

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

by Jenny Pannell and Guy Palmer

UK

Coalition on Older Homelessness

Working together for older homeless people



Frontline agencies in partnership

Supported by:



About the authors

Jenny Pannell is a freelance researcher and also Visiting Research Fellow at the University of West England with a particular interest in the housing and support needs of marginalised and vulnerable people, especially older people and people with learning difficulties. She was the lead researcher on the UWE evaluation of the hact and Help the Aged older homelessness programme, and lead author of the report, *Surviving at the Margins*.

Guy Palmer is co-director of the New Policy Institute. NPI is an independent research organisation and think tank, whose mission is to advance social justice in a market economy. It has also undertaken numerous studies regarding homelessness, including estimation of numbers, development of cost scenarios and development of policy proposals. Guy has led much of the NPI's work on homelessness.

About the commissioners

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.

Acknowledgements

We would like to thank our two partner charities - Help the Aged and The Housing Associations Charitable Trust (hact) - for funding the research and for the support of their staff on the advisory group.

For further information contact:

Sarah Gorton
Coalition on Older Homelessness Project Co-ordinator
Homeless Link
First Floor, 10-13 Rushworth Street
London SE14 5SA
Tel: 020 7960 3010 Direct line: 020 7960 3057
Email: sarah.gorton@homelesslink.org.uk
www.homeless.org.uk www.olderhomelessness.org.uk

Contents

Introduction:	1
Older homelessness - why does it matter for Supporting People?	
Overview	2
Strategic Planning	3
Challenges in strategic planning and service delivery	
Older homelessness	4
Routes into and out of homelessness	
Scenarios	5
Frank - Older man who became homeless after the death of his wife	5
Variation 1	6
Variation 2	7
Grace - Older woman, gambling addiction evicted from council house	8
Variation 1	9
Variation 2	10
Harold - Older man with mild learning difficulties, made homeless when parents died	12
Variation 1	13
Variation 2	14
The problems that cause older homelessness	16
Older homeless people with multiple needs	17
How do older people become homeless?	18
Aren't they entitled to housing?	
How should we define older homeless people?	20
The extent of the problem	21
How many older homeless people are there?	
Official figures for statutory homelessness	21
Our estimates of older homeless people	21

Solutions	
How Supporting People can help older homeless people	24
Supported housing	24
Direct access, short-stay provision	
Specialist supported housing - Medium to long stay	25
Resettlement services	27
Tenancy sustainment and floating support	28
Provision for women	28
Provision for people from minority groups	29
Sheltered housing	29
Home improvement agencies	30
What happens in your area?	30
Supply mapping	31
Supporting People Service reviews and contract management	31
Appendix 1: The numbers of older homeless people	32
Appendix 2: The costs of homelessness	50
Bibliography	62

Introduction

Older homelessness - why does it matter for Supporting People?

Supporting People (SP) provides many opportunities to improve services for vulnerable older homeless people:

- for creative commissioning of new housing and support services
- to influence and change existing housing and support services
- to encourage provider organisations to work collaboratively, for example in developing referral systems, user involvement, networks and specialist provision
- to work in partnership with other commissioners and funders to ensure that complementary services are provided to support older homeless people in maintaining their tenancies.

In developing the local five-year SP strategy, SP teams and their partners can influence and manage the local market, encouraging both existing and new providers to develop housing and support for 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.

The Supporting People Programme is designed to enable vulnerable people to achieve and maintain independence through housing-related support

services. Older homeless people are a particularly vulnerable section of three of the four main Supporting People client groups: older people, single homeless people and people with mental health problems. 75% of the SP budget is spent on the four main groups (the fourth group being people with learning disabilities). Older homeless people are especially vulnerable because of their age, but for many, their vulnerability is made greater by other issues, including:

- physical disability and sensory impairment
- mental ill-health and dementia
- substance abuse and addiction
- learning disability
- domestic violence and elder abuse
- poor housing conditions and isolation
- premature ageing in those who have been long term homeless.

Supporting People provides many opportunities to improve services for older people who are homeless or vulnerable to homelessness:

- to map services and see what local provision exists
- to identify gaps in provision
- to improve existing services through monitoring and reviewing processes, thus ensuring that continuous improvement is achieved
- to encourage all-age services to consider the needs of older service-users
- to obtain better value for money and save on public spending elsewhere.
- to work to prevent homelessness amongst older people
- to prevent deterioration in the health and circumstances of older people who are homeless.

There are already some excellent examples of good practice, funded by Supporting People, which point the way to better provision for this vulnerable group.

Supporting People strategies, and other local and national strategies (especially on older people, homelessness and housing) should make reference to the needs of older people vulnerable to homelessness and, through effective partnership working, ensure that their needs are met. This reflects the policy agenda of national government:

- older people's initiatives including Better Government for Older People, Quality and Choice for Older People's Housing and the work of HOPDEV (the Housing and Older People Development Group)
- homelessness initiatives including recent changes to homelessness legislation and the requirement for local homelessness strategies
- the development of Regional Housing Boards
- the development of policies and procedures to protect vulnerable adults from abuse (including older people)
- health initiatives such as the Department of Health Extra Care Housing Fund now extended to include grant aid for a further year (2005-06), focusing on the government's preventative agenda.
- the tackling health inequalities programme for action, including the target to reduce the gap between the areas with the lowest life expectancy and the population as a whole.

Overview

This report examines the challenges and proposes cost-effective solutions for SP commissioners, their partner agencies and providers to meet the challenge of older homelessness. It has been commissioned by Homeless Link and the UK Coalition on Older Homelessness, a group of agencies concerned with raising the profile of older homeless people in the UK, funded by Help the Aged and based at Homeless Link. Members include Age Concern, Crisis, Shelter, Salvation Army, St Mungos and others. Coalition members believe that older people aged over 50 are the most adversely affected by homelessness in relation to both physical and mental health, yet paradoxically they often face the greatest difficulties in gaining access to vital services.

The report considers:

The extent of the problem:

- Challenges in strategic planning and service delivery.
- Routes into and out of homelessness for older people: three scenarios, and examples of costs of services.
- How and why older people become homeless.
- Estimates of how many older people are homeless.

Creative solutions:

- Examples of service provision to meet the needs of older people who are homeless or at risk of homelessness:
 - direct access and short-stay hostels
 - specialist medium and long-stay supported housing
 - resettlement

- floating support and tenancy sustainment
- sheltered housing
- home improvement agencies.
- A checklist for local action: what you can do locally to ensure that effective services exist for older people vulnerable to homelessness.
- Where to find out more: contact details and sources of further information and advice.

Strategic planning

Challenges in strategic planning and service delivery

Too often, older homeless people's needs are marginalised and fall between the gaps in planning and service delivery:

- older people's strategies and services assume that older people have adequate housing, with little consideration of the needs of those who are homeless or living in unsuitable accommodation such as hostels or bed and breakfast
- there is an assumption that older people need only personal care (funded through social services) or health care, rather than housing-related support (funded through SP)
- homelessness strategies and service providers concentrate on younger people and families with dependent children
- links between strategies (housing, homelessness, older people, health) are poor
- joint working between service providers (housing, homelessness, older people, health) is poor across both statutory and voluntary sectors

- some older homeless people (eg older drinkers) are 'unpopular'
- SP commissioners and review teams may not appreciate that older people who have been homeless need intensive and long-term support
- housing strategies assume that sheltered housing will meet their needs, but it is not suitable for all older people
- providers may not develop a range of appropriate housing and support provision
- older people's needs are often hidden or ignored in all-age specialist services (eg single homeless, mental health, learning disabilities, domestic violence)
- older homeless people with complex and multiple needs (including mental health, alcohol and physical disabilities) are shunted between services and budgets, with no-one taking responsibility
- the transition between working-age and older people's services (health, social services, benefits) is difficult to negotiate
- access to services for older people is set by age criteria, rather than according to need.

Nationally, Supporting People already funds a range of services, some of which are available to older people vulnerable to homelessness. However, there are a number of barriers to developing specialist provision:

- commissioners may not be aware of the needs of this group
- it is difficult to fund new provision
- some services for this group should be jointly commissioned and funded, or involve partnerships

with other agencies (eg PCTs, social services, Learning Skills Council) but such arrangements are time-consuming and difficult 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 difficult to source.
- pipeline schemes are problematic because of the different funding arrangements and bidding rounds for capital finance (usually via the Housing Corporation) and revenue funding from Supporting People and perhaps other sources
- good practice examples are not always well-known
- provision is patchy; some areas have specialist services but others have nothing
- there is a lack of preventative work
- smaller towns and rural areas are less likely to have services
- most services are for young people (under 25) or say they are for all age groups, but in practice this will often exclude older people, unless agencies take a particular interest and staff develop an expertise
- sheltered housing wardens do not have the capacity to deal with tenants with extra support needs.

Older homelessness: routes into and out of homelessness

Losing one's home and being homeless is especially difficult for older people. Research shows that 'home' can be more important for people in later life (Heywood et al 2002). Older people are likely to spend more time in their home than younger people, and the home and its surroundings can be important because of memories and friendship and family networks. However, there can also be associations with negative emotions (eg fear of abuse and violence). Long-term or repeated homelessness is particularly damaging to the physical, mental and emotional 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 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. There can be substantial cost savings of many thousands of pounds a year if older homeless people receive appropriate interventions. The tables following the scenarios summarise the costs of each episode of homelessness and the variations for each scenario. See [Appendix 2](#) for full details of how costs of scenarios have been arrived at.

Scenario 1

Frank: Older man who became homeless after death of his wife

Frank, aged 55, is a widower. Frank had been married for 30 years and lived in London with his wife until she died unexpectedly. After her death, he found it difficult to cope, and with family living a long way from him, he felt very isolated. Frank was always a heavy drinker, but the pressure of the new circumstances made him drink even more. He was made redundant shortly after his wife’s death, and became very depressed.

Frank did not want to stay in the flat because the place was full of memories. He had also started receiving letters from his building society asking about mortgage repayments. Although Frank did not have much left to pay, he had no income at all, and did not know how to handle the problem. He abandoned it and travelled to stay with his son in Sheffield. His son let him stay for a week, but after that, told him to leave - he did not intervene to help Frank with his problems, as Frank was drinking heavily and did not communicate. Frank also told him he still had the flat, so his son did not know that he had nowhere to go.

Frank did not know where to go for help. He did not want to go back to his flat, as he thought he might get arrested. For no particular reason, he ended up travelling to a northern city, where he slept rough. He continued drinking heavily, and was depressed. The only people he knew were others living on the street. They told him about a day centre where he could go for food and advice. He was also told about a night shelter which he started to visit from time to time.

Frank lived between the streets, night shelter and day centre for six weeks. His rough sleeping came to an end when a worker at the day centre noticed Frank was extremely ill - and arranged for him to see a doctor. Frank had contracted TB, and was sent to hospital where he stayed for four weeks. The hospital also put him in touch with a social worker to help with his depression. They also put him in touch with a hostel which he went to when he was discharged.

Episode 1: Street homelessness

Cost category	Cost
Support services while homeless	£1,080
Health services (TB)	£12,180
Total	£13,260

Variation 1

In the hostel, Frank was given minimal level of support. The hostel was large and had few resources. Despite meeting with his key worker once a week, Frank's drinking problem and depression continued to get worse - he had nothing to do during the day, and drinking was a way of forgetting about everything. His follow up treatment for the tuberculosis was not supervised and left to self medicate Frank frequently forgot. The hostel told him he would not be entitled to local authority housing as he was intentionally homeless, but helped him to get a place in a shared flat, which, although not ideal, would have to do since there were no other options available. Frank moved in after six months.

However, he only lasted three months in his new tenancy. His basic living skills were poor, and found coping with cooking, cleaning, and bills again very difficult. Another problem was that he did not get on with the other people living in the flat, who were always complaining about his drinking. His TB was not controlled and he became infectious again, also endangering the health of his fellow tenants and staff. The support he received was minimal - a weekly visit from his key worker. Embarrassed about returning to the hostel after leaving his flat, Frank went back to the streets again.

Frank spent the final three months of the year sleeping rough, with sporadic visits to the day centre and night shelter. Back on the streets, his drinking became heavier. Staff put him in touch with the local substance misuse team, but after an attempt at detoxification, Frank gave up. Later that year he was re-admitted to hospital, very ill again with TB.

Episode 2: Variation 1

Cost category	Cost
Temporary accommodation and support	£11,180
Failed resettlement	£1,300
Failed tenancy	£1,700
Support while homeless 2 nd time	£4,860
Health Services TB	£12,180
Total	31,220

Variation 2

In the hostel, Frank received a high level of support from staff who specialised in working with older homeless people. The hostel kept residents' medication and carried out DOT (directly observed therapy) for any residents with TB who needed supervising taking their regular medication. The hostel staff also had links with a specialist project which offered supported housing, funded by Supporting People, for both older and younger people. After three months of intensive support at the hostel, Frank moved to the specialist project and after a few problems at first, he settled in well and stayed there for nine months.

The following year, Frank wanted to try living on his own. He was fully recovered from the TB and drinking less. He was referred to a housing association flat. He is still there two years later, and still receiving floating support from the specialist project. Although he continues to drink it has diminished and he has made contact with his son again.

Episode 2: Variation 2

Cost category	Cost
Temporary accommodation and support	£6,370
Resettlement into specialist project	£7,670
Total	£14,040

Net cost saving in year 1: £17,180

Ongoing cost saving thereafter will depend on circumstances: if, as is likely, Frank continues to alternate between homeless hostels and the street, they are likely to remain at least at a similar level to year 1. Work by the London TB nurses network shows that people with complex needs who are not properly supported in their TB treatment can spend years on and off treatment. There are high costs in terms of onward transmission of the disease and for the individual it can result in multi drug resistant TB, sectioning under the Public Health Act and death.

