



# **Socially excluded older people and their access to health and care services: insights from professionals**

June 2021

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# Introduction



When thinking of older people, issues such as homelessness, poverty, substance misuse, or severe mental illness, are unlikely to come to mind. Yet the older people accessing Age UK and The Salvation Army services are increasingly likely to have experience of these challenges.

Despite a significant growth in the number of socially excluded older people over recent years, little is known about their experiences and access to services. That's why Age UK and The Salvation Army have commissioned research to understand what day-to-day life looks like for these older people and what support they need.

This report brings together a series of case studies from professionals who are working with socially excluded older people, including older people who are homeless, former prisoners, living in poverty, or living with severe mental illness or addiction. It offers an insight into the challenges these older people are facing and provides best practice examples of services making a difference to older people's lives.

## Methodology

This report is based upon interviews with eight professionals from organisations supporting socially excluded older people. The interviews took place over the phone and focused on the following questions:

- What are the main issues impacting the older people you work with?
- What services are available to support older people who are socially excluded?

- What are the barriers to older people accessing these services?
- What best practice exists in supporting older socially excluded people?

This report accompanies ethnographic research commissioned by Age UK and The Salvation Army with socially excluded older people.

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## Executive summary

The professionals we interviewed explained how the older people they work with face a range of complex and diverse challenges in their lives. This includes poor physical and mental health, addiction, poverty, and social isolation. Some older people have experienced these issues throughout their lives, while others have encountered these challenges for the first time in later life.

## Day-to-day challenges of older people who are socially excluded

- **Mental and physical health.** Older people who have lived chaotic or challenging lives often present with complex physical and mental health conditions. They may age prematurely and develop long-term conditions, including cognitive decline, much earlier than occurs in the general population. Despite these complex health challenges, many of the professionals highlighted that the older people they work with do not consider their health to be a priority.
- **Social isolation.** The professionals we spoke to highlighted how the older people they work with often lack family or support networks who can step in. This may be because of family or relationship break-down or bereavement. A lack of support network risks older people becoming dependent on professionals.
- **Addiction.** Many older people who are socially excluded live with drug or alcohol addiction, which presents even greater health risks in later life. This acts as a barrier to them accessing health and care services as there is often a refusal to engage with older people until they have stopped drinking or using drugs.

## Ageing exacerbates the challenges which older socially excluded people face

While socially excluded older people are facing challenges separate to ageing their age magnifies the issues which they face and makes day-to-day life more difficult. Reasons for this include:

- **Unhealthy behaviours are riskier in later life.** For example, there is a greater risk of alcohol damage and the implications of falling after drinking too much become much more serious. Furthermore, rough sleeping is more dangerous for older people, who are more vulnerable to health risks from the cold.
- **Services are not set up for older people.** Older people often find it harder to access the support they need. Services which are on offer are not always appropriate for people in later life, who may be living with long-term health conditions or disabilities. For example, staff working in hostels for homeless people may be unable to support residents who require personal care, such as help with washing or incontinence. Support can also be centred around recovery strategies which aren't relevant, for example helping people to find employment, when the person may be past retirement age.

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# Accessing support is not easy

While services do exist to support socially excluded people, accessing them is often challenging, especially for older people. Reasons for this includes:

- **Mistrust of services.** Some older people have encountered challenges throughout their lives and may have accessed multiple services over this time. Negative past experiences, such as feeling judged, rejected, or unsupported, can deter older people from engaging with services and lead to a mistrust of professionals.
- **All-age services can be intimidating.** When services are targeted at younger people, and predominantly used by them, older people can feel out of place and unwelcome. They may have nothing in common with the other service users or feel intimidated, particularly in circumstances where younger adults are being disruptive. This can deter them from getting help.
- **Ageist attitudes and stigma.** Some professionals are reluctant to provide support to older people because they believe it is too late for them to change, they won't benefit from help, and resources are better spent on younger people. Furthermore, perceptions about older people can mean that professionals do not pick up on signs that an older person is struggling. For example, they may not consider that an older person is consuming drugs or alcohol, as these are behaviours typically associated with younger adults.
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**Shame.** Many socially excluded older people are ashamed of their circumstances or believe that they are undeserving of help. This prevents them from admitting to people that they are struggling or seeking out services which could help.

- **Lack of information and digital exclusion.** Older people do not always know that services exist or how they would benefit from accessing them. The move to digital services is exacerbating this further, with many older people unable to use or access the internet. This is particularly true for older people who have spent time in prison or who are homeless.
- **Administrative barriers.** Many older people who are socially excluded do not have a fixed address, formal ID, or a bank account. In many cases this prevents them from registering with services, including making it harder to register with a GP. It isn't easy to obtain these documents and doing so comes with a cost. Services are also not set up to support people living chaotic lives who may struggle to attend appointments and require flexible provision.
- **Services do not deal with multiple complex needs.** Many older services-users are facing multiple and complex challenges, for example addiction, housing, and mental health issues, yet the services they access often focus on single issues in isolation. Some services also refuse to engage with people living with an addiction which leaves older people without anyone to turn to.

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# What works to support older people?

The professionals we spoke to identified practical ways to support older people who are socially excluded:

- **Building trust with older people.** Establishing a trusting relationship with service-users is vital, particularly if the older person has previously had negative experiences of accessing support. Many of the professionals gave examples of how this can be done. Drink Wise, Age Well highlighted how their programme has been successful as they take a proactive approach with older people where they continue to engage with them even if they have missed appointments. Age UK, meanwhile, highlighted how important it is to spend time talking to the older person and understanding what matters to them.
- **Continuity of Care.** Older socially excluded people tend to feel more comfortable accessing services when they are supported by the same person each time. This includes having the opportunity to see the same GP or nurse. Where this isn't practical, it can help to have somebody familiar, such as a peer support mentor, attend appointments with them.
- **Adapting services to support people with cognitive impairment.** Some older people accessing services may be showing signs of cognitive decline or dementia. It is important that services adapt to meet the needs of people with memory loss, such as by offering shorter assessments or appointments which are easier to manage or providing reminders about when appointments are. Information, such as letters with appointment details, should be clear and easy-to-read.
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## Understanding what matters to older people.

There is often a disconnect between what professionals deem to be a priority in service user's lives and what is important to the older person themselves. In order to get older people to engage with services it is vital to take the time to understand what matters to them and what would make their lives better.

- **Moving away from a one-size fits all approach.** Although many services claim to be all-age they often fail to consider the unique circumstances which older people face. Services must be willing to adjust so that they are appropriate to people in later life. For example, services should provide opportunities for meaningful activity which isn't focused on employment for people who are past retirement age. Moreover, they should ensure that facilities are accessible for people living with health or mobility difficulties.
- **Creating safe spaces.** Older people need to feel comfortable, respected, and safe from judgement when accessing services. To achieve this, professional should seek to provide support in places which are familiar and comfortable to the individual. Examples of this include Health Inclusion Teams delivering health care in day centres for homeless people.
- **Raising awareness of services.** Many older people who are socially excluded are unaware of what support is available. As such, it is important that professionals proactively reach out to older people to promote their services and welcome those who are reluctant to engage. There are examples of services delivering best practice, such as street outreach services for homeless people.

