

Diversity in older age - Older homelessness

The characteristics of older homelessness can change rapidly over time and may differ significantly from place to place. This review will focus on older homelessness in England. In England older homelessness is currently on the increase and the number of older street-homeless has doubled in the five years from 2010 to 2015.

Homelessness

The European Typology of Homelessness and Housing Exclusion (ETHOS) provides a useful framework within which to consider homelessness. ETHOS sees a home as having three domains — an adequate living space which is accessible only to the household who live within it (Physical Domain); a living space in which a household can enjoy privacy and their emotional life (Social Domain); and a living space which a household has a legal title to occupy (Legal Domain).

Within the ETHOS framework, homelessness can take four forms:

Roofless	People living rough
	People staying in a night shelter
Houseless	People in accommodation for homeless people (including temporary accommodation)
	People in women's shelters
	People in accommodation for immigrants
	People due to be released from institutions (prisons and hospitals) who are at risk of
	homelessness due to support needs, and people who are unable to move on from
	institutions due to a lack of 'move on' housing
	People receiving support (due to homelessness ie in supported accommodation, including
	those unable to move on from supported housing due to a lack of suitable accommodation)
Insecure	People living in insecure accommodation (squatting, illegal camping, sofa surfing or sleeping
housing	on floors, staying with friends or relatives)
	People living under threat of eviction
	People living under threat of violence
Inadequate	People living in temporary / non-standard structures
housing	People living in unfit housing
	People living in extreme overcrowding

From: Jones A and Pleace N (2010) A review of single homelessness in the UK

Older homelessness – a demographic overview

Homeless people generally have poorer health and worse mortality than the population as a whole and it is therefore commonly accepted by researchers that 'older', in the context of homeless people means those who are aged 50/55 and over.²

There are three main approaches to assessing the number of homeless people in the United Kingdom: 'statutory' homeless households, rough sleepers and the 'hidden homeless' who stay in hostels and similar accommodation.

¹ Jones A and Pleace N (2010) A review of single homelessness in the UK, Crisis

² Crane M and Warnes A M (2010) *Homelessness among older people and service responses*, Reviews in Clinical Gerontology, 20; 354-363



'Statutory homeless' and rough sleepers are the most visible form of homelessness but they may be far outnumbered by the 'hidden' homeless population; people who stay in hostels, bed-and-breakfast hotels, squats or stay on the floor of friends' accommodation.³ In this review it is estimated that, in England, while on any one night, around 400 older people aged 55 and above may be sleeping rough, at least ten times that number will be spending the night in short- and long-term homelessness accommodation - figures comparable with those for the mid-1990s.³

Patterns of homelessness vary widely between countries and over time. According to Crane and Warnes², in the United Kingdom, in the earlier half of the 20th Century, older people (aged over 50) predominated in the homeless population. That is no longer the case and older people (aged 60 and above) currently form just 4% of statutory homeless households, and older people (aged 50 and above) make up between 9% and 12% of rough sleepers and homeless-hostel dwellers. That contrasts with the USA where one half of homeless people are said to be aged over 50. ^{4,5} Examples include in San Francisco where, in 2016, approximately half of single homeless adults were aged 50 and older compared with 11% in 1990⁶ and New York where, in homeless accommodation, older age and arrest history were found to be the strongest predictors of longer stays. ⁷

It is predicted that, around the world, as populations age, the numbers of older homeless will increase, however, the very different demographic, social and political contexts would suggest caution in translating the lessons learned from international studies into the UK.

Even within the UK the experience of homelessness varies widely between locations. The London Borough of Westminster experiences a very high prevalence of street homelessness but a large proportion of these are migrants who report lower levels of personal trauma and vulnerability than other street homeless people.⁹

Statutory homeless

Local Authorities in the UK have a statutory obligation to provide accommodation for certain particularly vulnerable households, including on the grounds of old age, who are accepted as 'homeless' and the numbers accepted are published by the Department for Communities and Local Government (DCLG) in England, and through the devolved administrations in Wales, Scotland and Northern Ireland.

