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VIABILITY OF SUPPORTED HOUSING INTERVENTION FOR PREVENTING HOMELESSNESS AMONG ELDERLY PEOPLE IN LEEDS, UK.

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ABSTRACT

The rapid increase in the number of older homeless people and a corresponding rise in demand for supported housing to curb homelessness is the basis of this study. This is particularly important because an ageing population, especially those who have been exposed to vulnerabilities gives passage to both challenges and opportunities owing to higher risks of increasingly poor health, disability, and frailty, compared to the younger population. They are invariably more likely to experience trips and falls, medical conditions caused by damp, cold environments, and reduced mobility. Therefore, a warm and secure environment that meets individual support and care need is crucial for a good quality of life. The aim of this study is to assess the quality and effectiveness of supported housing intervention for elderly homeless people in Leeds and recommend appropriate ways that could improve the quality of supported housing to better meet the needs of the older homeless people living in them. The main areas of interest involve the service users' experiences/ perception of life in supported housing and the quality of accommodation provided. The first stage of the fieldwork involved the collection of secondary data about the provision of supported housing in the study area. Stage two involved an evaluation of four different case study housing. It comprised a qualitative in-depth interview with a selected number of service users' who met the inclusion criteria of 50 years and above. The study suggested for supported housing scheme as appropriate and very viable form of housing for the elderly homeless people, though some interventions are not meeting the needs of the older people, a good number of these group of vulnerable people still consider it a home. There is also need for significant improvements in existing supported housing provision for better quality of life among the elderly homeless.

KEY WORDS: Accommodation; Elderly people; Homelessness; Supported housing schemes

I. INTRODUCTION

Supported housing is a general term applied to a diverse range of housing-based interventions for vulnerable people. It covers a variety of housing types, including sheltered housing, refuges, extra care accommodation and hostels on a long term or short-term basis. The people in such accommodation have complex and special needs, requiring different support levels. Supported housing provides homes for a wide range of people

including older people, people with a learning disability, and people with mental health challenges, vulnerable young individuals and people who have experienced homelessness. Within the supported housing sector, there is an enormous variation and great diversity in the types of service providers, housing qualities and different levels of support and care rendered (LGA, 2020). Supported housing intervention for older homeless people took a new dimension in the UK with the community care policy of the early 1990s giving care provision for people living in such homes (Tailor and Neil, 2009).

The support and care services provided in supported housing tackle social exclusion, promote sustainable communities, and help empower people to achieve their life's potential as well as providing direct support for vulnerable people (NHF, 2010). This support can help people to re-organize their lives to access basic resources and acquire the skills to live independent lives. The group of vulnerable persons considered for this study are the older people with a record of homelessness. Older people are clearly a heterogeneous group of individuals who may share the position of being elderly, but have differences in income, age, class, and ethnic grouping, as well as in gender, sexuality, and support needs. As people age, there is a visible change in their needs, wishes and desires. This change contributes meaningfully to the category of living environment and housing that needs to be obtainable for them. Older homeless people are very vulnerable, but for some their vulnerability is highlighted by challenges such as: substance abuse and addiction, dementia and mental health, physical disability and sensory impairment, disability in learning, sexual exploitation, premature ageing, social isolation, poor housing conditions, general discomfort and some even meet their death in worst case scenarios (Pannell and Palmer, 2004).

II. STATEMENT OF PROBLEMS

Leeds has an ageing population, where a significant number fall into the homeless category as well as the rapid demand for the provision of supported housing intervention which has followed this trend.

The population aged over 50 and above is over 250,000 and approximately 151 of this population are either sleeping rough or being affected by homelessness (Leeds City Council, 2016). From the Needs Analysis Chart in figure 1 below, we can see that the demand for homelessness services is going up as well as an increase in the number of rough sleepers. Likewise, there is a decrease in the availability of social housing as well as homelessness acceptances in the case study area. Therefore, the quality of accommodation and possibly the outcomes of provision will equally be affected due to the high demand in supported housing for the older homeless people.