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# Eloise Moller, Single Homeless Project

## About the programme

The Single Homeless Project delivers a Sports and Health Programme to older homeless people, aged 55 and over, across 12 London boroughs. The aim of the programme is to support service-users to become active and improve their health. They achieve this by supporting people to take part in a minimum of 30 minutes of activity per week, as well as improving engagement with health services, such as by supporting clients to register with their GPs. Some people who have come through the programme now work in a freelance capacity as mentors and are being supported to gain coaching qualifications.

## What are the main issues impacting older homeless people?

The older homeless people accessing the Sports and Health Programme are living with multi-morbidity, complex health needs, and substance misuse. On top of this they often lack a family support structure who can step in and provide help.

Many older homeless people struggle to access the health and care support which they need. This can lead to an escalation of their needs and results in them needing crisis support and emergency care. When health issues are left too long it can also lead to them becoming untreatable.

**“A lot of them get to the point that, when they do need health care, it’s A&E.”**

## What are the barriers which older homeless people face when accessing services?

### Lack of awareness of services

Many older homeless people do not know which services are available to them or what they need to do to receive help. Services rarely proactively reach out to homeless people, while the digitalisation of services is further excluding older homeless people, who are unlikely to have digital skills or access to the internet.

**“No-one would come to us as a provider and say, ‘Try and get your guys to come along to this. It will be great to see them’.”**

### Practical barriers

Many older homeless people do not have a permanent address which can make it difficult for them to register with services. Information about appointments can be difficult to read and understand for anyone who has cognitive impairment or may have suffered brain injuries in the past. They may also face difficulties in managing appointments or be unable to afford to travel to services.

**“When lots of them are rough sleeping they find it hard to register because they don’t have an address and they don’t know where their local nearest place is.”**

**“The other thing we’ve encountered recently as well is around communication. [...] Say we do get into the GP and then they need a referral to the hospital. The letters that come aren’t user-friendly sometimes. So, they’re massive A4 pages full of information. And some of our service users have brain injuries... Or they might not be able to read it, but they’re too embarrassed to ask someone to help them. That information is going to be lost.”**

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## Stigma

When accessing services in the community, such as activities, clubs, or exercise classes, older homeless people often encounter stigma and are made to feel unwelcome. Previous experiences of judgement and stigma in the past also deters older people from engaging now.

**“So, if they go, no one wants to talk to them and they feel they’re not wearing the right stuff, they’re conscious that they’re different from everyone else. That’s how everyone makes them feel when they’re there.”**

## Lack of support for people living with substance abuse issues.

Those who are living with substance abuse issues are often denied help as services will not engage with them until they have stopped drinking or taking drugs. For example, mental health services will not support people who are using drugs or alcohol, while dementia services will not conduct assessments.

**“When they go and see a doctor, that’s their answer: ‘Why don’t you just stop taking drugs?’, instead of actually dealing with the health issues that they’ve gone there for.”**

**“We’ve got a few guys who we’re pretty adamant have early dementia or Alzheimer’s, but to get them tested and to get a diagnosis is really difficult if they’re using. Because they want to put it down to memory loss because of alcohol or drug use and it’s, yes, it’s an ongoing battle. A lot of the ambulances won’t come out to our hostels because they’ve had bad experiences.”**

It’s important that staff working with older homeless people are able to identify and respond to the unique issues which older people may face. This includes supporting clients to access and use technology and making sure that they are aware of what support is available. It is also vital that staff understand and can identify signs of health conditions associated with ageing, for example cognitive impairment or dementia.

## Barriers to accessing care services.

Older homeless people may need full-time care which cannot be provided by hostel staff. However, accessing a care home is not easy. Care homes often refuse service-users because of their history of homelessness or substance abuse. Clients are also unlikely to be able to afford the cost of care and will not have family who can support them financially.

**“Lots of times they get rejected from care providers. And if there is a care home that’s going to take them or somewhere like a care home, there’s the financial side of it. There’s no family to help out.”**

Lack of available care services for older homeless people is placing a significant strain on hostel staff, who are having to provide personal care beyond the remit of their roles.

**“I think our frontline staff that work in the hostels. We’ve seen a huge unofficial shift in their job roles. So, they’re having to pick up doing stuff that they shouldn’t be doing. So, there’s been a lot of, for instance, clients that are elderly, and they need help washing or incontinent or administering medication or changing sheets and stuff after accidents. That’s not their role. But unfortunately the way it is at the moment.”**

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### Postcode lottery

There is inconsistency in the availability of services across London and support is dependent on where you live. This leads to older people falling through the gaps.

**“What’s available in one borough won’t be available in the other necessarily. And then to get access to stuff you might have to prove that you’re a resident. That you belong to that borough.”**

### What works to support older homeless people?

The Single Homeless Project has found that older people are more receptive to receiving support from people who are familiar to them so building relationships and trust is a vital first step.

**“In some boroughs, some of the outreach services might have volunteers that will come and attend the appointment with them. We tend to find that it doesn’t work because it needs to be someone they know.”**

Staff at the SHP also try to take steps to make it easier for older people to engage with services. For example, they help people with cognitive impairment to manage their appointments by providing reminders and storing letters in folders for clients.

**“We’ll have a folder where we’ll take a copy of the letter and it’ll be in the referral thing. Clients can ask for reminders. In some of our services, we’ve put provisions where they can ask for bus tickets.”**



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# Julie Breslin, Drink Wise, Age Well

## About Drink Wise, Age Well

Drink Wise Age Well is a seven-year programme across four UK nations, which aims to reduce alcohol harm among people aged 50+ through developing practice and informing policy. The programme is delivered across five UK sites – the Western Trust area of Northern Ireland, covering Enniskillen, the Foyle area and Omagh, Cwm Taf in Wales, Devon and Sheffield in England and Glasgow city in Scotland.

## There are several elements to the Drink Wise, Age Well programme. These include:

- A whole population approach focused on prevention and raising awareness in the general population around alcohol harm and risks.
- A more targeted resilience programme that works for people experiencing life transitions, such as bereavement and retirement and who may be more at risk of developing alcohol problems as a result.
- Training and skills development for professionals and frontline staff who come into contact with people aged 50+ to help them recognise and respond to problematic alcohol use.
- A direct engagement and support (DES) programme, which delivers one-to-one interventions to people aged 50+ who are problematically, harmfully drinking. Support is also provided to families.

## What are the experiences of older people who are drinking harmfully?

Older people's experiences are different depending on whether they have drunk problematically throughout their lives or begun drinking in later life.