³ Crane M (1999) *Understanding older homeless people,* Open University Press, Buckingham

⁴ Sorrell J M (2016) Aging on the Street: Homeless Older Adults in America, Journal of Psychosocial Nursing and Mental Health Services 54 (9): 25-29

⁵ Lee C T, Guzman D, Ponath C, Tieu L, Riley E and Kushe M (2016) *Residential patterns in older homeless adults: Results of a cluster analysis* Social Science & Medicine 153 (March): 131-140

⁶ Brown R T, Goodman L, Guzman D, Tieu L, Ponath C and Kushel M B (2016) *Pathways to Homelessness among Older Homeless Adults: Results from the HOPE HOME Study* PLOS One

⁷ Caton C et al (2005) Risk Factors for Long-Term Homelessness: Findings From a Longitudinal Study of First-Time Homeless Single Adults American Journal of Public Health 95 (10): -

⁸ Crane M and Joly L (2014) *Older homeless people: increasing numbers and changing needs*. Reviews in Clinical Gerontology (24) 255-268

⁹ Fitzpatrick S, Johnsen S and White M (October 2011) *Multiple exclusion homelessness in the UK: key patterns and intersections* Social Policy & Society, vol 10, Pt 4: pp 501-512



Local authorities do not have a duty to provide accommodation for all homeless people, only for those who are judged to fall within certain categories of 'priority need' including where they, or any person who resides or who might reasonably be expected to reside with them, is vulnerable because of *old age*, mental illness, handicap or physical disability.¹⁰ If an older person is not viewed as vulnerable within the framework of the Housing Act, they will only be entitled to advice and assistance, which may be limited.¹¹ Ironically a more positive view of ageing among Local Authority Housing Options Service (LAHOS) professionals has made age itself less likely to contribute to an assessment of vulnerability.¹¹

In 2015 around one half (49%) of all applications to Local Authorities for accommodation on the grounds of homelessness, were accepted. One quarter (25%) being deemed not homeless, 17% homeless but not in priority need and 9% intentionally homeless. ¹² Pressures on local authorities mean that some households, who are turned away at an early stage, are never recorded. ¹³

The large majority of statutory homeless households are in the younger age groups and older people make up a very small proportion of the total.

In the decade to the end of 2015, only a small minority (4%) of households accepted as homeless by Local Authorities in England had an applicant / head of household aged 60 or over. [Figure 1]

In 2015, out of the total 56,500 acceptances, there were 2,220 accepted applicants aged 60 and over (3.93%) of whom 810 were aged 60-64, 980 aged 65-74 and 430 aged 75 and above.

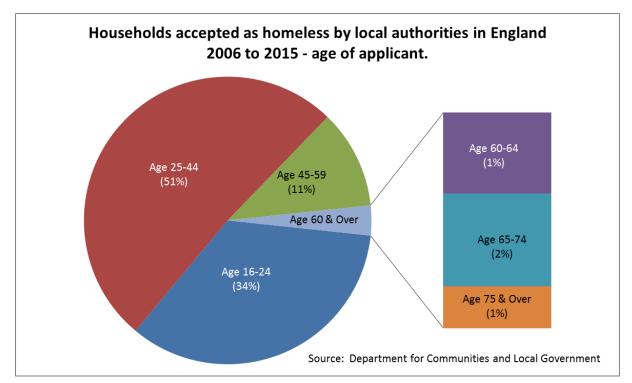


Figure 1

¹⁰ House of Commons Communities and Local Government Committee (2016) *Homelessness, Third report of session 2016-17*

¹¹ Alden S (2017) *Public-sector service provision for older people affected by homelessness in England,* Ageing and Society, vol 37, no 2 pp 410-434

¹² Homeless Link (2015) Support for single homeless people in England - Annual Review 2016



The non-statutory or 'single' homeless are made up of rough sleepers, hostel dwellers and the more deeply hidden homeless who stay temporarily with friends and relatives.