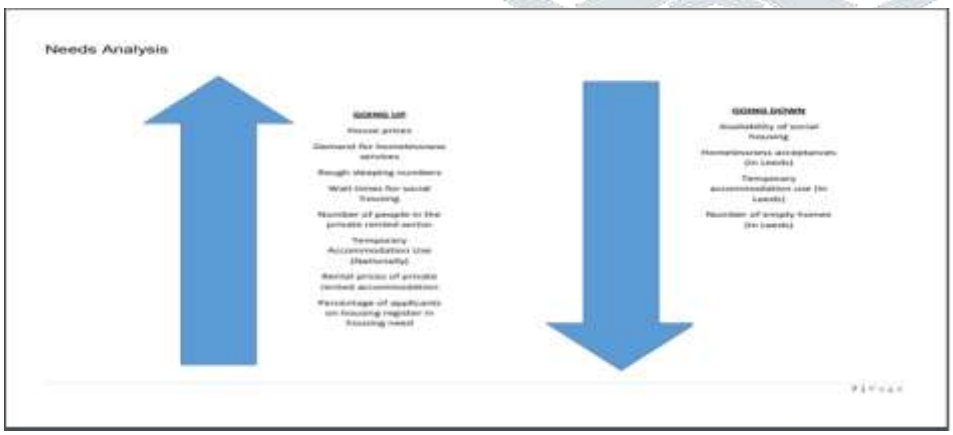

Figure 1. Source: Leeds City Council, 2016

III. LITERATURE REVIEW

This section reviews a range of previous studies which connects directly or indirectly to supported housing accommodation for older homeless people. The aim is to establish the present state of knowledge relating to

supported housing intervention and to identify any existing gaps that can be filled by this study. The four areas considered includes *existing research into supported housing schemes, support and care needs for older homeless people, quality of accommodation, and outcomes of supported housing provision*.

3.1 Supported Housing Schemes for the Homeless

The type of housing in which people live, especially as they age, is a major contributing factor to their health and general wellbeing. Supported housing schemes in the form of sheltered and extra care housing provides accommodation specifically for older people. Schemes of this nature usually employ the services of a warden or scheme manager and operate on a continuous alarm system so the residents can call for help in moments of emergency. Supported housing schemes are usually operated by local authorities, housing associations or voluntary groups (Obongha and Agbor, 2020). The nature of problems experienced by vulnerable people and the ways of successfully attending to their needs inform the provision of supported housing schemes (Clapham, 2017). The UK has a statutory responsibility toward the homeless people, with a functional task force for tackling homelessness. Based on that, the local authorities, under the Housing (Homeless Persons) Act, 1977 were given specific responsibilities to rehouse families and other defined groups, including the older people who were not homeless intentionally (FEANTSA, 2002). Those with a record of intentional homelessness were entitled to temporary accommodation, rather than a long-term settled provision. This made the policy limited in its attempt to curb homelessness. An additional limitation of the Housing (Homeless Persons) Act (1977) is that it is only concerned with settling housing needs, and not any wider support needs that may accompany homeless individuals. As a result of these setbacks, the central government from the 1990s came up with a more precise and tactical role in supported housing scheme development, particularly for homeless people. Hence, the provision of services for the vulnerable has greatly improved, become more diversified and specialized, but even so, many older people have still become and remain homeless. One of the reasons for this is that most government policies and varieties of homeless services focus on the needs of younger homeless people and most of the schemes are unfitting to the problems of older homeless people (Crane and Warnes, 2005).

Other housing policies like the Leeds Housing Strategy 2016 has considered the needs of the older homeless people and dedicated a theme on how to meet their housing needs by providing and restructuring existing supported housing schemes (Leeds City Council 2016).

3.2 Support and care need for older homeless people

Support and care needs refer to the aid individuals with special needs may require. This help can be in the form of personal care, assistance in performing practical housekeeping tasks or daily living skills and support in engaging in meaningful activities. The level and kind of aid required might depend upon numerous other resources available to any given individual at any given time. These resources might be financial, educational, social, emotional, spiritual, physical, or practical which might be inherent to the individual or acquired through family, friends, neighbours, community, or professionals. This implies that different persons might have the same special needs, but very different support or care requirements. The boundary between support and care services is unclear. Anderson (1993) recognized this and suggested that support and care services may be defined according to who renders them, as much as by the actual nature of the services involved.

