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Public sector service provision for older people affected by homelessness in England¹

ABSTRACT

This article assesses provision for older people affected by homelessness in England, giving regard to research findings, such as those developed through a pathways model, which show that the experiences of this group are qualitatively distinct when compared to younger households. Current conceptualisations of older age held by Local Authority Housing Option Service professionals are considered, alongside factors relating to government policy and resource issues. It was found that some practitioners adopted an age blind approach when assessing older groups, despite this being contrary to policy guidance on assessing vulnerability in England. Further, services and housing options aimed at older groups were viewed as inadequate due to a mixture of lack of awareness, targeting and resources. It is concluded that assessment of vulnerability based on older age is complex, as whilst gerontological discourse may discourage viewing age as a number, homelessness scholars stress that rooflessness causes poor health conditions consistent with premature ageing. It is therefore asserted that policy makers must focus greater attention to developing suitable provision for older service users and look to incorporate a richer conceptualisation of how older age may impact upon the homelessness experience.

KEYWORDS: older homelessness, homelessness pathways, lifecourse, English homelessness policy, active ageing

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Introduction

This article considers the quality and effectiveness of frontline Local Authority Housing Options Service (LAHOS hereafter) provision for older people affected by homelessness in England, from the perspective of professionals who assess and deliver services to this group. It specifically focuses on how the ways in which professionals conceptualise an older person affected by homelessness may impact upon service provision, assessing its compatibility with research thinking and policy guidance.

When a household presents as homeless in England, LAHOSs apply a number of *tests*, which are laid out in the Housing Act (Parliament 1996); these include that of eligibility, local connection, and priority need. With regard to the latter, of most relevance to this paper relates to the assessment of whether the applicant is vulnerable as a result of older age, ill health or institutionalisation. If all conditions are met LAHOSs have a duty to ensure that suitable accommodation is made available to the applicant, if not, they are legally required to provide advice and assistance. However, in political terms frontline officers are strongly encouraged to prevent homelessness and correspondingly reduce statutory applications where possible (Department of Community and Local Government (CLG hereafter) 2012).

In recent years LAHOSs have experienced an increase in service users affected by homelessness due in the main to an ongoing economic downturn and related austerity agenda (CLG 2014; Fitzpatrick et al 2012). For example cuts to local housing allowance (this a benefit paid by the local authority to assist those on a low income to rent privately) has meant that private rented tenures have become less affordable (Crisis 2012) and now forms the largest cause of statutory homelessness acceptances in England (CLG 2014). LAHOSs have further needed to identify cost savings, which has led in some cases to the reduction of frontline staff through redundancy and redeployment (Office for National Statistics 2011:2).

In summary, LAHOSs are experiencing an environment in which service users are increasing yet resources to tackle this have, if anything, reduced. So while this article focuses specifically on service provision in respect of older people, it is important to bear in mind that the help available is in turn affected by an overriding scarcity of resources (Pawson and Davidson 2007:14).

There are no reliable official (or unofficial) figures available in respect of the number of older people at threat of, or literally homeless in England, though it has been maintained that numbers are increasing due to the exponential rise of this group (Cohen, Sokolovsky and Crane 2001:167; Crane, Warnes and Fu 2010). It has been estimated that around one third of rough sleepers in London are over 46 (with 10 percent of this number being over the age of 55, CHAIN 2012:24), one fifth of statutory homeless households are over 45 (CLG 2014a), and around 200,000 are experiencing *hidden* homelessness (such as staying between friends) (Labour Force Survey 2010, cited by Fitzpatrick et al 2012: pxviii; Reeve and Batty 2011). Whilst countries such as Australia (Petersen and Parsell 2015), Japan (Okamoto 2007) and the USA (National Coalition for the Homeless 2009) have experienced an increase in older homelessness, due in no small part to shifts in economic or market conditions (Crane, Warnes and Fu 2010; National Coalition for the Homeless 2009; Shinn et al 2007), England forms the focus of this article due to its unique evolution of homelessness policy. That is, it confers specific responsibilities to public services and enforceable rights to settled accommodation (such as that provided by the local authority, a housing association, or where appropriate, through the private rented sector) not found elsewhere (aside from other parts of the UK) (Fitzpatrick and Watts 2010).

There has been some research into older people who experience homelessness in England, for example the barriers faced by older women who flee domestic violence (Blood 2004) and roofless older people (Crane and Warnes 1997; Kitchen and Welsh 1998; Pannell and Palmer

2004; St Mungos 2004). Whilst a number of researchers have shown that roofless older people tend to suffer worse health and higher mortality levels than their housed counterparts (Hearth and CHS 2011; National Coalition for the Homeless, 2009; Thomas 2012; Washington and Moxley 2008; Watson, George and Walker 2008), the emphasis of this article is on those who have not yet reached this stage, which has received considerably less attention in the literature. A few exceptions include McDonald (2011), who looked at older households at threat of eviction in Canada, Shinn et al (2007), who compared housed and homeless older people in the USA and Petersen et al (2014) who assessed older people at risk of becoming homeless for the first time in Australia. Only one qualitative investigation was found on frontline implementation in English LAHOSs which centred on older people affected by homelessness. This study was narrower in scope than the aims of this project as it concentrated on older women who became homeless for a specific reason (domestic violence) (Blood 2004).

