

Draft Older people's strategy for London - Response from UK Coalition on Older Homelessness

Introduction to Coalition on Older Homeless People

Homeless Link is the national membership body for organisations supporting homeless people and working to end homelessness across England and Wales. It provides a strong voice to influence government policy and public opinion and provides members with advice, guidance and training.

The Coalition on Older Homelessness Project (COHP) is part of Homeless Link. It is funded by Help the Aged and Hact and brings together agencies concerned with the older homeless population. The aim of the COHP is to raise awareness of the specific needs of the older homeless population and improve services for older homeless people. The response to this draft strategy comes from the COHP and has concentrated on the older homeless population as the section of the client group with which Homeless Link are involved who will be most affected by the proposals. We have not attempted to respond to all the consultation points raised by the paper, as many of them are not within our scope of expertise. The Coalition defines older homeless people as those over the age of fifty years. This is because people who have experienced homelessness in their lives, especially long term or who have lived on the streets tend to have aged prematurely and experience the same frailties and vulnerabilities as other people over retirement age. People also become more vulnerable to some of the triggers of homelessness in later life, bereavement, relationship breakdown, poverty and physical or mental ill health. The Coalition is concerned both with people who are homeless and older people who are vulnerable to homelessness.

General comments

The UK Coalition on Older Homelessness welcomes the draft strategy and the spotlight that it puts onto the needs of older people in the capital, particularly on the four areas the Mayor is prioritising to concentrate on;

- Challenging perceptions and promoting the contribution of older people
- Pensions and income
- Supporting discretionary services
- Promoting good quality social care

The COHP has concentrated its response in these four areas, as they are the most likely to achieve some change for older people.

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We have structured our response around the chapter headings of the strategy where they have direct relevance to older homeless people.

Chapters 1 and 2 and 3

Challenging perceptions and promoting the contribution of older people to London, engaging with older Londoners and equality and diversity.

- **LOPSG needs to include homeless people and seek ways to include their voice when putting forward the views of older Londoners.**

Older homeless people are marginalized from the mainstream both by their age and their housing status. Opportunities need to be promoted for older homeless people to have their say too and to recognise the positive contributions they can make when given the opportunity. Many of them have contributed to society through their working lives but their life experiences mean that the end of their lives are often being lived in poverty, temporary accommodation and facing multiple difficulties of poor health, isolation and substance dependence. The Help the Aged report 'Journeys out of Loneliness'ⁱ based on interviews with 165 homeless and ex-homeless older Londoners provides evidence of the diverse needs and experiences of older homeless people and of their desire to be consulted about services and to exercise more control over their lives. The London Older People's Strategy Group, as the main user voice on older people's issues needs to include homeless people and seek ways to include their voice when putting forward the views of older Londoners.

- **Housing status needs to be taken into account when thinking about equality and diversity.**

The younger homeless population dominates policy attention on homelessness. Older homeless people are relatively neglected and invisible despite being one of the most vulnerable groups in society. In thinking about diversity and equality housing status needs to be taken into account. An underlying assumption in policy development that everyone is adequately housed leads to discriminatory practice. The development of one stop services such as Link Age plus is an exciting development but must take into account housing status and housing vulnerability. All service responses should be required to take into account how they are going to meet the needs of homeless and vulnerably housed people.

- **Flexible policies need to be developed around age criteria for services**

Age criteria defining access to services can act as a barrier to accessing appropriate services for people who have experienced homelessness. Long-term homelessness leads to premature ageing and some people in their forties and fifties can have all the frailties and vulnerabilities associated with a much older client group. Accessing a community care assessment, being offered a place in sheltered housing or residential care can all be services that are needed but obstacles are in place if they are not of the chronological age. Their need to be more flexible policies developed around this or a specific category of premature ageing developed.



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Pensions and income Chapter 4

Prevention of homelessness

- Home visits should be made when an older person accrues rent arrears or does not return HB renewal forms.

Poverty and homelessness are clearly inextricably linked. Researchⁱⁱ into the causes of homelessness among older people in England found that 44% of older people identified financial problems as the primary reason for their homelessness.

