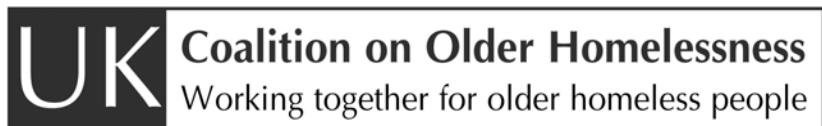




Frontline agencies in partnership



May 2006

Strengthening the Preventing Homelessness Agenda in Partnership for Older People Projects

Social policy on ageing and older people is focussing on the preventative agenda. The Department of Health's white paper 'Our Health, our care, our say' aims to shift away from the current system based around acute care towards prevention and community based care. This involves recognising the role poor housing can play in ill health, and the role of low level preventative services, including Supporting People to promote independence and well being.

The preventative agenda is reflected in Public Service Agreement objective 4¹ which commits to 'improving the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible.' The theme of healthier communities and older people within Local area Agreements allows opportunities to work together more closely across sectors on delivering services to older people.

The Partnership for Older People (POPP) grant is one means of supporting these aims. 'The strategic aim of 'Partnerships for Older People Projects' is to test and evaluate innovative approaches that enable a sustained focus on prevention. It is expected that partnerships will demonstrate improved outcomes in:-

- providing more low level care and support in the community with a view to preventing or delaying the need for higher intensity and more costly care
- reducing avoidable emergency admissions to hospital
- supporting more older people to live at home or in supported housing such as sheltered or Extra-care housing rather than in long-term residential care`ii

The POPP pilots are aimed at ‘large scale reform across health and social care services to deliver improved outcomes for older people through greater investment in prevention’.

The Coalition on Older Homelessness is a Homeless Link project funded by Help the Aged, which works to raise awareness of issues around older homelessness and to improve services for older homeless people. Our remit is people over the age of fifty years who are homeless or who are at risk of becoming homeless. People who have been homeless may have all the vulnerabilities and frailties of an older person at an earlier chronological age because of their life experience or sometimes due to long term alcohol dependence.

One of the concerns of the Coalition on Older Homelessness is that people continue to become homeless for the first time in later life. One consequence of unmet housing support needs is homelessness.

Purpose of paper

The purpose of this paper is to encourage POPP pilots to put housing support and homelessness prevention onto their agenda. It aims to increase awareness of the homelessness prevention agenda in the older population and to stimulate ideas about the response POPP may be able to make to this. Incorporating an awareness of homelessness risk entails a culture change in many health and social services and involves expanding joint working to a set of agencies that may not already be involved, e.g. Supporting People teams and alcohol services.

Amongst the POPP preventative approaches is an emphasis on joint working and recognition that other agencies such as those in the community or voluntary sector are vital to effectively achieve POPP objectives. Currently housing departments and Supporting People are not high on the POPP agenda (Manchester is one of the only examples in the current pilots that refers to links with Supporting People) despite the crucial role of Supporting People in helping people to maintain independent living.

The problems that the POPP pilots are seeking to address include avoidable hospital and care home admissions, combating social isolation for older people with mental health problems, addressing functional decline in people with long-term conditions. These are all key areas with a relationship to homelessness prevention. Fostering an awareness of the risk of homelessness and being conscious of the connections between vulnerability, isolation and homelessness risk will help to achieve the aims to deliver improved outcomes for older people.

The provision of more low level care and support in the community, prevention or delaying the need for higher intensity and more costly care, reducing avoidable emergency admissions to hospital and supporting more older people to live at home or in supported housing, all tie in with our key objective to end older homelessness.

Causes of homelessness in later life

Homelessness is costly both in financial terms and in human terms. We do not tend to associate new cases of homelessness with older people. Policy around homelessness prevention tends to be directed at young people and families but new cases of homelessness, or recurring homelessness, occur in the over 50's. It makes sense to look at what kind of low level interventions can be put in place to prevent homelessness and how this ties in with the wider preventative agenda.