Scenario 2

Grace: 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 although Grace is intelligent, she lacks confidence and has limited literacy and numeracy. After these traumas, Grace became depressed, although she received no medical treatment or counselling. She was also very lonely and started going to bingo sessions locally. At first this was mainly for company, but she soon became addicted and started to spend more and more money, encouraged by her new-found 'friends' who also 'borrowed' money from her.

She started to fall behind with rent payments for her council house and although the couple had always been good payers before, no-one at the housing office thought to investigate. The council had started a new policy of getting tough on arrears and after a few months 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 two of her bingo 'friends' who lived in a large house with plenty of spare rooms, but after a few weeks they started asking for money. When she couldn't pay they threatened her and she left.

Episode 1: failed tenancy (abandonment/eviction)

Cost category	Cost
Failed tenancy	£2,300
Total	£2,300

Variation 1

As it was summer she slept in woodland near her old home. After a month, someone told her about the night shelter in the nearest large town. The night shelter (funded by Supporting People) 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 registered care home for the remaining eight months of her first year of homelessness. She continues to live in the care home in subsequent years.

Episode 2: Variation 1

Cost category	Cost
Temporary accommodation And support	£175
Lost rent arrears (not recovered)	£2,000
Health services (pneumonia, mental health)	£10,550
Resettlement into care home	£9,490
Total	£22,215

Episode 2: variation 1 Year Two (and thereafter)

Cost category	Cost
Care home	£13,260
Total	£13,260

Variation 2

As it was the summer she slept rough in woodland near her old home, in an area she knew well from her childhood. After a month, she went to a homeless day centre for a meal, where someone told her about a hostel in a nearby city for single women, with staff funded by Supporting People. She went to the hostel and after staying there for eight months, she started to rebuild her confidence and attend a local social club for older people. The hostel also referred her to a specialist resettlement service, also funded by Supporting People, which works with older people who are homeless or at risk of homelessness for as long as support is needed.

The resettlement and tenancy sustainment service helped her to be rehoused by a housing association into sheltered housing (part-funded by Supporting People) in the same area as her social club, so that she would be able to maintain her social contacts and not drift back to bingo. Because Grace still had £2,000 of former tenant arrears from her council tenancy, she had to agree that she would start paying them back before the housing association would offer her a tenancy. The support worker negotiated a very low repayment (£5 a week) and visited Grace every week to help with her budgeting for the first twelve months. The sheltered flat had a fitted kitchen, cooker and fridge supplied by the housing association, and carpets, curtains and some good quality furniture left by the previous tenant who had died. Central heating is included in the rent and service charge, which makes it easier for Grace to budget for heating and hot water than if she had to pay utility bills herself. There is a communal laundry and a range of social activities, some of which Grace takes part in. Grace remains resettled and living in sheltered housing with social support within the scheme and from her club. She no longer needs the regular weekly visits from the support worker (which continued for the first 12 months of her tenancy). However she knows that she can contact the project support worker when she needs to; she contacted them three times in the next three months, and six times in the following 12 months. The housing association is aware of the background and monitors Grace's rent payments carefully. She started to fall behind a few months ago and within two weeks, the housing association sent a member of staff to talk to her sensitively and the problem was resolved.

Episode 2: Variation 2, Year One

Cost category	Cost
Temporary accommodation and support	£13,892
Resettlement into sheltered housing with floating support	£2,730
Total	£16,622

Episode 2: Variation 2, Year Two

Cost category	Cost
Sheltered housing with floating support	£7,720
Total	£7,720

Episode 2: variation 2, Year Three (and thereafter)

Cost category	Cost
Sheltered housing	£5,560
Total	£5,560

Net cost saving:

Year One:	£5,600
Year Two:	£5,500
Year Three and thereafter:	£7,700

Scenario 3

Harold: Older man with learning disabilities made homeless when parents died

Harold is 63 and presents as having mild learning disabilities but he has never had any contact with social services or a formal diagnosis. He is almost illiterate and has very limited understanding of money. From childhood he had always lived with his parents in their large three-bed family council house in a small Midlands town, until the death of his father and then his mother in the same year. He had done odd jobs and casual work locally but never held down a proper job. However he had been the carer for his parents when they became ill. He had suggested they buy their council house but they had refused. No-one told him that as a relative he had the legal right to succeed to the tenancy. The council wanted the large family house back but did not consider offering him a smaller flat either, because Harold said his sister was happy to have him, so he moved out. His sister had promised their mother she would look after Harold and didn't think he could cope on his own. She lived in a small two bedroom owner-occupied house with one child, a girl aged 12. Harold moved in for about a year but he had to sleep in the living room. Then his sister started a new relationship and her partner asked him to leave, so he did.

Harold had a friend with an old caravan in a patch of woodland. He

moved to the caravan but it was isolated and cold in winter. He was taunted and the windows were smashed one Christmas by local youths. He abandoned the caravan and ended up sleeping rough in the nearby city. The Contact and Assessment Team found him and referred him to a local church-based direct access hostel, where staff were funded by Supporting People.

Harold stayed in the hostel for three months. The hostel had some rooms and a move-on flat for older people. Staff advised him on benefits and he successfully claimed Incapacity Benefit. However when he moved into his own flat this meant that he was not entitled to a grant for furniture because he was receiving Incapacity Benefit.

The church-based organisation (like other homeless organisations in the city) was under pressure to move people out of the direct access hostel because it was always full. There had been a reduction of direct access bedspaces in the city because the old dormitory-style hostels and night shelters had been replaced by modern provision with single rooms. Councillors and local businesses wanted to get people off the streets because it spoilt the image of the city.

Episode 1: Homeless for first time (up to resettlement)

Cost category	Cost
Temporary accommodation and support	£5,980
Police activity in response to damage to property	£250
Total	£6,230

Variation 1

The hostel referred Harold to a local resettlement service for people of all ages, funded by Supporting People. They used their links with a housing association to rehouse Harold into an upper floor unfurnished one bedroom flat on the edge of the city. The resettlement service was only funded to work with him for three months and with limited input. Most of their clients were much younger, there was a long waiting list of people moving out of local hostels, and the manager wanted to prove how many people he could rehouse quickly because that met the targets set by the local homelessness strategy.

Harold was often out when the support worker visited and if they wrote to him to give him an appointment he couldn't read the letter. Their younger clients often had mobile phones but Harold couldn't afford a phone and had never learned how to use either a mobile or a landline phone. Because staff mainly worked with younger people and had received no training on the needs of older people, they did not think about the particular issues that would arise in working with an older person. In theory, Harold was also able to access help from a city centre homeless day centre which was open seven days a week, with special evening sessions for older people. However his budgeting skills were poor so he couldn't afford the bus fare and it was a five mile walk into the city centre.

In the flat, he had no floor coverings, just bare chipboard, no curtains and no homely touches, just a bed, a chair and a cooker. He had no washing machine, there was no launderette within walking distance and so he never changed his bedding. The flat was very dirty because Harold did not have the skills to keep it clean. The support worker did some cleaning when he came, but he had been unable to get any domiciliary help from social services because Harold was under 65. Harold was burgled twice within the first three months, losing his TV and family photos. There were problems with his Housing Benefit claim and he was sent letters from the housing association threatening eviction. Because of his illiteracy he asked a neighbour to read the letter for him, and when he heard what it said he was frightened, not only of being evicted but also of what the neighbours would say. After six months he abandoned the tenancy.

Variation 1 cont'd .../

Harold went to another city in the region where he slept rough for a few nights and then went to another direct access hostel for the next six months. During this time he suffered two minor assaults which needed hospital treatment, one of which was reported to the police. Although he also started to use a homeless day centre a few times a week, by the time support staff found out about the abandoned tenancy it was too late to negotiate for Harold to return and anyway he didn't want to go back to somewhere with such bad memories. His former tenant arrears and abandoned tenancy also made it difficult for staff to find him further housing, so he is likely to remain in the hostel.

Episode 2: Variation 1, Year One

Cost category	Cost
Failed resettlement into HA flat	£2,860
Police activity in response to burglaries	£500
Failed tenancy	£2,140
Temporary accommodation and support after homeless for 2 nd time	£14,480
Health services (2 minor assaults)	£400
Police activity (1 minor assault)	£1,450
Total	£21,830

Variation 2

The hostel referred Harold to a homeless day centre which had dedicated Supporting People funding to offer long-term and more intensive floating support to older people with multiple and complex needs who had been homeless or were at risk of losing their tenancies. The day centre floating support worker negotiated with the housing department to find him a one-bed flat nearby, and accessed local charities and a furniture store to furnish the flat and make it homely. She also arranged for support for him to access the laundry room on a nearby sheltered housing scheme, although cleaning remains a problem.

Variation 2 cont'd .../

Harold went to the homeless day centre most days for a meal and for social activities. Staff tried to link him into mainstream services and social activities but this proved to be difficult. However he did access a befriending service run by the local Age Concern. He has also made friends with an older woman, also with mild learning disabilities and they are about to get married, with their wedding reception at the day centre. The couple will continue to receive floating support. Harold also tried to get back in touch with his sister to invite her to the wedding but she refused contact.

Episode 2: Variation 2, Year One

Cost category	Cost
Resettlement into LA flat with floating support and day centre	£16,770
Total	£16,770

Net cost saving in Year One: £5,100

Ongoing cost saving thereafter will depend on circumstances: if, as is likely, Harold continues to stay in a homeless hostel, they are likely to remain at least at a similar level to year 1, if not higher, with the risk of more serious assaults or further health problems.

Problems

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 stayed living in the family home into middle age and become homeless after the loss of family support.

Routes into homelessness for older people are diverse and complex. However there are a number of common factors, whether we are looking at people who have presented to their local authorities and been accepted as homeless, or who were long-term homeless and resettled by voluntary sector homeless agencies.

Although the reasons for homelessness in later life are often complex, the most common trigger is bereavement or relationship breakdown. This is sometimes linked to other issues, especially leaving employment (retirement or redundancy), mental illness or alcohol use. A study of local authority homelessness statistics (Hawes 1997, 1999) found that 65% of older people accepted by their local authority as homeless and in priority need were made homeless because of 'various forms of relationship breakdown within families or between partners'.

This is not to say that bereavement or relationship breakdown will always lead to actual homelessness, or that homelessness will necessarily follow immediately. Research on older homelessness (Crane 1999, 2001, Pannell et al 2002) shows that the risk is higher for people who also have one

or more of the following characteristics:

- limited or no support networks (ie lack of supportive family or close friends: casual acquaintances are unlikely to offer support; family members should not be assumed to be supportive and even supportive family or close friends may be unwilling or unable to offer support long-term)
- physical health problems and disability which can lead to isolation and loneliness
- mental health problems or dementia
- substance abuse (more commonly alcohol in this age group, although it can also be drugs, especially 50-60 year olds) or other addiction including gambling
- limited literacy and numeracy (eg dealing with bills and rent or mortgage payments) including (but not confined to) people with mild to moderate learning difficulty/disability
- lack of or loss of confidence in coping with bills (even amongst some people with a good standard of education, especially following bereavement)
- frequent relationship changes, or what Hawes (1997) describes as 'Autumn relationships' which then fail (ie a new relationship entered into later in life and which causes the older person to give up the tenancy or ownership of their previous home)
- a history of unresolved loss and trauma (including early loss of parents, sexual abuse, experiencing traumatic events in the Forces or through work) which can make the person less able to

cope with further bereavement or relationship failure in later life than an average person (Willcock 2004).

These warning signs can be used to prevent homelessness in later life, using services funded by Supporting People. However this will only happen if staff are trained and aware of the signs, and monitoring systems are in place, by both tenancy sustainment services and social housing providers (see Crane, Fu and Warnes 2004, which looks at the role of housing, social services, health and tenancy support workers in preventing homelessness.)

Even among older people who have been rough sleepers or living in homeless hostels, research shows that over half have lived settled lives with homes, jobs and families before becoming homeless in later life, and again this often followed relationship breakdown or bereavement (see for example Crane 1997, 1999, Pannell et al 2002, Willcock 2004). With limited or no support networks, they ended up in bed and breakfast, staying short-term with relatives or friends, in winter shelters, homeless hostels or even rough sleeping. Amongst those who never married, many remained living with parents or other family members into later adulthood. Even if they took over the tenancy or inherited the house, they could not manage alone after the family member died (including people with mild to moderate learning difficulties unknown to statutory services). Some have lost their home when their private landlord (or landlady in some lodgings) sold up or died; others have found insecure private assured shorthold tenancies, but then could not afford the increasing rents (Carlton et al 2002, Pannell et al 2002).

Only a minority of older homeless people, even amongst rough sleepers and those in hostels, have become homeless earlier in their lives (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).

Interview research shows that service in the armed forces may have led to traumatic experiences which had an effect on mental health into later life, although homelessness did not necessarily occur immediately following discharge from the forces (Warnes & Crane 2000, Pannell et al 2002).

Studies show that between 45% and 53% of older people who had been homeless longer-term have had at least one failed attempt at resettlement in previous years, often into unsuitable accommodation with little or no support (Crane & Warnes 2002). 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. High quality resettlement and tenancy sustainment services are essential to avoid this 'revolving door' problem, but rarely existed before the 1990s and provision is still very patchy.

