerant with other people staying here. If you are experiencing difficulties with another resident please talk to a member of staff,

ACCESS: There are some areas of the building which are 'access only with staff'; please abide by this.

WOMEN and MEN Men are not allowed in the Women's dorm.

Women are only allowed to use the Men's dorm for access to their own room.

BOOKING YOUR BED: Your bed is offered on a nightly basis, and you need to book your place by 9.00 p.m. every evening *or risk losing your place here.*

D.S.S. proof that your claim is at this address, in the form of a receipt stamped by Castlegate, is required to continue your stay beyond the first night.

CHARGES: There is a nightly charge of £1.50, which goes towards the cost of providing meals. This is in addition to the rent paid by Housing Benefit. You are responsible for paying the nightly charge and on your pay day we will expect you to pay the outstanding nightly charges which have built up. If you do not pay you risk losing your place here. Please speak to a worker if you have difficulties meeting the charge.

MEDICATION Prescribed medication must be given to staff for safe-keeping.

It will be available for you at the appropriate dose intervals.

NEEDLES and SYRINGES, ALCOHOL, KNIVES and WEAPONS: We have facilities to keep these safely for you and they must be given to staff each time you enter the building. They can be returned to you at your request when you are leaving the building.

DRUGS: No prescribed drugs, including solvents, are allowed in the building.

THERE ARE CERTAIN CIRCUMSTANCES WHEN YOU MAY BE ASKED TO LEAVE IMMEDIATELY. THESE INCLUDE:-

- Behaviour which causes nuisance, annoyance or harassment to other residents, staff or volunteers or endangers the work of the project;
- Bringing in drugs or solvents;
- Not handing in medication, weapons, drugs paraphernalia (particularly needles) or alcohol;
- Men going into the Women's dorm;
- Theft of or damage to the property;
- Using the nightshelter for any illegal purpose;

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