Early-onset drinkers who have been drinking throughout their lives present with a range of issues, including early onset cognitive impairment, liver damage, falls, and premature mortality.

**“Your early onset drinker will be someone who has maybe been drinking problematically for many years, and they’re taking that into their 50s and 60s. And unfortunately, many people won’t live beyond that.”**

They have often faced significant trauma and challenge in their lives, such as family breakdown, housing issues, or mental health problems. In many cases they will have a history of high service use.

**“They will have already had issues related to their alcohol use, like family breakdown, financial issues, housing issues. They will have, and there’s a horrible terminology but we often use that, a revolving door of services.”**

The experiences of people who begin drinking later in life are different and for them harmful drinking is often triggered by a significant life event, such as bereavement or retirement.

**“That will be people who will have developed problems in later life, and they will tend to be down to life changes, such as bereavement or retirement or significant life events. And so, what you have there then is people that maybe have a lot more shame or stigma coming forward for help, people not being asked by professionals”**

Both groups tend to consume alcohol in their own homes, alone, rather than in public places, such as pubs or bars. This can make their drinking difficult to spot.

**“What we are seeing, of the people that we support, 80% of them drink at home alone. So, they’re not going to pubs, they’re not socialising, they’re not with other people. They’re very isolated with their drinking. And that’s across early and late onset.”**

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## Impact of harmful drinking in later life

Older adults who drink harmfully face specific issues. As we get older our bodies break down alcohol differently which can make it more dangerous. Many older people are also on medication which can negatively interact with alcohol. The risk of alcohol-related falls or injuries in later life are greater and there is a higher chance of alcohol damage, such as to the liver or the brain. For women, the symptoms of the menopause can be exacerbated by harmful drinking.

**“As we get older, our bodies change, so we’re not able to process alcohol so well. So, there’ll be even more of a toxic effect on the liver, and then obviously on the brain. And that’s when we also see an increase in cognitive impairment in older adults.”**

## What are the barriers to older people accessing support for harmful drinking?

There is inconsistency in the availability of services across the country for older people who are drinking harmfully and where services are available it can be difficult for older people to access them.

### Stigma and shame

There is a significant amount of stigma associated with drinking in later life which can deter older people from admitting that they are struggling or reaching out for help.

**“For older adults who have an alcohol problem, there’s a double stigma there. So not only is there a stigma around ageing, but there’s also the stigma of ageing with an alcohol problem.”**

### Professional’s perceptions of later life drinking

Professionals often perceive harmful drinking as an issue associated with younger people and

therefore do not look out for signs of drinking amongst older people or ask about drinking habits. If they do notice signs of harmful drinking, they may not take it seriously, and will perceive it as a final pleasure for people at the end of their life.

**“If they are experiencing problems with their drinking, they’re often put down to something else. So just issues related to ageing or just other health related issues.”**

Stigma and unhelpful stereotypes about drinking in later life also prevents professionals from providing the same level of support. For example, some professionals believe it is too late for older people to change, that the health damage has already happened, and that resources are better spent on younger people. Evidence from the Drink Wise, Age Well programme highlights that this is not the case and that older people can be supported to reduce their alcohol consumption and improve their quality of life.

**“A commissioner who said to me in a conference [...] in front of everybody, ‘if I have a rehab bed, I will give it to a young person over an older adult’. Attitudes are it’s too late for them to change or the damage is done. Things like ‘they’re never going to change’, ‘that’s just them’, or ‘the harm or the damage is done’, or ‘it’s too late’.”**

Some services will not engage at all with people who are drinking harmfully, leaving older people without the support that they need and are entitled to.

**“I’ve been in people’s homes where ambulances have refused to come out because they’re drinking. A lot of people are refused things like home support care because of their drinking. Over the years, I’ve heard people who are mental health workers, even specialist addiction services, ‘if they’re not ready to change, we’re not engaging with them’ or ‘if they continue to drink, there’s nothing we can do’.”**

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### **All-age services do not meet older people's needs.**

All-age services can be intimidating for people in later life, who may find it hard to relate to younger people or find common ground.

**“Our experience of delivering alcohol services is that older adults can feel quite intimidated about coming into generic addiction treatment services. Very often, addiction treatment services are addressing the needs of lots of different people who have support. So, there might be people who are younger drug users, criminal justice involvement through to people who need support around their alcohol use. And often, waiting areas can be quite intimidating for people.”**

All-age services and assessments are often not appropriate for older people and fail to recognise their circumstances. Services also do not adapt well to support people with cognitive impairment who may need different provision.

**“If you walked into a statutory treatment service, one of the main providers, commissioned services, everyone has the same assessment. So basically, you could be asking a 21-year-old injecting drug user the same questions that you're asking a 78-year-old male who started drinking because his wife died.”**

### **What works well to support people in later life who are drinking harmfully?**

#### **Proactive engagement**

It can be difficult for people in later life to seek and accept help with harmful drinking, so it is important that services are proactive and continue to engage with the service-users even if they miss appointments.

**“Understanding that first step for people can be quite difficult to come forward and get help and support. So, if somebody maybe has not been there on our first visit, or we arrive and they're quite intoxicated, we'll offer a second, third, fourth appointment where we can, just to make sure that we're engaging people.”**

#### **Holistic support**

Services also need to address the client's needs as a whole. They must provide support with the root causes of drinking, rather than just focusing on the symptoms. This includes recognising the importance of social connections, which can be the difference between a person recovering or not.

**“You literally are going into people who are seeing nobody, all relationships have broken down. And so, even when they stop drinking, that's not enough if we can't address the social isolation and the loneliness.”**

#### **Supporting people with cognitive impairment**

It is important that services adapt to the needs of people living with dementia or cognitive impairment. This can be simple things like making appointments and assessments shorter and more manageable or providing reminders to older people of when their appointment is.

**“What's quite important about that is understanding that we need to adapt interventions for that population who may not have great memories or decision-making abilities. So, we have to adapt our interventions based on those needs. And that could just be things like much shorter assessments, shorter interventions, lots of prompts, lots of reminders, and just understanding that engagement needs a bit more push to us.”**

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# Gail Bland, User Voice

## About User Voice

User Voice is a national charity which is run and led by ex-offenders. They aim to give people in the criminal justice system a voice and foster communication between service-users and service providers. In doing so they support offender rehabilitation and prevent re-offending.

## What are the issues impacting older former prisoners?

The experiences of older former prisoners vary and are often influenced by how long they have been in prison and whether they have support networks in the community once they are released.

## Physical and mental health

Prisons, some of which were built during the Victorian era, are not set up for older people who may be living with long-term health conditions or disability. Staff are also not trained to pick-up on symptoms of conditions associated with ageing and this contributes to an underdiagnosis and treatment of conditions such as dementia. This has a long-term impact on the health and care needs of older former prisoners.

