



Help the Aged

**Outside In:
Tackling the Social Exclusion of
Older Homeless People**

***A response to the Social Exclusion Unit
on Older People Sleeping Rough***

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CONTENTS

SUMMARY	3
Section 1: INTRODUCTION	6
Section 2: HOW MANY OLDER HOMELESS PEOPLE ARE THERE AND WHO ARE THEY?	11
Section 3: CHARACTERISTICS OF OLDER HOMELESS PEOPLE	16
Section 4: CURRENT SERVICE PROVISION: SERVICE DELIVERY AND PREVENTION	21
Section 5: CONCLUSION AND RECOMMENDATIONS	25
BIBLIOGRAPHY	28



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EXECUTIVE SUMMARY

Homelessness can affect people of all ages. Help the Aged has been supporting services for older homeless people for a number of years, and the Charity is now embarking on a five year strategy aimed at tackling all aspects of homelessness. The aim of the report is to provide an outline of the current situation and to make recommendations for appropriate action. In preparing this report, we have drawn on our own experience as well as that of other service providers, and on research findings and data from a number of sources.

The main points which this report makes are as follows:

The need for a better system of enumeration: It is currently impossible to know the numbers of older homeless people and there is no clear definition of "older homelessness". Records are compiled in a number of ways and by various agencies. Official figures on homelessness are inadequate in that they include only those who approach local authorities for rehousing. Older homeless people are frequently missed from street counts because they tend to conceal themselves in inaccessible places; even where they are included, street counts often fail to record their ages.

The need for a clear definition: There is no universally-agreed definition of older homelessness. In some cases the threshold is set at 60 (or 65 in the case of men); in other cases a more realistic threshold is thought to be 55 or 50, in recognition that such homeless people are likely to be prematurely aged and just as vulnerable as those over 60.

The characteristics of older homeless people: It is important, in reaching a better understanding of how and why older people become homeless, to understand older people themselves. Some of the characteristics which have been found among older homeless people include:

- **Relationship difficulties prior to homelessness:** A large majority of this group speak of prior traumatic relationships either within a family setting or within a marital relationship

- **Mental health problems:** A large proportion of older homeless people have mental health problems and many of this group feel they cannot be helped. In a number of cases, the mental health problems are left untreated
- **Poor physical health:** Because of poor living conditions, a lack of access to health care services, poor nutrition. The poor state of health is reflected in the relatively low average age of death within this group

It is rare for a single factor to be the cause of homelessness. Whilst a single incident may act as a trigger, other factors or events are nonetheless involved.

There is a lack of systematic information about older homeless women. Although men apparently predominate, there are significant numbers of women among older homeless people. However, women are not coming forward for the services which are provided. There is an urgent need for research to be undertaken which will help us to understand more about older homeless women.

Service provision: There is a need to provide for the specific needs of older homeless people. This age group tends to shun services which are used by their younger counterparts, and are unassertive in stating their needs. There are currently few services specifically for older people, and there is a need for more information about some of the services which are achieving high rates of success.

Recommendations:

There is a need for concerted action to be taken jointly by Central Government, local authorities and the voluntary sector working in partnership. Each has a role to play, and must work in support of others.

Recommendations for action by Central Government

- A fairer allocation of resources which does not discriminate against older people
- The overseeing of a systematic procedure for collection of figures
- The provision of a satisfactory definition of older homelessness
- Security of funding to service providers
- The provision of a legislative environment conducive to the aims of tackling homelessness

Recommendations for action by Local Government

- Greater consistency in the way that homelessness is dealt with at local level
- A consistent approach towards counting homeless people
- Consistent application of guidelines and definitions

The setting up of a Joint Working Party

We recommend the setting up of a permanent Working Party on Older Homelessness comprising of: representatives of the relevant Government departments, local authorities and voluntary agencies in order to set standards and agree targets for the reduction of older rough sleepers. This body should also act as a focal point for information.

1. Section 1: INTRODUCTION

- 1.1 On 26 January the Social Exclusion Unit wrote to Help the Aged asking for our views on rough sleeping. This report contains our response, drawing on our experience of supporting services for older homeless people as well as written material and data from a wide variety of sources.
- 1.2 We welcome the Social Exclusion Unit's decision to examine homelessness. Indeed, rough sleepers represent one of the most striking manifestations of social exclusion and something of a litmus test for a humane society. A focus on this problem as one of social exclusion offers a new intellectual framework with which to analyse homelessness. This approach, in recognising the multi-dimensional nature of the phenomenon, will be helpful in recognising, that the underlying causes of homelessness must be thoroughly understood if progress is to be made.
- 1.3 It will also serve to highlight the fact that homelessness is not the result of human failure, which in the past may have been used to justify social inequality. Indeed, this new approach recognises the multiple forms of deprivation which conspire to exclude people from the full benefits of society: individuals cannot reach their full potential for independence and self-realisation whilst struggling on a low income, blighted by poor health, poor housing, high unemployment and inadequate services. As we will argue below, far fewer older people would be homeless were there a better understanding of the needs and characteristics of the people who currently and potentially comprise this group, and where adequate social support was made available to them.
- 1.4 Help the Aged provides practical support and advice to help older people live independent lives and works to improve the quality of life of older people, particularly those who are frail, isolated or poor. This is why we are concerned that older people in Britain today are sleeping rough on the streets, living in short term hostels or at risk of losing existing accommodation and becoming homeless, and have developed a strategy aimed at tackling the problem. Even younger rough sleepers seem to recognise that it is morally repugnant that some elderly people are having to live on the streets.¹ In our view older homelessness is a national disgrace which demands a concerted response.
- 1.5 We welcome the Unit's stated goal of "reducing to as near zero as possible the numbers of people sleeping rough". Our recent publication *A Life Worth Living*² argued that public policy needs to be directed towards supporting the independence and inclusion of older people, and we thoroughly commend the Unit's aims of improving understanding of social exclusion and promoting solutions and examples of best practice. In our view this can only be achieved in the field of homelessness by all the relevant agencies working co-operatively on the basis of a clear understanding of the subject.

¹ Jenny Knight, "No retreat from Waterloo", *The Guardian*, February 18 1998.

² Tessa Harding, *A Life Worth Living*, Help the Aged, 1997.