Rough sleepers

DCLG publishes head counts of the numbers of rough sleepers in each Local Authority area and, in addition, voluntary organisations have carried out more detailed surveys of rough sleepers, most notably the Combined Homelessness and Information Network (CHAIN), in London. The methodology for the Local Authority head counts was made more rigorous in 2010 and so the numbers since 2010 are not comparable with those before. Despite these improvements, the Local Authority head counts were declared, in 2015, to fall below the standards required of 'National Statistics'.¹³

Local Authority estimates indicate that the number of people who are homeless and sleeping rough in England has doubled between 2010 and 2015. [Figure 2]

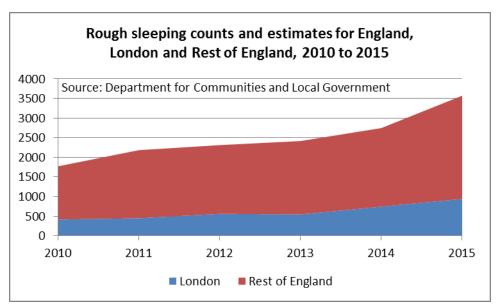


Figure 2

It is argued that the proportion of rough sleepers who are female is always under-estimated since female rough sleepers tend to sleep away from public places for security and are therefore less likely to be counted. ¹³

The most recent of a series of surveys carried out by the Combined Homelessness and Information Network (CHAIN) of people observed rough sleeping by outreach teams in London over the year, found that, in 2015-16, 85% of rough sleepers were men and 11% were aged over 55. 14

While the CHAIN data provides a more comprehensive and reliable base for comparative analysis of street homelessness over time and within different groups, the numbers, gathered over a year,

¹³ Wilson W (2016) Rough sleeping (England), House of Commons Library Briefing Paper

¹⁴ Mayor of London (2016) CHAIN Annual Report Greater London April 2015 - March 2016



cannot be directly compared with the single-night snap-shot figures of overnight homelessness provided by DCLG.

By way of comparison, a 1998 study, carried out on behalf of the Social Exclusion Unit by Shelter, also found that the vast majority of homeless people were young and male. At that time around 90% were found to be male and one quarter (25%) were aged 18 – 25. Just 6% of rough sleepers were age 60 or over. This *may* indicate that the proportion of homeless people who are older has risen in recent years, but the figures are not directly comparable.

The CHAIN surveys indicate that, in London, the *proportion* of homeless rough sleepers who are aged over 55 has remained between 9% and 11% since 2005. The *numbers* aged over 55 have however more than doubled, in line with the overall increase in the number of rough sleepers. [Figure 3]

Patterns of homelessness vary widely from location to location, reflecting the presence of particular disadvantaged groups. While in the USA, African Americans are disproportionately homeless, in Canada members of the indigenous population are over represented. In London, in 2015-16, all ethnic groups are under-represented in the rough sleeping homeless population except for 'White Other' and Gypsy/Irish Traveller. 14,16

In London, recent migration patterns are reflected strongly in the rough sleeping statistics. While around four out of ten rough sleepers in London in 2015-16 (41%) were UK Nationals, a further one in ten (9.4%) came from other parts of Western Europe and over one third (36.8%) were nationals of the Central and Eastern European states of the European Union. Of these Romania predominated with one in five (19.5%) of all rough sleepers in London being Romanian nationals.¹⁴

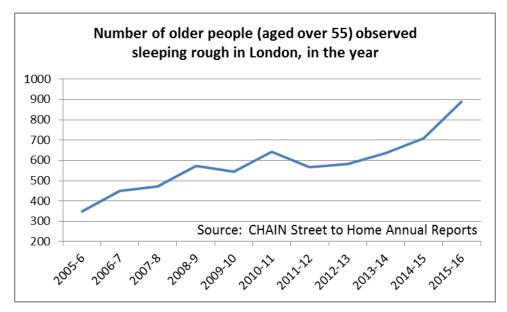


Figure 3

¹⁵ Social Exclusion Unit (1998) Rough Sleeping

¹⁶ Centre for Policy on Ageing (2013) *The ageing of the ethnic minority populations of England and Wales:* findings from the 2011 census.