Older homeless people with multiple needs

The definition of multiple needs as developed by Homeless Link and used widely since is that a typical homeless

person or ex homeless person with multiple needs will often present with three or more of the following, and will not be in effective contact with services:

- mental health problems
- misuse of various substances
- personality disorders
- offending behaviour
- borderline learning difficulties
- disability
- physical health problems
- challenging behaviours
- vulnerability because of age.

Even if one were to be resolved, the others would still give cause for concern.

Homeless Link research with their member agencies (Bevan and van Doorn 2002) showed that almost 60 % of people they were working with over the age of 50 years had multiple needs. Other research with older homeless people confirms this (Crane & Warnes 2001). This complex pattern of need has to be taken into account when commissioning Supporting People services for this client group. They are likely to be shunted between alcohol teams, mental health teams and elderly services with no one willing to take responsibility. Their needs cross the boundaries of housing-related support and health and social care so that joint commissioning and partnership working across services is required.

These complex needs, especially for those who have been long-term homeless, means that building up trust in order to work with them effectively can take a very long time. People working with this client group need smaller caseloads and targets which reflect the incremental and slow progress that can be made.

How do older people become homeless? Aren't they entitled to housing?

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, (like Frank, Grace and Harold)
 - staying somewhere where they have no legal right to stay eg with family or friends who ask them to leave, (like Frank, Grace and Harold)
- 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),
 - because of violence or abuse, (as from Grace's 'friends').

The UK has had legislation on homelessness for nearly thirty years which in theory should find accommodation for people who are homeless, provided they meet the criteria set out in the legislation (see more detailed discussion in [Appendix 1](#)).

However there are many limitations, including the following:

- 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). Faced with

housing problems, they may become reclusive or abandon their home rather than admit that they need help. If they do not contact the local housing authority and 'present' as homeless they will not be considered under the legislation.

- Even those older homeless people who do contact the local authority may not get past the first hurdle: research among older homeless people has found some were just told there was no housing available, or put on a housing waiting list, rather than being considered as homeless (Pannell et al 2002).
- '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 local authority's duty is to find housing, but without adequate support tenancies may fail (like Frank and Harold); once people have former tenant arrears (often because of abandonment), it will make subsequent rehousing much more difficult.
- Older people can be found to be 'intentionally homeless' (like Frank and Grace), i.e. their actions contributed to their homelessness, such as eviction for rent arrears or neighbour nuisance or because they have abandoned a tenancy, (sometimes due to a lack of appropriate support). However, there may be reasons why older people fall into arrears or cause neighbour nuisance (for example mental health problems or dementia). Once deemed intentionally homeless, they remain excluded from any

entitlement to permanent rehousing.

- Older people are less likely to know their rights or seek advice (like Frank, Grace and Harold), and so even if the local authority decision (eg being declared intentionally homeless or not in priority need) could be challenged, older people may not know where to seek help or may not feel able to take on the stress of fighting the decision.
- Many older people are 'hidden homeless' (eg people long-stay in direct access hostels, or staying with friends and relatives). Like Frank, they may never have presented to their local authority as homeless because they have been rough sleepers or been accommodated in voluntary sector homeless provision (cold weather shelters, night shelter, hostels) or the private rented sector (lodgings and bed and breakfast). Many have other support needs as well as housing (often around mental health issues and/or alcohol use).
- If older people find their own solution (such as staying temporarily with friends or relatives, like Frank and Grace and Harold) it may be short-lived once their hosts get fed up: sofa-hopping is not just a young people's problem. Family stress can also lead to physical, emotional and financial abuse and this can come from partners or be inter-generational (including sons and daughters and grandchildren).
- Some older homeless people are admitted to hospital as inpatients and then discharged from hospital to voluntary sector advice centres, hostels and shelters because hospital staff need their beds (Blood 2003). Self discharge can

also be a problem with this client group, especially if they are drinkers as they find the hospital environment alienating and difficult to stay in. The voluntary sector is often expected to deal with older homeless people with the most entrenched and complex needs that statutory services find difficult to help.

- Even if housing has been offered in the past the tenancy may have been short-lived because their other needs were not met. If older people occupy beds as *longstayers* in direct access or second stage hostels, they are also preventing others (of all ages) who need these services from accessing them. Supporting People funding usually expects such services to be short-term but that assumes that there is suitable move-on with appropriate support, eventually into permanent housing. This is not always available for older people who have been long-term homeless with complex needs so they continue to occupy direct access or first-stage move-on provision inappropriately.

How should we define 'older people'?

Charities and researchers have recommended that older homeless people should be defined as people aged 50+. This is because people who have experienced long-term homelessness (especially rough sleepers) die at a much younger age than the general population: studies in the 1990s for Crisis found that the average age of death of people recorded as homeless on coroners' reports varies between 42 and 53 years of age (Grenier 1996, Keyes and Kennedy 1992) and they have a much higher incidence of serious health

problems. Agencies running homelessness services (eg direct access hostels, homeless day centres, resettlement services) have significant numbers of service users aged between 50 and 65, but very few aged over 65: many will have died before reaching pension age (Crane & Warnes 2001).

Older people who have led settled lives and become homeless in later life do not exhibit the serious health problems and morbidity characteristics of the long-term older homeless population. Nevertheless, people aged 50 and over are likely to be more vulnerable than younger people to a number of the known triggers of homelessness in later life. They are more likely to:

- have chronic health problems which affect their ability to work and to maintain relationships (including mental illness which is frequently undiagnosed)
- be made redundant (and less likely to be able to access employment again) suffer family bereavement which can lead to isolation, depression and (in some cases) the loss of the partner who has managed finances or the home
- experience loss of social networks following redundancy, retirement, or death of friends, again leading to isolation.

Older people are not a homogeneous group and there are great differences both within and between different age groups in terms of a wide range of characteristics including health, social networks and housing and support needs. There are also complex issues about the transfer between working age benefits and services, and older people's benefits and services. People

aged between 59 and 65 (and staff working with them) face a range of problems which do not affect younger people and which non-specialist staff are unlikely to be aware of. Older people's services are inclined to look on older people as needing 'care' but not 'support'. To reflect this diversity and in setting equality targets, age should be monitored in 10 year bands into older age, and not just as '60+' or '65+'.

The extent of the problem

How many older homeless people are there?

Research was commissioned by Homeless Link and the UK Coalition on Older Homelessness for this paper from the New Policy Institute, a specialist research centre. The full paper may be found at [Appendix 1](#). In our estimates of older homeless people, we adopt the legal definition of homelessness as discussed above and in more detail in Appendix 1.

Official figures for statutory homeless people

Of the 140,000 households accepted as homeless and in priority need in England in 2003, 4,500 were explicitly deemed as being in priority need because of their 'old age' (noting that local authorities may differ in their definition of 'old age', with some accepting people in their late 50s and others not accepting older people even if they are post-retirement). A further 40,000 were of unclear age (deemed in priority need because of physical disability, mental illness, etc)), with an unknown proportion of these being aged 50+. If we assume an even distribution across the age range 20-60, this would mean that around 10,000 are aged 50-60. This could well be a somewhat conservative estimate

as it is likely that more older than younger people would experience disability or illness which would make them 'vulnerable'. No age breakdowns are available nationally (although individual local authorities will have access to such information).

Our estimates of older homeless people

Groups of older people who arguably meet the legal definition of homelessness include:

- older people sleeping rough
- older people living in hostels or equivalent. Note that we suggest that in principle, older people living as permanent residents in direct access hostels or designated short-stay move-on provision should be considered as homeless, but those in long-stay supported housing designed to meet their needs should not be considered homeless
- older people living in bed-and-breakfast or other temporary boarded accommodation because they have no other option. Note that the 'no other option' restriction is important. People who choose to live in temporary accommodation (e.g. because they are in the process of moving from one part of the country to another) when they could afford to rent are clearly not homeless
- older people due for discharge/release from institutions (prison, hospital, etc) who have no accommodation to go to

- older people who are staying with friends or family because they have no other option and where their housing situation is unsatisfactory older people who are living in places where it is not reasonable for them to continue to live there because of harassment, abuse or domestic violence, and have nowhere else to live. This is a very problematic area because it is impossible to obtain accurate figures, yet is a significant reason for homelessness. Harassment and abuse can come from external sources (eg private landlord, other tenants: Carlton et al 2002) or from within the family (from partners, or from other relatives) and domestic violence affects older people but is less likely to be declared (Blood 2004).
- older people at imminent risk of eviction where a possession order has been issued
- older people who are about to lose their tenancy in the private rented sector and have nowhere else to live
- older people who have been homeless before and resettled but who are at risk of losing their tenancy and returning to homelessness. Resettled people frequently fail in their tenancies and either abandon them or are evicted.

There are no official statistics on the numbers on older people in any of these groups. In some cases, there is virtually no data at all on numbers. In other cases, there is reasonable data but no age breakdowns are available. Furthermore, very little of the data is collected on a UK-wide basis, with data typically being collected separately by home country, and with more data available for England than for the other home countries.

In the estimates that follow, we have obviously been limited to the data that is available and have made our best estimates based on these. It would obviously be helpful for public policy if better data were collected, especially on age. Appendix 1 provides full details of estimated numbers for those groups listed in the first section where there is at least some relevant data available, and using the same structured proforma.

The table below provides a summary of the estimated numbers of people aged 50+ in each group at any point in time (not an annual figure) and gives a total of approximately 42,000.

Group	Estimated numbers at any point in time	Scope of estimate
A. Rough sleepers	300	Great Britain
B. Living in hostels or equivalent	5,000	England
C. Self-placed in bed-and-breakfast or other temporary accommodation because they have no other option	12,000	Great Britain
D. Imminent releases from prison and nowhere to go	100	England and Wales
E. Staying with friends or family in overcrowded conditions	24,000	England
F. Imminent risk of eviction	500	England
Estimated Total	41,900	

Full details of sources and calculations can be found in the detailed paper at Appendix 1

Solutions

How Supporting People can help older homeless people

Supporting People can fund support in specialist housing provision and resettlement to assist older people in moving into permanent accommodation. It also funds tenancy sustainment and floating support services, sheltered housing and HIAs. SP teams can also enhance services for older homeless people by asking providers how their specific needs are met during service reviews and the contract management process.

Supporting People commissioners can also work in partnership with others including social services, health and Learning Skills Councils to ensure that complementary services are provided to support older homeless people in maintaining their tenancies (e.g. meaningful activity, domiciliary care, health interventions).

In all types of service provision, there is a need for monitoring and staff training. Older residents in all-age homelessness provision are often less assertive than younger residents. Supporting People funding for direct access and second stage hostels can allow for better staffing levels or dedicated staff to work with older people, so that older people's needs are considered. Monitoring can also determine if there is any training for staff on the particular needs of older people. In sheltered housing, wardens/scheme managers should receive training in the needs of older homeless people and providers should make links with homelessness agencies and floating support providers.

Supported housing: direct access and short stay provision

Older homeless people sometimes access cold weather shelters and direct access hostels, although they are not always comfortable in accommodation where most residents are much younger. They feel especially unsafe in dormitory-style shelters. However, 'coming inside' to a shelter or hostel enables staff to start to work with them and move towards more appropriate longer-term housing and support. A detailed study in London found that older homeless people remain street homeless for longer and stay much longer in hostels than younger people, sometimes for many years (Crane & Warnes 2001).

For people recently made homeless and new to rough sleeping or shelters, the sooner they are into accommodation, the sooner they can engage with services and the less likely they are to develop what researchers have called a 'homeless lifestyle', where their social networks revolve around soup kitchens and the street 'culture'. For long-term rough sleepers this is the essential first step on what may be a long road away from the streets and on to rehousing.

Following concern about 'silting up' of direct access hostels by long-stay older residents, a number of schemes have been developed to move older residents on into more appropriate longer-term housing with Supporting People funding, freeing up direct access beds for homeless single people of all ages:

- Reprovisioning has often included the replacement of older dormitory shelters with modern direct access provision with single room accommodation and separate accommodation for women, as in Nottingham (Framework HA).

- St Anne's Hostel, Birmingham has move-on supported housing adjacent to the main hostel.
- The Salvation Army has a number of hostels with a section for older residents and/or practice flats to prepare for move-on (eg Bristol, Sheffield).

Specialist supported housing: medium to long stay

Whilst some older homeless people can move straight into ordinary tenancies with floating support, others will have higher support needs and will need specialist supported housing in shared houses or self-contained flats, with support funded through Supporting People. A key difference compared to provision for young or middle-aged people is that although some older people may 'graduate' to their own tenancies with little or no support, many older people will need to stay for longer, and perhaps permanently, in such supported housing. This contrasts to the aim for younger people's provision that they will move on (often quite quickly) to independent tenancies and perhaps no support.

Specialist supported housing for older people with Supporting People funding includes provision for those who wish to continue drinking.