Background

- 1.6 Before setting out the issues as we see them, it is important to outline the historical context to the contemporary situation. The long history of constructive help for homeless people with both the Elizabethan and the Poor Law Act of 1834 making provision for the relief for destitute people. The current arrangements can be traced back to 1948 and the National Assistance Act which placed a duty on local authorities to provide temporary accommodation to those in "urgent need" and gave the National Assistance Board a statutory responsibility to resettle people "without a settled way of life".
- 1.7 Despite these measures the problem of homelessness continued to grow until rising concern led to a series of committees and working parties being set up at the beginning of the 1970s to review housing provision and social services. This work interpreted the problem of homelessness as one of housing shortage, in spite of evidence that many individuals had mental health and alcohol-related problems which needed support and treatment.
- 1.8 By the end of the 1980s the delivery of services began to change significantly. For example, institutional settings such as large traditional hostels, which had a poor resettlement record, began to be replaced by smaller-scale accommodation with facilities for special needs. However, the number of single homeless people continued to rise, exacerbated by changes to the Social Security system (such as that in the late 1980s which replaced board and lodging allowances by income support and housing benefit) and a dearth of suitable, secure long-term accommodation.
- 1.9 The inability of local authorities and voluntary agencies to cope with increasing homelessness led to the setting up of the Rough Sleepers Initiative (RSI) in 1990, with the objective of "making it unnecessary to have to sleep rough in Central London". The scheme was initially intended to run for three years but has subsequently been extended to at least 1999 and expanded to other UK cities in an acknowledgement that rough sleeping is not confined to London.
- 1.10 More recently, there has been increased professionalism amongst service providers and interest has shifted from a policy of containment of the problem to one that is needs led. Greater sophistication has changed the way services are delivered, with the development of specialist outreach teams and intensive resettlement programmes, and a greater emphasis on preventative strategies. At the same time, it has been recognised that successful resettlement depends on obtaining a clear understanding of homeless people and on identifying and analysing schemes which successfully meet their needs. This places an emphasis on the need both for research to increase understanding and for the dissemination of good practice.

Neglect of older homeless people

- 1.11 It is important that Government recognises that homelessness is not just a young person's problem. Despite the fact that homelessness is a priority concern, the needs of older people sleeping rough are often neglected even

though they should be seen as no less important than those of younger people. Indeed, older people who are homeless are particularly isolated and vulnerable and unable to make their needs known to policy-makers.

- 1.12 The neglect of older people in this regard is evident in the priorities of the Government in its grants to voluntary organisations, which it acknowledges play an important role in tackling homelessness. The Minister for Housing, Hilary Armstrong, announced in October last year that the grant programme of £8.1 million would have "a particular focus on innovative projects that will help young people".³
- 1.13 There is evidence too that the general public is unaware of the extent of homelessness. An opinion poll conducted last year by St.Mungo's amongst Londoners showed that the proportion of older people living rough in the capital was far greater than the public realised: 61 per cent of people believed that there are more rough sleepers under 26 than over 55, whereas research shows that the reverse is the case.⁴
- 1.14 Older people have special needs due to the process of ageing and in many cases to the length of time they have spent living rough on the streets. In case histories cited in DoE literature on the Rough Sleepers Initiative, all five rough sleepers over the age of 55 had been living on the streets for 15-30 years.⁵ In a survey of homeless people in 1996 it was shown that 63 per cent of people over 50 had been sleeping rough for over five years compared to only 25 per cent of younger people.⁶ Given that the population is ageing, it is likely that the problem of older homeless people will increase in future if not tackled effectively now.
- 1.15 Misconceptions and stereotypes have filled the vacuum created by a lack of systematic knowledge about homelessness in general and older homelessness in particular. Accordingly, Help the Aged in conjunction with CRISIS commissioned a report, *Homeless Truths*, which aimed to improve understanding of the distinctive needs of older homeless people and to advise on the development of appropriate practical policies and services.⁷ The findings of this report were utilised by an internal working party which formulated the Charity's homelessness strategy. Subsequently, we published a good practice guide, *Coming Home*,⁸ which was intended to disseminate examples of good practice and help set standards for effective service delivery to this neglected group

³ Department of Environment, Transport and the Regions, *Homelessness Fact Sheet*, February 1998.

⁴ Charles Fraser, "Youth bias even on the streets", *Inside Housing*, 13 February 1998.

⁵ Geoffrey Randall and Susan Brown, *From the Street to Home: An evaluation of phase 2 of the Rough Sleepers Initiative*, HMSO, 1996.

⁶ Homeless Network, 1996, *Central London Street Monitor*: November 14 1996, Table 5.1, Homeless Network, London.

⁷ Crane, Maureen, *Homeless Truths: Challenging the Myths about Older Homeless People*, London, Help the Aged/Crisis, 1997.

⁸ Help the Aged, *Coming Home: A Guide to Good Practice by Projects Helping Older Homeless People*, London, 1997.

Help the Aged Strategy

- 1.16 This Charity's homelessness strategy has been developed in consultation with service providers to give older people who are homeless, or at risk of becoming homeless, the support they require to live in comfort and security. It seeks to develop a range of services to meet the needs of older homeless people and takes a themed approach to service development, beginning with older rough sleepers before focusing on resettlement and older people at risk of homelessness.
- 1.17 At the heart of the service development strategy is a research programme aimed at improving our understanding and learning lessons from successful forms of service provision. Action research aims to ensure that service users are involved in developing services appropriate to their needs; an evaluation programme will undertake independent assessments of the performance of services; and individual research projects will provide information on topics which require a more complete understanding.
- 1.18 *Homeless Truths* has emphasised that housing alone will not solve the problem of older people becoming homeless and living rough. Our research suggests that more than half of resettled homeless people in this category became homeless again and that without necessary support the resettlement of older rough sleepers will frequently fail.⁹ It is hence crucial to bear in mind in framing practical initiatives that rough sleeping, is only the most visible aspect of the problem and that services are needed at each point in the cycle of homelessness if older homeless people are to be given the support they require to live in comfort and security.
- 1.19 Projects working with older homeless people have confirmed that outreach work, for example, is particularly important due to the length of time many have spent on the streets, and the fact that individuals are often reluctant to come forward to service providers. Though the Government funds many outreach projects under the Rough Sleepers Initiative Phase 3, at present there is no provision for an index of support needs in relation to outreach work which means that older people's special need in this respect goes unrecognised in the disbursement of funds.¹⁰

The need to work in partnership

- 1.20 We note and concur with the Social Exclusion Unit's recognition that people sleeping rough need ongoing support once they enter accommodation and that preventative measures are crucial if homelessness is to be avoided in the first place.
- 1.21 To make a positive impact, National Government, local authorities and voluntary agencies all have a role to play: Central Government in providing the right

⁹ *Homeless Truths*, p.34.