The findings from England are part of an international (three nation) study into the causes of homelessness in later life. Specific issues were identified in England in terms of preventable homelessness:

*'The most apparent service delivery problem is a failure of a responsible agency to deliver a benefit or service to a client who has an entitlement and has requested the service. Common examples in the United Kingdom are the failure of local authority housing departments to award an applicant with a low-income housing benefit. Cases arise through both inefficiency and the clients' failure to complete and return renewal forms'*ⁱⁱⁱ

In relation to the ongoing personal and financial costs of homelessness it is clearly a prudent 'invest to save' policy to ensure that older people do get the benefits they are entitled to. When HB forms are not returned or when an older person gets into arrears a home visit should be made and proper advice and help offered.

- Link Age plus should include a system of assessing housing vulnerability

The research also found that 50% of older people don't seek advice when facing homelessness and when people do seek advice they often rely on family, friends and support workers they are already in contact with. The tool kit on homelessness prevention^{iv} that arose from this research makes a number of recommendations. Amongst these is a recommendation that primary care workers, who are the most likely to be in touch with older people at risk of homelessness, become skilled in assessing housing vulnerability and that a simple tool is developed to assess risk of homelessness which can be used by front line practitioners. The COHP supports this recommendation and would like to see Link age plus involved in developing and operating assessment of housing vulnerability.

- A history of rent arrears should not be a bar to resettlement.

A related issue for older people is repeat homelessness. Many older people have revolved around being homeless, rough sleeping, living in hostels, and being resettled. If they do not manage to settle permanently and get into arrears with their rent this can impact on their chances of being resettled again. Even if they are accepted as vulnerable and homeless a local authority can refuse to house them because a history of rent arrears means they can be seen as intentionally homeless. Intentionality can be used as a reason by the local authority not to re-house an individual.

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Hostel residents and benefits

In relation to older people knowing about and accessing the full range of benefits to which they are entitled there are also issues about older people in hostels. There needs to be better knowledge among hostel workers about the transition from working age to pension age benefits and about claiming Disability Living Allowance which is under-claimed by hostel residents.

Chapter 6 Supporting Discretionary Services

- Day centres working with homeless people need to be able to rely on secure funding streams.

We are pleased that supporting discretionary services is one of the areas that the Mayor is prioritising. Both the client groups we are concerned with, older people who are homeless and older people who are vulnerable to becoming homeless, are often not entitled to statutory services. This is both because they do not always fit the age criteria and because they have complex needs which are not well served by statutory services. They therefore rely on discretionary services and the voluntary sector for a whole range of services.

Homeless sector day centres are of crucial importance to people who are homeless and support many people who are vulnerably housed.^v They are often a first point of access when people become homeless and continue to support people after they are re-settled. Day centres are effective in working with those who find mainstream services hard to access and those with multiple needs. Day centres increasingly provide a whole range of activities for homeless people from food showers and laundry through to advice services, health care, chiropody, mental health services, resettlement skills, gardening, cookery, creative activities, IT and employment skills. One of the biggest difficulties facing day centres is their lack of secure funding, the complexity of services they offer means they do not fit neatly into any one funding stream. Homeless Link is in the process of commissioning a report looking at how day centres for homeless people can demonstrate the financial benefits of the work they do. This should provide a replicable model that can be used by other day centres and strengthen the case of the importance of a strong network of day centres accessible to homeless people.

The report 'Journeys out of Loneliness' emphasises how important access to a diverse range of activities is to older homeless people, particularly as part of resettlement. Access to a whole range of activities is required to help people to integrate back into society; to develop self-esteem, to find their own skills and strengths to reduce dependence on alcohol and drugs and to help them to maintain tenancies when they are resettled. One of the findings of the research is that people who have been homeless do not always want to access services with other homeless people but they often need help and support to access mainstream services. Again one of the difficulties here there no clear funding stream to support meaningful activity for people who are being resettled from homelessness.



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- Targeted help needs to be available at times of vulnerability to homelessness.

The Coalition supports the notion that low level interventions 'that little bit of help' at the right time can play a crucial role in preventing older people from deteriorating and becoming isolated or ultimately becoming homeless. We would particularly like to see the development of discretionary services that can target people at times of specific vulnerability; bereavement, return from hospital, redundancy can all trigger a descent into homelessness, getting the support they need at the right time can prevent isolation depression, debt, and ultimately homelessness.

