

## key findings



# Coming of age: opportunities for older homeless people under Supporting People

Summary findings from a report by Jenny Pannell

The Supporting People programme provides many opportunities to improve housing and support services for vulnerable older homeless people. This summary of a longer research report is aimed at Supporting People commissioners to raise awareness of the opportunities:

- for creative commissioning of new services
- to influence and change existing services
- to encourage provider organisations to work collaboratively
- to work in partnership with other commissioners and funders.

In developing the local five-year Supporting People (SP) strategy, SP teams and their partners can influence and manage the local market, encouraging both existing and new providers to provide for the needs of older people who are homeless or at risk of homelessness.

Existing models of good practice, funded by SP and their partners, show what can be done. Research shows that older homeless people can be successfully resettled and that such interventions can have cost-benefits, meet Best Value principles and save public money.

However, there are challenges to developing specialist provision:

# UK

## Coalition on Older Homelessness

Working together for older homeless people

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### Challenges

- Some services for this group should be jointly commissioned and funded, or involve partnerships with other agencies, but such arrangements are time-consuming and not easy to develop successfully.
- Some services rely on bricks and mortar provision by RSLs or local housing authorities (eg floating support, move-on provision) but especially in areas of housing stress, suitable housing is not easy to source.
- Significant numbers of older homeless people have multiple needs and are likely to be shunted between services because their needs cross the boundaries of housing-related support and health and social care.

### Older homelessness

Older people, single homeless people and people with mental health problems are three of the main Supporting People client groups.

Older homeless people are especially vulnerable because of their age but for many, their vulnerability is made greater by other issues.

Older homeless people tend to fall down the gaps between strategies and services:

- mainstream services for older people take no account of people who are homeless
- older people tend to be marginalised, with little specific provision or awareness in mainstream homelessness services
- services such as mental health, domestic violence or learning disability concentrate on people of working age and do not take account of the needs of people in later life.

Older people who are homeless or at risk of homelessness are diverse and varied, but what they have in common is that their needs are not the same as either younger homeless people, or older people with secure and appropriate housing. They need special consideration in strategic planning and service delivery.

### Routes into and out of homelessness

Homelessness is especially damaging to the health and well-being of older people. Many older homeless people die before their needs are met. Homelessness also has costs to the public purse across housing, health, social care and other budgets. The following scenarios are summaries of composites drawn from real cases. The alternative endings show what happens with minimal or with high quality support, and that high-quality support can save public money.

#### Scenario G: older woman, gambling addiction, evicted from council house

Grace, aged 62, is a widow. Three years ago her only daughter and grandchild died in a house fire. A month later her husband died of cancer; he had always managed the household finances because Grace lacks confidence and has limited literacy and numeracy. After these traumas, Grace became depressed. She was lonely and started going to bingo sessions where she spent more and more money, encouraged by her new-found 'friends' who also 'borrowed' money from her. She fell behind with rent payments for her council house and the council started possession proceedings. Grace could not cope, ignored all the letters from the council, and was eventually evicted. She did not attend court and did not wait for the bailiffs to arrive. She was invited to stay with bingo 'friends' who lived in a large house, but after a few weeks they started asking for money. When she couldn't pay they threatened her and she left. As it was the summer she slept rough in woodland near her old home.

**Variation 1:**

After a month, she found out about the night shelter in the nearest large town. The shelter had limited staff and they were overwhelmed by the demands made by younger people. Staff had received no training in the needs of older homeless people and there was no separate provision for women because they were waiting for funding to replace the old building.

Grace went there but only stayed two nights. It was full of young people and middle-aged men and she was scared because the young people stole from her and talked of drug-taking, and the men drank and were violent. She left and went back to the woods. That Autumn, she was taken ill and someone found her by the roadside. She was admitted to hospital and diagnosed with pneumonia and mental health problems. After a stay in hospital, she was homeless and so when the time came to discharge her she had to be admitted to a residential care home. She has lived in the care home for two years and is still there.

**Variation 2:**

After a month, Grace went to a homeless day centre for a meal, where someone told her about a hostel in a nearby city for single women. She spent eight months in the hostel, gradually rebuilding her confidence and attending a local social club for older people. The hostel also referred her to a specialist service which works with older people for as long as support is needed. They found her housing association sheltered housing in the same area as her social club. Her £2,000 former tenant arrears from her council tenancy meant that she was considered intentionally homeless by the local authority, and she had to agree to repay the council arrears for the housing association to offer her a tenancy. The support worker negotiated a low repayment (£5 a week) and visited Grace every week to help with her budgeting for the first 12 months. The sheltered flat had a fitted kitchen, cooker and fridge, carpets, curtains and some good quality furniture left by the previous tenant. Central heating is included in the rent and service charge so this helps with budgeting. There is a communal

laundry and social activities.

