Public-sector service provision for older people affected by homelessness in England

SARAH ALDEN*

ABSTRACT
This paper 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.

KEY WORDS – older homelessness, homelessness pathways, lifecourse, English homelessness policy, active ageing.

Introduction

This paper considers the quality and effectiveness of frontline Local Authority Housing Options Service (LAHOS) 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.

* Department of Sociological Studies, The University of Sheffield, UK.

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, the issue most relevant 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 for Communities and Local Government (DCLG) 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 (DCLG 2014*a*; 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 (DCLG 2014*a*). 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 paper 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% of this number being over the age of 55; CHAIN 2012: 24), one-fifth of statutory homeless households are over 45 (DCLG 2014*b*) and around 200,000 are experiencing *hidden* homelessness (such as staying between friends) (Labour Force Survey 2010, cited by Fitzpatrick *et al.* 2012: xviii; Reeve and Batty 2011). Whilst countries such as Australia (Petersen and Parcell 2015), Japan (Okamoto 2007) and the United States of America (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 paper 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 United Kingdom) (Fitzpatrick and Watts 2010).

There has been some research into older people who experience homelessness in England, *e.g.* 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 Mungo's 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 Corporation for Supportive Housing 2011; National Coalition for the Homeless 2009; Thomas 2012; Washington and Moxley 2008; Watson, George and Walker 2005), the emphasis of this paper 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 paper. 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 Organization (WHO) 2002), 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 (DCLG 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 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. (2013: para 3)

An active ageing approach supports a lifecourse perspective which stresses that a person's needs are qualitatively distinct throughout the various stages of the lifecycle (WHO 2002: 14; *also 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 *economic* 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 2015). 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, Sokolovsky and Crane 2001; Crane and Warnes 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 towards 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, 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 lifecourse 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 the assertion of Izuhara and Heywood (2003) that understanding housing problems in later life requires a lifecourse 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 lifecourse 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 Parcell 2015: 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 towards 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: 10), 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: 21; Shinn *et al.* 2007), an inability to maintain or secure employment (Age UK 2013; Shinn *et al.* 2007), shifts in welfare policy (Izuhara and Heywood 2003) and low interest rates (Age UK 2013; Fenge *et al.* 2012).

Yet the work of Crane, Warnes and Fu (2010: 131) was based on findings witnessed in a relatively small group of participants, which if applied at a broader level is unlikely to capture sufficiently 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 towards 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 towards ensuring provision for care and support is evident in policy documents (*e.g.* DCLG 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, Warnes and Fu 2010: 354). For example, with specific regard to legislation which focuses on homelessness, the latest Code of Guidance (DCLG 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 (DCLG 2012). Other policy documents appear to underestimate the scale of the homelessness problem in respect of older groups (DCLG 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 (DCLG 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 per cent of older people do not live in supported accommodation (Age UK 2011: 15; Heywood, Oldman and Means 2002: 155) 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* (DLG 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 (DCLG 2006) and case law resulting from decisions being challenged in the courts. The main area of case law that decision makers must give regard to when assessing vulnerability (and is incorporated into the Code of Guidance) is the Pereira test (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. (Court of Appeal 1999: para 3)

Although the stated aim of case law 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 that 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 under-represented 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 e.g.* Kisor and Kendal-Wilson 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, *e.g.* a practitioner believed that determination of vulnerability depended on the older people whom 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 world-views 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-sixties 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 per cent of responding London authorities conferred automatic priority need to

applicants over 60 and Hawes (1997) established that of 50 LAHOSs surveyed, 70 per cent treated all over sixties 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 it be linked to a changing policy focus on prevention, which post-dates the earlier findings.

It is suggested that the observed shift towards 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 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-sixties 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 towards 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 per cent 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 fifties we have a few hard-core street drinkers, they tend to be in their fifties, sometimes early sixties. (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 finding 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 sub-sections 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 per cent 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 per cent. 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 towards 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 multi-agency 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 Age UK 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 fifties is a funny age, because fifties 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 fifties 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-sixties 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

manager 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 per cent of survey respondents required priority need to award financial assistance towards 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 towards 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 long-standing 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 lifecourse 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 them (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 towards 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.