Chapter 7 Health and social care services

- Need for supported accommodation for older drinkers including extra care schemes.

One of the findings of The Kings Fund Inquiry into care services for older people in London^{vi} is that there is a paucity of residential care services for elderly rough sleepers, and specifically elderly drinkers. This is an issue that the COHP is very aware of and is brought to our attention consistently by the projects working with this client group and trying to find them appropriate permanent move-on housing. A recent ring round of a small number of London hostels showed the gaps are both for those needing specialist residential care and for those elderly drinkers who need something in between independent accommodation and residential care. *'They need small clusters of supported and permanent accommodation. They are the people we keep the longest, generally over two years but also there is a huge drop out rate, they get frustrated living with 40 others and behaviour problems lead to eviction or they just go because they are fed up with the wait. The level of support they need varies- many of them are heavy drinkers, some would be alright with someone who was on site 9-1, who could sort out any quarrels, help them with benefits and make sure they were alright.'*

There are one or two schemes in London where specialist floating support workers have been employed to work with people in sheltered accommodation who are alcohol dependent, and who have often had a history of homelessness. This enables the sheltered schemes to accept this client group and gives a greater likelihood of permanent resettlement.

The Coalition would like to see the development of extra care housing schemes specifically aimed at this client group and general schemes being made more accessible to people with a history of homelessness. The recent report from the SEU 'A sure Start to later life - ending inequalities for older people' acknowledges the need for specialist accommodation projects for the older homeless population. People with a history of homelessness can find settling into residential care difficult, especially people who are alcohol dependent. Extra care offers an option of an independent tenancy with opportunities for social activity, meals and flexible care and support. Some people who have been living in hostels have had 24-hour support and company and their support needs are too great, and likely to remain so, to move to independent living. Schemes commissioned on a cross-authority basis might be the most realistic option in terms of specialist schemes for this client group.

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- **Health inequalities should be considered in relation to older homeless people**

The draft strategy addresses health inequalities in relation to areas of disadvantage and in relation to ethnicity. Housing status is another dimension that has an enormous impact on life expectancy and on health inequality. There is evidence that the average life expectancy of someone sleeping rough is 42 years.^{vii}

Several studies have compared the health of homeless people to the general population. Selected findings from North^{viii}, Bines^{ix} and Acheson^x are that:

- Homeless people's injuries are four times more likely to be the result of an assault
 - They have twice the rate of infected wounds, and these infections are twice as likely to be severe enough to warrant an admission to hospital for further treatment
 - Asthma is twice as common
 - Stomach ulcers, gastritis and liver disease are all more common
 - Epilepsy is four times as common
 - Digestive problems are at least twice as common among rough sleepers
 - Mental health issues are eight times as high among hostel and B&B dwellers
 - They have a higher prevalence of bronchitis, tuberculosis, arthritis, skin diseases, infections and health problems related to alcohol and substance misuse
 - They are particularly vulnerable to several major communicable diseases, such as hepatitis B and C, tuberculosis and sexually transmitted disease.
- **Intermediate care services are needed that are accessible and appropriate for the older homeless population.**

In this context any work on improving the accessibility and quality of health services to older people should include access to health services for homeless people. One area the COHP are particularly concerned with is access to intermediate care. Intermediate Care responds to the needs of people who need nursing support but do not need to be in an acute hospital setting. People who are homeless tend to be excluded as they do not have an appropriate discharge address and intermediate care facilities do not have the experience of the client group. However due to their chronic health problems, high hospital admission rate and the lack of appropriate care available in hostels intermediate care is a service needed by homeless people. A recent report^{xi} has evaluated the evidence on this specifically in Lambeth and a group are working to develop a pilot project providing Intermediate care for homeless people. Older homeless people are particularly vulnerable.

For older homeless people (those over 50 years of age) research evidence shows that the hospital admission rate is three times greater than for the general older population, despite the average age of the homeless sample being 16 years lower^{xii}. There is also evidence of a highly increased rate of re-admission of patients living in hostels (35%) compared to those admitted from their own homes



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(10.8%)^{xiii} The intermediate care working group is hoping to raise funding for a pilot intermediate care project for homeless people in Lambeth. The SEU report on older excluded people^{xiv} gives its support to this project and commits the Care Services Improvement Partnership and Housing Improvement Network to following it up.

