

Practitioner article

Older people and homelessness

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Shelter

Older people and homelessness

Angela Yih, Housing Policy Officer at Age Concern Scotland, talks about the effects that changes to priority need legislation will make to older people. She then goes on to examine the factors that are likely to still be barriers to older people accessing appropriate housing even when priority need is abolished.

Priority need

The Homelessness etc (Scotland) Act 2003 expanded the categories of priority need and includes a person who is vulnerable as a result of old age. Vulnerability as a result of old age was included in the Housing (Scotland) Act 1987, so the question might be asked, 'what is the difference?' The 1987 Act did not define 'old age' and the former guidance on homelessness referred to those aged 60 or more, and those approaching 60 who are frail or in poor physical or mental health. Similarly the 2003 Act does not define old age, but the current Code of Guidance states:

'There is no set age at which vulnerability may occur and local authorities should consider the applicant's circumstances fully. It may be appropriate to seek specialist advice in considering the above conditions which are likely to have different impacts according to their nature and the particular circumstances of the applicant. Factors which might be relevant to consider include how long ago the events occurred.'

So there is now recognition of the difficulties of defining old age and there should be a change in the approach to homelessness presentations. In line with other parts of homelessness legislation, the aims are: to create a culture of prevention, to encourage flexibility, and to move away from rationing people out of a system. If, for example, an older person is not awarded priority need, it should be easier to challenge such a decision, as a local authority must demonstrate that the individual's circumstances have been fully assessed. However, the real barriers to older people accessing appropriate housing are not removed by according priority to some people over others. Some fundamental changes in policy and attitudes towards age are required.

Older people, age and ageing

Old age is still regarded in a very negative light in our society. There is the unrecognised underlying ageist attitude of the public and the media and the blatant ageist approach of industry to older people as consumers. In the same way many homeless people have

been defined by their homelessness, and are often seen as having contributed to their problems. Older homeless people can therefore be doubly disadvantaged.

Income, physical and mental health, and nutrition are key indicators for life expectancy and it is recognised by many that street homelessness and its accompanying hazards leads to premature ageing. We face a dilemma when relating vulnerability to a specific age in later life age, as ageing in itself is not related to poor quality of life or the need for health and social care packages. Old age is not a disease. Consider the following facts:

- Approximately 55 per cent of older owners have no mortgage and in 2003 older homeowners had £64.5 billion of equity in their homes.
(*Key Retirement Solutions*. IFA Report, January 2004).
- 1, 515 older people reported themselves to locals authorities as homeless during 2002 to 2003.
(*Operation of the Homeless Persons Legislation in Scotland: National and Local Authority Analyses 2002-03 - Table C*. Scottish Executive:
<http://www.scotland.gov.uk/stats/bulletins/00271-27.asp#c>).
- People aged between 50 and 69 generate 23 per cent of wealth in Scotland. Approximately 50 per cent of this age group are out of paid employment.
(*The Economic contribution of older people*. Age Concern England, Jan 2004).
- Male life expectancy in Scotland is 73.5 years.
(*Interim life tables, 2001-2003*. Government Actuary's Department:
http://www.gad.gov.uk/Life_Tables/Interim_Life_Tables.htm).
- Male life expectancy in Shettleston in Glasgow is 63.9 years
(*Constituency Health and Well-Being Profiles 2004*, NHS Health Scotland).

These facts give only a glimpse of the diversity of older people in Scotland. Within the membership of Age Concern Scotland representation from black, minority ethnic, lesbian, gay, bisexual and transgender older people has grown. We can demonstrate successes in the empowerment and involvement of older people, but remain acutely aware of the marginalisation of those excluded from improvements in income, health and quality of life.

Who are homeless older people?

Many people have a view of older homeless people as those living on the streets or in hostel provision, who often also have alcohol dependency problems. As with homelessness in general there is under reporting of the true scale and complexity and discussion needs to include those living in:

- hospital
- care homes

- inadequate or insecure housing
- secure housing, but with insecure relationships
- with families and friends.

Delayed discharge from hospital

Many older people remain in hospital when they are well enough to leave because care is simply not available to them either to help them in their own homes, or because of problems in availability of care home placements. This can significantly affect a patient's physical and mental well being. Tackling delayed discharge from hospital is not something we can view by itself. Factors such as the presence of a carer or supportive neighbours, whether housing can be adapted to meet needs arising from disability, and the accessibility of local shops, may all play a part in determining whether an older person can live independently. Audit Scotland has recommended that we link delayed discharge planning with mainstream capacity planning. (*Moving On? An overview of delayed discharges in Scotland*. Audit Scotland 2004:

<http://www.audit-scotland.gov.uk/index/05pf04ag.asp>).

Care homes

Data from the former Scottish Health Resources Utilisation Group/Scottish Care Resource Utilisation Groups- Statistical Report, ISD 2003 showed that 56 per cent of older people in residential care homes and 18 per cent of those in nursing care homes were assessed as being of low dependency. As many of these people would have no requirement for complex care, their needs and preferences may well have been better met in the community. Some will have gone into care because of inadequate housing or lack of a support at home service. They have in effect been made homeless.

The majority of complaints upheld by the Care Commission have involved older people and have been about care within care homes. There is insufficient statutory power to reinforce the rights of care home residents. An example is the lack of security of tenure. Currently a resident whose complaint against their care home is upheld can be made to leave the care home on spurious and supposedly unrelated grounds.

Elder Abuse

A significant number of older people are at risk of at least one form of abuse and many suffer more than one type. Elder abuse has been defined by Action on Elder Abuse as:

'a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which cause harm or distress to an older person.'

It can take many forms, and it is not confined to the institutional mistreatment or neglect which quite rightly attracts media attention. It often takes place within domestic settings, and leads to homelessness. Similarly older homeless people may leave temporary accommodation as a result of abuse and may be deemed to be intentionally homeless. While this understanding has developed for domestic abuse in general, there is a need for training and raising awareness of the issues for older people. Age Concern Scotland offers such training and has recently published **Tackling Elder Abuse** a guide to developing policies and procedures for service providers.

Accessible housing

Good quality accessible housing has a powerful and positive impact on older age, while poor housing and an unsupportive environment discourages active lifestyle and social participation. Much could be done to ensure older people can remain in their homes if buildings were designed to acknowledge that one day they will be lived in by:

- older people
- families with young children
- people with impaired mobility
- anyone suffering from temporarily impaired mobility or illness.

The *Scottish House Condition Survey 2002*

(http://www.shcs.gov.uk/pdfs/SHCS2002report_revised.pdf) estimates that a very low percentage of housing in Scotland meets any of the four levels of the Barrier Free Standard, and the new Scottish Housing Quality Standard excludes criteria for the accessibility of a dwelling. A step up from Barrier Free is the Lifetime Homes concept, which includes features such as stairs designed to be able to accommodate a chair lift at a later stage and ground floor space for the installation of showers. The Welsh Assembly, which has a national strategy for older people, has adopted the Lifetime Homes Standard for the housing for which they are responsible. In Scotland we continue to allow mainstream housing to be built to inaccessible standards, apparently ignoring the fact that by 2041 32 per cent of the population will be aged over sixty. (*Population projections by the Government Actuary Scotland, 2001-based principal projection*. Government Actuary's Department: <http://www.gad.gov.uk/Population/2001/scotland/wsco015y.xls>).

Further information

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