Examples include:

- MMHG in Manchester. This project offers supported accommodation for men and women who are unable to maintain independent accommodation because of alcohol problems. It consists of a high care group home with 24 hour staff for seven older men which is funded through Community Care and Supporting People with Housing Benefit for the rent and the

residents paying the ineligible charges. Nine dispersed houses are located nearby. Staff from the group home support the residents in the shared houses. These are funded by Supporting People with HB covering the rent and the residents paying the ineligible charges. The scheme works on a harm reduction model and individual drinking plans are agreed with residents. Support is given with practical tasks and social issues.

www.mmhg.org.uk

- St Mungo's runs a hostel, in Harrow Road London, specifically for people over the age of 50 years, with a recent history of rough sleeping, many of whom would not access mainstream hostel provision for fear of intimidation and violence. The hostel caters for drinkers and non-drinkers. It has a night centre on the ground floor, which is free and open access and encourages more withdrawn rough sleepers inside without formally being assessed. There is an emphasis on resettlement and life skills within the hostel and the average length of stay is 2 years. Residents move to the upper floor of the hostel to try out independent living skills. Harrow Road is SP funded.
www.mungos.org
- Thames Reach Bondway in London runs the Robertson Street project for people aged over 55 with a history of street homelessness who find it hard to sustain or obtain other forms of long term accommodation due to challenging behaviour, continued heavy drinking and/or chaotic way of life. Those who need nursing care must have an appropriate package of care arranged with external

agencies prior to moving into the scheme. Robertson Street is SP funded. Turnover is very low, although residents occasionally move on to residential care or nursing homes.

www.thamesreachbondway.com

- Two Saints in Southampton provide self-contained supported housing for homeless people with multiple needs. The provision is SP funded. As a snapshot of current occupancy 45 % of their tenants are over the age of 50 years. The housing is designated as temporary but long-term, they aim to resettle all the tenants, over varying lengths of time according to their individual needs.
- St Eugene's Court in Birmingham provides 44 self-contained flats and communal areas for older Irish men who have experienced social exclusion and have additional support needs around their health, living skills or alcohol use. The project was set up as a partnership by Focus Futures and Irish Welfare and Advice Service. The accommodation was designed and built with the client group in mind. It is bright, open and spacious and furniture and fittings are of a high quality. In addition to providing supported housing for 44 vulnerable and isolated individuals it also houses a drop-in centre which enables up to 40 additional people a day from a similar client group to have a nutritious meal, company and activities. The drop-in centre adds a real sense to the project of being integrated into the community, having a dynamic atmosphere and providing a sense of belonging. Supporting People funding for the project is £107 per client, per week. The support package for each client is co-

ordinated by an in house staff team and delivered by them along with statutory and voluntary agencies that are able to supply a service in the client's area of need, mental health teams, alcohol services, probation services and primary care teams. Some tenants require care as well as support, which is delivered by outside care companies in conjunction with Social Services and the tenants themselves.

Older people have also been successfully moved out of direct access hostels:

- In Lowestoft, six older men moved from the St John's Housing Trust Fyffe Centre (direct access) into a Flagship HA supported shared house (now funded by Supporting People) in the mid-1990s with the intention of preparing to move on when ready. As they moved on, others succeeded them, many with alcohol or mental health issues. Although a few abandoned their tenancy or died, most have moved on into their own tenancies with floating support funded by Supporting People.
- In Swindon, Threshold Housing Link has purchased a house for five older men with support provided through Supporting People. The men were long-term rough sleepers with a history of staying on and off in direct access and sometimes first-stage move-on, but then failing to cope in individual tenancies. Threshold is now hoping to use the same model for older people with Korsakoffs (alcohol-related early onset dementia).

Resettlement services

Resettlement services are an essential part of the jigsaw for moving older people on from homelessness provision into permanent housing. They are often attached to homeless hostels or day centres and usually (though not always) funded through SP.

There is a fear that policy makers, service commissioners, managers and support staff will think that older homeless people are less likely to succeed even if they are resettled and that they are less 'deserving' of help than younger people. The extreme (but unspoken) version of this is that older people are near the end of their life, and no longer economically productive, so it is better to divert scarce resources to younger people.

The only long-term study of resettlement in the UK (for any age group) refutes this: 68 older homeless people aged from 50 to over 70 were followed for 24 months following their initial resettlement, with fieldwork taking place between 1997 and 2001 (Crane and Warnes 2002). They received resettlement and tenancy sustainment input from three specialist organisations, which at that stage was funded by charities. At the end of two years, 69% of those who remained alive were still housed, 11% having died. More of those who had worked and had previous stable housing succeeded, but some with a history of instability also maintained their resettled lives. Although 30% had mental health problems or severe memory loss, a third were heavy drinkers and over a fifth had both mental health and alcohol problems, neither mental illness nor heavy drinking were predictors of tenancy failure.

Older people are more likely to have experience of running a household (especially those who become homeless in later life). Even long-term homeless or itinerant older people have succeeded in resettlement and maintained tenancies with appropriate housing and support, also improving their emotional and physical health and well-being. Loneliness and isolation are big factors mentioned by homeless people who have been resettled (Willcock 2004). Befriending schemes and engagement in structured activities can really help to address those issues, although they will usually need additional sources of funding (eg Learning Skills Council for education-based activities, links with voluntary organisations for befriending). Those with alcohol issues generally moderate their drinking when resettled and a few have given up all together. A number have been able to engage with their local communities and some have been able to re-establish contact with estranged family members. Support services funded by SP are therefore essential to prevent these older people deteriorating to a point where they need higher levels of care and support, often in a residential care or nursing home setting which will be more expensive.

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 clearly defined and implemented diversity policies and procedures which take 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, or is there pressure to maintain high levels of throughput?
- do staff have good links with older people's housing providers locally?
- do they understand the strengths and weaknesses of sheltered housing and the limitations to the role of the warden/scheme manager?

There are also a few specialist resettlement services for older people, which have developed expertise in the needs of older people and links with local housing providers (especially sheltered housing which research has found can often provide the best outcome): for example, in Bristol, the Salvation Army provides a part-time specialist resettlement worker, funded through SP (see Babb 2002 for full report on this work).

Tenancy sustainment and floating support

Tenancy sustainment and floating support helps older people who have been homeless to maintain their tenancy and avoid the 'revolving door' problem. It 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).

There are a number of specialist tenancy sustainment services for older people vulnerable to homelessness funded through Supporting People. For example:

- Sheffield City Council has four contracts covering the whole city, providing tenancy sustainment to older people aged 60 and over. Shelter covers the South West of the city and works with older people, mainly in local authority tenancies but also some housing association tenants, to provide housing support services and prevent homelessness.
- Emmanuel House Day Centre in Nottingham provides intensive floating support to five tenancies, working with six people who were homeless and have high support needs.
- United Welsh Housing Association in South Wales provides floating support to a range of tenants with support needs, including older tenants. This includes people who have been homeless and people at risk of homelessness.
- Flagship HA in Lowestoft provides floating support funded by Supporting People to all ages including about 18 people aged 50+ in local authority and housing association tenancies. Older homeless people are now more likely to be housed straight into sheltered housing with floating support rather than following the route of spending time in the shared house first: this avoids the need for two moves and is now possible because of the experienced floating support available through Supporting People.

Provision for women

The needs of older women for direct access provision and second stage specialist provision are often unmet. Most provision is for women with children, whether women's refuges or other voluntary sector provision and

this may not always be suitable for older women.

Older women who have experienced domestic violence are often reluctant to leave the marital home, and go to a refuge where they will be living alongside much younger women and children. Many domestic violence organisations have developed floating support funded by Supporting People and this can be more suitable for older women who have experienced domestic violence (Blood 2004)

Older women with mental health issues have been identified as a group for whom there is very little provision in studies in a number of localities including London and Nottingham. Some of the most entrenched rough sleepers are older women with complex needs including severe and enduring mental illness (Crane & Warnes 2001, Pannell 2002).

Provision for people from minority groups

Surveys have found few older people from BME communities in existing homelessness provision, but more in the younger age brackets, reflecting the age profile of the population (Crane & Warnes 2001, Pannell 2002). BME groups are more likely to sleep on friends' and families' floors (Crisis Homelessness Factfile 2003).

As the BME population ages, there will be more older people at risk of homelessness. Language difficulties and the lack of culturally sensitive services mean that many are unlikely to access mainstream services and will need specialist services. Specialist BME sheltered and extra-care housing has been developed in many localities and links with such provision may provide an appropriate response in some cases.

Older Irish men (and sometimes women) with a history of homelessness are a group with particular needs and very little provision in a number of areas (see Crane & Warnes 2001 for London, Priesthall 2001 for Birmingham and McCrum 2002 for Ireland). The specialist provision in Birmingham referred to above is a good practice example.

Sheltered housing

Sheltered housing can be a very effective solution for some older people who have been homeless. Older homeless people resettled into sheltered housing were more likely to remain settled than those in shared housing (Crane & Warnes 2002).

However in areas with over-supply of sheltered units there is a danger that less popular schemes or bedsit units will be used indiscriminately and these tenancies are likely to fail. There is a need for careful choice of scheme, additional support (eg through resettlement and floating support services) where appropriate and training for both homelessness and sheltered housing staff to understand the role that sheltered housing can play (Blood 2002).

Examples of good practice include:

- English Churches Housing Group worked with a researcher funded through hact and Help the Aged's Older Homelessness Programme on a research and development project on using sheltered housing for older homeless people (Blood 2002). The research found that sheltered housing with additional support could provide a successful outcome and that the following factors improved the chance of a successful tenancy: thorough assessment, ongoing support,

familiarity with the area, building social networks within the scheme, and supportive friends and family.

- The full sheltered housing report (Blood 2002) also refers to other good practice examples including the Zambesi Project (Focus, Birmingham), Victoria Square, Manchester (Manchester CC), UWHA (see above), Peabody Court, Camberwell, South London (Peabody Trust) and Green Lanes, North London (Bridge HA).
- Cambridge Cyrenians have been working for some time with the local City Council and Registered Social Landlords to improve access to sheltered housing for older homeless people; particularly at a time when there are significant vacancies in sheltered housing in the City. Unfortunately this has not been successful as there are many fears about housing older homeless people with mental ill health and/or dementia in existing schemes designed for people with much lower support needs. Cambridge Cyrenians are now working with sheltered housing providers to provide support directly for older homeless people resettled into their schemes, with funding through hact's Older People Programme.

For sheltered housing to provide a successful long-term resettlement outcome for formerly homeless older people, there may also be a need for additional support from specialist resettlement, tenancy sustainment and floating support staff if there are other support needs (for example around mental health or alcohol issues): see Blood 2002 and Pannell 2002. Erosch (Emerging Role of Sheltered Housing) have recently produced evidence of older people being evicted from sheltered housing

because their needs are being inadequately assessed. Research examined the cases of 20 older people evicted in one month across four London sheltered housing schemes. Seven were evicted for anti social behaviour. The National Wardens Association said behaviour problems in social housing was a growing problem and that access to medical history in certain cases was vital (Community Care 2004).

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

HIAs are part-funded by SP and 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.

What happens in your area?

A checklist for local action

As part of the preparation for Supporting People and other local strategies, it is essential to know the numbers of older people vulnerable to homelessness and their housing circumstances. There are a number of data sources you can use locally:

- Local authority homelessness and housing advice statistics: do they both record and report on age in your area? If not, why not?
- data from local advice agencies (eg Shelter, CABx)

- data from specialist services in your area (eg Women's Aid or other domestic violence agencies)
- data from local institutions (eg prisons)
- CORE data on housing association lettings in supported, sheltered and general needs housing (NHF will provide local information by age for people classified as statutory or non-statutory homeless)
- local data from voluntary sector provision (eg monitoring of hostel vacancies, age of people supported by resettlement or floating support services)
- Local data on rough sleepers from street outreach teams and street counts; anecdotal information from police, health staff (eg GPs), post offices (for people who collect benefits 'Personal Issue') to identify isolated older rough sleepers missed by street counts
- census and survey data on older people's housing tenure, and on the extent of housing with insecure tenure (eg mobile homes, Assured Shorthold Tenancies, tied housing) especially if this is significant 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 and appropriate for older people?
- Do you monitor for age (ie if a service says they cater for all ages, do you ask them for age data on their service-users)?
- Is there a gap in suitable provision for older people with specific needs (eg older women, older people with alcohol issues)? All-age services are unlikely to cater

for the specific needs of older people.

SP service reviews and contract management should:

- ensure consultation with older homeless people
- monitor homelessness services for training in the needs of older homeless people and links with older people's housing providers
- monitor sheltered housing providers for training in the needs of older homeless people and links with homelessness services
- take account of the need for longer and more intensive intervention for older people in resettlement and tenancy sustainment services and in specialist supported housing.

It is also important to **link with other relevant local strategies** and to challenge them to consider the needs of older people vulnerable to homelessness.

This report was researched and written by Jenny Pannell. The appendices on numbers and costs were researched and written by Guy Palmer of the New Policy Institute.

The research for this report was carried out over a short period (June - August 2004) and concentrates on England, although there is limited data (especially on numbers) for Wales and Scotland. Given the different legal frameworks in Scotland and Northern Ireland, and the different arrangements for Supporting People in Wales, Scotland and Northern Ireland, we regret that within a short timescale it was not possible to extend the research wider than England.

Appendix 1: The numbers of older homeless people

by Guy Palmer, New Policy Institute

What does the word 'homelessness' mean?

In this paper, we adopt the legal definition of homelessness. According to the law, a person is homeless if:

- either, there is no accommodation that they are entitled to occupy;
- or, they have accommodation but it is not reasonable for them to continue to occupy this accommodation.¹

This definition is clearly much wider than rough sleeping and this is illustrated by the fact that around 200,000 households in England were accepted by their local authorities as being homeless in 2003² compared with around 5,500 people who slept rough at least once during the previous year³.