For this research, support and care needs will be described based on the severity of the need and the level of the assistance required. For example, Katz et al. (2011) have explored and discovered that the needs of older residents are linked to challenges accompanying homelessness such as social isolation, uncertainty, loss, fear and frustration. The homeless older people who are admitted into supported accommodation need assistance and regular care, which they receive through a complex and varied system of formal and, most often unpaid, care. Rankin and Regan (2004) stated that ‘’the greater a person’s disability, the greater are their likely needs as there will be a wider range of tasks they cannot do for themselves’’. Patmore and McNulty (2005) are of

the opinion that a good number of these older persons are at risk of not having their needs met in this way. This puts them at 'the margins of independent living' as affirmed by (Elwyn et al., 2008).

According to (Abdi et al., 2019), the number of older people with unmet support and care needs is on the increase substantially due to the challenges facing the formal and informal care system in the United Kingdom. Addressing these challenges require an inept understanding of the care and support needs they require. Results from their findings exhibited that older homeless people faced a variety of physical, social and psychological challenges due to living with chronic conditions and therefore need support and care in three main areas: Social activities and personal relationships, psychological health, activities related to mobility, selfcare and domestic life.

3.3 Quality of accommodation

Carling (1990) described a US national housing policy forum attended by nationally recognized leaders in which it was concluded that providers of supported housing should develop housing options that most people prefer, and that the housing should be decent and permanent and developed in neighborhoods that are safe and close to services and transportation. This corroborates the declaration made by the UK government in its National Statement of Expectations, 2020, for supported housing; that effective supported housing which delivers positive outcomes requires both high quality accommodation and support that meets the needs of the residents (DWP and MHCLG, 2020).

Good practice in older people's housing is about allowing the service users themselves as choicer as possible in where and how they live. Ensuring that older people live in suitable housing has wider social benefits than the contentment of the clients themselves. A major cause of hospital admissions among older people is housing related. Poorly heated and insulated homes exacerbate respiratory and heart problems, and trips and falls caused by unsuitable, poorly adapted housing often results in visits to casualty and longer stays in hospitals or care homes. If the need for a warm, safe, and secure homes is met, then not only will the quality of life be dramatically improved for many older people, but it will also free up resources for others (Hayes, 2006).

Previous research suggested that most residents of supported accommodation prefer tenures with low restrictiveness and more independent living arrangements despite the risk of loneliness and isolation (Fakhoury et al., 2002). It was also discovered by (Parkinson et al., 1999; Rog, 2004) that the frequency and availability of support seem to have an impact on housing stability.

3.4 Outcomes of supported housing provision

It has been accepted that supported housing usually has a great impact on the lives of older homeless persons. Previous research shows that these group of older individuals who live in supported housing have done so with an amount of considerable success. A review of evidence on supported housing by Rog (2004) confirmed that older homeless people with mental health related issues who enter supported housing exhibit some housing stability for at least one year. Kloss et al. (2002) argued that systematic efforts are needed for supported housing intervention to promote greater social integration and improved housing success of older residents with mental health challenges.

Most elderly individuals living in supported housing report better quality of life outcomes in several domains compared to those living in other dwellings. In their evaluation of the Mental Health Homeless Initiative, Sylvestre et al. (2004) found out that over one third of residents reported that their health and well-being had improved over the period of involvement with supported housing, and they vehemently affirmed that they were happier, more positive, and very optimistic, relaxed, secured and very comfortable. Most of the residents reported improved physical health and well-being, greater control over use of substance/abuse as well as feeling confidence and self-esteem with better social relationships (Obongha, 2019). Although research in the

area of supported housing for older homeless persons with severe mental health challenges has developed greatly over the past several years, most of it is based on the characteristics of residents (Georing et al., 2002; Sylvestre et al., 2004), as well as impacts of supported housing, mental health service usage and exposure to outdoor air pollution (Dockery et al, 1996), housing costs (Dickey et al., 1997), and residential stability (Sylvestre et al., 2004; Rog, 2004).