Grace remains resettled and living in sheltered housing with social support within the scheme and from her club. After the first 12 months, she no longer needed regular weekly visits from the support worker but could still contact the project when she needed to. The housing association monitored Grace's rent payments carefully. She started to fall behind a few months ago and, within two weeks, the housing association sent someone to talk to her sensitively and the problem was resolved.

The full report includes two further scenarios:

**Harold**, a 63 year old man with learning disabilities, moved in with his sister for a year after his parents died but was then asked to leave by her new partner because of overcrowding. After staying in a friend's caravan which was vandalised by local youths, he became street homeless.

**Frank**, a 55 year old man, became homeless after his wife died and he was made redundant. He became depressed and started to drink heavily. With no income to pay the mortgage, he abandoned his owner-occupied flat, stayed for a week with his son but was asked to leave, and then slept rough.

**Counting the cost**

Homelessness costs money. There can be substantial cost savings to the public purse if older homeless people receive appropriate interventions. Detailed figures, sources and assumptions made for all three scenarios (Frank, Grace and Harold) can be found in the full report. In each scenario there are potential savings of at least £5,000 per year.

For Grace, there are costs of £2,300 for her failed tenancy which apply whatever the subsequent outcome. For **Variation 1**, in the first year there are costs to the NHS of over £10,000 and the former tenant arrears of £2,000 would not be recovered. Residential care is of course more expensive than sheltered housing. We estimate the cost savings of **Variation 2** to be over £5,000 per year for the first two years and £7,500 per year thereafter.

## The problems that cause older homelessness

Like Frank and Grace, most older people who become homeless have had jobs, families and settled housing until some trauma caused homelessness. Like Harold, many single people have lived with family into adulthood, but could not manage alone.

Reasons for homelessness in later life are complex, but a common trigger is bereavement or relationship breakdown, often linked to other risk factors including:

- limited or no support networks
- physical health problems and disability which can lead to isolation and loneliness
- mental health problems or dementia
- substance abuse or other addiction including gambling
- limited literacy and numeracy and lack (or loss) of confidence in coping with bills
- relationship changes (especially later in life)
- a history of unresolved loss and trauma.

These warning signs can be used to prevent homelessness in later life, using services funded by Supporting People, as long as staff are trained and monitoring systems are in place.

Even among older rough sleepers or long-term hostel residents, over half had homes, jobs and families before becoming homeless in later life (like Frank, often following relationship breakdown or bereavement). Others became homeless earlier:

- after a difficult childhood (eg abuse, being in care)
- after an itinerant working life (eg the construction industry)
- after losing tied accommodation (eg hotels, the Forces).

Studies show that around half of longer-term homeless older people have had at least one failed attempt at resettlement in previous years (often into unsuitable accommodation with little or no support). Not surprisingly, each failed attempt meant that they lost confidence for next time, often accruing former tenant arrears (like Frank and Grace) and being deemed intentionally homeless.

## Limitations of homelessness legislation

To anyone unfamiliar with the detail of UK homeless legislation, it may seem surprising that older people can become and remain homeless in the twenty-first century. The legal definition of 'statutory homelessness' is quite broad:

- There is no accommodation they are entitled to occupy, including rooflessness or eviction. For example, Frank, Grace and Harold staying somewhere where they have no legal right to stay, eg with family or friends who ask them to leave.
- They have accommodation but it is unreasonable to continue to occupy it, for example: because the housing is in such poor condition, like Harold's caravan, or because of violence or abuse, as from Grace's 'friends'.

However there are many limitations, including:

- older people have to 'present' to their local authority as homeless before their case is considered: many do not do so (like Frank, Grace and Harold)
- many older people are 'hidden homeless' (eg people long-stay in direct access hostels, or staying with friends and relatives)
- 'old age' is not defined in law, people aged 50-60 are unlikely to qualify on grounds of age and even people over

pension age may not be accepted as 'vulnerable' and therefore in 'priority need' for housing

- the duty is to find housing, but without adequate support tenancies may fail (like Frank and Harold)
- older people can be found to be "intentionally homeless" (like Frank and Grace)
- older people are less likely to know their rights or seek advice (like Frank, Grace and Harold).

