

# Audit of older homeless people September 2007 Summary of findings

---

## Introduction

The UK Coalition on Older Homelessness (COHP) is a Homeless Link project, the national membership organisation for homelessness agencies. The aim of the COHP is to raise awareness of older people's homelessness and to improve services for the client group.

The COHP defines older homeless people as those over the age of fifty, this is to reflect the fact that homeless people are likely to age prematurely and experience the same frailties and vulnerabilities of the rest of the older population at a younger age.

The COHP has developed a methodology that can be used by local authorities to audit the numbers and support needs of older homeless people they have living in hostels or in contact with street teams in their area. The rationale behind this is that there is some evidence that older homeless people are stuck in hostels for longer becoming institutionalised and that there are inadequate levels of appropriate move-on accommodation, particularly for those with higher support needs.

We encourage local authorities or agencies to undertake the audit to give themselves more robust information on which to plan for the needs of this excluded client group. The methodology is very simple. It is web based and involves provider organisations filling in a simple form for each user over the age of fifty, or another age threshold chosen by that authority/organisation, in their service in a particular week. The information then comes back to Homeless Link and we do the analysis and provide a report on the numbers and support needs in this population. This information can then be fed into a local older people's housing strategy and into their local homelessness strategy.

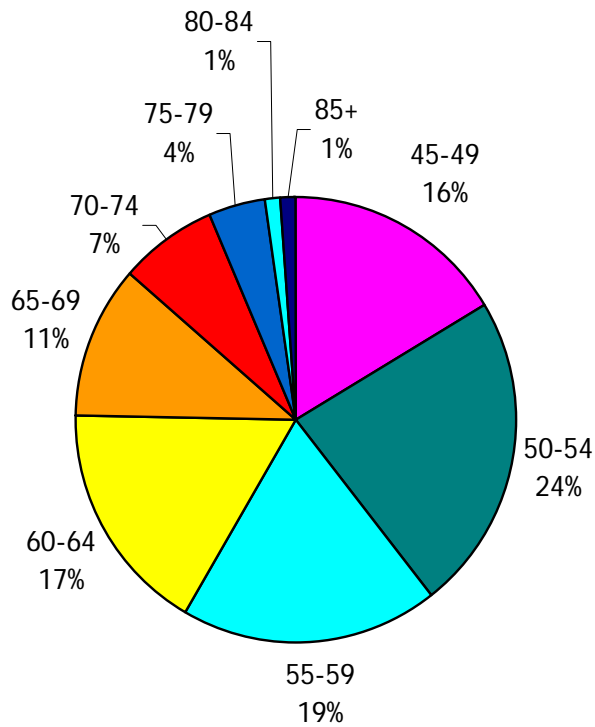
The information in this summary document is taken from audits carried out in Brighton, Cambridge, Westminster, Blackburn and one hostel in Liverpool. Different authorities took different age ranges as their starting points, e.g. Westminster audited people over the age of 60 years and Cambridge over the age of forty years. For the purposes of this summary we have taken the age of 45 years. There are a total of 389 older homeless people in the sample, the majority are living in temporary hostel accommodation with a small number living in B&B's or who have been contacted through day centres for homeless people.

### Gender of the older homeless population

The older homeless population in this sample is 91 % male

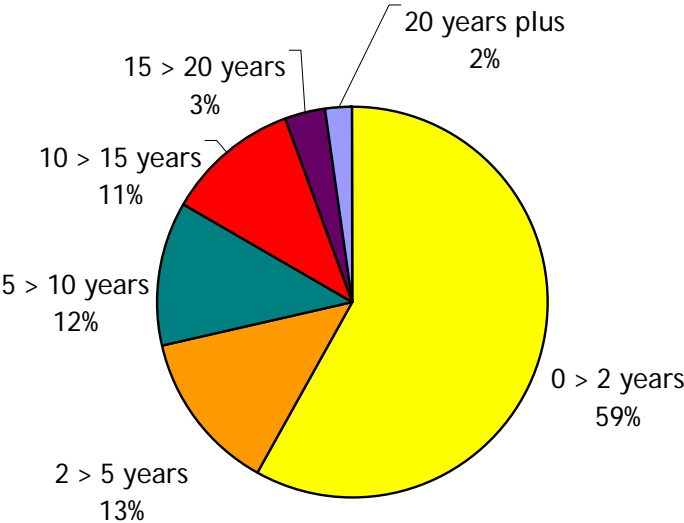
### Age range

The chart below shows the age range of the sample. 41% of the sample are over the age of 60 years and 13 % are over the age of 70 years.