The principal focus on older age does not imply that individual circumstances such as socio economic position or characteristics such as ethnicity and gender are not important, as there are unquestionably differences between and within older age groups. However, a detailed comparison between different groups of older people goes beyond the scope of this article. Related to this point, whilst in some cases particular reasons for homelessness, such as the experience of mental ill health (Hunter 2007) will cut across age groups, it has been argued that embedding services, statutory or otherwise, for older people in generalist provision is unsuitable and will not adequately meet need (Pannell and Palmer 2004).

Who are the older homeless?

Research has found that the ways in which older age is conceptualised are inextricably linked to how policy is devised or disseminated. While biological factors are undoubtedly an important determinant of the ageing process (World Health Organisation 2002, WHO

hereafter) a number of researchers maintain that *old age* is socially constructed (Herring 2009; Heywood et al 2002; Walker 1999). It has moreover been claimed that ageism is entrenched in housing policy (Herring 2009), which gives cause for concern in light of findings which suggest that the housing choices available to older people are inextricably linked to the discursive labels assigned to them (Clapham 2002). For example older people are commonly viewed as being unaffected by homelessness (discussed later), which likely accounts for its scant political attention in comparison to younger cohorts (CLG 2006). Conversely, there has been a growth in research encouraging more positive understandings of ageing, such as the *active ageing* paradigm, described by the WHO (2013) as:

The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work, ill or live with disabilities can remain active contributors to their families, peers, communities and nations (Para Three)

An active ageing approach supports a life course perspective which stresses that a person’s needs are qualitatively distinct throughout the various stages of the life cycle (WHO 2002:14 and see below). Yet it has been argued that what it means to *actively age* has become fluid, and has a tendency to focus on economic behaviour, whilst paying insufficient regard to wellbeing (Walker and Maltby 2012). There is also a risk that active ageing approaches, particularly those which adopt *economistic* interpretations, may fail to capture the reality that older people differ from younger cohorts (Biggs and Kimberley 2013) and experience unique challenges specific to ageing (WHO 2002). The latter points are particularly relevant to the topic of older homelessness, as the identification of qualitatively distinct factors experienced by this group are iterated by nearly all scholars in this area. It is thus argued that treating the needs of older people as merely an extension of the young is insufficient (Biggs and Kimberley 2013; WHO 2002). An additional point to consider is that the active ageing

paradigm has a tendency to focus on the positive elements of ageing, to the detriment of the oldest old, who would be unlikely to recognise themselves within its core defining elements (Foster and Walker 2014). As will be returned to below, recognising that older age may contribute to specific vulnerabilities is important, as to ignore the less desirable effects of ageing, particularly for those at risk of becoming roofless, may lead to the more *negative* outcomes of ageing (such as frailty and ill health) which the *active* paradigm aims to avoid. In other words it is hard to dispute that losing one's home will impede an older person's ability to age actively due to the assessed association between rooflessness with ill health and reduced life expectancy.

Whilst determining a definitive benchmark as to when older age should render a person vulnerable in homelessness policy is unrealistic due to the variation of older people and their circumstances (Herring 2009:2), an age at which a homeless person should ordinarily be classed as *older* was employed during fieldwork. Following the benchmark adopted by scholars who investigate older homelessness, a relatively young age of 50 was used. This reflects research evidence demonstrating that ill health and premature ageing is an inevitable consequence of rooflessness (Cohen et al 2001; Crane 1997; Pannell 2002; Thomas 2012) and that older people would struggle to live on the streets in comparison to younger cohorts due to the inescapable fact that they tend to be less physically strong (Wilson 1995:8). For example Crisis (Thomas 2012) put the average age of death for street homeless men at 47 years; this was set even lower for women, at 43 years. These figures remain unchanged from an investigation of older street homelessness conducted over 15 years ago (Kitchen and Welsh 1998).

Theoretical analysis of older homelessness

This section considers theoretical work which has attempted to understand the factors which may contribute to homelessness, as this may have some level of impact on how policy makers frame legislative responses (Jacobs, Kemeny and Manzi 1999) which in turn may influence

how policies are implemented. Numerous scholars have identified that older people in housing need have a diverse and often complex set of circumstances (Carlton et al 2003; Crane, Warnes and Fu 2010; Pannell and Palmer 2004; Willcock 2004), with the factors contributing toward their homelessness assessed as qualitatively distinct to that of younger cohorts (Evans 1999; Means 2007; Pannell, Means and Morbey 2002).

Whilst there are a number of different perspectives which can assist in an understanding of the factors that may cause homelessness (Somerville 2013), it is judged that pathway models are the most developed due to incorporating individual, structural and chronological elements (although, it is not without problems and these are considered below). According to Anderson (2001) a pathway approach to homelessness can elucidate factors that impact upon the:

Processes and dynamics at work in relation to the housing careers and life trajectories of individuals and households who experience homelessness at some point in their lives (2001:1)

The latter part of this quote refers to its focus on the life course which may relate to potential pathways into, through, or out of homelessness at various stages of a person's life (Anderson 2001). This links with Izuhara and Heywood (2003) assertion that understanding housing problems in later life requires a life course approach, as it is necessary to assess how individual and specific structural contexts influence housing choices over time. It has been pointed out by academics researching across the western world that policy makers must adopt long term thinking when devising policy in this area, with an appreciation that specific age cohorts will have different social and welfare needs over time (McDonald 2011:130). These in turn interact with changing social, economic, and more specifically, housing policies (McDonald 2011; Shibusawa and Padgett 2009) and thus cannot be satisfied with a broad brush policy approach. Therefore studying the life course and recognising the cumulative effect of housing disadvantage can help inform an understanding of the critical points at

which intervention will prevent the emergence of housing disadvantage (Petersen and Parsell 2014:21).