### The extent of the problem

The full report puts estimates of the number of older homeless people (aged 50+) nationally as 42,000 (see full report for breakdowns). We have used the age of 50+ for two reasons:

- older people who have experienced long-term homelessness (especially rough sleepers) die at a much younger age and have the health problems of much older people
- people aged 50+ are more vulnerable to the known triggers of homelessness described above, especially bereavement, redundancy and chronic health problems.

To prepare for Supporting People and other local strategies, it is essential to know the numbers of older people vulnerable to homelessness in your area. There are a number of data sources you can use locally (see website for further details) including:

- local authority homelessness and housing advice statistics
- data from local advice agencies (eg Shelter, CABx)
- data from specialist services in your area (eg domestic violence agencies).

### What provision do you have in your area?

Supply mapping for Supporting People will have identified all provision in your area, but:

- do you know how much specialist homelessness provision is available that is appropriate for older people?
- do you monitor for age in services that say they cater for all ages?
- is there a gap in services for older homeless people with multiple and complex needs
- is there a gap in suitable provision for older homeless people with specific needs (eg older women, older people from minority ethnic communities, older people with alcohol issues)?

SP teams can also enhance services for older homeless people by asking how their needs are met during service reviews and the contract management process. In all types of service provision, there is a need for monitoring and staff training. The full report includes many examples of good practice.

#### Supported housing: direct access and short stay provision

Direct access hostels enable staff to start to work with older homeless people and move towards more appropriate longer-term housing and support. Following concern about "silting up" of direct access hostels by long-stay older residents, schemes have been developed to move them on into more appropriate longer-term housing with Supporting People funding.

#### Specialist supported housing: medium to long stay

Older homeless people with higher support needs cannot cope immediately in their own tenancies and need specialist provision. Some may later progress to their own tenancies with floating support,

but many will need to stay longer, perhaps permanently, in supported housing.

### Resettlement services

Resettlement services are an essential part of the jigsaw for moving older people on from hostels into permanent housing. All-age resettlement services sometimes have a few older people as part of their caseload. How well they cater for the needs of older people will depend on a number of factors:

- Does the organisation have a clearly defined and implemented diversity policy and procedures which takes account of the needs of older service users?
- Have the staff received any specific training?
- Does the Supporting People contract and other funding allow for older people needing longer to build up relationships and more practical help and emotional support than younger service users?
- Do staff have good links with older people's housing providers locally, especially sheltered housing?

### Tenancy sustainment: preventing further homelessness

Tenancy sustainment services help older people who have been homeless to maintain their tenancy and avoid the 'revolving door' problem. They can help those vulnerable to homelessness remain in their existing housing, by tackling the causes before they lead to eviction or abandonment (especially benefits delays, rent arrears and neighbour problems).

### Sheltered housing

Sheltered housing can be a very effective solution, but there is a need for careful choice of scheme, additional support where needed (eg through resettlement and floating support services, as for Grace) and training for both homelessness and sheltered housing staff to understand the role that sheltered housing can play.

### Home improvement agencies (HIAs), also known as Care and Repair or Staying Put schemes

HIAs (part-funded by SPG) have a role in preventing homelessness. They provide advice, information and support to older people on low incomes (owner occupiers and private tenants), including those living in housing in poor condition and disrepair. They will also help with income maximisation (benefits advice) and often have links with minority community groups and are aware of the needs of BME elders.

### Contact and credits

The full report was commissioned by Homeless Link's Coalition on Older Homelessness project. To download the report visit [www.homeless.org.uk](http://www.homeless.org.uk) or [www.olderhomelessness.org.uk](http://www.olderhomelessness.org.uk).

Summary and the full report by Jenny Pannell. Numbers and Costs by Guy Palmer of the New Policy Institute.

Homeless Link is the national body representing the homelessness sector in England and Wales to Government.

Its 500 members offer advice services; temporary and permanent housing; move on accommodation; hostel provision; day centres; mental health and drug services; local authority services; a wide variety of support for people in bed and breakfast and other temporary accommodation, as well as offering direct support for rough sleepers, many with multiple needs.

The UK Coalition on Older Homelessness is a lobby group of agencies concerned with raising the profile of older homeless people in the UK.

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Design: Jo Taylor