¹⁰ Verbal communication with Department of the Environment, Transport and the Regions (DETR), Wednesday 25 February 1998.

legislative framework, in disbursing grants in the most effective way, in ensuring that groups such as older people are treated fairly in distributions, and in ensuring that statistics, collated on a national basis, are available; local authorities have a responsibility for providing accommodation to those at risk, for collecting detailed local information and for ensuring individuals do not fall through the net of provision; and voluntary organisations for delivering effective services, for providing support to clients and for developing insights which increase our understanding of a subject which remains little understood.

- 1.22 Neither the statutory nor the voluntary sector can work in isolation, and the work of each has an important impact on the effectiveness of the other. This report highlights a number of areas where closer and more co-operative working between the two arms and government and the voluntary sector could accrue to the significant overall benefit of older homeless people. One of the goals of this response is to open up a dialogue on the issue of older people sleeping rough with a view to working in partnership to develop an effective strategy for the future.
- 1.23 For this report we have drawn on recent research by Help the Aged and others in presenting evidence on the plight of older homeless people in order to identify relevant causal factors and make recommendations for service improvement and prevention. It follows the Social Exclusion Unit's request in that it aims to provide information about:
- the numbers and characteristics of people sleeping rough
 - the causes of rough sleeping and their interaction
 - ways of helping people sleeping rough, including the need for support once they enter hostel or other accommodation
 - practical implications of the steps we propose
- 1.24 This report looks at the extent of homelessness (Section 2), the characteristics of older homeless people and the causes of homelessness (Section 3), what services are available and how they might be improved so that homelessness can be prevented (Section 4), and concludes with some proposals and recommendations about what needs to be done (Section 5).

2: HOW MANY HOMELESS OLDER PEOPLE ARE THERE AND WHO ARE THEY?

- 2.1 It is important to be clear about whom we are talking when we refer to "homeless older people" and how many people are involved. Yet there is at present no universally agreed definition of vulnerability due to old age (see 2.5 below) and no systematic record kept of the numbers of older homeless people. These two factors are a major obstacle to those who seek to tackle the problem. In this section we will outline the nature of these difficulties using illustrative material. We argue that inadequacies in the definition of older homelessness must be resolved. Once agreement can be reached on an adequate definition it will be possible to see whether real progress is being made in reducing the numbers of older homeless people.
- 2.2 A related problem is that estimates of the scale of homelessness can vary depending on how one understands "homelessness". Thus some initiatives - most saliently, that of the Social Exclusion Unit itself - seem to focus on those who are literally roofless and sleeping rough. Other estimates take into account those who are in temporary accommodation such as hostels and night-shelters, or those in insecure accommodation.
- 2.3 It needs to be borne in mind that the Government itself recognises that such temporary accommodation is "not designed to be lived in long-term" and that people living in such accommodation are homeless.¹¹
- 2.4 Rough sleeping, is hence only the most visible aspect of a problem which needs to be looked at in a much more rounded way if effective solutions are to be found. People are equally excluded from society whether they are sleeping rough or having to take their chances in temporary or insecure accommodation. Therefore it would not be logical for the Social Exclusion Unit to draw any distinction between these groups.

Definition of vulnerability due to age

- 2.5 Older homeless people are one of the priority groups under the Housing Act 1985. The statutory duties imposed upon local authorities mean that they have an obligation to house those who are "vulnerable because of old age" so long as other conditions are met. This legislation does not itself give guidance on the age at which people become vulnerable.
- 2.6 The DoE Code of Guidance 1996 suggests that when considering whether an applicant is in priority need because of vulnerability due to old age, the "authority" should consider whether it is a factor which makes the applicant less able to fend for him/herself. All applications from people aged over 60 need to be considered carefully".¹²
- 2.7 But as *Homeless Truths* points out, "some local authority housing departments accept men and women aged 60 years and over, whilst others only accept men

¹¹ Department of the Environment, *Homelessness Code of Guidance*, 1994, Section 5.8c.

¹² DoE, *Code of Guidance on Parts VI and VII of the Housing Act 1996*, Sec 14.6.

aged at least 65 years". Figures from local authorities for the incidence of acceptance of cases of people in priority need on the grounds of old age show large variation, which may be indicative of differing interpretations of the guidance. In 1995, for example, Westminster accepted 201 people on these grounds whilst Ribble Valley accepted seven. Difference in constituency make-up is not sufficient to explain this variation. Amongst sizeable urban conurbation's, for example, Liverpool accepted 43 people on these grounds whereas Birmingham accepted 235.¹³ Hence there is a need for clearer guidance here about the correct definition of vulnerability due to age and how this can be interpreted in a way which avoids such large variations.

- 2.8 There is evidence which suggests that current statutory provision is failing many older homeless people. As a vulnerable group older people may not be ineligible for rehousing but many do in fact sleep rough: DoE figures for estimated street counts of rough sleepers show that on average almost 14 per cent are over 60 and a further 19 per cent between 50 and 59.¹⁴ A survey of local authorities found that only 1 per cent of older homeless people presenting to them were from the street homeless category, which suggests that such people rarely come forward to local authorities for rehousing¹⁵.
- 2.9 Experience has shown that many people who are below 60 share many of the characteristics of those over 60 and as such are equally vulnerable and should not be excluded by an arbitrary age barrier from priority treatment. Homeless Truths argues that a more appropriate definition of older homeless people should be "those aged 55 years and over".¹⁶ Another recent report suggests that "50 and over" should be the age band in formal Government guidance, particularly where there are "multiple health or personal problems".¹⁷ Kelling argues that homeless people over 50 are likely to be prematurely aged and have similar care needs to those of much older people who are securely housed.¹⁸ Furthermore, the Government's RSI Phase 3 itself awards extra points on its Support Needs Index to those aged over 50, in a tacit acknowledgement that rough sleepers become more vulnerable at this age.
- 2.10 In all the foregoing, there is clearly a need for clarity and greater consistency.