**“I’ve seen people, older people, in prisons in wheelchairs. And quite a lot of the prisons round about are old Victorian prisons. And they don’t have lifts.”**

A large majority of people coming out of prison have mental health problems, and these are often exacerbated when they come out of prison and need to start their lives over again.

**“Well, they face more issues than an older person that’s never been in prison [...] having to come back out and start over again. They might not have the family support. They might not be able to go back to the place where they originate from. So, they might**

**have to start over again. So, that brings added pressure as well on their mental health and anxiety, depression.”**

## Adjusting to life outside of prison

Older former prisoners who have spent long periods of time inside can lack the skills they need to live independently and find it hard to adjust to life after their release.

**“It’s daunting coming back out into the community and integrating back into the community. Because obviously when you’ve been in prison you’ve had a structured life, everything’s been done for you. You’ve had your meals. You’ve had a roof over your head. You’re told when you’ve got to go in your cell. You can’t just get up and go to the corner shop. You’re told what to do all the time. So, coming out of prison and trying to get used to normal life is quite difficult, it’s very difficult. It does take a lot of time to adjust.”**

## Services for older former prisoners

Older former prisoners are often reliant on probation services, who do not always offer age-appropriate support. For example, people coming out of prison are often put into hostels which are unsuitable for people living with long-term health conditions and can leave older people feeling intimidated and vulnerable.

**“It’s no good putting an older person that’s coming out of prison into a hostel that’s full of young ones. Their needs are totally different from somebody that’s a lot younger coming out of prison. You’re really going to need a lot more support.”**

Many services also focus on rehabilitation through employment, which isn’t suitable for older people who have reached retirement age. This can leave older people without meaningful activities to fill their time, which in turn can lead to mental health problems.

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**“An older person coming out of prison might not be going into employment, for example they might be too old to go back into employment. And that is a big issue for them. And again it’s how do you fill that person’s time up when they’ve been in and they come out because you’ve come out into the community and you’ve got all this time on your hands and you think what am I going to do.”**

**“Your days in prison you’ve been kept busy with different things. And when you come out in the community that’s it and that’s when the mental health and everything would really kick in. Because you’re sitting in these four walls, surrounded by four walls and you don’t know what to do with yourself twiddling your thumbs and not seeing anybody for days on end.”**

Services are particularly poor when it comes to supporting older women.

**“For example, if women are on probation and they’ve been given an order and they’ve got I would tend to say a women’s centre for example. They go along to the women’s centre and I’ve seen women 60+ that’s on probation sitting in these women’s centres full of young kids. [...] What is a woman of 60 years old want to be sitting in one of those sessions where she’s being shown how to put a condom on a banana? To me it’s not on, it’s not appropriate at all.”**

## **Barriers to older former prisoners accessing services.**

### **Practical barriers**

Older former prisoners must adapt to a new world on release from prison which can make it harder to engage with services. For example, they may struggle to pay for or use public transport to get to appointments.

**“Of course, people coming out and how do I get a bus pass. Benefits have all changed, Universal Credit’s coming in and they’ve got to wait for their benefits. And there’s loads of things, it’s a minefield.”**

### **Digital exclusion**

Older people may be unfamiliar with technology, especially if it did not exist before they went into prison. Some former prisoners also have restrictions on their internet use due to the nature of their offences. Lack of digital access is becoming increasingly problematic as more services are moved online.

**“Technology has moved on and if they’ve never had access to that or learned it in prison what chance have they got in the community.”**

### **Safeguarding issues**

Older people who have committed sexual offences are unable to access some services due to the nature of their crimes.

**“You can’t have a care home somewhere that’s full of people that’s got offences of a sexual nature. You can’t have that because then it’s open to be targeted because people find out that that’s what that home is there for.”**

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## What works in supporting older former prisoners?

### Personalised support

There needs to be greater awareness of the growing older prison population and a move away from a one-size-fits all approach to service delivery. This not only means making services accessible and appropriate but ensuring that older people have opportunities to take part in purposeful activity, based on what is important to the individual.

**“People in the community go to say women’s centres for example. It’s a way of making new friends especially if they haven’t got the support, family support around them. They’re in a new area so they would use that as a way of getting out and talking to people. But again, make it meaningful something that they would be interested in, arts and craft for older people, knitting, Knit & Natter things like that. And then it’s linking them in with things that are happening in the community.”**

### Service-user engagement

For services to be effective, it is also vital to engage meaningfully with service-users. This includes making sure that they have a say in shaping what services look like and what support they receive.

**“They need to be communicating, engaging more with the actual individuals that receive the services. What do they want to see and work together to make the services better? You can always improve services but again for older people I think they should have a say in developing and making the services fit for purpose.”**

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# Joanne Appleby, Age UK Sheffield

## About Age UK Sheffield

Age UK Sheffield provides support and services to people aged 50+. This includes a housing support service; support with benefits applications; and an information and advice service. They work with a broad demographic of older people, including people living in poverty, with severe mental health problems or substance abuse difficulties, or who are insecurely housed.

## What are the main issues which socially excluded older people are facing?

Older people accessing Age UK Sheffield's services require support with a diverse range of issues.

### Poverty

Poverty is a growing problem for older people, with Universal Credit sanctions and delays in PIP (Personal Independent Payment) assessments driving foodbank usage amongst working age older people. Age UK Sheffield have needed to respond to this growing problem by keeping food supplies available for older people who have an immediate food need.

**“There’s a lot more people out there who are needing food banks and who are going without food. “I see people coming in and they’ve had their benefits taken off them for whatever reason, and often it’s down to no fault of their own. Sometimes it’s miscommunication, sometimes they were too unwell to attend an appointment and they couldn’t get through to the Job Centre in time. We’re seeing that a lot more, where people don’t even have the basics to survive.”**

### Mental health

Many older people are living with mental health needs, but they struggle to access the support which they need. They may find it difficult to talk about their mental health problems for fear of being stigmatised. Strict criteria on access to mental health services additionally stands in the way of them accessing support.

**“I’ve worked in Age UK Sheffield for, it’d be eight years this year [...] there’s a lot of people with more severe and enduring mental health who don’t have mental health support, and they’ve got no one to keep an eye on them on a regular basis, which previously a lot of mental health services would have done.”**

### Substance misuse

There has also been a growth in the number of older people accessing Age UK Sheffield's services who are drinking harmfully. Harmful drinking in later life can have serious health implications.

**“Self-medicating with alcohol I think can be a huge problem, and also the health implications start to show more as you get older. Somebody who’s coped with it all their lives suddenly are finding they’ve got liver problems or stomach problems, gastric problems, as a result of heavy drinking over the years.”**

## What are the barriers to older people accessing services?

### Service cuts

Age UK Sheffield have seen a growth in the number of older people coming to their services in crisis. Cuts in service provision and tightening of eligibility criteria means these older people often have nowhere else to go.