Hidden homelessness

The number of older people who stay with friends and relatives, not through choice but because they would otherwise be homeless, is very difficult to estimate. Older people staying in hostel accommodation are easier to identify. A 2015 survey of people staying overnight in 'accommodation projects', short- and long-term homelessness accommodation in England¹², found that 12% were aged 50 or over which, given the number of available places and overall occupancy rate, would indicate that around 4,000 older people, aged 50 and over, stayed in homeless accommodation each night .

Older hostel residents tend to stay longer in their hostels than younger residents with, at the turn of the century, around 40% of London hostel dwellers aged 60 and over having been in their hostel for more than 5 years.²

Health and mortality

The average age at death for a person who dies while homeless in England is just 47 (43 for women).¹⁷ This is not a measure of life-expectancy and reflects the younger age profile and higher mortality at young ages of the homeless population. While a younger homeless person aged 35-44 may have a mortality rate five times that of the general population of the same age, at older ages mortality rates for homeless people and those of the general population converge and become similar.¹⁷ None the less, at all ages, the health and mortality of homeless people is worse than for the non-homeless population and it is often seen that the health of a homeless person is comparable to that of someone ten years older who is not homeless.¹⁸

It is widely recognised that levels of mental illness among homeless people are significantly higher than in the general population, although exact prevalences are difficult to determine. A 1994 ONS survey of mental health issues in the homeless population of Great Britain aged 16 to 74, set the prevalence of common mental health problems in the previous week at 36.5 per thousand, more than double that in the general population of the same age (16.4 per thousand), while the prevalence of psychotic disorders in the last year was set at 5 per thousand, ten times that in the general population (0.5 per thousand).¹⁹

In London in 2015-16 46% of street homeless people were found to have mental health issues. 14

High levels of the prevalence of mental health issues are recorded in the older homeless populations in many countries. A recent psychiatric study of older homeless people in Australia found that 78%

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¹⁷ Thomas B (2012) Homelessness kills: An analysis of the mortality of homeless people in early twenty-first century England, Crisis

¹⁸ Grenier A, Barken R, Sussman T (et al) (2016) A literature review of homelessness and aging: suggestions for a policy and practice-relevant research agenda, Canadian Journal on Aging, vol 35, no 1 pp 28-41

¹⁹ Rees S (2009) *Mental III Health in the Adult Single Homeless Population: A review of the literature*, Crisis



showed signs of cognitive impairment in tests of frontal lobe function, ²⁰ while a recent study in the USA also found 78% of older homeless people had mental health issues.²¹

The causes of homelessness in older age

There are many different pathways into homelessness in older age including personal factors which may take the form of a gradual decline or a catastrophic event and structural factors within society as whole.^{3,22} While these personal and structural situations and events may be contributory factors leading to homelessness, they are not a total explanation. While one older person may have the resilience to withstand adverse events and not become homeless, a second in the same situation may have poorer coping strategies.²² While homeless older people themselves tend to cite external factors as the reason for homelessness, people working with older homeless people put greater emphasis on the personal attributes of the older homeless person.²²

Overall, structurally, higher levels of homelessness are associated with local economic decline, higher average housing costs, a higher proportion of single households and the lack of availability of low cost housing, but not with the overall level of poverty.²³

Older homeless people are however individuals and there is no single personal characterisation of an older homeless person who may have become homeless for a variety of reasons. Studies in the 1990s by Maureen Crane, Age Concern England and others suggested a possible background of low income and poverty, relationship breakdown, bereavement, a deterioration of mental or physical health, alcoholism, unemployment, leaving the armed forces, a loss of accommodation tied to employment or discharge from psychiatric accommodation. 24,25,26

It has been shown that the physical and mental health issues and substance and alcohol use/misuse associated with homelessness in later life are not just linked to current experiences but often derive from abuse and trauma much earlier in life.^{27,29}