Difficulties in enumeration

- 2.11 Almost by definition homeless people are often unknown to the authorities and elude most conventional records. They may not be in receipt of Social Security benefits, they may be unknown to housing and social services departments and not registered with a GP.
- 2.12 Among homeless people older age-groups are the most difficult of all about whom to gain accurate numerical data. The main ways in which older homeless

¹³ Derek Hawes, *Older People and Homelessness*, Policy Press, 1997, Appendix.

¹⁴ Randall and Brown, 1996, p.67, op cit.

¹⁵ Hawes, p13, op cit.

¹⁶ *Homeless Truths*, p.7.

¹⁷ Hawes, p.25, op cit.

¹⁸ Kelling, op cit, p.ii.

people come to the attention of the authorities is through i) official homelessness statistics, ii) counts of rough sleepers and iii) the records of service providers. Each of these measures is inadequate in its own way, and there is no doubt that many homeless people are not officially recognised as homeless: for example, single people who have been rejected for rehousing or those who have never approached local authority housing departments.

2.13 **Official homelessness statistics** are compiled by local authorities who have a statutory duty to house those who are homeless, in priority need and not intentionally homeless, so long as they have a local connection with the authority to which they apply. These statistics indicate that from 1991-95, between 5,800 and 6,200 households were accepted as homeless on the ground of old age - 4.5 per cent of all acceptances.¹⁹

2.14 However, these official figures are misleading if taken as a guide to the true extent of homelessness since they do not include people living in hostels or sleeping rough but only those officially accepted as homeless by local authority housing departments. Hence the number of homeless people is likely to be far in excess of those who fall into the statutory homeless category, and as such it represents an unsatisfactory standard of measurement. For example, in Glasgow in January 1997 there were 641 people living in hostels who were over the age of 55 (35 per cent of the total) yet in the preceding year only 86 people in this category were housed through the Council's central emergency service for homeless people.²⁰ In addition, there is a non-response rate of local authorities to this survey of seven per cent, and no consistent eligible age criterion (see above).

2.15 **Counts of rough sleepers** are likely to be an inaccurate measure of the scale of rough sleeping. They represent the "visible minimum" of people sleeping rough in accessible areas²¹ on the night of the count and so do not give an accurate picture of the numbers of rough sleepers over the course of a year. Further, older rough sleepers tend to seek out inaccessible areas for reasons of safety and are likely to be missed in street counts. As *Homeless Truths* put it, "one of the main problems of counting rough sleepers, particularly those in older age groups, is finding them".²²

2.16 Counts of rough sleepers have recently taken place throughout the United Kingdom as part of Phase 3 of the Rough Sleepers Initiative but they are not yet fully available. Assessments of the true scale of the problem are hence difficult to achieve due to lack of information, and efforts to deal with it as a nation-wide concern are hampered by the fact that responsibility for enumerating rough sleepers under the RSI is spread between different government departments and the figures do not seem to be centrally collated. Thus the Department of Environment, Transport and the Regions has undertaken the task in England, the Scottish Office in Scotland and the Welsh Office in Wales. These figures are also unsatisfactory in that they are likely to give very little information about

¹⁹ DoE, 1996b

²⁰ Homeless Truths, p.18-9.

²¹ Homeless Network 1996, p.1.

²² Homeless Truths, p.17.

the ages of rough sleepers - particularly older rough sleepers, where the only two categories available in the DETR's count forms are "40-59" and "60+".

- 2.17 The **records of service providers** have a number of shortcomings, but it should be pointed out that not all keep records and of those who do, age may not be recorded. Records such as those kept by hostels and day centres are generally not forwarded to the DETR and they may not themselves maintain accurate lists of users. Details are likely to be collected because they are a condition of funding or because the scheme itself requires them, but what is sorely needed is some systematic method of collection of data by service providers, which could be a vital additional source of data to draw upon in developing realistic estimates of the scale of the problem in order to formulate effective policies for tackling it.

Numbers

- 2.18 For these reasons it is not possible to give accurate figures for older homelessness only estimates can be given which are based upon the best evidence available. There is evidence that people over the age of 50 constitute at least 30 per cent of the street homeless population on average. This is inferred from the fact that surveys conducted in a range of different locations over recent years have consistently found that between 30-35 per cent of homeless individuals are over 50 years. Thus a survey by the Central London Outreach Team in 1984 found that 31 per cent of homeless people on the street were over 50. A street survey by the University of Surrey in 1989 returned a figure of 31 per cent. Each year between 1985 and 1991 around 30 per cent of all new people contacted on the streets by Thames Reach have been over 50.²³ DoE figures for London return an average of 33 per cent of rough sleepers aged over 50 for 1992-5.²⁴
- 2.19 How many older people are sleeping rough? The number of people currently sleeping rough in a single night in those areas of England receiving funds as part of the RSI has recently been counted at 1,112 according to figures collated by the DETR from the work of the Homeless Network Street Monitor and Shelter. Assuming that rough sleepers over 50 tend to make up at least 30 per cent of the homeless population, this suggests a figure for this group of approximately 333 in these areas on the night of the count. Figures from a similar enumeration conducted by the Welsh Office are not yet available. Figures for Scotland's largest cities in a similar exercise show 53 people sleeping rough in Glasgow and 42 in Edinburgh, which suggests a further 28 older homeless people sleeping rough in these two cities alone.
- 2.20 These figures need to be treated with the greatest caution as a guide to the numbers of people sleeping rough, and particularly of older people sleeping rough. It is known that the numbers of people sleeping rough in the course of a year is very much greater than that provided in a single-night snapshot.²⁵ And it

²³ Kelling. Op cit, p.3.

²⁴ Randall and Brown, 1996, p.67, op cit.

²⁵ Homeless Network, 1994, *Central London Street Monitor*: November 17 1996, p.5, Homeless Network, London.

is important to bear in mind that older homeless people are less likely to bed down in areas where people are known to sleep rough, which is understandably where count co-ordinators concentrate their attentions.²⁶ These locations may be dangerously inaccessible which deters those who conduct street counts. The true number of homeless older people sleeping rough is hence likely to be much greater than that revealed in counts.