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**“I just think that there’s more people coming to us in general, because there’s less services out there, full stop. There’s a lot less support out there for people in all aspects of their lives, which leads to people being in crisis a lot more, and maybe being hospitalised a lot more as a result of that.”**

### **Shame**

Older people living in challenging situations are often ashamed and are reluctant to ask for help or apply for the benefits which they are entitled. This mentality is especially true in Sheffield, where many of the older people live as part of former-mining communities, where everyone knows one another, and they do not want to be seen as relying on formal services.

**“They’re of that generation where they’ve always lived within their means, particularly if they’re war generation, they’re used to, sort of, make do and mend. And they perceive helping them to apply for benefits as something that they don’t do. You know, if I had a penny for every time someone said to me, ‘I’ve never had benefits,’ ‘I don’t want to apply for benefits’, because they perceive that as something that’s for somebody else, and they’re not deserving enough.”**

Negative past experiences of accessing formal services also deters older people from engaging and leads to them mistrusting professionals.

**“A lot of people who are marginalised, they’ve been through the system. They don’t trust people very easily.”**

### **Lack of information**

There is a lack of information and understanding about what services are available. Many older people do not realise they are entitled to benefits or they don’t know how to navigate the benefits system.

**“We can tell people about things, and they’ve got no clue these things even exist. I don’t**

**know how many people have said to me, thank you so much, I didn’t know about any of this. I would never have known about it if it hadn’t been for you, you know.”**

### **Digital exclusion**

As services move online, older people who do not have access to the internet are becoming increasingly excluded.

**“The problem I’ve found with all organisations is that a lot of them are now moving online, so in order to apply for a lot of benefits, in order to access a lot of services, you need to use an online portal. Now, a lot of our older people, they don’t go online. They don’t want to go online.”**

**“It’s all very well saying, well, there’s libraries out there, you can access that for free, but if you’re housebound, you know, you can’t do that. And if you don’t want to do that, then what provision is there if you want to do things with a traditional form or a traditional phone call?”**

### **Lack of holistic support**

Older people who are drinking harmfully are unable to access services which will support them with both their mental health and alcohol consumption. Separating out the issues is unhelpful and prevents older people from dealing with the root cause of their problems.

**“I think another problem I personally feel is a problem is that you can’t access mental health services and, say, alcohol misuse services at the same time. You have to accept one or the other. But in actual fact, they interact with each other. You can’t address someone’s substance misuse without understanding why they drink. And if that’s a mental health concern, then surely they should be addressed together. So that can be a problem as well.”**



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## What works to support older people?

### Building relationships

A lot of older people who have been marginalised throughout their lives do not trust formal services and are reluctant to engage. This means it is essential to take the time to build relationship with older people.

**“One of our biggest assets is that we spend a lot of time with people. So, whereas GPs and nurses might have ten, 20 minutes, we can spend sort of two or three hours at a time with people, so we can really build a trusting relationship. So, I think, you know, we work quite well with people in that respect, that we’ve built that trust and then we can introduce other services gradually, at a pace that’s convenient and helpful to that person.”**

It is also important to work with older people to understand what matters to them and what they need from services. What professionals deem to be the most important issues are not always what an older person prioritises. Older people won’t engage with services if they don’t think it is relevant for them or feel ready to change.

**“It’s all very well us going in and seeing what the priorities are for us and what we feel somebody should do, but if their priority’s something else, you’ve got to work with that first, because if you can build that trust with that thing, then they’re more willing to engage with the next thing, which might actually be more vital to protect their health and their independence.”**

### Understanding older people’s needs

Many older people will downplay their needs, often because they are ashamed or they don’t want to cause a fuss. Conducting home visits and having guided conversations with older people can help to highlight areas which older people need support with

**“People will often deny that they’ve got any continence problems. However, there’s a strong smell of urine in the air, and you know that’s probably not the case. So it takes quite a skill, it’s what we call a guided conversation, so when we speak to people, we don’t do an assessment as such. We do obtain all the information eventually that we need, but it’s in a conversational way, so a person doesn’t feel interrogated. And by doing that quite skilfully, you can then get people to talk about quite sensitive subjects”**

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# Paul Grange, RECOOP

## About RECOOP

RECOOP is a charity dedicated to supporting older people with convictions, while they are in prison and after their release. They provide a range of services, including day centres, mental health and wellbeing clinics, bespoke resettlement courses, staff training and peer to peer support projects, through which prisoners receive training to National Care Certificate standards.

## What are the main issues which older prisoners and former prisoners are facing?

### Physical and mental health

The older prisoner population has soared in recent years. Yet, there is a lack of provision for older people in prison, with limited support for people living with long-term health conditions, mobility difficulties, or cognitive impairment. Inappropriate prison facilities can lead to long-term health implications for older people after they are released.

**“If someone is struggling with their mobility or has health ailments that prevent them doing simple work in the industries inside the prison (which is a performance measure) then they often end up staying on the wings without meaningful or purposeful activity.”**

**“They are often stuck on the wings without any mental stimulation. You can start to regress in the same way that someone who goes into hospital loses their independence in six weeks. Magnify that for someone who’s been incarcerated for a long period of time, and then you start to get a sense of just how difficult it is for them before they even step out of the gate into the community.”**

Older people who have spent time in prison often age prematurely and develop health conditions associated with people much older

than them. This includes dementia and cognitive impairment which is often undiagnosed and untreated amongst people in prison.

**“Some of the research suggests that those that have been incarcerated for long periods of time, or have lived hard and fast, or have had difficult period of times they tend to present with ailments far faster than those in the community.”**

**“Certainly, in prisons there is no national dementia assessment tool that is being used across the estate. I think there are far more individuals in prison that are presenting with early signs of dementia than is actually being picked up or diagnosed. Sometimes the structure of a prison can mask it.”**

### Lack of skills for independent living

When older people are released from prison they can find it hard to adjust. They may be unfamiliar with technological developments which took place while they were incarcerated or find it hard to be independent and do things for themselves. This can be frightening and lead to older people becoming socially isolated or developing mental health conditions.

**“Consider the technology developments we take for granted; chip and pin, mobile phones, hole in the wall, self-serve shopping, electric cars and everything else in between, that we just appreciate and have adapted to as it has been introduced and rolled out. Now try and empathise with someone coming out and stepping into a really fast different alien world with all this being new. It’s really, really tough for the individual and equally for those providing the support to fully understand how scary the world looks through these eyes. I don’t think enough organisations or services actually grasp that, and how different these individual’s support needs are.”**

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**“They don’t know themselves until they come out of prison, because so much of it is done for them. Just basic things like understanding what the symbols mean on your clothing when washing can be a difficult and anxious exercise.”**

## **Barriers to older former prisoners accessing services.**

### **Limited suitable accommodation**

There is a lack of suitable temporary accommodation for older people coming out of prison, many of whom are living with long-term health conditions, mobility difficulties, or personal care needs. This means that older people can stay in prison past their sentence, waiting for somewhere appropriate to be moved onto. Many are placed in hostel accommodation which is unsuitable and detrimental to their health.