Importantly, it is also much broader than those accepted by their local authority as homeless (termed the 'statutory homeless'), even though such acceptances are based on the legal definition. One reason that it is broader is because, as well as deciding whether a household is homeless, local authorities also have to decide whether it is 'in priority need' or 'not in priority need' and whether the homelessness is 'intentional' or 'unintentional'.⁴ It is typically only those who are both 'in priority need' and 'unintentionally homeless' who are provided with accommodation. This means that there are at least three groups of people who are legally homeless but not included in the statutory homeless statistics:

- Those who were accepted as homeless but not 'in priority need' in previous years (many of whom, because they have typically received no accommodation from their local authority, will still meet the legal definition of homelessness).
- Those who are deemed intentionally homeless in previous years.
- Those who meet the legal definition of homelessness but have not applied to be accepted as such by their local authority. This may be because - if judged not to be in priority need - they would typically not be provided with accommodation and so lack a clear incentive to apply.

Research amongst older homeless people has found many examples of older people who either did not know they could go to their local authority, or who went but did not express their case clearly enough to get past the first 'gatekeeper' (e.g. the reception desk) and were sent away or put on the housing register (or 'waiting list') rather than being investigated as homeless. Furthermore, the legal definition requires interpretation for each particular case and it is widely agreed that some local authorities will interpret it more narrowly than others, that local authority decisions are often successfully challenged by advice agencies (including decisions on older homeless people) and that the degree of housing demand may well influence how narrow the interpretation is.⁵

Clearly, differences on where 'to draw the line' will affect views on how many older homeless people there are estimated to be. But, importantly, they also affect :

- ***How one views the current situation.*** For example, those who equate homelessness with rough sleeping are likely to regard the current situation as pretty satisfactory: following recent government initiatives, the estimated numbers of rough sleepers fell by two-thirds between 1998 and 2001.⁶ Those who equate homelessness with those accepted as both statutory homeless and in priority need - the most commonly quoted homelessness statistic - may also regard the current situation as pretty satisfactory: all such people are subsequently provided with accommodation by their local authority. But those - like us - who take a broader view are likely to view the current situation with much less equanimity: every year, around 60,000 households are accepted by their local authority as being homeless but are not provided with any accommodation and these numbers have risen by a fifth since 1999.⁷
- ***How one perceives the problems and possible solutions.*** Many rough sleepers suffer from a multiplicity of problems, with poor physical and mental health, and drug and alcohol misuse all being commonplace; in contrast, our broader view includes older people with other reasons to be vulnerable including low income, etc.

- ***The relative importance of older homelessness.*** It appears that the proportion of people accepted as statutorily homeless who are post-retirement age is relatively small compared with the proportions in other housing settings (such as hostels) which are included in a broader view.

Consequent groups of concern

From the legal definition, the groups of concern are those where:

- either, there is no accommodation that they are entitled to occupy; or
- it is not reasonable for the people to continue to occupy their accommodation.

Groups of older people who arguably fit one or both of these criteria include:

- ***Older people sleeping rough.***
- ***Older people living in hostels or equivalent.*** Such people are usually only living in the hostels etc because they have nowhere else to live. Among researchers in the field, it is generally accepted that temporary hostel residents fit the criteria above. As discussed later, however, considerable numbers of older people have effectively become permanent hostel residents - whether such people should be considered to fail either of the criteria above is a matter upon which researchers are divided. We suggest that, in

principle, older people living as permanent residents in direct-access hostels or designated short-stay move-on provision should be considered as homeless, but those in long-stay supported housing designed to meet their needs should not be considered homeless.

- ***Older people living in bed-and-breakfast or other temporary boarded accommodation because they have no other option.*** Note that the 'no other option' restriction is important as people who choose to live in temporary accommodation (e.g. because they are in the process of moving from one part of the country to another) when they could afford to rent clearly do not fail either of the homeless criteria.
- ***Older people due for discharge/release from institutions (prison, hospital, etc) who have no accommodation to go to.***
- ***Older people who are staying with friends or family because they have no other option and where the housing is overcrowded.*** There is clearly cause for concern about someone sleeping on a friend's or relative's sofa because they have nowhere else to live. Where adults are living in accommodation where they are not the owner or the renter of the accommodation (nor the partner) and where at least one of the adults does not have their own bedroom they arguably meet both criteria. They are not entitled to occupy and are dependent on the goodwill of the owner or renter and it is overcrowded and so unreasonable.

- ***Older people who are living in places where it is not reasonable for them to continue to live there because of harassment, abuse or domestic violence, and have nowhere else to live.*** This is a problematic area because it is impossible to obtain any estimates of scale but it is widely agreed to be a significant reason for homelessness.⁸ Harassment and abuse can come from external sources (e.g. private landlord, other tenants) or from within (i.e. family members). Domestic violence affects older people but is less likely to be declared.⁹
- ***Older people at imminent risk of losing their tenancy.*** Those at imminent risk of eviction are explicitly identified in the legislation as a group who fail the legal criteria. Those who are about to lose their tenancy in the private rented sector and have nowhere else to live are in similar circumstances.
- ***Older people who have been homeless before and resettled but are at risk of returning to homelessness.***

How many older homeless people are there?

Regarding terminology and presentation

From the earlier discussion, it is clear that the word 'homeless' is a somewhat dangerous word because different people use it to mean different things.

For example, much of the public equates homelessness with rough sleeping whereas policy makers, researchers and those working in the

homelessness field use the much broader legal definition. So, if researchers conclude that there are X thousand older people who meet the legal definition then the public (wrongly) tend to assume that this means that there are X thousand older people who are rough sleeping.

Furthermore, some policy makers tend to equate homelessness with statutory homelessness. Relatively few older people are accepted as statutory homeless, and many of those are also classified as being 'in priority need' and thus receive accommodation and cease to be homeless. The danger is that policy makers tend to conclude that the number of older homeless people is very small. In contrast, previous research has concluded that the numbers are considerable.¹⁰

Of the 140,000 households accepted as homeless and in priority need in England in 2003, 4,500 were explicitly deemed as being in priority need because of their 'old age' (noting that local authorities may differ in their definition of 'old age', with some accepting people in their late 50s and others not accepting older people even if they are post-retirement). A further 40,000 were of unclear age (deemed in priority need because of physical disability, mental illness, etc)), with an unknown proportion of these being aged 50+. If we assume an even distribution across the age range 20-60, this would mean that around 10,000 are aged 50-60. This could well be a somewhat conservative estimate as it is likely that more older than younger people would experience disability or illness which would make them 'vulnerable'.

In Scotland, age breakdowns are available for pre/post retirement. These suggest that 4% of those accepted as homeless and in priority need are of retirement age and virtually none of those accepted as homeless but not in priority need are of retirement age. These proportions suggest that very few of the 40,000 figure above are of retirement age.

In the estimates that follow, the term 'homeless' is used strictly in its legal sense and is not restricted to either rough sleepers or to the statutory homeless.

Regarding whom to include and exclude

As discussed earlier, the legal definition requires interpretation and different people will come up with broader or narrower interpretations.

Furthermore, none of the groups listed in the previous section is homogenous. Ideally, deciding who to include/exclude would be done on a case-by-case basis depending on individual circumstances. But clearly this is not possible in any top-down estimations.

In the estimates that follow, we have used our best judgements about which groups to include and which to exclude. We have also made our workings clear so that the reader can come up with different estimates if their judgements about who to include/exclude differ from ours.

Regarding data availability

There are no official statistics on the numbers on older people in any of the groups listed in the previous section. In some cases, there is virtually no data at all on numbers. In other cases, there is reasonable data but no age breakdowns are available.

Furthermore, very little of the data is collected on a UK-wide basis, with data typically being collected separately by home country, and with more data available for England than for the other home countries.

In the estimates that follow, we have obviously been limited to the data that is available and have made our best estimates based on these. It would obviously be helpful for public policy if better data were collected, especially on age.

Regarding double counting

The main estimates provided in this paper are 'point-in-time estimates', i.e. the estimated numbers of people in each category at any point in time. Where there are issues about double counting between the various categories, or between any of these categories and those included in the official statistics of statutory homeless and in priority need, these are specifically discussed and addressed.

The paper also provides estimates for the total numbers of people in each category over the period of a year, where these estimates will clearly be at least those at any point in time. For these 'across the year' estimates, double counting issues arise more seriously and are not possible to estimate. For example, over the period of a year, there will be some (potentially considerable) overlap between the people who are spending some of their time rough sleeping and people spending some of their time in hostels.

Estimates

The pages that follow provide estimated numbers for those groups listed in the first section where there is at least some relevant data available using the same structured proforma in each case.

The table below provides a summary of the estimated numbers of people aged 50+ in each group at any point in time (not an annual figure) and gives a total of around 42,000.

Group	Estimated numbers at any point in time	Scope of estimate
A. Rough sleepers	300	Great Britain
B. Living in hostels or equivalent	5,000	England
C. Self-placed in bed-and-breakfast or other temporary accommodation because they have no other option	12,000	Great Britain
D. Imminent releases from prison and nowhere to go	100	England and Wales
E. Staying with friends or family in overcrowded conditions	24,000	England
F. Imminent risk of eviction	500	England

Group A	Rough sleepers
Description	As above
Rationale for inclusion	Rough sleepers clearly meet the legal definition of homelessness.
Issues relating to double counting	No issues regarding the point-in-time estimates.
Data source	Various, as listed.
Estimated numbers at any point in time	<p>At any one time, there are at most 300 people aged 50+ who are sleeping rough in Great Britain and have been found and counted in one-night street counts.¹¹</p> <p>Note that some older rough sleepers avoid known areas and hide in outer areas where they are unlikely to be found. There is an unknown but small number who choose hidden locations and are never included in counts but may be known to local agencies (e.g. homeless day centres, police, post office staff - for when they collect benefits -, GP surgeries for homeless people, etc). In London, Maureen Crane carried out detailed work on rough sleepers recorded between 1999 and 2000. She found that 7% were not included in official records: they were mainly older and middle-aged and in outer London, away from well-known areas for rough sleeping.¹²</p>
Estimated numbers over the period of a year	<p>Over the period of a year, there may be up to 3,000 people aged 50+ who sleep rough at least once.¹³</p> <p>Note that older rough sleepers generally remain longer on the streets than younger people, at least in London.¹⁴</p>
Comparisons with previous estimates	<p>Maureen Crane estimated that, in 1996, there were 4-600 people aged 50+ sleeping rough in England and Wales.</p> <p>Her estimate is consistent with ours as it is widely agreed that the total numbers sleeping rough have fallen sharply in recent years.</p>

Group B	People living in hostels, night shelters, refuges, etc
Description	As above
Rationale for inclusion	<p>People living in hostels, night shelters and refuges usually only do so because they have nowhere else to live and because they need support. We have used CORE data as the best available national source of data on hostels and similar accommodation. Most such provision is provided by, or in partnership with, a Registered Social Landlord. However this does exclude some hostels and shelters directly provided by voluntary organisations, charities and churches.</p> <p>People living in move-on supported housing are usually there on a temporary basis because they have been homeless and need support.</p> <p>For those provided with the accommodation on a temporary basis, this means that they may face the prospect of having nowhere to live in the coming months, although increasingly attempts are made for structured resettlement.</p> <p>For those provided with the accommodation on a permanent basis, opinions differ as to whether they should be included or excluded in the estimates. For older people, the argument for inclusion is that the accommodation should still be viewed as unsatisfactory on a long-term basis and also that they are blocking access to short-stay accommodation for both other older homeless people and younger people. The argument for exclusion is that the accommodation should be viewed as satisfactory if it is provided on a permanent basis and is designed to meet their needs.</p> <p>To cater for these differing views, the temporary and permanent figures have been estimated separately,</p>
Issues relating to double counting	Some of the people in hostels might have been previously classified as statutorily homeless. However, it would seem likely that they have also been declared as not being in priority need, or as intentionally homeless, otherwise they would have been provided with some permanent accommodation (though a few may be placed on a temporary basis whilst awaiting a more permanent solution).
Data source	The Housing Corporation's CORE Supported Housing database.