Pathways research and the older homeless

For a pathway approach to older homelessness to be effective, it needs to ensure that political attention is not just directed toward areas traditionally assumed to be associated with ageing to the detriment of other factors. For example Anderson's (2001) *later life* pathway, gave limited emphasis to structure, failing to include any reference to housing costs or affordability. Yet dealing with individual level problems, such as ill health, is insufficient to stem the flow of rising homelessness among older people (Shinn et al. 2007). In contrast Crane, Warnes and Fu (2010), in their research on street homeless people over 50 in England, Australia and the USA, identified that two thirds of participants had become homeless due to wider, structural factors. This connects with other researchers who found that older people became homeless due to inadequate levels of available or affordable housing (Izuhara and Heywood 2003; Petersen and Parsell 2015; Shinn et al. 2007), an inability to maintain or secure employment (Shinn et al 2007; Age UK 2013), shifts in welfare policy (Izuhara and Heywood 2003) and low interest rates (Age UK 2013; Fenge 2012).

Yet Crane et al's' work was based on findings witnessed in a relatively small group of participants (131), which if applied at a broader level is unlikely to sufficiently capture widely variant *sub-groups*, relating to gender or social status for example, as well as differing *sub-age groups* (Hawes 1997:5). Fopp (2009) went as far as to suggest that use of the term pathway was superfluous, merely serving as a metaphor to reflect the aims or views of the researcher(s) rather than the reality of why people experience homelessness. With regard to this latter point, there is a concern that if policy makers follow theoretically defined pathways relating to older people, those who present with *non typical* housing issues may not receive the targeted assistance they require.

Yet it is maintained that despite its limitations pathways research can be applied to identify common triggers which may cause older people to experience housing difficulties (with a caveat that these will work alongside a potentially wide array of other factors). This may help ensure that in at least some cases more targeted, appropriate assistance is provided, which has been identified as important when helping to develop effective pathways *out* of homelessness (Pillinger 2007:65). It has further been maintained that a pathways approach can aid policy makers in gaining a deeper understanding of the multiple factors that may contribute toward homelessness (Pillinger 2007:66). Finally, it is believed that developing a framework provides a useful understanding of the interconnectedness of what may at first appear to be disparate factors.

Conceptualisation of older homelessness in policy and frontline practice

Despite research findings in many countries identifying that older homeless people have distinct needs to their younger counterparts, it has been argued that related policy does not tend to reflect this (Petersen and Parsell 2015) and where targeted services are available, these tend to be patchy (Pannell and Palmer 2004:4), or limited in scope (Parkinson and Pierpont 2000, cited in Pannell and Blood 2003:20). Inadequate levels of provision are undoubtedly due, at least in part, to resource scarcity, but it has also been attributed to a lack of statutory understanding around the needs of older people who experience homelessness. For example it has been maintained that policy which deals with housing older people tends to concentrate on problems that may be present in their current accommodation, as opposed to lack of or living in insecure housing (Pannell 2002). This focus toward ensuring provision for care and support is evident in policy documents (for example CLG 2011).

A lack of targeted help to those at threat of homelessness lends credence to arguments that the political perception is that older people are for the most part, adequately housed (Kitchen and Welsh 1998:7-8; Pannell and Palmer 2004:3). Simply put, lack of a home is not generally

viewed as a problem experienced by older people (Crane et al 2010:354). For example with specific regard to legislation which focuses on homelessness the latest Code of Guidance (CLG 2006) for LAHOSs has a chapter dedicated to the needs of 16 and 17 year olds, whereby older people as a distinct group are given little mention. This neglect is further evident in the Government's latest homelessness strategy *Making Every Contact Count: A joint approach to preventing homelessness* (CLG 2012). Other policy documents appear to underestimate the scale of the homelessness problem in respect of older groups (CLG 2011). So if the common view is that older people are in the main unaffected by homelessness, this may account for its scant political attention in comparison to young people (CLG 2006).

It is argued that legislative documents which represent older people as a group whose primary concerns are of frailty and the need to be looked after is clearly not helpful to those who do not fit into this inveterate model. For instance it has been shown that 90 percent of older people do not live in supported accommodation (Heywood et al 2002:155; AgeUK 2011:15) and that independent living is the preferred tenure for older people (Olsberg and Winters 2005).

Statutory assessment of vulnerability

The homeless Code of Guidance, aside from recommending that persons over 60 should be *considered carefully* (CLG 2006:96), provides little guidance as to how vulnerability due to older age should be assessed. Alongside the main Housing Act LAHOSs are required to give regard to a Homelessness Code of Guidance (CLG 2006) and caselaw resulting from decisions being challenged in the courts. The main area of caselaw that decision makers must give regard to when assessing vulnerability (and is incorporated into the Code of Guidance) is the Pereira test (EWCA863 Court of Appeal 1999); this directs that when deliberating priority need:

The local authority should consider whether, when homeless, the applicant would be less able to fend for him/herself than an ordinary homeless person so that he or she would suffer injury or detriment, in circumstances where a less vulnerable person would be able to cope without harmful effects (Para Three)

Although the stated aim of caselaw is to clarify areas of the main Housing Act, the Pereira test potentially elicits numerous meanings due to its broad and ambiguous focus, and also gives rise to the necessity for practitioners to employ the measure hypothetically (Cowan 2011). It seems reasonable to suggest that applying a test of vulnerability giving regard to an outcome that has not occurred may increase the likelihood of practitioners being unsure of how to apply it on a case by case basis.