Relationship breakdown and its impact on older homelessness can take a variety of forms including where an older person gives up their home to move in with a new partner in a new relationship that

²⁰ Rogoz A and Burke D (2015) Older people experiencing homelessness show marked impairment on tests of frontal lobe function, International Journal of Geriatric Psychiatry 31 (3): 240-246
²¹ Brown R T, Goodman L, Guzman D, Tieu L, Ponath C and Kushel M B (2016) Pathways to Homelessness

among Older Homeless Adults: Results from the HOPE HOME Study PLOS One

²² Warnes A M and Crane M (2006) *The causes of homelessness among older people in England* Housing Studies (21), 401-421

²³ Crane M and Warnes A M (2010) *Homelessness among older people and service responses*, Reviews in Clinical Gerontology, 20; 354-363

²⁴ Age Concern Greater London (1991) *Older Homeless People in London*

²⁵ Crane M (1990) Elderly homeless people in Central London, Age Concern England and Age Concern Greater

²⁶ Hawes D (1997) *Older people and homelessness*, The Policy Press

²⁷ Kim M M, Ford J D, Howard D L and Bradford D W (2010) Assessing Trauma, Substance Abuse, and Mental Health in a Sample of Homeless Men Health and Social Work 35 (1): 39-48



doesn't last.²⁶ Relationship breakdown, in older age, is becoming more common. Between 1991 and 2011 there was a 73% increase in the divorce rate for men aged 60 and over.²⁸

Older women are more likely to cite relationship breakdown as a reason for becoming homeless, while older men associate becoming homeless with job loss and drug and alcohol problems. ^{22,23}

A 2010 survey of multiple exclusion homelessness (MEH) in the UK found that the MEH related events with the highest median age of occurrence were 'a long-term partner died', 'home was repossessed', 'divorced or separated', 'experienced bankruptcy' and 'evicted from a rented property'.²⁹

Although the excessive use of alcohol by older homeless people has always been a problem, until the mid-1990s the use of illegal drugs was rare. Although still less prevalent than its use by younger homeless people, illegal drug use by older homeless people is said to be on the increase²³

In London, in 2015-16, for rough sleepers of all ages who were given an assessment, 43% were found to have a need for support for an alcohol related problem, 31% for a drugs related problem and 46% for mental health issues.¹⁴

Older homeless people in the UK can have experienced their first bout of homelessness at any age. A 1998 study found that older homeless men were more likely to have experienced chronic long-term homelessness with more than half (51%) having first experienced homelessness before the age of 40 although one third (30%) did not first become homeless until after the age of 50. Older homeless women, on the other hand, were likely to have first become homeless later in life with only 16% first becoming homeless before the age of 40 and nearly two thirds (62%) first becoming homeless after the age of 50.³⁰ A later study of older homeless people in England carried out in 2001-2003 found that two thirds of the participants had become homeless for the first time in later life.²²

Among reasons suggested for the increases in older homelessness in the UK in 2014 were the recorded increase in alcohol related problems in older age, increased prevalence of gambling addiction leading to financial problems and the increase in the number of older offenders in prisons who, on release may often become homeless.³¹ The same study predicted a looming problem of drug use among older homeless people.³¹ A study of older homeless people carried out in England between 2001 and 2003 found however that, at that time, gambling and drug problems had a negligible impact.²²

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Centre for Policy on Ageing (2014) Changing family structures and their impact on the care of older people
 Fitzpatrick S, Bramley G and Johnsen S (2013) Pathways into Multiple Exclusion Homelessness in Seven UK
 Cities Urban Studies 50 (1): 148-168

³⁰ Crane M (1998) *The associations between mental illness and homelessness among older people: an exploratory study* Aging & Mental Health, vol 2, no 3 pp 171-180

³¹ Crane M and Joly L (2014) *Older homeless people: increasing numbers and changing needs*. Reviews in Clinical Gerontology (24) 255-268



Issues facing older homeless people

Among the reasons leading to older homelessness is a breakdown in personal relationships and social networks. That may mean that older homeless people are particularly subject to problems of social isolation.³²