Research into the causes of homelessness in later lifeⁱⁱⁱ identifies a number of triggers for homelessness, which tend to increase in older age, bereavement, relationship breakdown, poverty, ill health. For most people it is a combination of these events and vulnerabilities that lead to an increase in housing instability. Older people are often less capable of coping with these adverse events and less likely to seek advice. It is difficult to accurately identify who is at risk of homelessness especially if they do not seek help but we do have evidence of the sort of issues that make people more vulnerable. This evidence means that possible solutions can be identified.

Bereavement is often found as one of the underlying causes of homelessness in an older person. They may have lost a partner or elderly parents who they have always lived with. A partner or elderly parents may have dealt with all the practical issues and the bereaved person does not know where to turn. Alternatively it may be because bereavement leads to depression or drinking and an incapacity to cope with budgeting and daily living skills. There need to be mechanisms in place which respond to older bereaved people to offer them the advice and support they need and ensure that they are not going down the homelessness route. The issuing of death certificates or linking into primary care services awareness of deaths and a partner left living alone, may be one criteria to add to a case finding approach to identifying vulnerable older people in need of help.

Physical or mental health problems that cause mobility or functioning difficulties can mean that people no longer manage in their own home and they do not always get or seek the help they need. A number of the POPP pilots are developing a variety of holistic assessments and some such as Brent make an explicit link with housing.

Any assessment activity directed at older vulnerable people could have an enhanced role in assessing housing vulnerability. This includes assessing the physical conditions a person is living in and the practical and emotional support they may require in order to continue living there. A number of case-finding methodologies use health records as one route to locating vulnerable older people. For instance the Castlefield case finding and case management project.^{iv} The methodology involves identifying older people whose long term conditions are incurring high cost interventions, multiple hospital admissions, A&E attendances, high prescribing costs and frequent visitors to their GP.

Our concern is that there are other people with complex and multiple needs, social as much as medical and not diagnosis specific, who are out of contact with services and not accessing support. They are harder to find but when a crisis happens, because they are not used to seeking help, the crisis can be serious and can result in homelessness.

Those POPP projects that are explicitly targeting all older people in defined deprived areas (such as Knowsley) are more likely to reach people who are currently not accessing support than those projects that are concentrating on those that are currently in touch with services. Compiling a register of vulnerable elders, who do not access health or social care, but may be at risk of increased dependency on services or of homelessness is a more complex task and would entail a number of case finding methods. It may be a task that some of the POPP pilots will be undertaking and including housing vulnerability would be worthwhile.

Admission to hospital should always be a time when a person's home situation is assessed in terms of suitability for them to return to. Homeless people have a high rate of hospital admission and readmission. One research study^v showed that the hospital admission rate is three times greater than for the general older population, despite the average age of the homeless sample being 16 years lower. There is also evidence of a highly increased rate of re-admission of patients living in hostels (35%) compared to those admitted from their own homes (10.8%).

If someone has gone to Accident and Emergency or been admitted onto a hospital ward from a Bed and Breakfast or a hostel or as a rough sleeper a hospital admission is a good time to make positive interventions in their life and improve their housing situation on discharge. All acute trusts should identify people's housing status on admission and have an admission and discharge policy for people who are homeless. Where this does not exist guidance to writing a homeless protocol is currently being drawn up by Homeless Link and is supported by the DH and ODPM. It will be available on the website www.homeless.org.

Central to the aims of a number of the POPP pilots is reducing avoidable hospital admissions and enhancing safe and speedy discharge by improving access to intermediate care or providing hospital to home support. Some elderly people will not have a home to return to and the hostel or B&B they were admitted from will not be a suitable place to discharge to. Addressing the needs of vulnerably housed individuals and ensuring there is access to intermediate care for older people who are homeless, would be a valuable additional aim.

Hospital Link Worker Scheme - Willow Housing and Care

The main aims of the Hospital Link Worker Service are to:

- promote the early and successful discharge of older people from hospital
- facilitate joint working between housing, health and social services
- support the successful transition from hospital to home through a time limited support plan

The support offered includes:

- providing information about housing options to assist the client in making an informed choice
- help with accessing housing services - accompanying people to view accommodation, arranging removals and other practical issues relating to moving to a new home,
- acting as an advocate and link person with service providers and landlords
- maximising income by helping with applications for welfare benefits and grants
- establishing links with other support providers to ensure longer term support is in place where required.