- 2.21 How many older people are living in short-term hostel accommodation? In London alone in 1996 there were 2,588 bedspaces in 49 hostels. Since 12 per cent of all hostel residents are over 60 and homeless hostels are very frequently full, these figures indicate that approximately 310 hostel users at any one time are over 60.²⁷ On the assumption that the proportion of older people in hostels may be similar to the proportion living on the streets, it is likely that a further 466 are over 50. It is important to emphasise that these figures do not provide any indication of the yearly population of short-term hostels.
- 2.22 In spite of the Government's RSI initiative the number of emergency bedspaces in London fell from almost 5,000 in 1985 to 2,588 in 1996. Yet this is normally the first rung on the housing ladder for rough sleepers. It is noteworthy that 81 per cent of homeless people in emergency accommodation have slept rough at some time.²⁸

Summary

- 2.23 In this section we have drawn attention to the problems which currently exist in defining and enumerating older homelessness. There is a clear and urgent need to reach a consensus on who older homeless people are and how figures should be collected. Further, there needs to be a comprehensive system for recording numbers of homeless people.
- 2.24 We would recommend that all applications from people aged over 55 need to be considered carefully in deciding whether an applicant is in priority need for housing through the local authority on the grounds of vulnerability due to old age, but that the application of this rule needs to be humanely applied in taking into account individual circumstances. It would not be an improvement to replace one arbitrary age barrier with another.

²⁶ Shelter, *Evaluations of the Extent of Rough Sleeping outside Central London for the Department of the Environment: Final Report*, 1997, p.4.

²⁷ *Ibid.*, p.43, p.36.

²⁸ *Emergency Hostels: Direct Access Accommodation in London 1996*, Resource Information Service 1996, p.38.

3: CHARACTERISTICS OF OLDER HOMELESS PEOPLE

- 3.1 It is important to understand how and why older people become homeless if the issue of prevention is to be addressed. Failure of resettlement in the past has turned attention away from the mere provision of accommodation towards developing a better understanding of older homeless people themselves. *Homeless Truths* showed that some homeless people can re-enter homelessness several times after being resettled,²⁹ so it is clear that many resettled homeless people will become homeless again without adequate support.
- 3.2 This suggests that in order to prevent recurrent homelessness we need to know why people become homeless in the first place and why resettlement subsequently fails so that we can stop the cycle establishing itself.
- 3.3 It is important also to note that some resettled older people continue to exhibit behaviours associated with homelessness, such as visiting soup kitchens and day centres. This can be explained by the need for individuals to maintain familiar social and institutional contacts as part of a survival strategy, and serves as a further reminder that homelessness is a complicated issue and that the proper approach to rough sleeping is to see it as part of a cycle of homelessness. Rough sleepers represent the most visible aspect of the problem, but it is equally important to acknowledge and include in any analysis the many homeless people who exist on the margins of homelessness.
- 3.4 Such complexities highlight the need for a clearer understanding of older homeless people. The following section outlines some of the characteristics (apart from the obvious characteristic from age) which define older homeless people and distinguish them from other homeless people. One of the benefits of a better understanding is the replacement of unhelpful stereotypes and indeed a more complete understanding is beginning to throw some helpful light on the subject. Even though the state of current knowledge remains limited, it is possible to give an account of some of the themes which have emerged from intensive research and which may help identify gaps in provision and assist service providers to develop services which are more appropriate.

Relationship difficulties

- 3.5 A large proportion of homeless older people report traumatic relationships or family situations which predate homelessness. Many of the older homeless people who took part in the *Homeless Truths* survey were single (two thirds) and a majority of the remainder were divorced or separated.³⁰ In another study in which a questionnaire was sent to local authorities it was suggested that in almost 65 per cent of cases the main cause of home loss related to relationship difficulties, either through family disputes (25.5 per cent) or partnership

²⁹ *Homeless Truths*, p.32.

³⁰ *Homeless Truths*, p.13.

breakdown (39 per cent).³¹ A similar finding emerged from Age Concern's extensive interviews with organisations working with older people.³²

Mental health

- 3.6 Mental health problems are comparatively common among older homeless people. A study in 1993 conducted detailed interviews with 50 older rough sleepers and found that only 16 per cent appeared not to have mental health problems. Only a tiny minority thought that they could be helped. Fourteen per cent appeared to have thought disturbances, sometimes with paranoid ideas. Psychological problems played a part in preventing older homeless people seeking accommodation, but resulted in disturbed behaviour in only a minority of cases.³³ The fact that some of those interviewed said they wished they were dead is testimony to their extreme plight.
- 3.7 One study³⁴ found that a number of respondents who reported experiencing mental health problems were receiving no treatment, which suggests that there is significant unmet need for mental health treatment.

Physical health

- 3.8 Homeless people often live in dire conditions with inadequate clothing, shelter, nutrition and health-care. It is unsurprising that physical health problems are very much more common amongst homeless people than in the general population, which is reflected in their relatively low average age of death. It is noteworthy that the life expectancy of homeless people measured by the average age at which they die is 20-30 years lower than that of the rest of the population.³⁵ According to unpublished research from the University of Bristol, the death rate amongst male rough sleepers in London in the age group 45-64 is 157.6 per 1000 as opposed to 7.6 per 1000 amongst the general male population.³⁶

Triggers and contributing factors

- 3.9 Recent attention has been turned on the causes of homelessness and research has provided some useful insights into what leads people to become homeless for the first time. Again, although the picture is complex, some distinguishing features are beginning to emerge.
- 3.10 Intensive study with older homeless people has revealed that it is rare for a single factor to be the cause of homelessness. Whilst a single incident may act as a trigger, other factors or events, though not directly causing a person's homelessness, are nonetheless also involved. *Homeless Truths* gives a

³¹ Hawes, op cit, p.13.

³² Kenneth Kelling, *Older Homeless People in London*, Age Concern, 1991, p.5.

³³ Maureen Crane, *Elderly Homeless People Sleeping on the Streets in Inner London: An Exploratory Study*, Age Concern Institute of Gerontology, 1993.

³⁴ *Homeless Truths*, op cit.

³⁵ *Homeless Truths*, p.14-5.