Older homeless people also have particular problems in gaining access to health care and social services and to benefits for which they may be eligible.³²

Older homeless people have particular needs in respect of safety and security, both on the streets and in hostels where they may be subject to bullying by younger homeless people. 18,23

Some older homeless people can be successfully re-housed, particularly those with a more stable background, but surprisingly a 2007 study in England found no link between resettlement outcomes and mental health or alcohol problems³³

Preventing homelessness in older age

As we have seen, homelessness in general and among older people, is currently on the increase. Programmes to combat street homelessness can however be effective and in areas that adopted the Coalition Government's *No Second Night Out* approach 67% of people were helped off the street after one night, and 78% of these did not return.³⁴

Particularly avoidable are cases of homelessness in older age that arise from Housing Benefit administration problems, and the failure to share information about the risk of homelessness between agencies.³⁵

Suggested measures to improve the prevention of older homelessness include: monitoring rent arrears for signs of exceptional risk or vulnerability; help with social security benefit and financial problems; assessing for vulnerability in primary healthcare settings; and collaborative working between professional agencies.³⁵

While not specifically aimed at older homeless people, the Homelessness Prevention Bill 2016-17, currently before parliament, will extend the period during which an authority should treat someone as threatened with homelessness from 28 to 56 days; clarify what a local authority should do when someone receives notice of intention to seek possession from an assured shorthold tenancy (the most common form of private renting); create a new duty to prevent homelessness for all eligible applicants threatened with homelessness; a new duty to relieve homelessness for all eligible

³² Warnes A, Crane M, Whitehead N and Fu R (2003) *Homelessness Factfile* Sheffield Institute for Studies on Ageing, University of Sheffield; Crisis

³³ Crane M and Warnes A M (2007) *The outcomes of rehousing older homeless people: a longitudinal study* Ageing and Society, vol 27, part 6 pp 891-918

³⁴ Homeless Link (2014) *No* second *night out across England*

³⁵ Crane M, Warnes A M and Fu R (2006) Developing homelessness prevention practice: combining research evidence and professional knowledge Health & Social Care in the Community, vol 14, no 2 pp 156-166



homeless applicants; and a new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at risk of becoming homeless.³⁶

Many older homeless people in hostel accommodation are ready to move on but unable to do so because of the lack of suitable, affordable main-stream accommodation. The most effective overall long-term strategy in preventing, and helping to combat, older homelessness may be in improving the supply of 'sub-market' affordable housing and/or the value of benefits in older age. ^{37,38}

Summary

Older homeless people in England are predominantly men and although they are a minority of the homeless population, their numbers have more than doubled since 2010, in line with the overall rise in homelessness.

There are ten times as many 'hidden' older homeless, in hostels and temporary accommodation, as the more obviously visible older street-homeless population.

The make-up of the older homeless population varies significantly over time and between locations and countries, so international lesson may not be easily transferrable to the UK.

Older homeless people have poorer health and mortality than older people in general and, in particular, have a much higher prevalence of mental health issues.

Older homeless women frequently become homeless for the first time later in life following relationship breakdown whereas older men are more likely to have known longer term or recurring homelessness and are more likely to cite alcohol and employment problems as the reason.

Older homeless people face particular problems with respect to social isolation, personal safety and security, access to health and social care services and in claiming pensions and other benefits.

Older homelessness can be reduced by addressing the administrative and societal and structural issues that contribute to older homelessness and by helping individual older homeless people with their own personal issues. Improved inter-agency working in recognising homelessness and its precursors would help, as would at-least maintaining the availability of short-term hostel accommodation while seeking longer-term improvements in the availability of affordable housing and/or improvements in housing benefits.

³⁶ Wilson W and Barton C (2016) *The Homelessness Reduction Bill 2016-17*, House of Commons Library Briefing Paper

³⁷ Jones A and Pleace N (2010) A review of single homelessness in the UK, Crisis

³⁸ Homeless link (2014) Let's make the difference: A manifesto to end homelessness



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