**“In some of the prisons, in the same way there’s bed blocking in hospitals, we’ve got the same bed/cell blocking in prisons. There aren’t enough approved premises, suitable accommodation units that can cater for their needs and offence types. A lot of them stay in prison for long periods of time after their parole waiting for suitable accommodation.”**

### **Understanding of the health and care system**

Prisoners have limited access to healthcare while in prison, which leads to them having low expectations of health and care services after their release.

**“They don’t tend to go to the hospital or the doctors as quickly as they should because they don’t think they’re going to get seen, believing it’s going to take months and months and longer.”**

They may also not know how to navigate the health and care system or which services exist.

**“A lot of them will come out to the community and they won’t know what’s available to them. I think very few probation officers are actually signposting various older men and women they’re working with to age specific support.”**

When they access services which aren’t fit-for-purposes they are unlikely to complain as they do not realise what they are entitled to or can expect.

**“There is a general behavioural trait in this older cohort that they don’t tend to grumble. They’ve never had that support service, they don’t know what’s available to them and how much better it could be, and they just tend to roll over and get on with it.”**

### **Registering with services**

Some older people do not have the ID needed to register with services, including GPs. For example, they may not have a fixed address.

**“Some of our older guys are coming out to no fixed abode, without photo ID, so some can’t even register with a doctor. The first interaction is not necessarily a positive one, and that doesn’t tee them up to start accessing help or improve their confidence in what service is going to help them for whatever they need.”**

### **Criminal records**

Older people’s criminal records can stand in the way of them accessing services, particularly if they were convicted of a sexual offence. For example, care homes will often refuse former prisoners for safeguarding reasons.

**“They can’t necessarily go to care homes because they’ve got offences that restrict their suitability. These limit the range of suitable accommodation that they can go to. It’s really difficult finding appropriate accommodation for some coming out.”**

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## Cognitive impairment

Older former prisoners who are living with cognitive impairment face even more challenges when trying to access services. For example, they may find it hard to manage or remember their appointments.

**“In doctor’s surgeries now, you can have appointments over the phone, and you can ask someone who you need to be seeing, you get told the information over the phone. However, that needs to be followed up with a text if they’ve got a mobile phone, or a letter. This group, especially those with cognitive impairment, are going to struggle to retain the information.”**

## What works to support older former prisoners?

### Support to develop confidence

Older people coming out prison need support to improve their confidence and self-esteem and to develop social connections in their communities.

**“What we were able to do was to help them with orientation back into the community. Help reduce some of the anxiety and the fear to allow to them to live just simply, manage their expectations, particularly around what’s changed in most of the housing and support services that were available to them. We help them with a bit of hand holding on those orientation visits. It might be just going and sitting with them in a cafe, sitting alongside them while they order a cup of coffee, where they’ve got someone close to them if their confidence starts to ebb away, and they back away thinking that they can’t do it or to help someone understand and read the bus or train timetables.”**

## Improved understanding of later life

Service providers and staff should receive training to improve their understanding of the experiences of older former prisoners and how their circumstances differ from younger people. RECOOP offers training to prison services to raise awareness of conditions of ageing, the impact of imprisonment on older people’s confidence, and older people’s needs.

**“I think they need help developing their understanding of the damaging impact of incarceration and how it’s likely to have an impact on the participants or clients they’re going to be seeing. They need to have an understanding of what it’s like to be older, if they haven’t had that. It will aid their empathic ability”**

**“They need to understand again the impact of living with disease, mobility issues, side-effects of medication, together with the gaps in their knowledge around what organisations are there to help them.”**

Services must also adapt to the needs of older people living with long-term health conditions or cognitive impairment.

**“For those that don’t necessarily work with the older cohort regularly, they might struggle to understand that they need to slow down their training, communication and review what their delivery is like. We see, certainly in prison and in the community that there’s lots of signposting, it’s all didactic delivery, they’re not slowing down, providing handouts or adapting for any cognitive decline.”**

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# Caroline Shulman, King's College Hospital homelessness unit

## About the King's Health Partners Pathway Homelessness Team

The team works with adults over the age of 18 who are admitted to hospital while facing homelessness. They support people to resolve housing issues by helping them to navigate the housing system and find and remain in accommodation. This could be local accommodation or accommodation in a new area or even different country.

## What are the causes of homelessness in later life?

Many older homeless people have long-standing mental health or substance misuse issues and have been homeless for many years. However, some people become homeless for the first time in later life.

There are a variety of reasons for this. Some older homeless people have lived with their parents throughout their lives and once their parents pass away they do not have anywhere to live. In many cases, these people have additional vulnerabilities, such as learning disabilities. Some older people also become homeless after significant life events such as a bereavement or relationship breakdown.

## What are the issues impacting on older homeless people?

### Mental and physical health

The older homeless people supported at King's College Hospital are living with complex health needs. Many of them have been homeless for long periods of time and often present with multi-morbidity, cognitive decline, and substance abuse issues. Frequently homeless people will experience premature ageing and those in their 50s are presenting with health conditions associated with people in much later life.

**“The people I work with, they have, for example, severe COPD, diabetes, leg ulcers, cellulitis, hepatitis C, liver disease. It can be all of those. And that is not a shocking, outrageous list, that would not be such an atypical list. And obviously underlying all that is often a lot of mental health distress and underlying all that is drugs or alcohol abuse to blank out past trauma.”**

Ageing exacerbates the health issues which homeless people are already facing and leads to them requiring more support.

**“People with long term, say alcohol dependence, often do make it through to their 50's and 60's. But they've had years of often poor nutrition, self-neglect and isolation and just general deterioration. The need for support just increases.”**

### Social isolation

They are often socially isolated and will not have any close relationships with friends or family. As people get older the impact of social isolation can be harder.

**“People are often really isolated [...] who have been on the street on and off for many years, and, as they get older, they are less able to cope with that. So often all their relationships with family have broken down and relationships with friends have often broken down.”**

### Service provision for older homeless people

#### Insufficient substance misuse support

There is insufficient support available for older homeless people living with substance abuse difficulties. Services which are available are required to meet targets for getting people off treatment, which has led to people with more complex needs being discharged without support.

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**“[Changes in drug treatment criteria] meant that people who were not going to get off of treatment, people who were more complex, and particularly people who were homeless or in hostels, if they don’t engage easily, they get discharged from services. And there used to be in reach into hostels and there used to be more accessible needle exchanges as well. Most of these have reduced or disappeared”**

On top of this, mainstream services, such as social care providers, refuse to engage with older people who are drinking harmfully or using drugs.

