

Focus on:

HOMELESSNESS AND OLDER PEOPLE

Summary of issues:

- 1. Need to ensure that older people can access advice and information at an early stage before they get into crisis and risk homelessness.**
- 2. Need to review the needs of long term substance abusing older adults who are unable to move on from hostel accommodation because of the lack of appropriate supported accommodation.**
- 3. Need for integrated working within the City's Older Persons Strategy and Housing Strategy (in development) to ensure that appropriate housing options are available to meet needs of rising older persons population.**
- 4. Need to review pathways into housing through PCC Allocations; sheltered housing allocations; and Disability Panel.**
- 5. Need for more integrated working between organisations – particularly with regard to assessment of needs by both Social Services and Housing Services.**
- 6. Review operation of Pathways flats – and ensure continuation.**
- 7. There is poor specialised informational, support and substance abuse support is available to meet the needs of older people.**

Needs information highlighted at national level:

Characteristics of older people that are likely to become homeless:

- o Physical health problems and disability
- o Mental health problems or dementia
- o Substance abuse or other addiction including gambling
- o Limited literacy and numeracy and lack (or loss) of confidence in coping with bills.
- o History of unresolved loss and trauma

(Source: Coming of age: opportunities for older homeless people, Jenny Pannell, UK Coalition on Older Homelessness).

Against these background characteristics, certain events are likely to trigger homelessness:

- o Problems with the condition of the housing or the tenancy.
- o The death of a relative or close friend.
- o Relationship breakdown.
- o Problems with co-tenants or neighbours.
- o Financial problems and rent arrears.

(Source: The causes of homelessness among older people in England (2006) Anthony Warnes and Maureen Crane, Housing Studies, Volume 21, No 3, 401-421)

These triggers wouldn't necessarily lead to homelessness if advice was available, but older people are less likely to seek advice to deal with these issues:

For most people it is a combination of these events and vulnerabilities that lead to an increase in housing instability. Older people are often less capable of coping with these adverse events and less likely to seek advice.

(Strengthening the Preventing Homelessness Agenda in Partnership for Older People Projects, UK Coalition on Older Homelessness, 2006).

Older people with complex needs – social as well as medical – don't access advice support until they're in a crisis – which often ends up in homelessness.

(Strengthening the Preventing Homelessness Agenda in Partnership for Older People Projects, UK Coalition on Older Homelessness, 2006).

Older people, particularly those with complex needs, can end up living in hostels over a long period because of a lack of suitable move-on accommodation.

(Coming of Age, UK Coalition on Older Homelessness, 2004).

(Source: Journeys out of Loneliness, The Views of Older Homeless People. Help the Aged, 2007).

Local needs highlighted:

Plymouth's older people have a range of diverse needs and come into contact with a wide range of services:

Local evidence indicates that older people who are at risk of homelessness will not necessarily present to housing services, but have complex needs that will result in them having their housing needs met as a result of approaching other services such as A & E and hospital inpatient care; mental health services, residential care, hostel accommodation and adult social services.

(Source: Older Persons Programme Board – quoted in Older People's Plan 2006).

Future housing needs of older people identified in Housing Market and Needs Assessment 2006:

This needs assessment identified that 23.8% of heads of households are currently retired, and population projections show this figure will increase further up to 2026 – there is expected to be a 42.6% rise in the proportion of 65+ year olds between now and then. The final report suggests “a need for a strategic approach to the accommodation needs of older people in the City”. However, the report also identified that:

“Many retired people will have their own resources for housing and care”.

Statutory homeless acceptances where old age was a primary or secondary factor

The following table illustrates that relatively few older people are accepted for a full statutory homelessness duty on the basis of their old age – or who are over 60 years of age.