Group B	People living in hostels, night shelters, refuges, etc
<p>Estimated numbers at any point in time</p>	<p>At any one time, there are around 4,000 people aged 50+ living in RSL supported housing in England on a temporary basis.¹⁵ Around 3,000 of these are aged 50 to 64, with 1,000 aged 65+.</p> <p>Around a further 1,000 people aged 50+ are living in RSL-supported hostels or shared houses in England on a permanent basis for reasons of mental health problems or homelessness.¹⁶ Note that the estimate of the number of homeless people in permanent RSL-supporting housing is very dependent on the assumptions made about who to include and exclude - as set out in the footnote, the assumptions leading to the 1,000 estimate are at the conservative end of the possible assumptions.</p>
<p>Estimated numbers over the period of a year</p>	<p>Over the period of a year, around 7,000 people aged 50+ spend some time living in RSL supported housing in England on a temporary basis.¹⁷</p> <p>Around a further 1,000 people aged 50+ are living in RSL-supported hostels or shared houses in England on a permanent basis for reasons of mental health problems or homelessness over the period of a year.¹⁸</p>

Group B	People living in hostels, night shelters, refuges, etc
<p>Comparisons with previous estimates</p>	<p>Maureen Crane estimated that, in 1992, there were 16-21,000 people aged 50+ living in hostels in England.¹⁹ This was based on a hostel population of 60,042 and an estimate of between 26% and 35% of hostel residents in London, Glasgow, Birmingham, Bristol and Manchester being aged at least 50.</p> <p>Clearly, her estimate is substantially greater than ours. However, these two sets of assumptions are not necessarily inconsistent: many of the larger dormitory-style hostels which were used by older people (sometimes on a permanent basis) have been closed over the last decade. More recent work in London found 3,300 direct access hostel residents in London, with 700 of these (a fifth) being aged 50 or more, many being long-stay residents.²⁰ In Nottingham, half the 116 direct access residents in a survey in 1994 were aged 50 or over (again with many long-stayers), whereas by 1999-2000 there was only a handful because of the provision of a range of more appropriate supported housing for this group.²¹</p> <p>A key issue here is how many of the permanent residents of RSL-supported housing to include. In Maureen Crane's estimates, a substantial proportion were effectively permanent residents whereas our assumptions have excluded most of the permanent residents because we have identified from CORE data that much of the RSL provision is for other groups (eg learning disability, frail elderly) who are clearly not older homeless people. The details in the various footnotes above allow reader to draw the line in a different place if they so wish.</p>

Group C	People living in bed-and-breakfast or other temporary boarded accommodation because they have no other option
<p>Description</p>	<p>People staying in B&Bs or other boarded accommodation who are doing so through lack of an alternative.</p> <p>Receipt of housing benefit is used as a proxy measure for lack of choice - claimants have a low income and are therefore not likely to be there by choice whereas non-claimants will mostly have higher incomes and thus will be in the boarded accommodation through choice (e.g. as a temporary measure while changing jobs).</p>
<p>Rationale for inclusion</p>	<p>These people can be described as being houseless because they have no permanent housing and no security of tenure</p>

Group C	People living in bed-and-breakfast or other temporary boarded accommodation because they have no other option
	(i.e. they can be asked to leave and have no redress) and, because they also have low income, this situation is unlikely to be through choice and is also unlikely to change in the near future.
Issues relating to double counting	Local authority placements, because they are statutorily homeless and in priority need, should be excluded on the grounds that the local authority has judged this to be an appropriate response to their situation. However, this proportion is not known and thus, to be conservative, all local authority placements should arguably be excluded.
Data source	DWP Housing Benefit and Council Tax Benefit Management Information System.
Estimated numbers at any point in time	At any one time, there are around 12,000 people aged 50+ in Great Britain who are both self-placed in boarded accommodation and in receipt of Housing Benefit. ²² Around 6,000 of these are aged 50 to 64, with 6,000 aged 65+.
Estimated numbers over the period of a year	There is no information about average length of stay of self-placed boarders in temporary boarded accommodation and thus no basis for estimating an over-the-year figure.
Comparisons with previous estimates	<p>Maureen Crane estimated that, in 1996, there were 20-27,000 people aged 50+ self-placed in bed-and-breakfast accommodation in England and Wales²³. Her estimate was made by combining a total estimated 77,000 people from Mary Carter²⁴ with an assumed proportion who were aged 50+ of 26-35%²⁵.</p> <p>Clearly, her estimates are higher than ours. There is, however, a relatively simple explanation for this: Mary Carter's 1996 data from DWP was that there were around 70,000 self-placed boarders in receipt of Housing Benefit compared to our 2002 figure from DWP of around 40,000, with both figures appearing to be on the same basis. In other words, it appears that the number of older people in this group has fallen substantially in recent years. This links with the known decline in poor quality boarded accommodation in many areas because landlords/landladies have sold up or upgraded their accommodation to house more profitable groups.²⁶</p>

Group D	People staying in institutions who are due for discharge/release but have no accommodation to go to
Description	People currently staying in hospitals, police custody, prisons, other institutions who are due for discharge or release in the near future but have no accommodation to go to. What constitutes 'near future' is a matter of judgement, with the issues obviously being sharper the closer the release date.
Rationale for inclusion	These people are an obvious houseless group who will typically not be picked up in the statutorily homeless and in priority need counts.
Issues relating to double counting	None, given that this group has not yet been discharged/released.
Data source	Various
Estimated numbers at any point in time	<p>No data is available re hospital discharges or people leaving other types of institution.</p> <p>At any one time, around 100 people aged 50+ are due for release from prison within the next month with nowhere to go²⁷</p> <p>Note that the Home Office have, for the first time, been collecting such data for offenders from April 2004 as part of its development of a national accommodation strategy for offenders.</p>
Estimated numbers over the period of a year	Over the period of a year, around 1,500 people aged 50+ are released from prison with nowhere to go. ²⁸
Comparisons with previous estimates	None known.

Group E	People who are staying with friends or family because they have no other option and where the housing is overcrowded
Description	<p>Adults living with their relatives or friends in accommodation where they are not the owner or renter of that accommodation (nor their partner) ²⁹ and where at least one of the adults does not have their own bedroom.</p> <p>Note that overcrowding is only one type of unsatisfactory housing situation so the estimates below are conservative. Data limitations, however, preclude analysis of any other types of situation, for example adults who are not owners/renters and where there is dissension with the owner/renter which makes their continuing ability to stay there problematic, or where there is abuse.</p>
Rationale for inclusion	<p>The accommodation is insecure because such people have no legal rights to stay in their accommodation, with their ability to stay there depending on the views of the owner/renter (something which may well be problematic given the overcrowded nature of the accommodation).</p> <p>The accommodation is inadequate because at least one of the adults does not have a bedroom of their own and so either the older person or another household member has to sleep in the living room or share inappropriately.</p>
Issues relating to double counting	None
Data source	Survey of English Housing 2002/03
Estimated numbers at any point in time	<p>At any one time, there are around 24,000 people in England aged 50+ living with family or friends in overcrowded conditions. The vast majority are living with adult children, rather than other family members or friends.</p> <p>Small sample sizes make more detailed age breakdowns problematic.</p> <p>Note that by taking only those who are overcrowded, this is a relatively small proportion (15%) of the total of around 360,000 people aged 50+ living with friends or family. We have not included any of the 85% of older people living with family or friends who are not overcrowded, even though it is highly likely that some of these will be suffering housing stress and the risk of abuse.</p>
Estimated numbers over the period of a year	Over the period of a year, there are around 24,000 people in England aged 50+ living with family or friends in overcrowded conditions. ³⁰
Comparisons with previous estimates	None known.

Group F	People at imminent risk of eviction
Description	People who have received outright possession orders (and so are at imminent risk of eviction) for rent arrears (so the risk is not because of their behaviour).
Rationale for inclusion	The accommodation is insecure because someone who receives an outright possession order will cease to have a legal right to occupy their house within 28 days. Homelessness legislation states that someone is homeless if they are threatened with homelessness within 28 days.
Issues relating to double counting	None.
Data source	Various.
Estimated numbers at any point in time	At any one time, there are around 500 people aged 50+ facing eviction within the next 28 days in England for rent arrears. ³¹ Around further 100 face eviction within the next 28 days for reasons of anti-social behaviour. Such cases are often linked to issues such as mental illness or alcohol, and thus it is possible that these evictions could have been avoided if adequate support had been provided.
Estimated numbers over the period of a year	Over the period of a year, there are around 6,000 people aged 50+ facing eviction within the next 28 days in England for rent arrears. ³² Over the period of a year, around a further 1,500 face eviction for reasons of anti-social behaviour.
Comparisons with previous estimates	None known.

Endnotes

- ¹ The actual legal wording is slightly more complicated.

A person is homeless if there is no accommodation they are entitled to occupy. Entitlement means having:

 - either an interest in it (i.e. they are the owner or the tenant); or
 - an express or implied licence to occupy (in Scotland, a right or permission, or an implied right or permission to occupy); or
 - some other enactment or rule of law giving the right to remain in occupation or restricting the right of another person to recover possession.

A person is also considered to be legally homeless if they have accommodation but:

 - they cannot secure entry to it; or
 - (in the case of, for example, a caravan) they have nowhere they are entitled both to place it and live in it; or
 - it is not reasonable for them to continue to occupy the accommodation.

A person is also considered to be threatened with homelessness if it is likely that they will become homeless within 28 days (e.g. they may have rent or mortgage arrears).

The categories above apply in England and Wales and come from the 1996 Housing Act,. There are slight differences in Scotland and Northern Ireland.
- ² ODPM statistical bulletins, adding together those 'unintentionally homeless and in priority need' with those 'homeless but not in priority need'. There are very few people in the third category of 'intentionally homeless and in priority need'.
- ³ From *Helping rough sleepers off the streets*, Randall and Brown, ODPM, 2002: the number of rough sleepers on a given night was around 550 in 2001. From the CHAIN database, the ratio between the single night count and the yearly count is around 1:10.
- ⁴ Of the 215,000 households accepted as statutory homeless in 2003, 66,000 (31%) were classified as not being 'in priority need'. A further 12,000 (6%) were classified as 'intentionally homeless'.
- ⁵ See *Surviving at the margins: older homeless people and the organisations that support them*, Pannell, Means and Morbey, 2002, Help the Aged.
- ⁶ *Helping rough sleepers off the streets*: 550 in November 2001 compared to 1,850 in June 1998.
- ⁷ ODPM statistical bulletins: the numbers accepted as statutory homeless but judged not to be in priority need were 66,000 in 2003 compared to 55,000 in 1999.
- ⁸ From the ODPM statistical bulletin for the last quarter of 2003, 8% of households without dependent children accepted as statutorily homeless and in priority need are for reasons of domestic violence.

- ⁹ *Older women and domestic violence*, Imogen Blood, Help the Aged, 2004 and *The harassment and abuse of older people in the private rented sector*, Carlton, Fear, Heywood, Izuhara, Means and Pannell, The Policy Press, 2002.
- ¹⁰ E.g. *Understanding older homeless people*, Maureen Crane, Open University Press, 1999.
- ¹¹ From ODPM statistics released in September 2003, around 500 people are sleeping rough on any one night in England. From *Rough Sleepers Cymru*: around 150 people were sleeping rough on any one night in Wales in May 1999. From *Social justice annual report, indicators of progress: definitions, data, baseline and trends information*, Scottish Executive: around 100 people were sleeping rough on any one night in Scotland in May 2002.
From 1996 street counts quoted by Maureen Crane in *Understanding older homeless people*, 29-39% of rough sleepers are aged 50+.
The use of the term 'at most' is because the numbers are known to have been falling in recent years and thus the 1996 and 2001 assumptions above are likely to lead to an over-estimate.
- ¹² Crane and Warnes, 2001. See also *Older People and Homelessness in Nottingham*, Jenny Pannell, 2001. Nottingham: Framework Housing Association and London: Help the Aged, and Pannell, Means and Morbey 2002.
- ¹³ From the CHAIN database, the ratio between the single night count and the yearly count is around 1:10.
- ¹⁴ Crane and Warnes, 2001.
- ¹⁵ Each year, around 3,700 people aged 50+ are provided with supported housing on a temporary basis according to the CORE database on new lettings.
The envisaged average length of stay for these people is around 12 months (70% are recorded as having an estimated intended stay of between a month and a year and 30% as having an intended stay of more than a year but still non-permanent. If the average lengths of stay were 6½ months for the 70% and 2 years for the 30% then the overall average length of stay would be around twelve months.) So the point-in-time estimates are probably roughly the same as the total new lettings over the year.
CORE is only mandatory for providers with more than 250 beds across all their supported housing and so does not include entries for some people in smaller hostels. etc. But it also includes some types of supported housing that might not be considered to be 'hostel-like'. Comparisons between the number of London records in CORE with those from the London Hostels Directory (which covers all hostels in London) suggests that these two factors roughly cancel out each other.
- ¹⁶ Each year, around 3,900 people aged 50+ are newly provided with supported housing on a permanent basis (noting that standard sheltered housing does not count as supported housing).

Of these, around 1,700 are being provided with category 2.5 sheltered housing and the other 2,200 are in 'other supported housing' (a category which includes hostels other than direct access hostels), with very few in direct access hostels. It is assumed that the 1,700 should be excluded from the estimates but that at least some of the 2,200 should be included.

Of the 2,200, around 900 are living in a hostel or shared house, 900 in a self-contained flat or bedsit with common facilities, and 400 in self-contained accommodation. It is assumed that those in self-contained accommodation should be excluded from the estimates, but that at least some of the 900 in hostels or shared houses should be included.

Of the 900, 300 are classified as being in a 'learning difficulties' client group, 400 in a 'frail elderly or older person' client group and the remaining 200 are mostly in the client groups of 'mental health related problems' or 'single homeless'. It is assumed that the 400 and 300 should be excluded from the estimates but that the 200 should be included.

In the absence of any information to the contrary, assume that the average length of stay is around 5 years. The point in time estimates would then be around 5 times the total new lettings over the year. $5 * 200 = 1,000$.

- ¹⁷ From an earlier footnote, the average length of stay for temporary residents aged 50+ is around 12 months. Given this average length of stay, the number of people who are resident at some time during any given year will be around twice the number of new lettings each year.

Also from an earlier footnote, around 3,700 people aged 50+ are newly provided with supported housing on a temporary basis each year. So, the total number of people who are resident at some time during any given year will be around 7,400.

- ¹⁸ From an earlier footnote, it has been assumed that the average length of stay for permanent residents aged 50+ is around 5 years. Given this average length of stay, the number of people who are resident at some time during any given year will be around six times the number of new lettings each year.

Also from an earlier footnote, around 200 people aged 50+ are newly provided with hostel or shared housing accommodation on a permanent basis each year. So, the total number of people who are resident at some time during any given year will be around 1,200.

- ¹⁹ *Understanding older homeless people*, Maureen Crane, Open University Press, 1999.

- ²⁰ Crane and Warnes, 2001.

- ²¹ Pannell, 2001.

- ²² At any one time, there are around 50,000 benefit units in boarded accommodation in Great Britain who were also in receipt of Housing Benefit. Of these, from a more detailed survey of 1% of these residents, an estimated 30% (16,000) are aged 50+ and 17% (9,000) are aged 65+.