Rolfe et al. (2020) are of the opinion that features such as proper housing, social support, location, privacy and choice have an impact on health outcomes. This was also discovered by (Taylor et al., 1989). Resident preferences must also be addressed as opined by various other researchers (Carling, 1990; Nelson et al., 1998; Srebnik et al., 1995; Yeich et al.,1994) in the type of supported housing available in the community. A study by Brunt and Hansson, (2004) where they compared inpatient with residents of two types of supported housing (small congregate community residences and supported independent living) found greater satisfaction in living situation, social relations, leisure activities and work amongst those in supported housing domains. However, no difference in the quality of life was found between the two supported housing settings, suggesting that a closer and deeper examination of the quality of supported housing and outcomes of supported housing provision such as quality of life, the day-to-day experiences are needed.

From these set of issues reviewed, we can see that there are obvious things to focus on, such as the quality of supported housing intervention and the outcomes of provision. The Leeds City Council has made provision for sheltered housing and extra care accommodation that supports the older homeless people, to curb homelessness. It is also seen that older homelessness is on the rise partly due to increase in alcohol related problems as they age and increased incidences of gambling addiction which leads to financial issues amongst others, making the support and care needs of these group of people complex even when they are accommodated in supported housing because their needs are mostly linked to the challenges they may have faced while homeless. What they require is high quality accommodation to support their needs to arrive at positive outcomes. My study will provide some background for the development of research which will give the formerly homeless older residents in supported accommodation a chance to express themselves as regards their day-to-day experiences and quality of accommodation provided.

IV. METHODOLOGY

This study was conducted in Leeds and made use of primary and secondary sources of data. The primary sources of data collection were carried out through administration of questionnaires for in-depth qualitative information to ascertain the viability of supported housing intervention in curbing homelessness in the study area. The secondary sources of data employed in this study were from journals, newspapers, reviews, website and government records which provided relevant background data relating to older homelessness and supported housing provision in Leeds

4.1 Research Design

Qualitative and case study approach

A combined methods technique was adopted for this study, qualitative and case study approach. Qualitative work tends to be more helpful in investigating the behaviour, emotions, opinions, attitudes, and experiences of people (Seltman, 2015), it explores the why and how? The qualitative method provides in-depth and detailed evidence and goes deeper by recording the perspectives of respondents. The case study method of data collection is suitable for this study because it tends to favour the collection of data in its natural environment (Bromley, 1986). By including the qualitative data collection, the case study approach will then help to explain the processes and outcomes of an occurrence through complete observation, reconstruction and analysis of the cases being investigated (Tellis, 1997).

In the first stage, secondary data based on existing data set on supported housing provision in Leeds was gathered. Thereafter, a profile of four selected multiple case study supported housing were assembled where the in-depth qualitative survey was carried out.

A careful selection process was engaged in choosing the four-case study supported housing employed for further in-depth study. This reflected the diversity of provision in the case study area. Furthermore, the four selected hostels appeared to reflect common housing types. Thus, each had at least one counterpart with very similar characteristics within the case study area, given that the aim was to get contrasting situations and consider processes rather than to compare institutions.

In the second stage, 20 formerly homeless older individuals enrolled in the four selected supported housing interventions, who have met the inclusion criteria of 50years and above were nominated for in-depth qualitative studies. Therefore 5 residents each were nominated from the 4 supported housing by the senior support staff. This agrees with the opinion of (Patton and Cochran, 2002) as they emphasized small sample size in qualitative research for a more practical outcome. It has also recently been recommended that qualitative research require a minimum sample size of at least 12 to arrive at data saturation (Clarke and Braun, 2013; Fugard and Potts, 2014; Guest et al., 2016).

The qualitative in-depth interviews with the 20 residents took place in a various quiet setting (such as empty offices, service users' bedrooms and communal areas) and tape recorded due to age constraints. Each interview lasted between thirty and forty minutes and addressed a range of issues relating to the study. Different semi-structured topic guides were used. Interviewees were encouraged to speak freely and to develop their own interests and thoughts.

4.2 Study Area

The wider study area is West Yorkshire. The main study area is Leeds. At 53° 47' 35.39" N and -1° 32' 34.19" W. Central Leeds is located on the River Aire in a narrow section *of the Aire Valley in the eastern foothills of the Pennines. The City centre lies at about 206 feet (63m) above sea level while the district ranges from 1,115 feet (350m) in the far west on the slopes of IIkley Moor to about 33 feet (10m) where the rivers Aire and Wharf cross the eastern boundary. The Centre of Leeds is part of a continuously built-up area extending to Pudsey, Bramley, Horsforth, Alwoodley, Seacroft, Middleton and Morley (ONS, 2001). Figure 2 is the map of West Yorkshire showing Leeds the study area.