### Length of stay

The chart below shows the length of stay individuals have had in the same hostel. This does not show the length of time they have been homeless with stays in other temporary accommodation or on the streets. 28 % of this population have been in the same hostel for over 5 years with 16 % of them having been in the same hostel for over 10 years.



## Support needs in the older homeless population

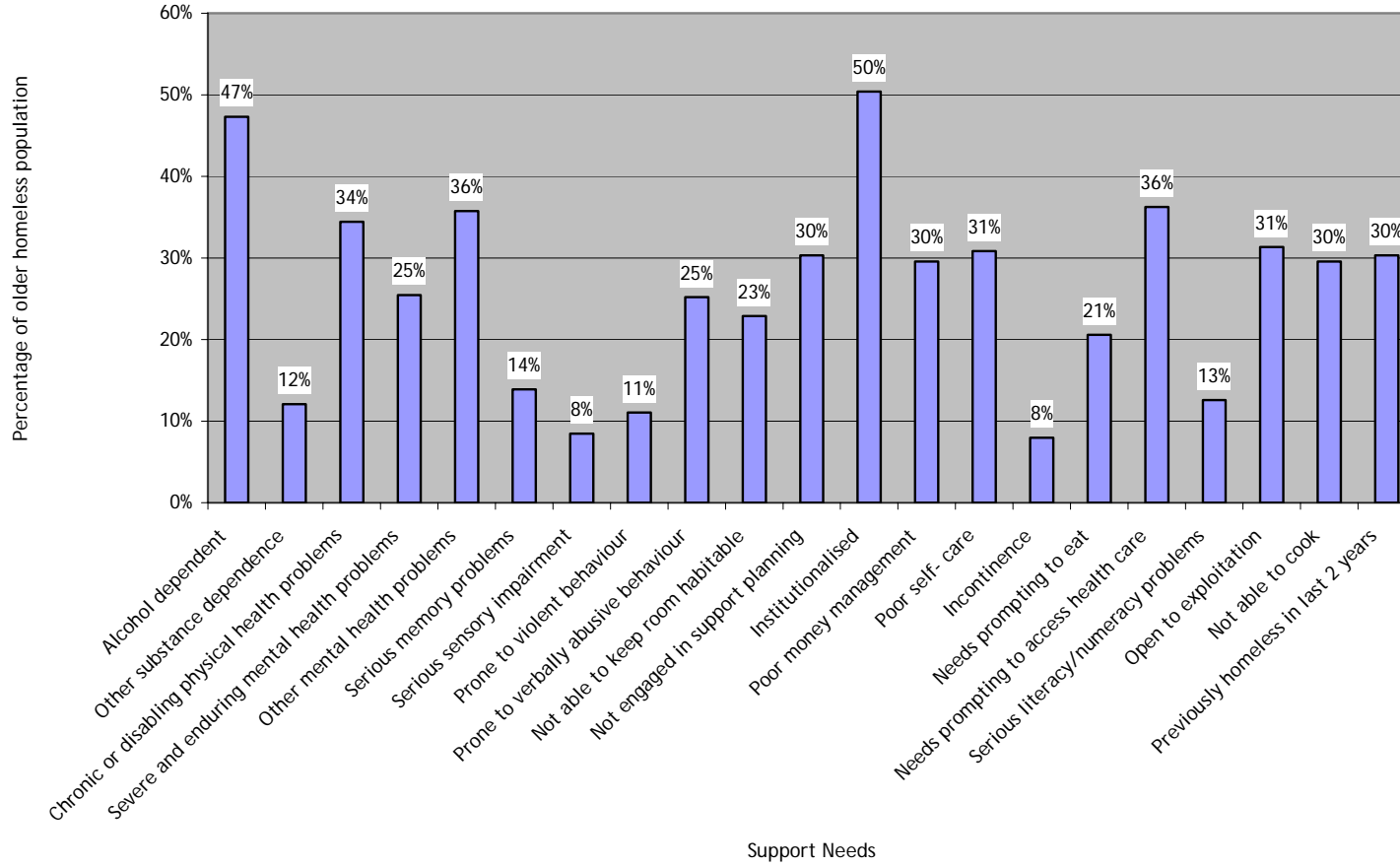
In the design of the audit members of the Coalition on Older Homelessness were involved in thinking about the spectrum of support needs that it was important to capture in thinking about older homeless people. The form asked providers to identify the support needs of each of their clients according to 20 pre-set categories. The possible answers were Y (Yes, they do have the support need), N (No, they do not have the support need) or U (unknown).