³⁶ *Mortality Rates for Male Rough Sleepers in London (1995/6)*, School of Geographical Sciences, University of Bristol.

detailed account of such triggers and contributing factors leading to homelessness, taken from interviews with more than 170 elderly respondents with the objective of trying to uncover common antecedents. The following states and events were uncovered:

- Sixteen men became homeless after leaving the armed forces
- Nineteen respondents had been homeless before the age of 21 years. The majority reported broken or disturbed childhood homes, and six had never been resettled
- Thirty-one respondents had experienced a bereavement leading to homelessness - 18 became homeless after the death of a parent, 10 became homeless after the death of a spouse
- Forty-four men and 16 women associated homelessness with the breakdown of an intimate relationship. Seven of the women had experienced long-term physical abuse by their partners;
- Forty-four men had experienced transient and rootless working, lives;
- Forty per cent reported mental health problems prior to homelessness, though this was not always the trigger. Ten had developed paranoid ideas or confusion

3.11 *Homeless Truths* details a schematic representation of the life course of older homeless people based on the typical age at which these factors either contributed to homelessness or triggered it. Thus in childhood and adolescence, homelessness may have been triggered by discharge from an orphanage or by disturbances in the childhood home; in early adulthood, by an event such as leaving the armed forces; in mid-life, by the death of the last surviving parent or a relationship breakdown; and in later-life, by relationship breakdown, the death of a spouse, discharge from the armed forces, or loss of tied accommodation. At each stage the report identified relevant states such as mental illness or retirement which can play a part in eventual homelessness.

Length of duration of Homelessness

3.12 A striking characteristic of older homeless people is the length of time during which they have been homeless. This is especially the case for men. The survey reported in *Homeless Truths* found that almost half of those interviewed had been homeless (during the current homeless episode) for at least 15 years. It was also found that homelessness can begin at any time in life, as the table below shows.

Table 1**Age at which current episode of homelessness began (those currently homeless)**

Age Years	Males		Females		Total	
	No	%	No	%	No	%
Up to 21	6	6	0	0	6	5
22-29	11	11	1	4	12	9
30-39	15	15	0	0	15	12
40-49	15	15	7	25	22	17
50-59	26	27	9	32	35	28
60-69	18	18	6	21	24	19
70+	7	7	5	18	12	9
Total known	98	99*	28	100	126	99*
Not known	25		22		47	
Total currently homeless	123		50		173	

Note: *Totals do not equal 100 because of rounding

As this table shows, in some cases homelessness among, older people begins in childhood; but for others homelessness may begin after the current retirement age.

Table 2**Duration of current episode of homelessness (those currently homeless)**

Duration of homelessness (months)	Males		Females		Total	
	No	%	No	%	No	%
Up to 6	12	12	4	14	16	12
7-12	13	13	2	7	15	11
13-60	14	14	4	14	18	14
61-120	9	9	5	17	14	11
121-180	5	5	7	24	12	9
181-240	14	14	1	3	15	11
241+	36	35	6	21	42	32
Total known	103	102	29	100	132	100
Not known	20		21		41	
Total currently homeless	123		50		173	

Gender

- 3.13 As far as we are aware, no systematic study has yet been undertaken which looks specifically at older homeless women. Statistics suggest that the majority of homeless people of all ages, including those over 50, are male, although there are indications that women make up a substantial minority in this age-group. This speculation is supported by the gender breakdown of a sample of 225 homeless people which was constructed in 1994-5 for the purposes of intensive study, and although not statistically representative, there is no reason to believe that any gender bias was operative in the selection. The group in question comprised 30 per cent who were female.³⁷
- 3.14 Yet, among those who are receiving services - even those which are specifically developed for older people - women are conspicuous by their almost complete absence. For example, only one in 10 of the clients of the Older Homelessness Person's Advocacy Service in London are women, and among an average of between 45-50 older clients of the St Martins-in-the-Fields Social Care Unit in London, only two-thirds are women.
- 3.15 *Homeless Truths* also showed that a disproportionately low number of female rough sleepers used day centre facilities than male rough sleepers, with two-thirds of the former and one-third of the latter not using them at all.
- 3.16 Indeed, the fact that men appear to be over-represented among service users has tended to mean that services for older people are in fact tailored to the needs of older homeless men, thus making them unattractive and inappropriate to older homeless women. As we have indicated, the stock of knowledge of older homeless people remains far from complete, and there is a need to avoid the danger that as we learn more about older homeless people we are not simply adding to a body of knowledge about older homeless men.
- 3.17 *Homeless Truths* reports there seems to be an important difference in the experience of men and women: "Men became homeless at all ages; women for the first time in late life" (see p33). This suggests that there may be specific factors which lead women to become homeless in later life or help prevent them becoming homeless earlier in life. Since comparatively little is known about older homeless women as a group this is an area where more research urgently needs to be carried out.

³⁷ Reported in *Homeless Truths*, op cit.

Section 4: CURRENT SERVICE PROVISION: SERVICE DELIVERY AND PREVENTION

- 4.1 So far there has been little national attention given to the specific needs of older homeless people. As *Homeless Truths* notes, "no policies and few interventions are targeted specifically towards" this group.³⁸ This neglect is reflected both in lack of information about the numbers of older homeless people and lack of services specifically for older homeless people. We argued above that the characteristics and thus the needs of older people differ from their younger counterparts, and this must be acknowledged in the forms of provision which are available. Experience shows, perhaps not surprisingly, that older homeless people tend to shun the services used by their younger counterparts.
- 4.2 Furthermore, such services as do exist specifically for older clients are not widely known about. To help fill this vacuum Help the Aged has produced a good practice guide, *Coming Home*, which gives details of some of the projects that have developed in different parts of the country to successfully meet these distinctive needs. This approach reflects the Government's own finding, that the "effectiveness of all agencies providing outreach and resettlement services to street homeless people could be enhanced by drawing on the best practice of a range of organisations".³⁹ A goal in producing this document was to help set standards for service delivery to this neglected group and to highlight examples of schemes which are successfully meeting clients' needs.
- 4.3 Current service provision falls into a number of broad categories: outreach work to offer help and advice to people sleeping rough; day centres and soup kitchens; temporary accommodation such as direct-access hostels (i.e. access without agency referral where space is available); and resettlement and long-term support work. Some providers are specialised on one aspect of care; others do not fit neatly into these categories and provide a range of services from outreach through to resettlement.