**“It’s really, really hard to get social services support for somebody who has an addiction. And it does depend on the borough and it does depend on the individuals. But it [substance misuse / alcohol] is often seen as a lifestyle choice.”**

#### **Inappropriate services**

Where there are services available, they are not set-up to meet the needs of older homeless people. For example, older people receiving care may be supported by many different carers, which prevents them from building up a trusting relationship. Meanwhile, accommodation available to homeless people, such as hostels, is often unsuitable for people living with long-term health conditions, mobility difficulties, or frailty.

**“The hostel isn’t necessarily the place that people want to be when they are older. So, for some people it suits them fine. But if they are no longer using or they’re trying to get off and not use, then it’s an incredibly difficult environment to get clean or stay clean.”**

The lack of support for older homeless people is particularly problematic for those being discharged from hospital. Older homeless people in these circumstances are often placed in inappropriate housing, away from their social networks. Insufficient support following hospital discharge increases the chances of readmission.

**“However old or frail somebody is, the best we can get to in terms of supporting somebody who is discharged from hospital - unless they’re going to really, really need a nursing home - is to get them into temporary accommodation. And that temporary accommodation could be anywhere, and it could be any state, basically. Often just B&B’s, away from any contacts that they might have. So that could be even people in their 80’s. When they are discharged, they are discharged to places which are inappropriate and then relapse back into hospital. Hostels can be left to support people with very complex needs, people who have double incontinence potentially, unable to self-care”**

#### **Lack of support for people living with complex needs**

Older homeless people are likely to be facing multiple challenges in their lives, such as housing issues, mental health problems, substance abuse, and physical health conditions. However, health services often focus on issues in isolation.

**“We do have this really complex mix of, you have your housing issues, you have got your drug issues, you’ve got your physical health problems, your mental health problems. [...] It certainly can’t be fixed in a ten-minute appointment.”**

Services also do not address the underlying issues which cause older people to become homeless or provide support for people to get their lives back on track.

#### **Lack of services for people who have aged prematurely**

People who have been homeless for long periods of their lives often present with health conditions associated with people much older than them. This means that people in their 50’s are living with cognitive impairment associated with someone in their 70’s or 80’s. However, services are not set up to receive people of this age, leaving them without the support that they desperately need.

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**“We see people who actually you would say, if they didn’t have substance abuse issues, would be in a nursing home. But if they’re in their 50’s and they’ve got severe health issues or cognitive impairment, it’s even difficult if they haven’t got a substance abuse issue anymore; I mean there is just relatively no option for people when they have high care and support needs at a young age.”**

## **What are the barriers to older homeless people accessing services?**

### **Fear and stigma**

Older homeless people are often reluctant to engage with formal services for fear of being judged or stigmatised. This can stem from poor experiences of using services in the past.

**“They may be resistant to go to services because of the fear of being rejected or fear of being stigmatised and they feel stigmatised.”**

### **Practical barriers to accessing support**

Older homeless people often lead chaotic lives which makes it difficult for them to manage appointments. Primary care services are not always flexible and many GPs and health professionals refuse to attend hostels to see patients.

**“The mainstream timeslots and the mainstream systems can be really challenging. So, for example, to be able to keep your appointment can really be challenging. There can be real barriers to access. [...] in some boroughs we come across situations where GPs won’t come and treat people in the hostel, and they insist on a key worker accompanying somebody from the hostel to go and see the GPs.”**

## **What works to support older homeless people?**

### **Holistic support**

Their needs to be holistic, multi-disciplinary support, which seeks to improve older people’s lives, as well as their health. It should address social isolation and seek to give older people a sense of purpose and fulfilment.

**“I think the other thing, where much more actual support is needed is on helping people to get their lives back on track, on a more personal level, so that they are more engaged with other things in the community. Getting a purpose back into their lives and having more social contact. So, something that isn’t just purely around health issues but around what living well might be.”**

### **Continuity of care**

Older homeless people may be apprehensive in accessing services and as such it is essential that services take the time to build up a relationship and trust. Being able to see the same person each time you access a service can make a big difference in helping someone to feel comfortable.

**“There needs to be continuity. So that people can actually see the same doctor, the same nurse on a regular basis, with pre-arranged times.”**

Peer support programmes, where older people are accompanied to appointments by somebody they trust can also be effective in improving access to services.

### **Understanding what matters to service users**

Professionals often have a different view to service users about what issues need to be resolved. Older homeless people are unlikely to engage with services which do not address the issues which are important to them.

**“Barriers stem from the complex needs of the individual where health is often not their priority, we know that. That they don’t really want to seek treatment until things are really bad, because of other priorities.”**

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# Kelly Speed, King's Health Partners Pathway Homelessness Team

## What are the issues which older homeless people face?

Older homeless people may have been homeless for prolonged periods of time throughout their lives or may become homeless for the first time in later life. Homelessness in later life can occur for a range of reasons, including relationship breakdown, bereavement, or domestic violence. Older people may also develop a health-condition or disability which prevents them from returning to their previous property.

**“We work with people who have difficulties with their housing or are homeless, including people who have been quite entrenched in rough sleeping. People who have had stable accommodation up until a change in their physical or mental health. It could be that they’ve had a fall or an amputation, and now they’re not able to go back to their property because of mobility difficulties. We support people who have had safeguarding issues, whether it be domestic violence, human trafficking, learning disabilities. [...] They might have been living with family or have been in a relationship, and that has broken down.”**

## Mental and physical health conditions

Many older homeless people are living with multiple long-term health conditions, including severe mental illness, cognitive decline, and substance misuse difficulties. They have often aged prematurely, with homeless people in their 50’s presenting with advanced cognitive decline which would be expected of someone much older. There are also older homeless people in their 70s and 80s who by virtue of their age are much more vulnerable.

**“Quite often, people who we meet have got a range of comorbidities. Lots and lots of people are affected by severe and enduring mental health difficulties, substance misuse difficulties. Their physical health is in a much worse state than someone who may**

**have been in stable housing before. We work with a lot of people who would seem a lot more frail than people who were housed of the same age.”**

Despite living with long-term health conditions, many older people are not routinely accessing health services, such as GPs, and as a result are more likely to present at A&E in crisis after prolonged periods of not receiving the medical support which they require.

**“We are having more presentations to hospitals because these potentially avoidable conditions that could have been managed within primary care, are not getting the care or the attention they needed at the time.”**

## Social isolation

Social isolation is prevalent amongst older homeless people, who rarely have networks of friends or family who would be able to step in if they needed help.

**“They might not know exactly where to go to get the support. There’s no one who can look out for them, I guess. There’s no immediate carers or family members or friends, really, who are there to actually help them address these things, recognise the problems.”**

## Lack of skills to live independently

In many cases older homeless people lack the skills needed to live independently in the community and require support. There are a wide range of reasons for this, including mental or physical health conditions or cognitive decline.