Figure 2: Map of West Yorkshire showing Leeds (Source: Leeds City Council, 2013)

According to Leeds City Council, 2013 the 2011 census which took place on March 27th, 2011 shows that Leeds has a population of 751,500. Of that number, 97, 400 are between the ages of 60-75 and 55, 200 are over 75 years old. The number of people over the age of 85 has risen by 15% in the last 10years and expected to keep rising in the coming years.

V. DATA PRESENTATION, INTERPRETATION AND RESULTS

Stage 1

Table 1: Summary of the characteristics of the twenty-four supported housing for the older homeless people in Leeds

CHARACTERISTICS	NUMBER OF HOUSING
1.**The main providing agency**	
local authority	12
voluntary sector	8
religious or charitable organization	4
2. **Marital status of residents**	
Single	16
married	3
Mixed single and married	5
3. Gender of residents	
men only	3
women only	7
mixed gender	14
4. **Age group of residents**	

50-60 years	11
over 60 years	8
over 70 years	2
over 80 years	3
5. Groups catered for	
Homeless	2
women escaping domestic violence	1
people leaving care	1
people at-risk of substance misuse	1
Adults with learning disabilities /risk of dementia	2
Mixed	17
6. Supported Housing Size	
10 or less bed spaces/ units	16
11-30 bed spaces/ units	5
over 30 bed spaces/ units	2
various (spread over different locations)	1
7. Length of stay	
less than a year	4
1-3 years	3
over 3 years	4
Unspecified	7
unrecorded	6
8. sleeping arrangements	
single sleeping spaces	20
mixed (shared and single) sleeping	1
dormitory-type	1
unspecified	2
9. Level of support provided	
24 hours with onsite staff provided	21
office hours with off hours call	2
Unknown	1

Source: Researchers field survey, 2021

The secondary data above shows a summary of the characteristics of supported housing provision for the older people in Leeds.

Table 2: Summary of the characteristics of the four selected case study supported housing

Supported Housing 1:
Local Authority provision
Single adults (Men and Women)
Any age
Mixed needs (Homeless, recovering from substance misuse, elderly who need extra support to live, women fleeing domestic violence)
Temporary Housing
Single sleeping arrangements
24 hours onsite staff
Supported Housing 2:
Religious/Charity provision
Single adults (women only)

50-60 years
Mixed needs (Women fleeing domestic violence, homeless, recovering from substance misuse)
Unspecified length of stay
Office hours with off hours call
Mixed sleeping arrangements
Supported Housing 3:
Voluntary Housing provision
Single adults (men only)
Mixed needs (Homeless, mental health)
Long stay
Single sleeping arrangements
24 hours onsite staff
Supported Housing 4:
Local authority provision
Married (men and women)
Mixed needs
Long term accommodation
Single sleeping arrangement
24 hours onsite staff

Source: Researchers field survey, 2021

Table 3: Respondents' Reasons for Homelessness

REASONS MENTIONED	**NUMBER OF TIMES**
Relationship breakdown or loss	6
Tenancy termination	5
Loss of previous supported housing	1
Leaving prison	2
Elderly and needing extra support	2
Fire Incidence	1
Marital/domestic abuse	2
Total	19

Source: Researchers field survey, 2021

From table 3, patterns in the reasons for homelessness were drawn according to housing type (1, 2, 3 and 4). Reasons for homelessness reported by residents from housing 1 and 4 were more varied than those reported by service users from housing 2 and 3. This was unsurprising given that the referral criteria of 1 and 4 were broader than those of the 2 and 3. Relationship breakdown or loss recorded the highest number from the respondents, followed by tenancy termination. This is consistent with previous studies of Austerberry and Watson, (1983) where accelerating events and personal characteristics interact to link types of reasons for homelessness with particular groups of people. Leaving prison (with limited coping skills and minimal support) was reported by men only in housing 3. Marital dispute or domestic violence was common amongst most women from housing 1. From the table above it is clear that a lot of older people are homeless due to relationship breakdown or loss.