76% of the total benefit units are self-placed, with the other 24% being placed by local authorities. Assuming the proportions are similar for those aged 50+ gives an estimate of around 12,000 self-placed benefit units aged 50+, with 6,000 aged 50-64 and 6,000 aged 65+.

Just about all of these benefit units are single people, so the estimated number of people is the same as the estimated number of benefit units.

²³ *Understanding older homeless people*, Maureen Crane, Open University Press, 1999.

²⁴ *The last resort: living in bed-and-breakfast in the 1990s*, Mary Carter, Shelter, 1997.

²⁵ In the absence of any other information, this assumed that the proportion of people self-placed in bed-and-breakfast accommodation who were aged 50+ was the same as the estimated proportion in hostels who were 50+.

²⁶ See Carlton et al 2002 and *Supported housing for single homeless men with a history of homelessness*, David Priesthall, Birmingham St Anne's Hostel.

²⁷ Of the 57,000 prison population in 2002, 4,500 were aged 50+, 3,000 being aged 50-59 and 1,500 being aged 60+.

Two-thirds of prisoners stay in prison for less than a year.

Statistics from the Revolving Doors Agency suggest that half of prisoners have nowhere to go on release from prison. St Mungos estimate that 30% of offenders lose their home while in prison.

Multiplying all these figures together gives a total estimate of around 1,000 people aged 50+ released from prison each year with nowhere to go.

To put this estimate on the same point-in-time basis as the estimates for the other groups, make the same assumption regarding 'near future' as that for evictions, namely that only those due for release within the next 28 days should be counted. So, the final estimate is $28/365 * 1,000$.

²⁸ From the previous footnote, 4,500 prisoners aged 50+, with two-thirds staying in prison for less than a year, and with half have nowhere to go upon release.

²⁹ Such people are often referred to as 'concealed households'.

³⁰ Using the point-in-time estimate, on the conservative assumption that these people stay in the same conditions for a substantial period of time and thus that the over-the-year figure is similar to the point-in-time estimate.

³¹ There is no regularly available data on the actual number of evictions, but research conducted by the National Housing Federation (see *House keeping*, Shelter, 2003) suggests that the number of evictions roughly corresponds to the number of outright possession orders.

The estimated number of people facing outright possession orders in 2002 was about 50,000 in England (and 3,000 in Wales).

Possession action - the last resort ? NACAB, 2003 estimates that:

- 20% of possession orders are for anti-social behaviour (to be excluded from the calculations on the grounds that it is not reasonable to include those who are facing eviction because of their behaviour).
- 1% of social tenants facing possession action for rent arrears are aged 60+ and a further 20% are aged 45-59.

Multiplying all these numbers together suggests that, in 2002, there were around 400 evictions among those aged 60+ and 8,000 among those aged 45-59.

Assuming that the 8,000 are evenly distributed through the 45-59 age band gives an estimate of 5,300 people aged 50-59.

A person is considered to be threatened with homelessness if they are likely to be homeless within 28 days, so $28/365$ ths of those evicted in any one year can be considered at imminent risk of eviction at any one time.

Applying this ratio to the numbers above gives an overall estimate of around 500 people aged 50+ facing eviction within 28 days at any one time.

³² From the previous footnote, there are around 5,700 evictions of people aged 50+ each year.

Appendix 2: The costs of homelessness

by Guy Palmer, New Policy Institute

Overview of costings

Any initiative to tackle homelessness, whoever undertakes it, is bound to cost money. Calculating how much money is an essential step in the process of deciding finally whether the initiative should go ahead or not. But not undertaking the initiative may also cost money. Although these latter costs are typically not borne by the organisation or part of government that is planning the initiative, they still ought to be taken account of, as a saving to offset against the direct cost of the initiative.

What is needed are the unit costs associated with particular cost episodes or incidents that arise in connection with homelessness. But what are these episodes? In practice, the range of costly things associated with homelessness is probably endless. To restrict the exercise to something manageable, we follow the same methods and sources, and draw heavily on Chapter 6 in the report by the same authors for *Crisis: How many, how much? Single homelessness and the question of numbers and cost* (New Policy Institute, 2003 - available on the Internet at www.npi.org.uk/report/crisis.pdf).

The three scenarios in the main report (Frank, Grace and Harold) represent pathways through and sometimes out of homelessness for older people; Frank also appears in the *Crisis* report. These scenarios then provide a framework for the subsequent analysis. This paper presents the results of the exercise to attach costs to the experiences those scenarios contain, drawing on a disparate range of sources for this information.

The conclusion is salutary: homelessness and the problems and experiences that are typically associated with it can cost a lot of money, sometimes many thousands of pounds a year. Especially significant are the costs that persist over a period of time. The implication of this for policy makers is that while action to end homelessness usually costs money, the net costs of that action can be very much smaller since the costs of remaining homeless count as a saving.

Equally importantly, Chapter 6 in the *Crisis* report also presents a series of unit costs that can be applied to the various different incidents that arise with homelessness, to help with the benefits of any suggested initiative to reduce homelessness. There is a full discussion on the sources of the costs. What we call 'soft' costs - namely those borne by the homeless person themselves, such as injury, or illness, or indeed the stress or pressure that friends and family who help the homeless person by providing them with accommodation - have been excluded because information on them is too scarce. We hope that in future, as more research into these effects is carried out, such costs can be included in other exercises like this. The effect would, undoubtedly, be to increase further the overall costs of homelessness, and strengthen yet further the economic case for action.

Unit cost estimates

The unit costs that have been used are set out in the table below.

Estimated unit costs by category of cost associated with homelessness

Cost category	Cost borne by	Unit cost		
		Low	Best	High
Failed tenancy				
Re-letting (per episode) ¹	Landlord	£1,000 ²	£1,500 ³	£2,100 ⁴
Possession order and eviction warrant (per episode)	Landlord		£200 ⁵	
Solicitors fees (per episode)	Landlord	£120 ⁶	£400 ⁷	£620 ⁸
Landlord's administration (per episode)	Landlord	£50 ⁹	£200 ¹⁰	£500 ¹¹
Temporary accommodation				
Hostel (per week) ¹²	Various	£300 ¹³	£400	£450 ¹⁴
Support services				
Outreach worker, specialised in multiple needs (per week)	Various ¹⁵	£30 ¹⁶	£60 ¹⁷	
Advice/support services at hostel or day centre (per session) ¹⁸	Various ¹⁹	£20 ²⁰	£30 ²¹	
Low-level floating support (per week)	Supporting People		£30 ²²	
High-level floating support (per week)	Supporting People		£90 ²³	
Specialist high-level floating support (per week)	Supporting People		£110 ²⁴	
Health services				
GP visit or referral (per visit)	NHS		£20 ²⁵	
Services used after minor wounding - proxy for A&E visit (per incident)	NHS	£150 ²⁶	£200 ²⁷	£250
Treatment for mental ill-health (per episode)	NHS		£6,000 ²⁸	
Treatment for pneumonia	NHS		£4,350 ²⁹	
Treatment of TB (per case)	NHS		£7,000 ³⁰	
Hospitalisation (per day)	NHS		£170 ³¹	
Criminal justice system and prisons				
In response to burglary/damage to property	Police/Courts		£250 ³²	
In response to minor wounding (per incident)	Police/Courts		£1,450 ³³	
Resettlement				
Sheltered housing (per week)	Tenant/HB/SP		£100 ³⁴	
Residential care (per week)	Local Authority		£255 ³⁵	
Social housing flat or shared house (rent per week)	Tenant/HB		£70 ³⁶	
Interview and processing (per application)	Landlord/Local Authority	£450 ³⁷	£650	£850 ³⁸
Detoxification (per week)	NHS		£900 ³⁹	

Frank

Costs common to both variations

These are the costs incurred in the period when he becomes homeless up to his move into the hostel for the first time.

Cost category	Cost (£)	Cost (£)
1 GP referral	£20	
2 A&E attendance	£400	
28 days hospitalisation @ £170 per day	£4,760	
1 treatment for TB	£7,000	
Health services	£12,180	£12,180
18 outreach worker visits @ £60 per visit	£1,080	
Support services while homeless	£1,080	£1,080
Total		£13,260

Costs of variation 1 - First Year

Cost category	Cost (£)	Cost (£)
6 months in a hostel @ £400 per week	£10,400	
6 months support @ £30 per week (1 session per week)	£780	
Temporary accommodation	£11,180	£11,180
3 months rent in shared house @ £70 per week	£910	
3 months low-level support @ £30 per week	£390	
Failed resettlement	£1,300	£1,300
1 re-letting	£1,500	
Landlord's administration	£200	
Failed tenancy	£1,700	£1,700
36 outreach worker visits @ £60 per visit	£2,160	
3 weeks of detoxification @ £900 per week	£2,700	
Support services while homeless for second time	£4,860	£4,860
Repeat hospitalisation for TB		£12,180
Total		£31,220

Costs of Variation 2 - First Year

Cost category	Cost (£)	Cost (£)
3 months support @ £90 per week (3 sessions per week) Support services while in hostel	£1,170	£1,170
	£1,170	
3 months in a hostel @ £400 per week Temporary accommodation	£5,200	£5,200
	£5,200	
1 application and interview process 9 months rent in specialist project @ £70 per week 9 months of specialist high-level support @ £110 per week Resettlement into specialist project with high level support	£650 £2,730 £4,290	£7,670
	£7,670	
Total		£14,040

Net cost saving after one year: £17,180

Ongoing cost saving thereafter will depend on circumstances: if, as is likely, Frank continues to alternate between homeless hostels and the street, they are likely to remain at least at a similar level to year 1. If Frank's health deteriorates he may also incur further health costs as he did when he first became homeless. Work by the London TB Nurse network shows that people with complex needs who are not properly supported in their TB treatment can spend years on and off treatment. There are high costs in terms of onward transmission of the disease and for the individual it can result in multi drug resistant TB, sectioning under the Public Health Act and death.

Grace

Costs common to both variations

These are the costs incurred in the period up to her eviction.

Cost category	Cost (£)
1 re-letting	£1,500
1 possession order and eviction warrant	£200
1 set of solicitor's fees	£400
Landlord's administration	£200
Failed tenancy	£2,300

Costs of Variation 1

First Year

Cost category	Cost (£)	Cost (£)
Lost rent arrears	£2,000	
Failed tenancy	£2,000	£2,000
1 month sleeping rough in woods (summer)	NIL	
2 nights in a hostel @ £400 per week	£115	
10 weeks sleeping rough in woods (autumn)	NIL	
Temporary accommodation	£115	£115
1 outreach worker visit	£60	
Support services while homeless	£60	£60
1 A&E attendance	£200	
1 episode of mental ill-health	£6,000	
1 episode of pneumonia	£4,350	
Health services	£10,550	£10,550
1 application and interview process	£650	
Residential care home for 8 months @ £255 per week	£8,840	
Resettlement into a residential care home	£9,490	£9,490
Total		£22,215

For second and subsequent years

52 weeks residential care home @ £255 per week = £13,260.

Costs of Variation 2

First Year

Cost category	Cost (£)	Cost (£)
1 visit to a day centre @£25 Support services while homeless	£25	£25
	£25	
1 month sleeping rough in woods (summer) 8 months in a hostel @ £400 per week Temporary accommodation	NIL £13,867	£13,867
	£13,867	
1 application and interview process Sheltered housing for 3 months @ £100 per week Weekly visits from support worker for 3 months @ £60 per visit Resettlement into sheltered housing	£650 £1,300 £780	£2,730
	£2,730	
Total		£16,622

Costs for second year

52 weeks sheltered housing @ £100 per week = £5,200.

Support worker weekly visits for 9 months @ £60 per visit = £2,340.

Support worker monthly visits for 3 months @ £60 per visit = £180.

Total costs for second year = £7,720.

Costs for third and subsequent years

52 weeks sheltered housing @ £100 per week = £5,200.

Support worker assume six visits during the year @ £60 per visit = £360.

Total costs for third and subsequent years = £5,560.

Net cost savings

Year one: £5,600.

Year two: £5,500.

Ongoing cost saving thereafter: £7,700 pa.

Harold

Costs common to both variations

Cost category	Cost (£)	Cost (£)
Police activity in response to burglary/damage to property @ £250 per episode Criminal justice system	£250	
	£250	£250
3 months in a hostel @ £400 per week Temporary accommodation	£5,200	
	£5,200	£5,200
3 outreach worker visits @ £60 per visit 20 day centre sessions @ £30 per session Support services while homeless	£180 £600	
	£780	£780
Total		£6,230

Costs of Variation 1 - First Year

Cost category	Cost (£)	Cost (£)
Police activity in response to burglary/damage to property in flat @ £250 per episode Criminal justice system	£500	
	£500	£500
1 application and interview process 6 months rent in HA flat @ £70 per week 3 months low-level floating support @ £30 week Failed resettlement	£650 £1,820 £390	
	£2,860	£2,860
1 re-letting 1 possession order and eviction warrant Landlord's administration Rent arrears not recovered Failed tenancy	£1,500 £200 £200 £240	
	£2,140	£2,140
6 months in a hostel @ £400 per week Temporary accommodation	£10,400	
	£10,400	£10,400
3 outreach worker visits @ £60 Visits to day centre @ £150 per week for 6 months (5 sessions) Support services while homeless	£180 £3,900	
	£4,080	£4,080
2 minor assaults @ £200 Health services	£400	
	£400	£400
One minor assault reported to police @ £1,450	£1,450	

coming of age

Cost category	Cost (£)	Cost (£)
Criminal justice system	£1,450	£1,450
Total		£21,830

Costs of Variation 2 - First Year

Cost category	Cost (£)	Cost (£)
1 application and interview process	£650	
12 months rent in LA flat @ £70 per week	£3,640	
12 months specialist floating support @£90 per week	£4,680	
Visits to day centre @ £150 per week for 6 months (5 sessions)	£7,800	
Resettlement into local authority flat	£16,770	£16,770
Total		£16,770

Net cost saving after one year: £5,100.