The move to individual budget holding is high on the health and social care agenda. We welcome developments that give people more say and control over the services they need. However for people with complex needs including a history of homelessness and alcohol dependence there would need to be a comprehensive system of advocacy and support in place for this to work with this client group.

Chapter 8 Housing and homelessness

- The COHP would welcome an audit of the numbers and needs of older homeless people in London as part of a strategy on older people and housing

The COHP welcomes the tie in here with the London Housing Strategy and the commitment to develop a programme of work in relation to older people and housing. Homeless Link fed into the London Housing Strategy particularly in relation to the need for better move-on from London hostels. Homeless Link is now funded to develop work with local authorities and hostel providers on improving planning for move-on. Older people, as one of the groups who tend to stay longer in hostels, are one of the specific focuses of this piece of work. We are also hoping to develop a model to be used by local authorities to audit their older homeless population. We were pleased to see an acknowledgement in the report of the permanent support needs that older homeless people may have in terms of tenancy sustainment.

- Awareness needs to be raised of the potential to remodel sheltered housing to specifically meet the needs of the older homeless population

We also welcome the link that is made here and in the London Supporting People strategy between the large stock of sheltered housing and the potential for re-development of that stock to meet the unmet need for move-on housing. One of the areas the COHP is working on is raising awareness in local authorities that sheltered housing, with appropriate support can be a successful route of resettlement for older homeless people. It is important that this is not just seen as a cheap option and a way of addressing voids in sheltered. There is evidence that this causes problems for the people who have been homeless, the existing tenants and the wardens. However there is also evidence that with thorough assessment of support needs, support for wardens and additional floating support going in, sheltered housing is a good resettlement option for the older homeless population.^{xv} For the older homeless population with more complex needs permanent supported accommodation with care on site is required.

Chapter 10 Culture

- There needs to be a funding stream to develop meaningful activity and access to cultural activities for homeless people

There is an increased understanding of the importance of access to cultural and leisure facilities for homeless people
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reflected in services such as Crisis Skylight and groups such as Streetwise Opera and Cardboard Citizens.

The afore mentioned research 'Journeys out of Loneliness' explored the particular themes important to older homeless people and a recent piece of research from Broadway^{xvi} adds to the evidence of the positive affects of social and cultural activities for homeless people and their relationship to positive health outcomes. Homeless people who participated in the research emphasised the impact of social and cultural activities on:

- reducing anxiety and depression
- promoting relaxation and good sleep patters
- physical benefits of exercise
- distraction or relief form problems and from drugs and alcohol
- increased ability to communicate needs.

This report found a need for a wider range of better-targeted services, small-scale activities that people can try without pressure to commit themselves, inclusive activities which are not just aimed at homeless people and the need for one to one support in accessing activities. A range of social and cultural activities should be the expected and accepted norm in services for homeless people. The case studies below indicate the kind of difference access to Arts can make in the lives of older homeless people.

Case studies from Capital Arts

Joe was sleeping rough when he began participating in the programme, and his aggressive, sometimes threatening behaviour brought him close to being banned. He had in fact been banned from several day centres.

But Joe was stunned by the gracious welcome he encountered in the galleries, and excited by the opportunity they gave him to see and practice art - he had in fact been drawing since he was a child.

When we told Joe the programme itself was threatened by his behaviour he found the inner resources to control his anger and change his behaviour. He now participates in a positive way, has made friends and offered support to others. He is hoping to be re-housed soon, and to start college courses in art. Many problems remain for him, but the gallery programme has certainly transformed his chances for a better future and a positive role in the community.

John lives in sheltered housing after becoming homeless through marriage breakdown and depression. He is very active in his housing estate, and organises activities and offers support to other residents. He began a part-time humanities course and drew immense satisfaction from it until ill health forced him to drop out.

The Capital A programme allows him to pursue his interest in the arts but also to take time off when he needs to. Not only the learning opportunities but the friendships he has made in the group help to sustain him in facing this new difficulty.

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Chapter 12 Crime and Personal safety

- **Older homeless people should be supported and encouraged to report crimes against them.**

Older Homeless people are the frequent victims of assault and verbal abuse and harassment on the street, they should be recognised as another of the categories who experience hate crime. There is evidence that older homeless people, who are rough sleeping, sleep in isolated and hidden spots, as they feel too vulnerable on the street. Crimes against older homeless people are also likely to go unreported.