**“We quite often have a group of people around that 40, 50-year age mark who are unable to live independently in the community. They often haven’t had much responsibility or much opportunity to develop these skills before. They may have cognitive impairments or physical impairments or enduring mental health problems that are limiting their ability to be**



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**able to integrate into the community. They might not have been working for some time. Might not have been able to get benefits or unsure how to even go about getting benefits set up.”**

## **What are the barriers to older homeless people accessing services?**

### **Age-related challenges**

Services do not take into account age or recognise that being older can increase your vulnerability. As a result, people who are in their 70s or 80s are not prioritised for housing, even though being older presents greater risks.

**“If people are 80-plus, unfortunately, we are looking at exactly the same criteria. We would have thought that actually being of that age group would make them naturally a priority and naturally more vulnerable, but actually, we’re finding that it’s not getting the same kind of impact. It’s now more around having to evidence that they have care needs, and even for people who are mid-80s who haven’t got particular care needs, they’re still struggling to get housed the same way as with people who are younger.”**

There are also challenges in finding accommodation for younger-older people. Although these people are in their 50’s they are presenting with health conditions typical of someone much older than them and require specialist support. Yet, they are not recognised as being vulnerable, leaving them at risk of falling through the gaps.

**“We work with people who are around that 50 age mark who cognitively can be quite impaired and fall into a low-risk group that aren’t really seen as vulnerable enough to require the sort of services that would be available for people in an older age category, but also are not young enough to be treated as someone who generally would be vulnerable and would be able to access a different range of services.”**

### **Administrative barriers**

In order to access services, you usually need ID, a registered address, or a bank account, which most older homeless people do not possess. This means they are rejected from services or at the very least the process is made much more challenging.

**“Without having these things in place, such as ID, a bank account, benefits, letters to show who you are, your National Insurance number, people won’t help you. We have people coming in to hospital who may have never been registered with a GP. They may have never had support from primary care. They don’t have any ID, so they can’t access the really basic things that me and you can. They can’t get benefits, they can’t get a bank account, and therefore, without having any income coming in, they can’t manage their physical health in the safest or most appropriate way, so they end up begging as their form of income because there’s no other way that they can access services and money.”**

Obtaining this documentation isn’t easy and it comes at a cost, which is impossible for most older homeless people to pay.

**“You can’t get a birth certificate for free. You have to have money in order to do that, so unless a charity or an organisation are willing to do that for you, there’s no other option for people, so that’s a huge barrier.”**

### **Digital exclusion**

Services are increasingly moving online, which stands in the way of older people who do not have access to the internet or an email address from receiving the support they need and are entitled to.

**“Everything now, as you imagine, is all online, so then we’ve got another hurdle in that the majority of the population we’re working with have no way of accessing the internet or email. We’re having to help people with that quite practically because**

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**people just aren't able to access the systems they need to be able to get their benefits paid to them, which they absolutely deserve and are entitled to."**

### **Stigma and shame**

Older homeless people can be reluctant to engage with services or accept the benefits they are entitled to as they are ashamed of their circumstances or believe that they are undeserving of support.

**"There is definitely an element of stigma that I feel prevents people from being able to actually follow through with the amount of care that they would be recommended, or actually wanting to access services at all because they don't feel like people would see them as as deserving as people who haven't come off the streets or maybe haven't used substances or alcohol."**

Feelings of shame can be more pronounced in older people who may feel that it is too late for them to change at their age.

**"I guess people who are in the older age category might have more experience of feeling the stigma. They would maybe be more dismissive of wanting to actually access services because they feel like nothing is going to change, no one is going to listen to them. If they hear particular comments made around their lifestyle, it might make them feel like they're being judged or being discriminated against."**

Professionals may also hold preconceptions about older homeless people and will therefore not provide them with the support that they need. This is often the case with mainstream older people's services, such as care homes.

### **Cognitive impairment and mental health conditions**

To be able to access services older people need to be able to demonstrate their needs and advocate for themselves. This isn't always possible for those older homeless people who are living with cognitive impairment or severe mental illness.

**"It's very difficult sometimes for people who are living with these difficulties to be able to advocate for themselves and express the problems that they're facing. It does seem that people are having to kind of advocate for themselves more, and people aren't always in a situation where they're able to do that."**

### **No recourse to public funds**

Some older homeless people born outside of the UK are under immigration controls and therefore not entitled to public funds. This severely limits what support is available to them.

**"I think a lot of that comes down to people who have no access to public funds. People who are here in this country, they want to be able to make a life here, but actually, there is no support out there for them at all. We really struggle in terms of helping them because other than the day centres and the charitable organisations, there is no support for people at all unless they have high care and support needs, so that's really difficult."**

### **What works to support older homeless people?**

#### **Long-term holistic support**

After discharge from hospital, older homeless people need support beyond accommodation. This can include tasks such as helping to set up bank accounts, register with GPs, and integrate into the community. Providing this support reduces the chance of readmission to hospital.

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**“We’re asking quite a lot of the people we work with. We’re asking them to leave hospital after they’ve recovered from an illness or from a medical reason for being in hospital, to be able to go to a brand-new place that is often very, very basic and very minimal, and to build everything up again for themselves. Quite a lot of the people that we work with just don’t have that ability. We’ll help them to be able to get accommodation, we’ll help them to get a bank account and everything set up, and we’ll help them integrate into the community.”**

**“If we are supporting people who are cognitively impaired or who haven’t had much stability with their finances, quite often belongings get lost or misplaced, they might not be able to keep hold of their phone, they might not be able to buy credit for their phone. They might not be able to stay in the accommodation, so they might go and stay with other people, and it can be very difficult to follow up with people in the community actually.”**

It is also vital that, after being housed, older people are supported to manage their tenancy and avoid eviction.

**“For people who have had past experiences of eviction or building up rent arrears, may not have been in a property for whatever reason, there’s a lack of support in order to help people be able to manage a tenancy, which means that they quite often get evicted again.”**

**“If there was more support for people to be able to stay in their accommodation, and to be able to manage it, to have support to manage their routine right through from getting to the appointments that they need to attend, and to be able to manage their bills, their demands and their benefits coming in, then people would be able to remain quite well in the community, really.”**

### **Safe and non-judgemental spaces**

Services for older homeless people should be provided in safe spaces which they can attend without fear of judgement. Day centres for homeless people are emerging across the country and provide a space where older homeless people can socialise and access support. Some primary care services operate out of day centres to ensure that homeless people have access to the healthcare they need.

**“I think the day centres need a bit of a mention there really because they do support a lot of our older client group, and that is their social engagement. That is often where people who are homeless go for the contact, for the support, and the understanding. The stigma isn’t an issue because the staff and people who attend there understand the difficulties that people who are homeless are facing. I think the day centres can often become that community hub for people, particularly the older people.”**

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