Acknowledgements

References

Age Concern 1991. *Older Homeless People in London.* Age Concern, London.
Age UK 2011. *Later Life in the United Kingdom: December 2011.* Age UK, London.
Age UK 2013. *Agenda for Later Life 2013: Improving Later Life in Tough Times.* Age UK London.
Anderson, I. 2001. *Pathways Through Homelessness: Towards a Dynamic Analysis. Urban Frontiers Programme.* University of West Sydney, Sydney, Australia.
Anderson, I. and Tulloch, D. 2001. *Pathways Through Homelessness: A Review of the Research Evidence.* Scottish Homes, Edinburgh, UK.
Biggs, S. and Kimberley, H. 2013. Adult ageing and social policy: new risks to identity. *Social Policy & Society*, **12**, 2, 287–97.
Blood, I. 2004. *Older Women and Domestic Violence: A Report for Help the Aged/HACT.* Help the Aged, London.
Carlton, N., Heywood, F., Izuhara, M., Pannell, J., Fear, T. and Means, R. 2003. *The Harassment and Abuse of Older People in the Private Rented Sector.* The Policy Press, London.
CHAIN 2012. *Street to Home Annual Report 1st April 2011 to 31st March 2012.* Broadway, London.
Clapham, D. 2002. Housing pathways: a post modern analytical framework. *Housing, Theory and Society*, **19**, 2, 57–68.
Cohen, C. I., Sokolovsky, J. and Crane, M. 2001. Aging homelessness and the law. *International Journal of Law and Psychiatry*, **24**, 1, 167–81.
Cowan, D. 2011. *Housing Law and Policy.* Cambridge University Press, Cambridge.
Court of Appeal 1999. *EWCA863. Pereira, R (on the Application of) v London Borough of Camden.* Royal Court of Justice, London.
Crane, M., Fu, A. and Warnes, A. 2004. *Building Homelessness Prevention Practice: Combining Research Evidence and Professional Knowledge.* Sheffield Institute for Studies on Ageing (SISA), Sheffield.

Crane, M. and Warnes, A. 1997. *Homeless Truths: Challenging the Myths About Older Homeless People.* Help the Aged, London.

Crane, M., Warnes, A. and Fu, A. 2010. Homelessness among older people and service responses. *Reviews in Clinical Gerontology,* **20**, 4, 354–63.

Crisis 2012. *Crisis Policy Briefing, Housing Benefit Cuts.* Crisis, London.

Department for Communities and Local Government (DCLG) 2006. *The Homelessness Code of Guidance for Local Authorities.* DCLG Publications, London.

Department for Communities and Local Government (DCLG) 2011. *Localism Bill: Discharging the Main Homelessness Duty, Equalities Impact Assessment.* DCLG, London.

Department for Communities and Local Government (DCLG) 2012. *Making Every Contact Count: A Joint Approach to Preventing Homelessness.* Crown Copyright, London.

Department for Communities and Local Government (DCLG) 2014*a. Statutory Homelessness: January to March Quarter 2014, England.* Crown Copyright, London.

Department for Communities and Local Government (DCLG) 2014*b. Table 781: Homeless Households Accepted by Local Authorities, by Age of Applicant.* Crown Copyright, London.

Evans, A. 1999. Rationing device or passport to social housing? The operaton of the homelessness legislation in Britain in the 1990s. In Hutson, S. and Clapham, D. (eds), *Homelessness: Public Policies and Private Troubles.* Cassell, London, 133–54.

Fenge, L.-A., Hean, S., Worswick, L., Wilkinson, C., Fearnley, S. and Ersser, S. 2012. The impact of the economic recession on well-being and quality of life of older people. *Health and Social Care in the Community,* **20**, 6, 617–24.