Table 4: Choice of Accommodation of respondents

CHOICE OF ACCOMMODATION RESPONSES	TOTAL NUMBER OF
HOUSING 1	2
HOUSING 2	5
HOUSING 3	5
HOUSING 4	5
TOTAL	17

Source: Researchers field survey, 2021

Table 3 shows the preferred choice of accommodation of the respondents. 5 of the service users preferred to be in housing 2, 3 and 4, which was allocated to them because they are long term accommodation and met their support needs. But housing 1, being short term and temporary, had only 2 respondents who still preferred to stay. From this study it is revealed that the respondents prefer a long term supported housing provision

Table 5: Residents' Current length of stay in the Supported Housing

Housing	Current length of stay
1	Between days and 1 year
2	Between days and 3 years
3	Between days and 2years
4	Between days and 5years

Source: Researchers field survey, 2021

From the table**,** individual housing policies of supported housing providers relating to length of stay in the various housing were reflected in the responses given by the respondents as regards how long they had been living in the supported housing at the time the interview was conducted. Housing 1 was emergency only with a time limit, housing 2 had an unspecified length of stay, housing 3 was long stay and offered accommodation for as long as was desired, housing 4 was also long term. It was not surprising, therefore, to find that the length of stay of service users in housing 4 ranged from days and 5years.

Table 6: Residents' Perception of Supported Housing

PERCEPTION MENTIONED	NUMBER OF TIMES
A desire for something permanent	4
A detest for communal sharing	1
Poor housing standards	3
A detest or fear of the other residents	1
Housing not meeting individuals' support needs	5
A detest of the housing rules	1
A feeling of dependency	1

Fear of the stigma and negative images associated with supported housing	1
High charges	2
Total	19

Source: Researchers field survey, 2021

From the table, the service users perceived supported housing in various ways. Fear of the stigma and negative images associated with supported housing was mentioned 1 time. A detest for communal sharing space was mentioned once by a resident in housing 2. Housing not meeting individuals' support needs was mentioned 5 times, it had the highest number of mentions followed by residents' desire of something permanent which was mentioned 4 times. Poor housing standards in terms of its decor, furnishing, design, and facilities came up 3 times. Across all four housing, rules and regulations were far less of a problem than the standard of the accommodation. From this study it is evident that most supported housing intervention is not meeting the support and care needs of their residents. This study found that supported housing differed in the amount and quality of the support they rendered.

Table 7. Residents' consideration of supported housing

CONSIDERATION MENTIONED	NUMBER OF TIMES
A home	16
Not a home	3
Total	19

Source: Researchers field survey, 2021

From the table, the residents' consideration of supported housing as a home was mentioned 16 times while the response not a home came up 3 times. Many individuals felt that their supported housing was a home while few considered it as not a home but did not think of themselves as homeless. This complexity of the meaning of home and homelessness as debated by Watson and Austerberry, (1986) was clearly revealed by this study. As consistent with Thomas and Niner (2009), many service users seemed unwilling to condemn the accommodation because they were grateful to have a roof over their heads. It was further discovered from this study that without supported housing the outcome could only be negative, which is more sleeping on the streets.

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VI. CONCLUSION

Supported housing can have an enormous positive or negative impact on an individual's quality of life based on the quality of accommodation and outcomes of provision. This impact can range from their physical and mental health to their engagement with the community.

Good quality supported housing is important to provide a safe, stable, and supportive place for the older people as this is the key to unlocking better outcomes for them. Residents should be given the most secure form of tenancy compatible with the purpose of the housing and their needs and circumstances.

Effecting significant physical improvements to the quality of supported housing is vital, but improvements should also be made on meeting the support and care needs of the older residents by regular communication and collaboration between local council housing services, landlords, managing agents, support staff and commissioners of support services, to share information so that arrangements can be adapted as resources or residents' needs change. Also consistent with Evans (1991), there is a need for more staff training and supervision.

Supported housing should remain as one of a wide range of accommodation forms. Moreover, in view of the diversity of needs for which it is expected to cater, the category of supported housing for homeless older people should be flexible.

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