- **The support needs of older people who are perpetuating 'anti social behaviour' need to be recognised and addressed.**

In relation to anti social behaviour older people are likely to be seen as victims but there is also a need to recognise the anti social behaviour of older people and the support needs that lie beneath that behaviour. Erosh (Emerging Role of Sheltered Housing) carried out an analysis of 20 court actions for evictions or possessions in sheltered housing, 8 of these were about anti-social behaviour of the tenants and three abandonments. This reflects a lack of proper assessment being done of tenants moving into sheltered schemes and a failure to pick up on breakdowns in mental health or onset of dementia, alcohol problems, isolation, unwanted visitors, lack of support which can lead to behaviour, which others will perceive as anti-social. We would like to see the support needs of older people seen as perpetuating anti social behaviour being taken into account in the Strategy.

Domestic violence

- **Need for specific projects offering accommodation and support to older women who have experienced domestic violence**

We commend the recognition of the specific needs of older women in relation to domestic violence. The issues picked up in the draft strategy are all issues seen as important by the COHP and that were highlighted in Help the Aged's work on older women and domestic violence.^{xvii} We are pleased to see they will be considered in the review of the Mayor's domestic violence strategy. There is a need for specific projects offering accommodation and support to older women who have experienced domestic violence There is also anecdotal evidence from the sector working with older homeless people of men who have experienced domestic violence from their partners and whose homelessness has arisen as a result. The COHP would be happy to be involved in the consultation process.

Conclusion

The COHP welcome the publication of the draft strategy. We are disappointed that the action plan was not published along with the strategy for comment; most people with an interest in the strategy will be primarily interested in the action that will come out of it.

We hope that within the Mayor's strategy for the GLA to be an equality and diversity champion and to move equalities in the mainstream, housing status and the inequalities that result from homelessness, particularly in later life, will be Supported by:



taken on and recognised as an important part of the strategy for older people.

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Sarah Gorton
Project Co-ordinator
UK Coalition on Older Homelessness
Homeless Link
First Floor
10-13 Rushworth Street
London SE1 0RB
sarah.gorton@homelesslink.org.uk

ⁱ Journeys Out of Loneliness : The views of older homeless people Kim Willcock Help the Aged 2004

ⁱⁱ Three nation comparative study of the causes of homelessness among older people - The study and design findings from England. Crane M Warnes T & Fu R SISA University of Sheffield.

ⁱⁱⁱ The causes of Homelessness in later Life findings from a 3 nation study Crane et al Journal of gerontology 2005 vol 608 no3

^{iv} Building Homelessness Prevention practice : Combining research evidence and professional knowledge Crane M, Fu R, Warnes A SISA 2004

^v The role of Homeless Sector Day centres in Supporting Housed Vulnerable People SISA 2005 Crane M ,Fu R, Foley P & Warnes A

^{vi} The Business of caring Kings Fund inquiry into care services for older people in London, Kings Fund June 2005

^{vii} Still Dying for a Home, Grenier, P (1996) London: Crisis

^{viii} Go home & rest? The use of Accident and Emergency Departments by Homeless People, North, C et al (1996) London: Shelter

The health of single homeless people, ^{ix} Bines, W (1994) York: Centre for Housing policy, University of York

^x Independent Inquiry into Inequalities in Health Report, Acheson, D (1998) London: The Stationery Office

^{xi} The Road to Recovery Lane R 2005 Lambeth PCT and Homeless Link

^{xii} The discharge of older homeless people from hospital, Blood I Help the Aged and hact 2003.

'We'll meet again'^{xiii} Levy A et al HSJ vol 110 no 5725 Oct 2000

^{xiv} A Sure Start to Later Life Ending Inequalities for Older People SEU HD, ODPM, DWP January 2006

^{xv} Sheltered housing and the resettlement of older homeless people Blood I Help the Aged and hact 2002 and

Resettling older homeless people crane M and Warnes SISA 2002

^{xvi} The impact of social and cultural activities on the health and well-being of homeless people October 2005 Broadway and Westminster PCT

^{xvii} Older women and domestic violence Blood I Help the Aged 2004

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