Fitzpatrick, S., Pawson, H., Bramley, G. and Wilcox, S. 2012. *The Homelessness Monitor: England 2012.* Crisis, London.

Fitzpatrick, S. and Watts, B. 2010. The right to housing for homeless people. In O'Sullivan, E., Busch-Geertsema, V., Quilgars, D. and Pleace, N. (eds), *Homeless Research in Europe.* FEANTSA, Brussels, 105–18.

Fopp, R. 2009. Metaphors in homelessness discourse and research: exploring 'pathways' 'careers' and 'safety nets'. *Housing, Theory and Society,* **26**, 4, 271–91.

Foster, L. and Walker, A. 2015. Active and successful aging: a European policy perspective. *The Gerontologist,* **55**, 1, 83–90.

Hawes, D. 1997. *Older People and Homelessness: A Story of Greed, Violence, Conflict and Ruin.* The Policy Press, Bristol, UK.

Hearth and Corporation for Supportive Housing 2011. *Ending Homelessness Among Older Adults and Elders Through Permanent Supportive Housing.* Corporation for Supportive Housing, New York.

Herring, J. 2009. *Older People in Law and Society.* Oxford University Press, Oxford.

Heywood, F., Oldman, C. and Means, R. 2002. *Housing and Home in Later Life.* Open University Press, Buckingham, UK.

Holstein, J. A. and Gubrium, J. F. 1995. *The Active Interview.* Sage, London.

Hunter, C. 2007. Denying the severity of mental health problems to deny rights to the homeless. *People, Place & Policy Online,* **2**, 1, 17–27.

Izuhara, M. and Heywood, F. 2003. A life-time of inequality: a structural analysis of housing careers and issues facing older private tenants. *Ageing & Society,* **23**, 2, 207–24.

Jacobs, K., Kemeny, J. and Manzi, T. 1999. The struggle to define homelessness: a constructivist approach. In Hutson, S. and Clapham, D. (eds), *Homelessness: Public Policies and Private Troubles.* Cassell, London, 11–28.

Jones, A. and Pleace, N. 2010. *A Review of Single Homelessness in the UK: 2000–2010.* Crisis, London.

Kisor, A. and Kendal-Wilson, L. 2002. Older homeless women: reframing the stereotype of the bag lady. *AFFILIA*, **17**, 3, 353–70.

Kitchen, G. and Welsh, C. 1998. *Outside In: Tackling the Social Exclusion of Older Homeless People – A Response to the Social Exclusion Unit on Older People Sleeping Rough.* Help the Aged, London.

Marshall, C. and Rossman, G. 1999. *Designing Qualitative Research.* Third edition, Sage, London.

McDonald, L. 2011. Examining evictions through a life-course lens. *Canadian Public Policy*, **37**, xxxvii, 115–33.

Means, R. 2007. Safe as houses? Ageing in place and vulnerable older people in the UK. *Social Policy & Administration*, **41**, 1, 65–85.

Meth, P. and McClymont, K. 2009. Researching men: the politics of possibilities of a qualitative mixed method approach. *Social & Cultural Geography*, **10**, 8, 909–25.

National Coalition for the Homeless 2009. *Homelessness Among Elderly Persons.* National Coalition for the Homeless, Washington DC.

Niner, P. 1989. *Homelessness in Nine Local Authorities: Case Studies of Policy and Practice.* HMSO, London.

Office for National Statistics 2011. *Statistical Bulletin Labour Market Statistics.* Available online at http://www.ons.gov.uk/ons/dcp171778_232238.pdf [Accessed 12 October 2011].

Okamoto, Y. 2007. A comparative study of homelessness in the United Kingdom and Japan. *Journal of Social Issues*, **63**, 3, 525–42.

Olsberg, D. and Winters, M. 2005. Ageing in place: intergenerational and intrafamilial housing transfers and shifts in later life. AHURI Final Report 88, Australian Housing and Urban Research Institute, Melbourne.