In a twelve-month period the service has worked with 71 clients. In the first four to five months of the service nine older people who had been homeless were re-housed, seven went to sheltered housing and two to extra care. The new Housing Support worker post, which is part of the POPP pilot, will work closely with this post-holder but with the aim of preventing avoidable admissions to hospital.

Contact details: Willow Housing and Care

Web link: [brent floating support](#)

Older people experiencing difficulty paying rent. A number of POPP pilots identify the importance of helping older people fill out forms, manage finances and maximise benefits. There are gains to be made in linking these activities in with local authority and housing association arrears collection and housing benefit policies. An older person accruing arrears, especially where the rent has been regularly paid, should be taken as a sign of a need for support. In co-ordination with the housing department and housing associations this could be another criteria for case finding activity and should lead to a home visit being undertaken to assess their needs.

Claiming entitlements and form filling are very stressful activities for older people and can be exacerbated by poor literacy levels and sight problems. Some older people run into financial difficulties and do not claim benefits to

which they are entitled when they retire or stop work through ill-health. Some are unaware of what they can claim or how to go about it. Sometimes problems are related to not having returned Housing Benefit renewal forms or a delay in paying housing benefit. Too often these kind of issues lead to standard letters sent threatening eviction. Some older people do not open official letters because they are scared, or because of literacy problems. The resulting level of anxiety and distress can lead people to abandoning their tenancy.

New guidance from the ODPM^{vi} recommends that landlords identify the full circumstances of a tenant in arrears and that support is considered to address all causal factors, e.g. relationship breakdown, ill health, loss of employment and that vulnerabilities should be identified e.g. disability, harassment, drug or alcohol misuse.

Standard practice in the case of rent arrears continues to be the warning letter, followed by two or three more before court action is taken. A home visit is more appropriate if an older person does not respond to the initial letter. Every effort should be made to ensure letters are not threatening in their tone, offer support and identify means to help a person to pay off arrears before any court action is taken.

Building on the research carried out into the causes of homelessness in later life the University of Sheffield worked with groups of practitioners to look at what interventions could help to prevent homelessness. A guide was published with ideas on prevention practice, which has examples from around the country.^{vii}

Colchester Borough Council introduced a 'Vulnerable claimants register' held by the housing authority for people who are identified as at risk of not renewing their HB claim. If it is not renewed a housing benefit officer visits and gives help in submitting the form. There may be scope for using this type of register to ensure tenants receive other forms of support.

Anti social behaviour and alcohol misuse are not issues that have been identified by the POPP pilots. Anti- social behaviour is often associated with younger people but disputes with other tenants and neighbours is a common element in homelessness in older people. This is particularly the case for older heavy drinkers and especially where they allow other drinkers to congregate in their home. This may be a result of vulnerability and being intimidated by drinkers or drug users who they allow to move in and take over.

Another issue for people who have not got the experience of managing a home can be neglect and unhygienic conditions. These can be a sign of un-addressed mental health problems.

Complaints about anti social behaviour of older people by their neighbours should lead to an assessment of underlying support needs. There are some specialist floating support workers for older people who are alcohol-dependent and living in sheltered housing. These have a good record of helping them to manage to sustain their tenancy and minimise disruption to neighbours. Co-ordination with the local supporting people team to discuss access to floating support should be the first step where these sort of issues are identified.

CAN in Northampton have developed a specialist tenancy support service for older people in sheltered housing. The service is targeted at tenants who are at risk of eviction because of anti- social behaviour attributed to alcohol and substance abuse. The service offers emotional support and practical intervention aimed at improving the tenant's quality of life, preventing homelessness and reducing social incidents and thereby improving the quality of life of the wider community.

www.can.org.uk

An extended caretaker scheme where tenants who are known to be elderly and isolated and potentially at risk are visited regularly to check things are all right is one way of picking up on problems early.

Camden operate the WISH (Warmth, Income, Safety, Health) scheme as a partnership between the local authority and the PCT. This offers a single referral route for health and social care staff who are concerned about someone but not sure which service can help. It aims to provide a direct holistic service to vulnerable householders, to help services work better together and to contribute to the preventative health agenda.