Outreach work

- 4.4 Outreach work connecting older people with services is important in gaining an accurate picture of the numbers of people sleeping rough, but is particularly vital for older homeless people because individuals do not readily come forward for services.⁴⁰ In addition, many have long-standing problems, they may be malnourished, in poor physical health, with alcohol or mental health problems. *Coming Home* illustrates the special need for outreach work with older homeless people.
- 4.5 The Lancefield Street Project run by St.Mungo's Community Housing Association in the London Borough of Westminster, is one example of a scheme which provides outreach work and other services to older homeless people. It was set up in January 1997 specifically for this group in response to research which showed that many older people with unmet needs were not accessing

³⁸ Homeless Truths, p.44.

³⁹ Randall and Brown, op cit, p.75.

⁴⁰ Shelter, op cit, p.6

existing services because they feared violence and aggression from younger homeless people. It receives referrals from as far away as Greenwich with just two outreach workers and has already contacted 140 older homeless people on the streets and at day centres, persuading some to use the project's resources and working, intensively with others to overcome the isolation and mistrustfulness which is common amongst those living on the streets.

- 4.6 The Lancefield Street Project recognises that many of its users have long standing problems which require months of relationship-building on the streets before they can be addressed, but despite this, and in common with many other such initiatives, it has only short-term funding (two years).

Day centres

- 4.7 St Martin-in-the-Fields Social Care Unit began to designate time at its day care centre specifically for older homeless people in February 1995. This was in recognition of the fact that some older clients were staying away because they were fearful of aggressive behaviour from younger users and were isolated and unassertive when they used the centre. It currently holds two afternoon sessions per week, attended by an average of 45 to 50 older people, half of whom are homeless and sleeping rough.
- 4.8 The sessions were initially aimed at those over 55, but it was soon recognised that users in their early 50s were similarly vulnerable and so the age limit was lowered. It offers a range of services for older people, with initial funding for two years. In common with the Lancefield Street Project, the Social Care Unit has also identified the need for street outreach work to gain the confidence of older rough sleepers as a necessary preliminary step to individuals coming forward to the day centre.

Temporary accommodation

- 4.9 Neglect of the particular needs of older people is once more evident in the provision of hostel accommodation. Even though few hostels cater specifically for older people, many have a high proportion of older people amongst their users. Arlington House hostel in Camden Town, for example, accommodates 400 men, of whom half are over the age of 50. The Lancefield Street Project runs a hostel for 33 older men and women who are vulnerable and sleeping rough, with the goal of resettlement into long-term accommodation.
- 4.10 As with other forms of provision, it has been found that older homeless people are reluctant to use hostels because they fear the behaviour of young people.⁴¹ Though many hostels aim their services at young people⁴² there are at present only three homeless hostels in the country catering exclusively for the elderly.⁴³ Furthermore, not all the 2,588 bedspaces in London's hostels in 1996 were available to those over 50. Men over 50 would have had access only to 1,465

⁴¹ Randall and Brown, p.13, p.23.

⁴² Ibid., p.11.

⁴³ Charles Fraser, op cit.

bedspaces (both male-only and mixed) in 21 hostels, whereas women would have had access only to 450 (female-only and mixed) in 15 hostels.⁴⁴

- 4.11 Grangetown PREP in Cardiff was set up in 1992 as a short-stay assessment and resettlement project by the South Wales Federated Housing Association when it was recognised that some older people found large direct-access hostels unsuitable. The initial age limit of 60 or over was reduced when it was found that those aged 40 and over had high care needs and little provision. It has accommodated 45 clients since its inception, with average stays of six-nine months, and shown it is possible to resettle older homeless people, some of whom have been homeless for many years in the community.

Support and resettlement

- 4.12 Direct access hostels such as Arlington House have recognised that many older homeless people find it difficult to cope in a hostel that does not have the facilities to cater for their specific needs. It set up the Arlington Road/ Mary Terrace Project designed specifically for homeless men and women over the age of 60, consisting of a group home for 25 older homeless men who needed help and support and a further eight men and five women in a block of flats for people who can live independently but require some support.
- 4.13 The project has successfully resettled a number of older homeless people since October 1996 into good quality accommodation, with staff able to work intensively with tenants and get to know them well so that problems can be dealt with at an early stage. The Project provides homes rather than mere temporary accommodation. It now has a waiting list of 35 people, suggesting that it is successfully meeting the requirements of its tenants and indicating the need for similar projects.

Help the Aged pilot projects

- 4.14 Building on the experience of service providers such as those outlined above and on the lessons learned elsewhere from examples of successful provision, Help the Aged is currently funding five pilot projects with the goal of implementing a full homelessness strategy later this year if the pilots are successful. The pilots test four themes which are designed to address each stage in the cycle of homelessness on an annual basis: older rough sleepers; resettlement of older people into secure accommodation; older people at risk of homelessness; and homelessness in general. A further theme, that of training and development of staff, volunteers and users, underpins the others throughout the period of the rolling programme. Thus the pilot projects are intended to test the strategy and have been the subject of research to monitor and evaluate service outcomes according to the principle of user-led service evaluation.⁴⁵ The strategy will therefore be fully evidence and research based with the goal of providing appropriate and effective support to older homeless people to live independently.

⁴⁴ Ibid., p.13.

⁴⁵ Kim Willcock, *Pilot Projects: Systems of Data Collection and Monitoring of Service Outcomes*, Help the Aged, 1997 (unpublished internal paper).

4.15 The five pilots are as follows:

- At Providence Row hostel in East London where 335 emergency bedspaces will be funded which are prioritised for older rough sleepers, together with a project which aims to give practical support to enable older people to move on
- At the West London Mission we have provided funding over three years towards the cost of an Elderly Support Project Worker to work towards the resettlement of older homeless people into secure accommodation
- At St Anne's Day Centre in Leeds we have funded a post to target older people in private rented accommodation who are at risk of homelessness (for example, due to unscrupulous or threatening landlords)
- We have funded a Living Skills Training Project at St Botolphs which aims to improve the practical skills of people over 50 who are homeless and being resettled in accommodation
- At St John at Hackney Community Space we have helped fund an advice worker to provide advice and information and a volunteer co-ordinator to recruit and train volunteers so that more intensive work with older homeless people can be undertaken

4.16 There is evidence that the strategy we have developed is already starting to make a real difference to the quality of life of a number of older homeless people or those at risk of homelessness. In five months last year, for example, the Resettlement Support Worker (Private Rented Sector) at St Anne's Day Centre in Leeds gave advice and support to 20 individuals at risk of homelessness, all of whom were found and have remained resettled, in more secure accommodation.