Pannell, J. 2002. Older people and homelessness in Nottingham. Final report for Framework Housing Association, Help the Aged, London.

Pannell, J. and Blood, I. 2003. Housing advice for older people. A briefing paper for Help the Aged, London.

Pannell, J., Means, R. and Morbey, H. 2002. Life at the edge. *Community Care*, 1485, 36–7.

Pannell, J. and Palmer, G. 2004. *Coming of Age: Opportunities for Older Homeless People Under Supporting People.* Homeless Link, London.

Parliament 1996. *The Housing Act 1996.* The Stationary Office, London.

Pawson, H. and Davidson, E. 2007. Fit for purpose? Official measures of homelessness in the era of the activist state. *Radical Statistics*, 93, 7–29.

Pawson, H., Netto, G., Jones, C., Wager, F., Fancy, C. and Lomax, D. 2007. *Evaluating Homelessness Prevention.* Department for Communities and Local Government, London.

Petersen, M. and Parsell, C. 2015. Homeless for the first time in later life: an Australian study. *Housing Studies*, **30**, 3, 368–91.

Petersen, M., Parsell, C., Phillips, R. and White, G. 2014. Preventing first time homelessness amongst older Australians. AHURI Final Report 222, Australian Housing and Urban Research Institute, Melbourne.

Pillinger, J. 2007. *Homeless Pathways: Developing Effective Strategies to Address Pathways Into, Through and Out of Homelessness.* Focus Ireland, Dublin.

Reeve, K. and Batty, E. 2011. *The Hidden Truth About Homelessness: Experiences of Single Homelessness in England.* Crisis, London.

Shibusawa, T. and Padgett, D. 2009. The experiences of 'aging' among formerly homeless adults with chronic mental illness: a qualitative study. *Journal of Aging Studies*, **23**, 3, 188–96.

Shinn, M., Gottieb, J., Wett, J. L., Bahl, A., Cohen, A. and Baron Ellis, D. 2007. Predictors of homelessness among older adults in New York City: disability, economic, human and social capital and stressful events. *Journal of Health Psychology*, **12**, 5, 696–708.

Somerville, P. 2013. Understanding homelessness. *Housing, Theory and Society*, **30**, 4, 384–415.

St Mungo's 2004. *St Mungo's Big Survey into the Problems and Lives of Homeless People.* St Mungo's, London.

Thomas, B. 2012. *Homelessness Kills: An Analysis of the Mortality of Homeless People in Early Twenty-first Century England.* Crisis, London.

Walker, A. 1999. Public policies and theories of aging: constructing and reconstructing old age. In Bengtson, V. L. and Schaie, K. W. (eds), *Handbook of Theories of Aging*. Springer Publishing Company, New York, 361–378.

Walker, A. and Maltby, T. 2012. Active ageing: a strategic policy solution to demographic ageing in the European Union. *International Journal of Social Welfare*, **21**, s117–s130, 117–30.

Washington, O. M. G. and Moxley, D. P. 2008. Telling my story: from narrative to exhibit in illuminating the lived experience of homelessness among older African American women. *Journal of Health Psychology*, **13**, 2, 154–65.

Watson, D. P., George, C. and Walker, C. 2005. 'Falling through the cracks': health care needs of the older population and their implications. *Research in the Sociology of Health*, **26**, 187–204.

Willcock, K. 2004. *Journeys Out of Loneliness: The Views of Older Homeless People.* Help the Aged, London.

Wilson, D. 1995. *'We Will Need To Take You In': The Experience of Homelessness in Old Age.* Scottish Council for Single Homeless, Edinburgh, UK.

World Health Organization (WHO) 2002. *Active Ageing: A Policy Framework.* WHO, Geneva.

Address for correspondence:
Sarah Alden,
Department of Sociological Studies,
The University of Sheffield,
Elmfield,
Northumberland Road,
Sheffield S10 2TU, UK

E-mail: sarah.alden2@gmail.com