[WISH](#)

Housing Advice has been identified in a number of POPP pilots as a priority. Housing advice services play a vital role in helping to raise awareness of the housing options available to older people. Links can be made with the Best Value Performance Indicators^{viii} on preventing homelessness through housing advice and BVPI 54 on helping older people to remain at home. The purpose of BVPI 213 is to measure the effectiveness of housing advice in a particular authority in preventing homelessness or the threat of homelessness. Much of the advice on homelessness prevention is oriented towards young people leaving the family home or domestic disputes.

The traditional means of providing advice services do not always reach older people. Research shows that 50% of older people don't seek formal advice when facing homelessness and when people do seek advice they often rely

on family, friends and support workers they are already in contact with^{ix}. Preventing the homelessness of older people requires imaginative and innovative approaches. These are likely to include working in a cross sector way, ensuring that health care practitioners who are in touch with elderly people know how to access housing advice for them, and providing outreach services to keep in touch with isolated excluded people. A number of the POPP pilots are developing these sort of outreach advice and advocacy services e.g. Manchester and North Lincolnshire. Ensuring housing advice and homelessness prevention is incorporated into these outreach projects would enhance their value.

The gate-keeping aspects of homeless persons units can be off putting to older people, they need to work to be welcoming and accessible to older people and there need to be more specialist resources such as Home Improvement Agencies that can reach people where they are. Older excluded people need advocates if they are to make use of the housing and care options available to them.

Innovations such as Choice Based Lettings are designed to extend choice. The experience of some elderly people is that it excludes them because they do not have access to the internet, they don't have the mobility to go and view properties and they don't understand properly how the system works so they end up getting disillusioned and feeling it will not work for them. Authorities operating Choice based lettings need to make sure it is working for their elderly vulnerable populations. This entails better co-operation with health and social care to make sure people get the help they need and liaison with the housing department to ensure points are properly assessed and that the system is flexible enough to make direct offers where there are specific needs. Where POPP pilots are developing cross sector partnerships they could have a role in ensuring this system is not disadvantaging older vulnerable people.

Repeat Homelessness

Research evidence shows that two thirds of cases of homelessness in older people are people who have never been homeless before. One third of older homeless people therefore have been previously homeless^x.

Best Value Performance Indicator 214 monitors the incidences of repeat homelessness where households accepted as statutorily homeless were accepted as homeless by the same authority within the last two years. This emphasises the importance of putting good resettlement practice into place for the older population. There is evidence on what works in terms of resettling older homeless people^{xi}. The issues that needs to be taken into account are

- Good quality assessments of people's support needs before they are re-housed and clear plans to meet those needs
- Ensuring tenancy is in a satisfactory condition, utilities are working and there is basic essential furniture, helping with applications for community care grants where necessary.

- Providing effective support after resettlement which is tailored to the individuals needs and can be prolonged if necessary
- Strengthening social contacts and meaningful activities - people need help to rebuild their lives after being resettled.
- Managing the housing benefit problems of vulnerable tenants. Distress and unsettledness can arise from bureaucratic problems with Housing Benefit.

All of these issues need to be addressed in order to help prevent repeat homelessness in older people. Older people who become homeless in later life, and those who have been repeatedly homeless are very vulnerable. Life in hostels is hard for elderly people who are open to intimidation and threatening behaviour from younger people.

They are often less assertive and get less attention and less effort is made to move them on appropriately from hostel accommodation. Resettlement workers in hostels may have less knowledge about housing options for older people than they do for younger clients and may need help in accessing community care assessments where they are needed. The local authority needs to be proactive in ensuring that older people are not stuck in hostel accommodation, that relationships are built with sheltered housing schemes and specialist support put in place if it is needed. Moving older people on to appropriate permanent housing frees up hostel spaces for other homeless people and directs Supporting People funding appropriately.

It entails a culture shift for older people's health and social care services to start to see older people in temporary hostel accommodation as part of their client group. The homeless label tends to mean that other departments in the local authority expect their needs are met by homelessness services. The reality is that most large hostels have a number of older vulnerable people living in them who need an assessment of their permanent housing and support needs and would be helped by the involvement of health and social care. POPPS could be the catalyst to this culture shift that is needed and incorporate into their pilots a commitment to address the needs of older people in hostels in their locality.