It can be seen from the chart below that this is a population with very high support needs. The graph on support needs shows that this is a population with high care and support needs, which in many cases go beyond that which is defined as housing related support. 50 % of the population are defined as institutionalised and dependent on living in a supported environment. This is an important finding in relation to the work that needs to be done to move on this population and a challenge to the homeless sector to ensure that future residents do not become institutionalised in this way. Another significant finding is that 30 % of the population are not engaged in support planning. Support planning and key work are the foundation of much hostel provision so this indicates an area of difficulty.

As might be expected mental health problems, taking serious and enduring mental illness and problems such as depression and anxiety, together, affect a large percentage (61%) of the population. Alcohol dependence is experienced by 47 % of the population, taken together with other substance dependence it affects 59% of the population. Support needs that are less commonly discussed as affecting the homeless population are chronic and disabling physical health problems (34%), poor self care (31%), needing prompting to access health care (36%), needing prompting to eat (21%), being open to exploitation (31%), and in a smaller proportion of the population, serious memory problems (14%) an inability to keep their room habitable (23%) and incontinence (8%).

The latter problems are not the kind of needs project workers in hostels are trained or employed to address. Some older people in hostels with care needs have domiciliary care workers going in to meet their care needs there. In the hostels I have spoken to about this the situation is not satisfactory, and it can be argued, should not be happening in hostels at all.

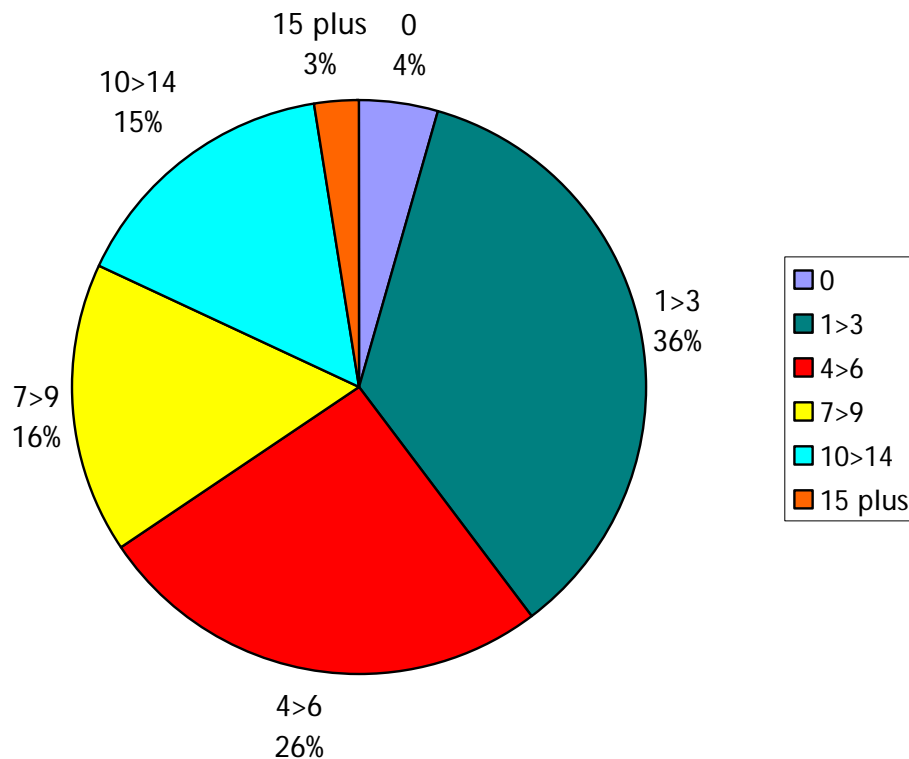
### Support Needs in Older Homeless Population



## Multiple needs

The definition of multiple needs developed by Homeless Link and now generally accepted is of a homeless person with three or more needs, such as mental health problems, substance dependence, physical health problems, where if one were to be resolved the others would still give cause for concern. In these audits it is those people with a combination of support needs that are of the most concern, 36% of the population had 1 to 3 support needs and 26% had four to six support needs with 16% having 7 to 9 support needs and 18% over 10 support needs. Anyone in this bracket ( and some of those in the other groups) is unlikely to have the capacity to sustain living independently and is likely to need a permanent high care option This is particularly significant in relation to the lack of appropriate move-on accommodation for the population with more complex needs.