If an older person is not viewed as vulnerable as per the Housing Act they will only be entitled to advice and assistance, which may be limited. For example many LAHOSs administer homeless prevention schemes, such as providing financial assistance to secure private rented accommodation. Yet due to pressures related to keeping statutory acceptances low, in many cases only service users who fit specific criteria, such as being identified as priority need, are assisted (Jones and Pleace 2010; Pawson et al. 2007). It has further been found that older people tend to be intimidated by younger hostel residents and in many cases avoided this type of accommodation if it was aimed at all age groups (Crane and Warnes 1997).

As highlighted earlier, there is an inherent paradox between on the one hand encouraging positive discourses around ageing, yet ensuring that moving away from pathological depictions does not result in practitioners adopting an *age blind* criterion, as rooflessness has a distinct and detrimental impact on older groups (the term pathological is used here to refer to an association of ageing with frailty, dependence and poor health).

Research methods employed

A national survey and semi structured interviews with LAHOS practitioners were carried out; both of which were designed, collected, and analysed by the author. The aim of the survey was to provide a descriptive overview for the qualitative phase that followed it. It was felt that this wider assessment of provision was needed, both to contextualise the delivery environment and supply information around how determinations of vulnerability and resource scarcity may impact upon service quality at a national level. It also assisted in identifying potential LAHOSs to interview during the second phase. In the findings and discussion that follow the survey findings are included to provide reported percentages overall, whereas the main body concentrates on analysis of the qualitative interviews.

The survey was emailed to all LAHOSs in England in December 2012; a total of 272 completed the survey, which represented over two thirds. A Qualtrics software package was utilised to develop an online survey and the questions were based on themes related to the author's previous professional experience as a LAHOS professional, relevant literature in the field and responses to an initial pilot which was forwarded to a small selection of LAHOS employees. The survey questions were designed in a close-ended, multiple choice format, with space given so respondents could provide further information if they wished; the results were analysed with the help of SPSS software.

A selection of LAHOSs were invited to participate in an interview, and managers were initially approached, either through completion of the survey, or through contacting them directly by telephone or email (of which details were accessed via online websites). Of the 18 local authorities approached, a total of 27 employees based in 12 local authority areas agreed to take part and these took place between April and July 2013. It is believed that access to participants was facilitated as a result of the researchers shared frame of reference

to the topics under study (Holstein and Gubrium 1995; Meth and McClymont 2009) as this was made explicit in the initial contact.

It was assessed that the most effective way to increase the likelihood of truthful accounts being provided would be to develop a sound relationship with interviewees (Marshall and Rossman 1999). It was found that a perceived empathic relationship based on a shared professional frame of reference assisted with the process. This rapport existed regardless of whether the researcher had previously met the respondent (the analyst had a former professional relationship with one third of those interviewed). Furthermore, it was felt that a shared frame of reference encouraged interviewees to disclose salient issues that may not otherwise have been extracted (Holstein and Gubrium 1995). An in-depth and specialised knowledge of the field further ensured the interviewer felt confident when probing sensitive issues. The use of a research diary proved helpful as the analyst was able to reflect upon her status as researcher and former LAHOS worker. The research was granted full ethical approval, details of which are provided at the end of this paper.

The LAHOSs interviewed included one unitary authority, one district, two metropolitan districts, four boroughs and four metropolitan boroughs. Nearly half of the interviewees were employed in two authorities, for the remainder between one and four were interviewed in each. Very large and rural LAHOSs were slightly underrepresented based on the survey mix, whereby small, medium, and large alongside urban and rural authorities broadly reflected the survey demographics. All interviews were audio recorded and analysed with the assistance of Nvivo software. An inductive approach was adopted and additional concepts were developed based on information gathered during the interview discussions. The majority of interviews took place in an official setting, but two, at the request of the practitioners, took place in a neutral backdrop.

Findings

Conceptualisation of older age

The way in which LAHOS professionals view older age will potentially be influenced by a number of factors, such as individual experiences, government policy, workplace level priorities and wider factors. With regard to the latter, alongside the often reported negative depictions of older homelessness (see for example Kisor and Kendal 2002), there is also promotion of concepts such as *active ageing*, which discourage viewing old age as being synonymous with frailty (whilst the concept of active ageing is not yet evident in homelessness policy documents, the term can be found in policy guidance related to social care). In reality, it is difficult to separate these factors; for example a practitioner believed that determination of vulnerability depended on the older people case workers came into contact with in their daily lives:

It's how you view older people, I think that often is coloured by the kind of people that you come into contact with, like your parents or people that you see regularly (Officer Two, LAHOS B)

Yet whilst this suggests individual level interpretations, these worldviews themselves would have been developed through a range of experiences, such as through the media.