Quarter Ending	Accepted on basis of 'old age' as priority need as primary or secondary category	Accepted – age groups		
		60-64	65-74	75+
30.06.2005	1	1	0	1
30.09.2005	5	3	2	3
31.12.2005	2	2	1	2
31.03.2006	3	0	2	1
30.06.2006	4	0	4	0
30.09.2006	0	1	0	0
31.12.2006	0	0	0	0
31.03.2007	1	0	2	0
30.06.2007	3	0	3	2
Total	19	7	14	9

- o Relatively small numbers are accepted as homeless and in priority need based on their old age.
- o Over the last two years, there have been 19 people accepted on the basis of having a priority need due to old age – and a total of 30 acceptances of people over 60 years old (some of whom will be included in the old age priority need numbers).

Preventing homelessness, unnecessary hospitalisation, or untimely admission to residential care of older people, due to problems that are more to do with the home or living environment that in many cases can be resolved:

Working party re. move on established – information to be included here.

Survey of Social Work staff ‘Have your say about older people with housing issues’
(Questionnaire is appendix V).

“Impossible to organise joint assessment with housing staff at short notice – difficult when person is homeless and fit for discharge from hospital. This frequently happens in respect of older homeless people who abuse alcohol – we direct them to the homeless unit. Some don’t arrive at all and some are seemingly not treated as a priority for accommodation”.

Social Worker, Derriford Hospital.

The survey revealed that on average, Social Workers were holding no more than two older people on their caseloads who were homeless, or at risk of becoming homeless. A number of issues placed these older people at risk of homelessness, including housing benefit issues, complaints from neighbours, and breach of tenancy conditions – but predominantly issues with alcohol abuse were raised.

Social Workers reported broad differences in responses received from the Housing Department with regard to initiating joint work to deal with housing issues and recommended the following courses of action to enhance joint working:

- o Clear indication of ‘pathways’ to seek housing related support and advice with housing issues.
- o Improved availability of housing officers to complete joint assessments.
- o Joint training and awareness raising sessions for Social Work and Housing staff with regard to older persons issues.
- o Leaflets and information that clearly set out housing options available to older people, and the criteria for making a homelessness approach.
- o The availability of warden supported accommodation for older adults who continue to abuse alcohol.

“Alcohol misuse needs to be understood by all parties and housing and services tailored to meet individuals’ needs”.

Interim Care Unit staff, Community Services

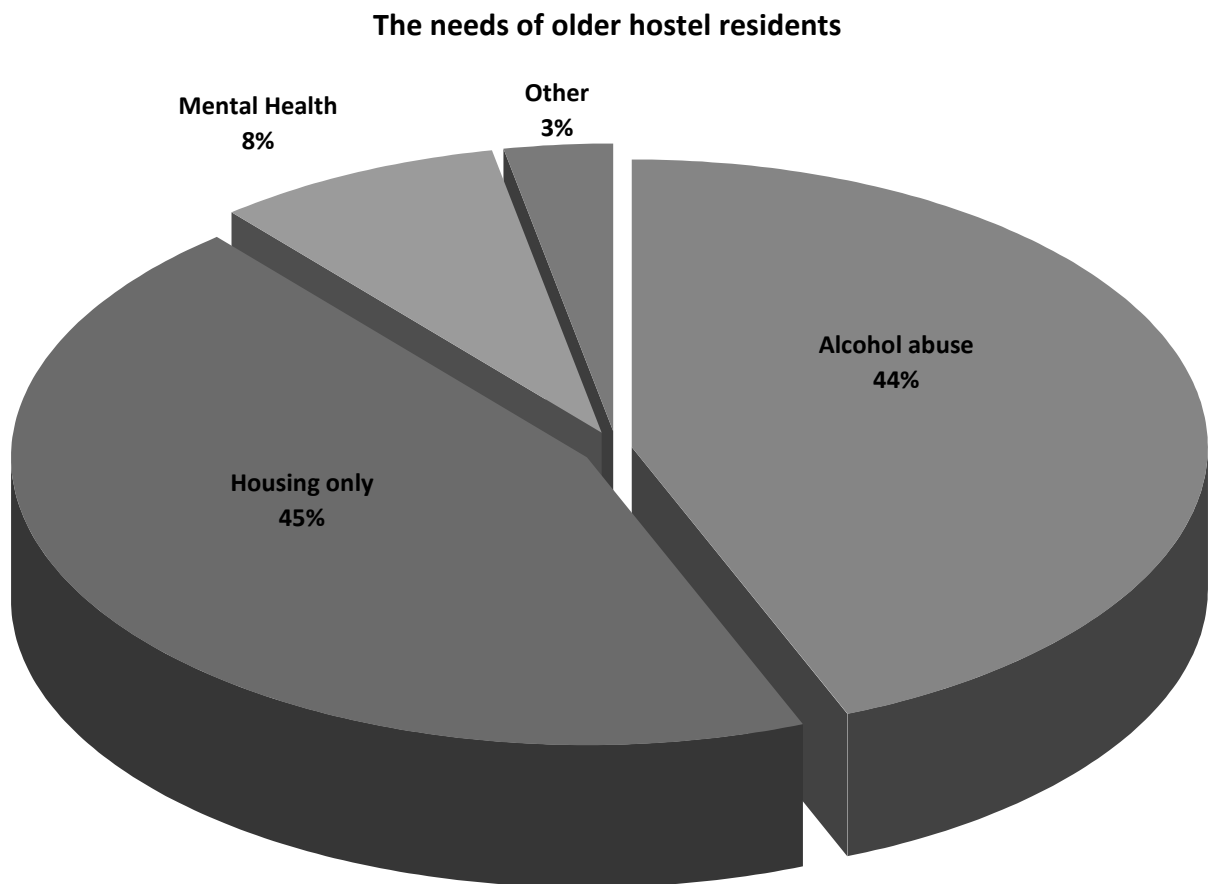
Older People accessing hostel services:

During the year between 1st September 2005 and 31st August, 2006, there were 39 people aged 50 and over who accessed the SHIP Hostel. A wide variety of circumstances led to older people seeking hostel accommodation, though as can be seen, the majority have a background of rough sleeping/transient lifestyle – and are likely to present a considerable challenge to hostel serves in terms of resolving long-standing issues.

Other prominent issues were people who lost their employment, who suffered a relationship breakdown or were evicted from, or asked to leave their accommodation. In the year sampled, 3 people were discharged from hospital into the hostel.

Circumstances leading to need for hostel accommodation	Number Affected
History of rough sleeping/transient lifestyle	15
Loss of employment	6
Relationship breakdown	5
Evicted from accommodation	5
Discharged from hospital	3
Released from prison	2
Was harassed and fled tenancy	1
Bankruptcy	1
ASBO served	1
Domestic violence	1
Total	39

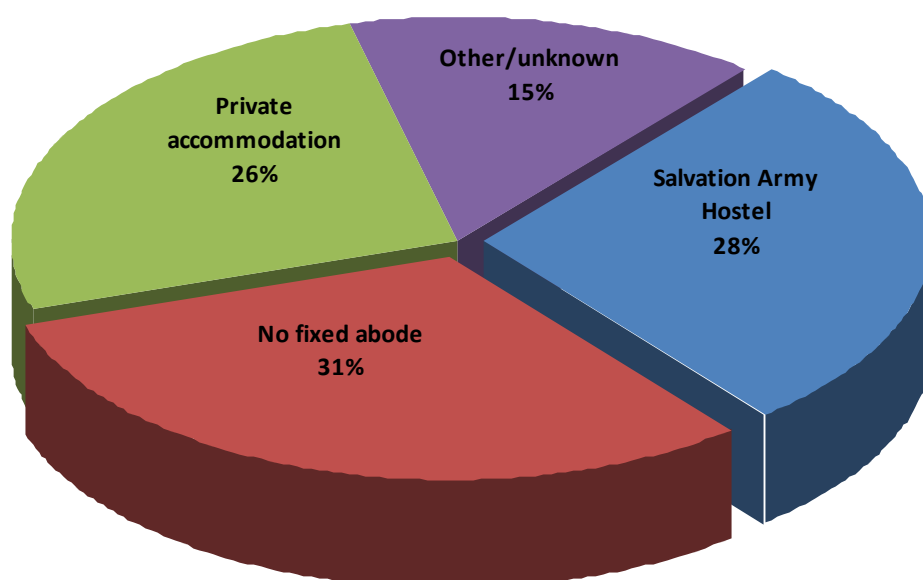
As the below chart shows, alcohol issues were prominent among older people accommodated at the hostel:



Though the majority of older people accommodated in the hostel during this period were considered to only have a need for housing, a great many had alcohol abuse issues. Review of the SHIP's monitoring database indicates that the numbers of older people, and the issues they present with, has remained fairly stable since the period sampled.