Housing Support

For many older people, their housing situation and the security and comfort they enjoy within their own home can be the difference between health and ill health, independence and dependence, freedom and constraint. A small number of areas have dedicated older persons housing support services Sheffield is an example, four older persons tenancy support teams work across the city. These teams are in a unique position to address some of the crucial needs that can be provided by the right sort of housing and the right sort of housing support. The Brent POPP pilot incorporates a Housing Support worker with a similar role as that described below.

Sheffield Older Persons Tenancy Sustainment team are funded by Supporting People and have a role in preventing homelessness, preventing unnecessary admission to hospital or untimely admission to residential care due to problems that are more to do with the home or living environment that in many instances can be resolved. This applies across tenures and the issues can be similar for owner-occupiers, tenants of private landlords and tenants of social landlords.

The type of problems that the services might provide support with are wide ranging:

- Disrepair
- Need for aids and adaptations
- Need for support with making home safer and more secure
- Decisions on 'shall I stay or shall I go'
- Finding alternative accommodation
- Selling up
- Moving home
- Clearing unwanted or unhygienic or unsafe items from homes
- Improving the safety and accessibility of their gardens
- Improving their living surroundings
- Making homes safe for other workers to carry out duties in such as home care services (in the case of those who have difficulty in maintaining acceptable home hygiene)
- Rent or mortgage arrears
- Increasing their income through correct benefits assessments
- Help with budgeting
- Living independently following the loss or death of a friend or carer or spouse
- Advice on security of tenure in the private rented sector
- Support with buying larger items of furniture and renewing old things.
- Support to older people who are perpetrators of antisocial behaviours

The work that is carried out is a combination of support, practical help and sign-posting to other services. Some services incorporate a handy person service to help with minor repairs, increasing safety and security and improving the living surroundings. Some of the older people, particularly those in the private sector, have led very independent lives and are not used to receiving services from the welfare state. Delivering services in an empowering and user centred way is important and can affect how well they are received. Where these tenancy support schemes exist it is important that POPP links in with them. (Sue McInaney team leader of Shelter Sheffield South West Older Persons Tenancy Support Scheme)

User Involvement

A number of the POPPs pilots are planning to work with local older people to identify and support older vulnerable people in their community. Networkers in Camden, older people who have directly or indirectly experienced mental health problems, a peer based mentoring service in Knowsley, local evaluators in Dorset, which local older people will be recruited trained and supported to become. These are exciting examples of increasing empowerment and involvement of older people in planning and delivering services. An important element of this will be an awareness of the social exclusion agenda and an emphasis on understanding the issues that can lead to exclusion and discrimination.

Conclusion

The POPP pilots are testing a range of approaches for making a shift towards prevention in services for older people. The evaluation and the learning from POPP pilots will disseminated widely. The current bids are ambitious in their scope but as identified in the paper 'Making the shift to prevention' the approaches mainly fit into five themes:

- Timely or early intervention
- Low level support
- Empowerment or involvement
- Cultural change
- Joint working

All of these themes have a close fit with a programme aimed at preventing homelessness in the older population and a close look at the descriptions of the POPP pilots enables one to see the links with assessing housing risk and putting preventative solutions in place.

The Coalition on Older Homelessness and Homeless Link have members working with older homeless people in many areas of the country. We would be happy to advise on how homelessness prevention might be incorporated into the individual pilots or to put you in touch with local agencies working with older homeless people.

Contact details

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ⁱ [Public Service Agreement](#)

ⁱⁱ [POPP information](#)

ⁱⁱⁱ Three nation comparative study of the causes of homelessness among older people- Findings from England. Crane M, Warnes A, Fu R, SISA 2004

ⁱⁱⁱ *ibid*

^{iv} [Supporting People with Long Term Conditions.pdf](#)

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

^{vi} [Improving the Effectiveness of Rent Arrears Management](#)

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

<http://www.shef.ac.uk/content/1/c6/02/77/05/mcmanual.pdf>

^{viii} [Best Value Performance Indicators 200506 Guidance Document](#)

^{ix} see footnote 3

^x see footnote 2

^{xi} Resettling older homeless people _ A longitudinal study of outcomes . Crane M and Warnes A SISA 2002