Referring to more positive discourses of ageing, it was acknowledged by practitioners that older people did not necessarily require support, particularly where interviewees were attempting to elucidate that older age was not analogous to vulnerability:

If you get nearer 70 you're going to think, yeah, but you're 60, you have got no health issues, you could be like running a marathon every week (Officer, LAHOS J)

We tend to accept the over 60s unless they come in straight from the gym having pumped iron (Manager, LAHOS K)

We would consider that without question really, if someone is vulnerable as a result of age, unless they were a fitter athletic pensioner (Manager, LAHOS L)

This returns us to the somewhat incongruous reality that adopting a more positive mindset around what it means to age actively will likely result in stricter assessment of vulnerability, which in turn gives scant regard to discussions linking rooflessness with accelerated ageing and high rates of mortality. In fact it was found that a more stringent interpretation of vulnerability due to older age was applied when compared to research undertaken before the turn of the century. For example the survey found that less than a quarter of LAHOSs conferred automatic priority to a person over 60, this rose to around a third for those over 70, the interview findings similarly identified that assessment of vulnerability due to older age would only be considered in a minority of cases:

I think people sometimes think that because they have got past the age of 60, they think, I am past the age of 60, possibly they think I am automatically priority need, you think, no (Manager, LAHOS B)

Yet earlier studies reported that automatic priority need was conferred in the majority of researched LAHOSs. For example the London Research Centre (1990 cited by Age Concern 1991) found that 81% of responding London authorities conferred automatic priority need to applicants over 60 and Hawes (1997) established that of 50 LAHOSs surveyed, 70% treated all over 60s as vulnerable. In a similar vein Niner (1989) found that all bar one of nine authorities interviewed confirmed that priority need would be automatically awarded at the age of 60, or on reaching retirement age. However, this does not necessarily equate to changing perceptions or construction of the meaning of older age over time, it could also be due to stricter decision making as a result of ever tighter resources, or it could be linked to a changing policy focus on prevention, which post dates the earlier findings.

It is suggested that the observed shift toward a stricter interpretation of vulnerability due to older age was attributable to a mixture of resource shortages, changing policy focus and a reassessment of the age at which somebody becomes *older*. For example some interviewees contended that decision making had become tighter following austerity cuts, with one officer referring to an authority who had increased the age range from 60 to 65 in response to fiscal pressures. Further, a few practitioners referred to political pressure to reduce statutory homelessness, which became an even greater priority at the turn of the century (prior to the studies referred to above):

When I started everybody who walked in the door, you would take a homeless application... and then when prevention came in... it was obviously do whatever you can to not take a homeless application (Manager, LAHOS F)

With specific regard to vulnerability related to older age itself, a number of interviewees suggested that perceptions had changed:

That's the way it was years ago, I think that from the interpretation of the Act at the time it was very clear that you were vulnerable if you were 60, it was never mentioned then that you could be approaching old age with no ill health, so it was very much like 'oh, someone is 60, I don't have to do an investigation because they are vulnerable'. Things have changed, more people are approaching 50... People's interpretation of the Act have changed over time (Manager, LAHOS I)

Vulnerability and the Pereira test

There is a concern that over two fifths of officers who responded to the survey reported being unsure on how to apply the Pereira test of vulnerability due to older age and in respect of the interviews, only a few practitioners referred to the Pereira test. For example, returning to the quotes above that older people who appeared to be fitter were not generally assessed as vulnerable, this specifically relates to how people presented at initial interview, rather than a whether that person would be more vulnerable than an *ordinary person* were they to become

street homeless. In fact, this required legal assessment was only referred to by a few interviewees:

If they were over 70 I might use the vulnerability thing that they would be vulnerable on the street [Pereira test], but I certainly don't think over 60s you can anymore, unless there are like, other mitigating factors (Officer One, LAHOS B)

Do you argue that just because they are 70 years old they should be getting priority need, because if they do sleep rough, then they are worse off, yes (Officer Six, LAHOS B)

Of more concern staff interviewed from one LAHOS pointed out that they did not factor age in at all:

It's not just age related, anybody over 60 we wouldn't look at those being in priority need, 60 is the new 40, so, yeah, we would look at it in the same way as we would any other person, you know, in terms of vulnerability (Officer One, LAHOS C)

Well, there is no upper limit anymore, I noticed when I first came here people's perception was completely different to my previous authority because, I came in saying 'well, they are 68 but they are still working, why have they got a priority' but, yeah, here [the current LAHOS] was softer whereas now, we have sort of taken age back out... we live longer, we live more healthily generally, and therefore vulnerability threshold will be harder to meet in years to come (Manager, LAHOS C)

Some of the quotes cited here aptly highlight a common confusion which appeared to persist around the Pereira test:

It says vulnerable as a result of homelessness when compared to an ordinary person, well, one of my colleagues...felt that if someone was working they were not priority, but that's just not right, because it is asking what would happen if they became homeless, I mean, someone in a wheelchair could be working, but they are going to be priority if they are homeless (Officer Three, LAHOS B)

A fundamental issue in respect of some of the examples provided here is the suggestion that age blindness should be applied to assess vulnerability of older service users. Yet with reference to the Pereira test, this is potentially unlawful. Further, failing to link rooflessness

with the acceleration of ageing can have detrimental effects to the older person who has presented as homeless, as related research has shown.