An analysis of the move on destinations of older people in this period indicates some of the challenges in working with older people with fairly entrenched lifestyles, with the majority leaving to go to no fixed abode.

Destinations of Older People who left SHIP Hostel



During service user consultation, key issues highlighted by older people rough sleeping or in receipt of hostel services in Plymouth were:

- **Informational needs:** Need for clear information or support to access and understand information (benefits/tenancy rights/accommodation options/how to engage with services/how tenancies work).
- **Special support needs:** mental health; support with confidence and motivation building; outreach/floating support; more support at home with daily living tasks; more help needed to find training and work; more help needed to find a suitable home; more meaningful social contact.
- **Specialist support to deal with substance abuse:** Comments were regularly made about the affect of long term alcohol use – and having the flexibility to cope with people who had no desire to end their use of alcohol:

“Alcohol had often hampered plans to find long-term accommodation. Efforts had been made to stop drinking using various support mechanisms such as AA but they reported a return to drinking”.

(Source: Homeless Older People’s Experiences Plymouth Tenant Participation Team 2006)

- **Differing views about settled accommodation needs:** Various responses were received, illustrating that a flexible approach to the requirements of older people is needed – though most agreed that an arms length support service would be of great value to those leaving a hostel environment, and many liked the idea of living in a community with others in a similar situation and feared isolation and loneliness if they did not.
- **Varying views about higher need service users living in sheltered housing:** Sheltered Housing residents were divided in their views, with some saying “Older

homeless people are to blame for their own plight and they'd inevitably bring problems with them" and others saying "They would fit in ...if they had extra support services".

It is worth noting that many of the older people interviewed had a desire to share their skills and experiences with others, noting that they had "an abundance of work and life experiences and useful skills which they wished to share with others".

(Source: *The HOPE Consultation (Homeless Older People's Experiences) Plymouth Tenant Participation Team, 2006*)

Hospital discharges for older people who are homeless or at risk of homelessness:

Information requested regarding Pathways to Independence Flats.

Older people with limiting illness by tenure:

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001				
	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	5,593	5,840	4,860	1,534
Owned, without a limiting long-term illness	13,854	8,743	3,905	660
Rented from council, with a limiting long-term illness	1,706	1,716	1,536	445
Rented from council, without a limiting long-term illness	1,500	1,356	836	169
Other social rented, with a limiting long-term illness	474	584	584	232
Other social rented, without a limiting long-term illness	371	380	281	72
Private rented or living rent free, with a limiting long-term illness	672	529	620	333
Private rented or living rent free, without a limiting long-term illness	841	488	367	119
All people	25,011	19,636	12,989	3,564

(Source: Census 2001, taken from CSIP Projecting Older People Population Information System).

Bereavement can trigger homelessness

Case Study: June, aged 75 years old, resident in sheltered housing, November 2006.

June shared a council bungalow with her husband until he died eight years ago, and that after his death, she stopped eating properly.

“I was smoking heavily instead of eating; I was on 400 cigarettes a week”

Her daughter took her in and though she paid for her lodgings, the arrangement didn't work out. Things came to a head at Christmas 2003 and her daughter asked her to leave. June knew where to go for help:

“I looked in estate agents and I went to the Council's Housing Office. I went to the Homeless Unit and filled in a form. They were very helpful. I didn't mind a council place or a private place”.

She said that a place in a Sheltered Housing Scheme came available in only three months time. She's now happy where she is:

“I prefer it here. It's warmer and it's cheaper. My bungalow was on a corner and it was a bit lonely and also a bit rough outside. I'm back where I started; I went to school with the people from around here”.

Older People and Future Housing Needs – Visioning Event:

Information to be included when published.