## Distribution of support needs

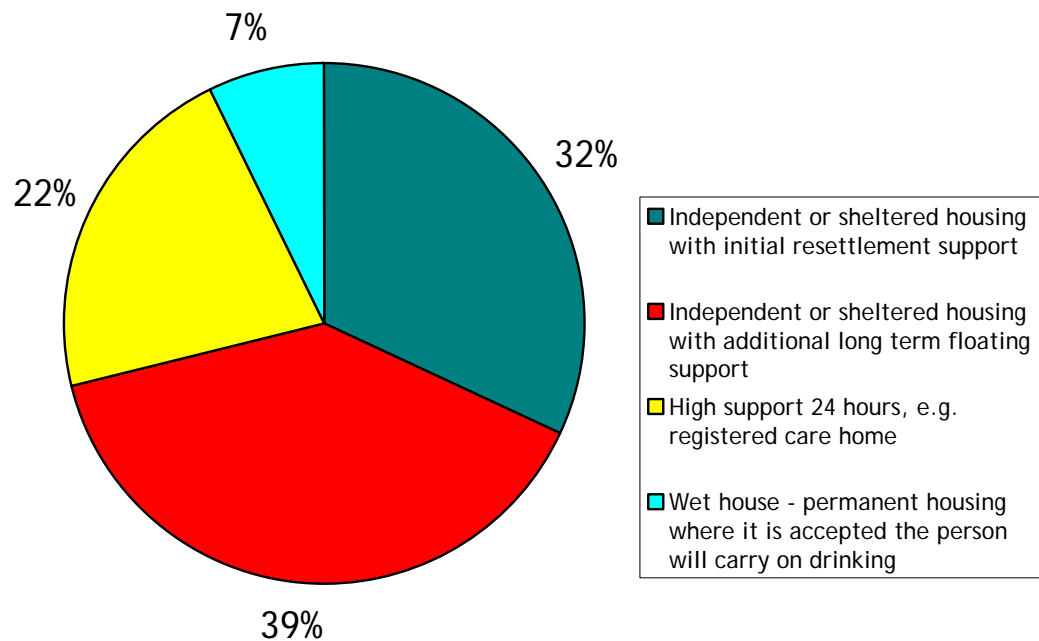


## Future Housing Options

Projects were asked to indicate for each individual what housing option, from a choice of four they thought would be most suitable for that individual to be resettled into. The options do not necessarily exist in the local area but part of the rationale was to identify if there are gaps in resettlement options and whether there is a need for specialist provision. The options on the form were:

- 1) Independent or sheltered housing with initial resettlement support
- 2) Independent or sheltered housing with additional long term floating support
- 3) High support needs - staff on site 24 hours a day, e.g. registered care or long term SP project
- 4) Wet house, where it is accepted that the person will carry on drinking and that is allowed on the premises.

The options that were identified for the clients in the hostel are illustrated in the diagram below.



Independent or sheltered housing with initial resettlement support is generally not too difficult to access. Permanent or long term floating support is much harder as there is a general ethos within Supporting People that clients are on a taper towards increased independence not increased dependence. It is also difficult to get additional support put in where people are in sheltered housing, although the level of support that can be offered by scheme managers is very low.

The third and fourth options needed by 29 % of the population are the most problematic. There are very few specialist registered care homes or long-term SP projects that are accessible to clients with a history of homelessness and often chronic alcohol dependence, particularly if they are under pension age. There are also very few permanent supported projects where it is accepted that the residents will carry on drinking and can do so in the project.

## Concluding comments

Not all older homeless people have additional care and support needs but those who do need special attention. Hostel staff struggle to meet the needs of people who have continence problems, memory problems, neglect to eat, are experiencing falls or having difficulties with personal hygiene. Nor should they be expected to meet these needs. Such support needs are beyond the level of housing related support offered in hostels and staff are not trained to do that type of work. The response of Social Services in some cases has been to put domiciliary care packages in place in the hostels, this is not a satisfactory solution.

The evidence from the audits carried out so far demonstrate that this group need a multi-sectoral response if we are going to finally give them the appropriate level of support and type of accommodation. The numbers involved are smaller but they have many similarities to the population who were living long-term in psychiatric hospitals, for whom there was an intensive re-provision programme.

We all have a responsibility to ensure that this group of older people have their ongoing care, support and accommodation needs properly assessed and met. They must not be excluded from adult social services and community care because they are chaotic or they don't fit neatly into a budget category. The first step in getting the needs of older homeless people onto the local agenda is to ensure their needs are recognised, an audit carried out and the information fed into local strategic planning.

Housing Associations, Social Services and Health all need to help the homeless sector find long term and appropriate solutions for this client group. Specialist supported housing, sheltered housing and extra care models can provide the right blend of independence, communal facilities (including meals) and potential for social interaction. Some people will fit into mainstream schemes, others will need the development of specialist schemes in order to meet their needs.

Sarah Gorton  
Project co-ordinator  
COHP, Homeless Link  
October 2007