These citations, alongside those highlighted earlier in the section, arguably suggest that some decision makers possess a limited comprehension of how older age per se may contribute toward vulnerability in the event of this group becoming roofless. Together these findings are a cause for concern in light of findings that assessment of vulnerability in many cases increases the chances of being eligible for specific prevention schemes to assist in obtaining alternative accommodation. For example only 18 percent of responding authorities offered assistance for a rent bond and rent in advance (a landlord normally requires both) to households assessed as non priority.

Potential factors leading to older homelessness

In line with pathway theories of homelessness, it is argued that assessing factors which contribute to homelessness will inevitably shape availability of services. It was found that as with Anderson's homelessness pathway model, older homelessness tended to be ascribed to individual factors by the practitioners interviewed, with none referring to changes in economic circumstances, or being served with an eviction notice, for example. Some practitioners suggested the main reason older people experienced housing difficulty was due to moving out of, or being supported in, isolated rural areas or unsuitable properties; the following quote represents the more typical tone taken:

We fund a handyman scheme... so they will do odd jobs and various things, I don't think they go as far as garden maintenance, that's the biggy, isn't it, with older people, they just can't manage their gardens... we have been talking about making it possible for people to stay in their own homes, changing the heating systems, making sure the properties are upgraded, all of that (Manager, LAHOS F)

Alongside referring to housing support a number of interviewees suggested that older people may become homeless due to a relationship breakdown:

It is often people coming back to the town, you know people who have come back to retire or a relationship breakdown. And, you find that quite strange, as you think that after a certain age they will stay together, but we have had that, quite an increase in that, in my personal experience (Officer One, LAHOS I)

The response above mirrored others which suggested older people were reticent to change and correspondingly less able to cope:

I think older people are really quite vulnerable...and any kind of move is kind of traumatic isn't it, especially if they have been in a long term marriage or whatever and then they are on their own, it's a huge kind of transition for them to kind of adapt to that new way of life isn't it (Manager, LAHOS L)

A small number of interviewees reported that older people were increasingly presenting with more complex issues relating to substance misuse or criminality. Whilst this moved away from care or support related issues, it nevertheless referred to individual factors:

The thing we are seeing an increase in, especially with older people that I am finding are the chaotic ones, and we have come across a lot with drug, especially drink issues, which are living in properties where they are absolutely diabolical because they are drinking and not looking after themselves (Manager, LAHOS E)

In their 50s we have a few hard core street drinkers, they tend to be in their 50s, sometimes early 60s (Officer One, LAHOS G)

Whilst it is perhaps inevitable that practitioners will recount past experiences when advancing reasons for older people becoming affected by homelessness, it becomes less helpful if a given service user's trajectory diverges from particular assumptions. Further, these findings are perhaps even a little surprising when considered alongside the fact that many interviewees acknowledged

conceptualisations of older age had changed over time, as highlighted in the previous section. Referring back to the critique of Anderson and Tulloch's (2001) homeless pathway for people over 50, it is argued that ignoring current structural elements provides only a partial picture of why older groups experience housing difficulty and based on previous research findings, does not reflect reality.

A presumption which may work to an older person's advantage is that they are less likely to cause problems than their younger counterparts and therefore some housing schemes were reportedly reserved exclusively for older age groups:

We put the age restriction on [particular social housing accommodation] because there is an assumption that the older person is less likely to cause anti social behaviour (Manager, LAHOS C)

Of course the usual waiting lists and qualifying criteria will apply and again, this option may only help those who are in a position to wait for a suitable property and will be less suited to households who are imminently homeless. However, it is viewed as important to highlight where positive discrimination does exist, albeit for perhaps the wrong reasons. That is, the premise is based on a stereotypical view that older people are quiet, or less troublesome than younger cohorts.

As many older people may not be assessed as meeting the statutory homeless criteria, availability of general advice, services and accommodation is of even greater importance. The following subsections consider the quality and types of non statutory assistance in further detail.

Specialised services

As highlighted earlier, a number of scholars have maintained that older people affected by homelessness would benefit from customised services due to their unique set of circumstances. Yet the overall picture showed that targeted provision was patchy and only

available in a minority of LAHOSs. For example only 14 percent of surveyed LAHOSs reported a good level of specialised facilities for older people, when those who reported some level of service, but assessed it as inadequate were included, this rose to around 40 percent. Yet it was found that very few interview participants were aware of specialised services in their respective areas other than providing loose references to national organisations such as Age UK:

If someone is, you know, needing support...I can quickly Google something and give them the details of it, if I was to say I would make a specific referral to a charity that is specifically for older people, no (Officer One, LAHOS A)

To some extent this merely reflected reality, as specialised services were not available in many areas. A further issue was that in the few cases where local authorities offered services aimed at older people in housing need, these tend to be geared toward concerns more associated with the *oldest old*, such as a move by choice through downsizing, or by necessity due to frailty. While these issues are not unimportant, it is striking that other possible determinants of homelessness in respect of older people are relatively ignored.

Of perhaps greater concern is in the handful of examples where specialist services were available, most practitioners employed in these authorities appeared unaware of them. For example in a larger participating LAHOS a specific drop-in advice session was advertised on the council's website. Although it had a greater focus on the oldest old, looking at handyperson schemes, adaptations and warden accommodation, it also provided advice on benefit maximisation and money issues, which can help prevent homelessness through ensuring due rent or mortgage is paid. This authority had also devised a housing options leaflet specifically for people over 50. Yet no officer was aware of the drop-in sessions and less than half of the interviewees advised the researcher of the leaflet's existence.