4.17 The provision of detailed information through action research will result in a feedback loop which will inform ongoing service development which will be augmented by the findings from external evaluation.

4.18 However, any progress within this strategy is likely to be placed in jeopardy through a lack of commitment for ongoing funding. Although a growing number of projects are providing flexible and attractive services, most face difficulties in accessing secure funding. This stymies attempts to plan for the future and develop innovative services.

4.19 Schemes included within the Good Practice Guide obtain funding from a wide range of sources, including individual fundraising efforts, national and local trust funds, and statutory sources. Most of the schemes faced an uncertain future because statutory funding was being tapered off or withdrawn altogether. Where there is clearly a need and where a project can demonstrate effective service delivery, ongoing statutory funding must be made available.

Section 5: CONCLUSION: PROPOSALS AND RECOMMENDATIONS

In this submission we have attempted to outline the important issues in relation to older homelessness, and to throw some light on the characteristics of the people concerned. Although attempts at rehabilitation and resettlement have suffered high rates of failure in the past, there are now a number of schemes which achieve a high success rate, and there are a growing number of older people, many of whom with lone histories of homeless and failed resettlement attempts, discovering for the first time a sense of security and independence. As a result, these people are able to live in dignity for the remainder of their lives.

- 5.1 There are, however, a number of obstacles in the way of those who seek to develop effective services, and we have highlighted some of these.
- 5.2 It is our firm belief that what is needed is a changed environment which is more conducive to tackling the problem of homelessness, but this will only be possible to achieve through a co-operative partnership between central government, local authorities and the voluntary sector.

Recommendations

What can the Government do:

- 5.3 Overall, we would recommend a fairer allocation of funds for homelessness in a way which does not mean older people losing out, and a more effective targeting of resources. It is important that those allocating funds are aware of the findings of research, so that decisions are based on the best evidence available.
- 5.4 In addition, we have identified a need for the following:
 - A systematic procedure for the **COLLECTION** of figures should be overseen by Central Government so that those sleeping rough and in short-term accommodation are included with local authority homelessness figures to provide an accurate picture of homelessness
 - A satisfactory **DEFINITION** of older homelessness
 - A greater degree of **SECURITY OF FUNDING** to projects to reflect the need for intensive long-term work with many older homeless clients
- 5.5 Care must also be taken that the legislative environment is conducive to the aims of tackling homelessness among older people. For example, legislation should not have the effect of increasing insecurity among those who live on the margins of homelessness, and it should not stand in the way of resettlement and rehabilitation.

Revision to Code of Guidance on Housing Act 1996

5.6 Help the Aged has learned from the DETR that a revision to the Code of Guidance on Parts VI and VII of the Housing Act 1996 is currently being undertaken for publication later this year. This represents an early opportunity to give the needs of older homeless people the attention they deserve, and we suggest the following reforms:

- **VULNERABILITY DUE TO OLD AGE.** The Code of Guidance should be revised so that when considering whether an applicant is in priority need because of vulnerability due to old age, "all applications from people aged over 55 need to be considered carefully". This principle should be applied with a humane understanding that some homeless people below the age of 55 are equally vulnerable on the grounds of age and deserve to have their cases considered on their merits
- **SHELTERED HOUSING.** The Code of Guidance must encourage housing, health and social services authorities to work closely together
- **HEALTH, GP AND DISCHARGE ARRANGEMENTS.** The Code should encourage health authorities to identify the health needs of homeless people, with particular reference to older people, and consider ways of working with other statutory and voluntary agencies to ensure higher registration rates with GPs, hospitals and hostels to ensure that detox hospital and detox unit discharge arrangements are made which reflect the real needs of the individual, perhaps by making it a requirement that hospitals establish the housing status of the patient at an early stage so that the implications of homelessness can be realised
- **COMMUNITY CARE ASSESSMENTS.** The Code should encourage social services authorities to develop more effective community care assessment procedures for older homeless people to reduce the average time for an assessment to be completed, perhaps by developing joint assessments with voluntary agencies with specialist expertise
- **PRIVATE RENTED SECTOR.** The Code should encourage housing authorities to monitor closely the use of private rented accommodation to house older homeless people and to consider agency arrangements with voluntary agencies to support older homeless people recently accommodated in the private rented sector

What local authorities can do:

5.7 Local authorities need to be aware of the need for greater consistency in the way that homelessness is dealt with at a local level. Currently authorities vary in terms of which department is responsible for homelessness. In some instances it is the housing department, in others it is within the remit of Social Services, yet others have special homeless units. This is largely to blame for the degree of local variation in recording and assessing homelessness at a local level.

5.8 It is also important that local authorities are consistent in their approach towards counting homeless people, recording age and other characteristics, and that relevant legislation and associated guidelines are consistently applied.

Working in partnership

5.9 We recommend the setting up of a permanent **WORKING GROUP** comprising representatives of the relevant Government departments, local authorities and voluntary agencies. The work of this group would be to set standards and to agree targets for the reduction of older rough sleepers, older people living in short-term hostel accommodation and older people at risk of homelessness. We would recommend that the Working Group should also act as a focal point for information and for the dissemination of innovative and successful ideas. We envisage that the Working Group would oversee and co-ordinate work in the following areas:

- **OUTREACH.** Specialist outreach workers are needed for older homeless people sleeping rough
- **RESETTLEMENT.** Intensive resettlement programmes are needed for older homeless people, with long-term support if necessary
- **RISK.** Measures need to be taken to identify older people at risk of homelessness - for example, those in insecure private sector accommodation - and so prevent homelessness
- **HOUSING.** A range of permanent housing is needed so that direct access accommodation need only be used as an interim measure. In addition there should be more sensitive use of sheltered housing for homeless older people with appropriate support to enable the tenancy to be sustained

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Help the Aged provides practical support to help older people live independent lives, particularly those who are frail, isolated or poor.

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