Ongoing cost saving thereafter will depend on circumstances: if, as is likely, Harold continues to stay in a homeless hostel, they are likely to remain at least at a similar level to year 1, if not higher, with the risk of more serious assaults or further health problems.

Endnotes

- ¹ Includes repairs, redecoration, cleaning, changing locks etc, and lost rent while this takes place.
- ² Audit Commission 1998, uprated to 2003: (minimum damage and minimum rent loss while damaged repair) £500 repairs, four weeks lost rent during repair work (£220, cleaning, fumigating and changing locks £135,) not including redecoration allowance, but that could be up to £100.
- ³ As previously, but £750 for repair costs, eight weeks lost rent for repairs £440, and cleaning costs £135.
- ⁴ As previously, but £1000 for repair costs, 12 weeks (maximum length of time suggested by Audit Commission 1998) lost for rent arrears £660, plus cleaning etc costs £135.
- ⁵ £130 for a possession order and £90 for an eviction warrant (Court Service, 2003).
- ⁶ Shelter estimate for legal costs of a 'standard' eviction. See *House keeping: preventing homelessness through tackling rent arrears*, Shelter, 2003, page 15.
- ⁷ Centrepont estimate 2003.
- ⁸ Shelter estimate for legal costs of a 'complex' eviction. See *House keeping: preventing homelessness through tackling rent arrears*, Shelter, 2003, page 15.
- ⁹ Shelter estimate for housing management time in a 'standard' case; Shelter complex estimate: £167 (i.e. roughly the same as Centrepont).
- ¹⁰ Centrepont estimate, 2003. In *House keeping: preventing homelessness through tackling rent arrears* (2003), Shelter's estimate for a 'complex case' is £167.
- ¹¹ Audit Commission estimate (see *House Keeping*, Shelter 2003 page 15).
- ¹² Figures for a voluntary sector hostel, accommodating 50 to 100 people. This includes cost of keeping a person in a hostel, and include capital costs and revenue costs. Note that the size of hostel, and level of service provision can make a big difference to the unit cost.
- ¹³ Information (for 2000, uprated to 2003) from St Mungo's, based on a building accommodating 90 people (See Revolving Doors Agency 2000). St Giles/ODPM estimate of emergency accommodation in London (Social Exclusion Unit 2002) page 128 is £1,300 per month.
- ¹⁴ CIPFA publish average rent charges per unit. For London, the average is approximately £110 per week, with little variation between inner and outer London. For metropolitan districts, the average rent is £180 per week. When average capital costs are included, the total are £400 and £500 respectively.
- ¹⁵ Outreach workers may be funded by a variety of different sources. Contact and Assessment Teams, for example, get funding from the Homelessness Directorate and Drug Action Teams. Some outreach services receive funded from charities.

- ¹⁶ Thamesreach Bondway quote £32 a week as the average cost of support per client per week (see appendix 2 http://www.thamesreach.org.uk/archive_job/jobAboutTSWteamsPIS.pdf). This is based on a generic outreach worker, on a salary of about £23,000.
- ¹⁷ *Unit costs of health and social care*, Personal Social Service Research Unit (2003). Note that in the absence of a unit cost for an outreach worker, the cost of a community mental health worker is used instead (Schema 11.1, taking the average of £55 per case per week and rounding up to the nearest £10).
- ¹⁸ Costs beyond the normal running costs of the hostel or centre. Estimates based on information on session costs for old people at day care centres.
- ¹⁹ Like outreach workers, day centres and housing advice centres may receiving funding from a variety of different sources.
- ²⁰ *Health and social care costs 2002*, PSSRU, University of Kent at Canterbury. Voluntary day centre prices for older people: the average cost per client session estimated at £15. The cost of a session at a voluntary sector day centre providing help for mental health problems is £20.
- ²¹ *Health and social care costs 2002*, PSSRU, University of Kent at Canterbury. Cost of session at a day care facility for older people funded by the local authority is £27. Cost of a session at local authority day centre providing help for mental health problems is £29.
- ²² From the weekly costs collected for Supporting People in 2003 at www.spkweb.org.uk/files/040505ylaNationalDataUnitCosts97.xls. Since the introduction of Supporting People, most floating support services are funded from this source.
- Generic floating support (lower quartile) is £32 per week, which is also the same as in endnote 16 above, rounded down; the lower quartile is used because it is a low-input all-age service.
- ²³ From the weekly costs collected for Supporting People in 2003 at www.spkweb.org.uk/files/040505ylaNationalDataUnitCosts97.xls. Since the introduction of Supporting People, most floating support services are funded from this source.
- The closest comparator is for floating support for people with learning disabilities, but the data is known to be difficult to interpret because of the very wide variations in needs and costs. The lower quartile figure is £81, and other relevant floating support comparators could be upper quartile generic (£83) or mental health (£112.). Compared to many people with LD, Harold has relatively low needs so a figure of £90 has been assumed, which also equates to three times as much support as from the low-level generic service.
- ²⁴ From the weekly costs collected for Supporting People in 2003 at www.spkweb.org.uk/files/040505ylaNationalDataUnitCosts97.xls. Since the introduction of Supporting People, most floating support services are funded from this source.

The closest comparator is for floating support for people with alcohol issues (upper quartile) @ £110 per week so that is used. The upper quartile is taken because Frank receives a high-input service. Other floating support comparators are upper quartiles for mental health (£112), older people with mental health/dementia (£160) and generic (£83).

- ²⁵ *Unit costs of health and social care*, Personal Social Service Research Unit (2003). Schema 9.7b, using the unit cost for a surgery consultation.
- ²⁶ *The economic and social costs of crime*, Brand, S. and Price, R., Table A1.6 page 70.
- ²⁷ *Economic and social costs of crime*, Brand and Price (2000). Note that, in the absence of a direct unit cost estimate, the cost of services used after minor wounding is used instead.
- ²⁸ Health Survey for England (2000), '*Psychic morbidity among adults living in private households*', ONS and Sainsbury Centre for Mental Health.
- ²⁹ *Community-acquired pneumonia: The annual cost to the national health service in the UK*, European Respiratory Journal 10(7):1530-1534 1997.
- ³⁰ *The killer returns*' TB Alert (1999), quoted in BBC news article '*TB epidemic could hit UK*', (March 1999). Based a figure of £6,000 in 1999.
- ³¹ *Unit costs of health and social care*, Personal Social Service Research Unit (2003). Schema 2.6, items A, B, C, D and E.
- ³² *The economic and social costs of crime*, Brand and Price, 2000.
- ³³ *The economic and social costs of crime*, Brand and Price, 2000.
- ³⁴ *Unit costs of health and social care*, Personal Social Service Research Unit (2003). Schema 1.8 (local authority sheltered housing for older people) items A and B.

Rents for sheltered housing are paid by the tenant; in social housing, we can assume that formerly homeless older people would be likely to receive Housing Benefit to cover at least most if not all of their rent. For older people on low incomes, support costs (e.g. wardens) are met by Supporting People.

- ³⁵ *Unit costs of health and social care*, Personal Social Service Research Unit (2003). Schema 1.2 (private residential care for older people) item A.

The issue is to ensure that the comparison between residential care (variation 1) and sheltered housing (variation 2) is done on a like-for-like basis. Given that basic living costs were excluded from the sheltered housing unit cost, they should also be deducted from the residential care cost, and hence £74 per week has been deducted - the £74 per week being the basic living costs from the sheltered housing schema (schema 1.8, item D). Given that the basic living costs of living in a residential care home is, in practice, likely to be less than this £74 per week, this is a conservative assumption.

- ³⁶ To enable comparisons with other accommodation (e.g. hostel, care home, sheltered housing), an approximate housing cost for a room in a shared house or a one-bed flat is needed. However, social housing costs vary somewhat depending on the locality and whether the accommodation is local authority or housing association (RSL). We have used a figure of £70, which is the rent cost in endnote 34 (item A, Schema 1.8, PSSRU) of a local authority sheltered housing unit (£74, rounded down). Rents are paid by the tenant; in social housing, we can assume that formerly homeless older people would be likely to receive Housing Benefit to cover at least some of their rent.
- ³⁷ Audit Commission (quoted in Shelter's *House keeping: preventing homelessness through tackling rent arrears* report).
- ³⁸ CIPFA (quoted in Shelter's *House keeping: preventing homelessness through tackling rent arrears* report).
- ³⁹ *Unit costs of health and social care*, Personal Social Service Research Unit (2003). Note that the cost used here is an average cost derived from the cost of voluntary sector (Schema 31, £663 per week) and NHS treatment (£161 per day).

Bibliography

Babb, A. (2002) *Old Before Our Time*. Bristol: The Salvation Army
www.salvationarmy.org.uk

Bevan, P. and van Doorn, A. (2003) *Good Practice Briefing on Multiple Needs*. London: Homeless Link
www.homeless.org.uk

Blood, I. (2002) *Sheltered housing and the resettlement of older homeless people*. London: Help the Aged and hact

Blood, I. (2003) *The discharge of older homeless people from hospital*. London: Help the Aged and hact
www.helptheaged.org.uk ;
www.hact.org.uk

Blood, I. (2004) *Older women and domestic violence*. London: Help the Aged and hact

Carlton, N., Fear, T., Heywood, F., Izuhara, M., Means, R. and Pannell, J. (2002) *The harassment and abuse of older people in the private rented sector*. Bristol: The Policy Press
www.bris.ac.uk/publications

'Failure to spot mental health needs in older people leads to their eviction.'
Community Care August 19th 2004

Crane, M. (1999) *Understanding Older Homeless People: Their Circumstances, Problems and Needs*. Buckingham: Open University Press

Crane, M. (2001) *Our Forgotten Elders: Older People on the Streets and in Hostels*. London: St Mungo's
www.mungos.org

Crane, M. Fu/ INITIAL and Warnes, A. (2004) *Building Homelessness Prevention Practice: Combining Research Evidence and Professional Knowledge*: Sheffield Institute for Studies on Ageing, University of Sheffield
www.shef.ac.uk/sisa

Crane, M. and Warnes, A. (2000) *Lancefield Street: Achievements and Lessons*. London: National Homeless Alliance

Crane, M. and Warnes, A. (2001) *Single Homeless People in London: Profiles of Service Users and Perceptions of Needs*. Sheffield Institute for Studies on Ageing, University of Sheffield

Crane, M. and Warnes, A. (2002) *Resettling Older Homeless People: A Longitudinal Study of Outcomes*. Sheffield Institute for Studies on Ageing, University of Sheffield

Grenier, P. (1996) *Still Dying for a Home*. London: Crisis
www.crisis.org.uk

Hawes, D. (1997) *Older People and Homelessness: A Story of Greed, Violence, Conflict and Ruin*. Bristol: The Policy Press

Hawes, D. (1999) 'Old and homeless: a double jeopardy' in P. Kennett and A. Marsh (eds) (1999) *Homelessness: Exploring the New Terrain*. Bristol: The Policy Press

Heywood, F., Oldman, C. and Means, R. (2002) *Housing and Home in Later Life*. Buckingham: Open University Press

Keyes, S. and Kennedy, M. (1992) *Sick to Death of Homelessness: An Investigation into the Links between Homelessness, Health and Mortality*. London: Crisis

McCrum, J. (2002) *The Face of Older Homelessness: Research on homelessness among older people in Northern Ireland, Cavan, Donegal, Leitrim, Louth, Meath, Monaghan, Offaly and Westmeath*. Belfast: Simon Community Northern Ireland
www.simoncommunity.org

New Policy Institute (2003) *How many, how much? Single homelessness and the question of numbers and cost*. Available on the internet @ www.npi.org.uk/report/crisis/pdf

Pannell, J (2001) *Older People and Homelessness in Nottingham: Final Report*. Nottingham: Framework Housing Association and London: Help the Aged

Pannell, J., Means, R. and Morbey, H. (2002) *Surviving at the margins: Older homeless people and the organisations that support them*. London: Help the Aged

Priesthall, D. (2001) *Supported housing for single homeless men with a history of homelessness*. Birmingham: St Anne's Hostel

Warnes, A. and Crane, M. (2000) *Meeting Homeless People's Needs: Service development and practice for the older excluded*. London: King's Fund www.kingsfund.org.uk

Willcock, K. (2004) *Journeys out of loneliness: The views of older homeless people*. London: Help the Aged

Wilson, D. (1995) *'We will need to take you in': The Experience of Homelessness in Old Age*. Edinburgh: Age Concern Scotland and Scottish Council for Single Homelessness.
www.scsch.co.uk

Wilson, D. (1997) *'The First Two Years ...' Homeless Older People Revisited*. Edinburgh: Age Concern Scotland
www.ageconcernscotland.org.uk

Homeless Link
First floor
10-13 Rushworth Street
London SE1 0RB

Tel: 020 7 960 3010
Fax: 020 7960 3011

www.homeless.org.uk

Homeless Link is a registered charity no. 1089173
Company no. 4313826

Homeless Link Cymru
Baltic House
Mount Stuart Square
Cardiff
CF10 5FH

Tel: 029 2045 0600
Fax: 029 2049 4932