In respect of the extra large authority who participated in the study the council has created a strategy looking at older people's housing in the area, which touched upon issues relating to the condition of private rented, budgeting and multiagency working, alongside lifetime homes and extra care housing. A pledge incorporated in this strategy was to train frontline staff to provide good housing options for older people; yet the practitioner interviewed was unaware of this. Yet another large authority offered a very comprehensive website designed for older people, which covered an array of topics relating to finding suitable accommodation and welfare benefits, but again, the officer interviewed seemed to have no knowledge of this. Alongside a lack of awareness of local authority run services, only a small number of interviewees named specific local or national third sector services that older people could access. Yet in one responding authority AgeUK offered an extensive local drop-in service which included outreach and help to claim welfare benefits. All these initiatives were accessed by the author via a Google search on the internet. These findings question the quality of specialist advice an older person affected by homelessness may expect to receive in some LAHOSs due to an observed lack of awareness on the part of the advisers in question; this issue is returned to in the discussion.

Housing options for older people

With respect to the interviews it was recognised by some officers that *younger older* people at threat of homelessness had limited options to suit their needs:

I think 50s is a funny age, because 50s is the new 40, it's not very old, and I think a lot of 50 year olds, if you said, apply for schemes for older people they would probably tell you to get lost, that they don't want to live in an old people's home (Officer One, LAHOS I)

We do get people in their 50s and really they are kind of in this limbo period where they would be treated as anybody else who is younger, fitter, and non priority need really a lot of the time (Officer Six, LAHOS B)

Yet in many cases interviewees did not feel that provision of specialised services or accommodation for older people was necessary, and if anything, current provision should be targeted elsewhere or scaled back. For example one officer stated that she did not agree with a funded post aimed at older service users:

Our new service manager has mentioned that there may be a specific post, that's actually going to be housing options for older people, so a specific job role... I argued that that money might be better spent getting a full time private rented worker but apparently it is a different pot of money (Officer Four, LAHOS B)

A further example came from a practitioner who felt that younger people should be given more settled housing options and argued that accommodation available specifically for those over 60 should be used to achieve this objective:

You have places that are so hard to let and a lot of them are like really small rooms, like bedsitty type rooms that would be suitable for younger persons accommodation, I think it does need looking at. They are like self contained studio flats, perfect for someone under 25 (Officer One, LAHOS B)

Related to the discussion above that some interviewees associated older people in housing need with care and support, some advised that there were more settled housing options for older people. But on further investigation it was found that this was generally aimed at the over 60s who presented with particular health concerns, whereby cohorts who were healthy or below this age group faced a limited choice. Further, the type of accommodation offered tended to be sheltered or in the case of a few authorities, small properties in areas assessed as less desirable. For example a LAHOS who suggested they had more plentiful accommodation for older people described the types available:

The one bedroom bungalows are quite small, quite cramped, but if somebody literally wants accommodation they can't be too concerned. I am not saying that they are dumps or anything like that but they are for someone downsizing from say, a three or two bedroom they are a wee bit cramped (Senior Manager, LAHOS D)

In respect of private rented options the recent welfare reforms have had a more dramatic effect on people under 35; this is due in large part to the change in law which means that local housing allowance can only be claimed for shared accommodation. Yet when interviewees were asked if older people were able to access private rented tenures in the local area most reported that it was very difficult. This was due to a lack of availability of self contained private accommodation, the fact that many landlords would not accept tenants who claimed help with rent and affordability issues due to an increase in rent top ups following reductions in overall levels (which have affected all age groups). However, one officer recognised that shared accommodation was perhaps less suitable for older people:

It is hard for people over 35 as well when you say, shared private rented, because even then a lot of them have to think about a shared house and I think they think it will be full of young people smoking cannabis...it's still hard, because the one bed rate now... what are you going to get for that? You are not going to top that up out of your benefits and then pay for food and everything on top, so even then, you are realistically thinking, you're not going to do it (Officer One, LAHOS I)

Further, the fact that half of the LAHOSs interviewed and over 80 percent of survey respondents required priority need to award financial assistance toward the upfront costs of securing private rented accommodation meant this tenure may be out of reach for many older people.

Perhaps more important for the purposes of this research is the availability of suitable accommodation for homeless older people, as even in the few cases where social housing was relatively abundant, a waiting list still operated. This meant that if shelter was required quickly an older service user would likely need to acquire a hostel if there were no other options. Yet it was found that no authority interviewed had specialised emergency accommodation for older people. In contrast nearly all participating LAHOSs had hostels

tailored toward younger people, either in their own authority or in surrounding areas. It was pointed out by one LAHOS that:

There is definitely more options for younger people than there is older people, I mean the only options that we have is obviously private rented accommodation getting them on council waiting list ... [and] two homeless hostels for any age category (Officer Two, LAHOS E)

The officer then went on to name a number of hostels or supported housing projects which only accepted people under 25. It is not being suggested that services for younger people are too plentiful, but rather, that specialist accommodation may be advantageous to older groups also, in light of research findings discussed in the introduction.

In summary, many *healthier* or *younger* older people fell between the cracks of provision in respect of the 12 LAHOSs interviewed. That is, there was no availability of age specific temporary hostels for this group, most settled specialised housing was designed for frailer cohorts, and many could not access private rented or similar schemes due to the lack of a recognised vulnerability. On a final note, although the use of stereotypes is for the most part viewed as unconstructive, it must be borne in mind, as reiterated in the introduction, that the needs of older people have been found to be qualitatively distinct to that of younger age groups. Therefore specialist assistance, such as the provision of tailored services or segregated emergency accommodation is viewed as necessary to ensure particular groups access services, albeit with an appreciation of the heterogeneity within this population.

Discussion

Conceptualisation of older homelessness in frontline LAHOSs

Avoiding pathological depictions of older age, yet grasping the inescapable physiological elements of ageing and its impact on older people if they were to become street homeless requires a delicate balance. Whilst positive depictions of ageing should be lauded, the

biological factors which accompany the ageing process matter in homelessness. As research findings have highlighted, health problems associated with ageing are accelerated for street homeless older groups. Failing to acknowledge these findings, or applying an *age blind* approach, not only ignores current research, it also arguably pays scant regard to policy guidance developed through the Pereira test.

It is proposed that the Code of Guidance is fleshed out to include a chapter on older groups alongside the current chapter which focuses on young people. This should attempt to fuse the reality revealed in research findings that older people have qualitatively distinct issues, yet with an appreciation that negative stereotypes, particularly relating to frail older people, may hinder the provision of targeted, appropriate assistance, particularly with regard to *younger old* cohorts. More specifically it should provide clearer guidelines for interpreting vulnerability due to older age and more explicitly frame how ageing may interact with other issues, such as those relating to health or institutionalisation, for example. This would require a shift in emphasis away from treating older age as an issue dotted on the periphery of homelessness, or factored into social care concerns. In short, ensuring older people become an integral part of housing legislation would involve a qualitative shift not seen in the history of homelessness policy. A further issue is that historically British Governments have tended to concern themselves with short term, immediate goals rather than taking a longstanding approach. It is argued that the latter is necessary if all types of homelessness are to be effectively tackled.

It is assessed that a pathways approach, with its incorporation of a life course perspective to considering potential factors which may lead to older people becoming homeless over time, concentrating on their unique life trajectories, can assist in a critical look at future service development in this area. However, it is argued that this approach needs further

development, as at present it is based on relatively small amounts of data, which may focus attention on specific factors to the detriment of others, dependent on the research context.

Provision of services for older people

The data found that relatively few LAHOSs provided specialist services for older people and where services were available, many practitioners appeared unaware of them, even when provided by their own organisation. The findings indicate that in some cases this can be attributed to time scarcity or a lack of communication. However, it may also be due to the fact that LAHOS professionals did not take the time to assess local services due either to a perception that older people (generally the oldest old) were unaffected by homelessness in a conventional sense, or failing to distinguish (generally the younger old) as a distinct group, with a view that their needs could be subsumed within provision targeted at all age groups.

It is argued that if tailored or specialised services for older people are available, particularly when they arise from the local authority itself, LAHOS workers must be informed of them so a full range of specialist advice is provided. It is further a concern that these potentially invaluable resources, which can assist in lightening the workload of LAHOSs, remain untapped if potential beneficiaries are unaware of their existence. Linked to this is a concern that the availability of schemes for older people may be subsequently viewed as an unnecessary outlay if adequate footfall is not achieved.

Housing options for older people

Initial impressions gained during the interviews suggested that older people enjoyed relatively favourable social housing options. Yet when the researcher delved deeper it was found that in most cases this referred to people over 60; even then, certain qualifying criteria, such as relating to specific physical health conditions, was still required. A further issue was

that accommodation reserved for older people was often reported as being of questionable quality, warden assisted, sheltered or supported in some way. As highlighted earlier, the large majority of older people do not require specialist housing; so many options may be incompatible even to the needs of the oldest old. In respect of the *younger old*, settled housing options were in many cases equivalent to younger single people.

Of particular interest to this research was the availability of emergency hostel options for older people who are homeless yet not assessed as meeting the priority need criteria. A significant gap was found in service provision related to emergency hostels designed with older people in mind. It was found that this type of housing was more geared toward younger people. In respect of the latter in particular interviewees were able to name specific projects aimed at the under 25s, but could think of none which concentrated exclusively on older groups. This finding is a cause for concern in light of research findings that older people preferred to reside in hostels which catered for their age group.

Conclusion

The findings reported in this paper suggest that the ways in which older age is conceptualised within frontline LAHOSs, such as through underplaying structural factors, focusing on frailty and support, or subsuming needs with that of the general population, can impact on decision making and appropriateness of services. Overall, it was found that delivery of homelessness services is failing older people due to lack of policy priority and resource pressures within organisations. Whilst a pathological depiction of older age is not advocated, it is argued that age must be factored into an assessment of vulnerability, in line with current policy guidelines and research evidence.

Study limitations

Whilst the survey was sent to all LAHOSs in England, due to practical limitations the interviews focused on North East authorities, so cannot be said to be representative of all LAHOSs. Further, due to space issues discussions around training were not covered. However, the interviews suggested that insufficient legal training for the most part emanated from resource shortages relating to both affordability and staffing issues. Finally, it was hoped that the research interviews would elicit information and suggestions of good practice in terms of providing suitable provision for older people. But due to limited reports of services, and no interviewee suggesting more should be available, the research could not achieve this. Nonetheless, it is countered that this perhaps demonstrates the need for further training and support for LAHOSs to ensure that the needs of older people are taken seriously.

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