



Too old to help?

Why socially excluded older people need better support

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

Little is known about these older people's experiences and their ability to access services to support them. That's why Age UK and The Salvation Army commissioned research to

understand what day-to-day life looks like for these older people and what support they need.

This report brings together a series of interviews with professionals who are working with socially excluded older people, and older people in these situations themselves. It offers an insight into the challenges these older people are facing and provides suggestions for what would make a difference to their lives.

Who are 'socially excluded' older people?

We consider people socially excluded when they are unable to access the rights, resources, or opportunities which are available to most members of society. While people may be socially excluded for a range of reasons, for the purposes of this report we have focused on older people experiencing social exclusion as a result of homelessness, drug or alcohol addiction, poverty, severe mental illness, or previous experience of the criminal justice system.

We define older people as those aged 50 and over. While people aged 50 are not traditionally seen as older, social exclusion often leads to premature ageing where people develop health conditions and frailty associated with those much older than themselves. Sadly, people who are socially excluded are also likely to have a lower life expectancy.

Key statistics

- In 2019 39% of homeless people who died while sleeping rough or in emergency accommodation were aged 50-74ⁱ.
- In 2018-2019 there were 1.3 million estimated admissions to hospital where the primary reason for admission or a secondary diagnosis was linked to alcohol. Of those patients admitted for an alcohol-related reason, 47% were aged between 54 and 74ⁱⁱ.
- There has been a significant increase since 2011 in deaths directly attributable to alcohol amongst people aged 55-79. In 2019, the highest alcohol-specific death rates were amongst those aged 55-69 and 60-64ⁱⁱⁱ.
- Admissions to hospital for poisoning by drug misuse increased by 36% amongst people aged 45 and over between 2012/13 and 2018/19. In comparison admissions for people aged 45 and under dropped by 8%^{iv}.



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

Mental and physical health: Many older people we interviewed have experienced a complex interplay of both physical and mental health issues throughout their lives. Childhood trauma is a strong theme for many. Professionals report that the older people they see age prematurely and develop long-term conditions, including cognitive decline, much earlier than occurs in the general population.

“I go to a centre for people who have had strokes. Most of them have dementia or something. It’s meant to get you exercising and that. Most that go are much older. I started there at 47.” Mitchell, 53

Social isolation: Many of these older people do not have family or close friends, and often go many days without engaging in conversation with others. In fact, several stated that their closest relationships are with their support workers.

“I don’t really have anyone as such. No direct family. No real relationships to speak of. A soulmate – that would come in handy. I’d like to think there would be someone who would come round and see me.” Stuart, 56

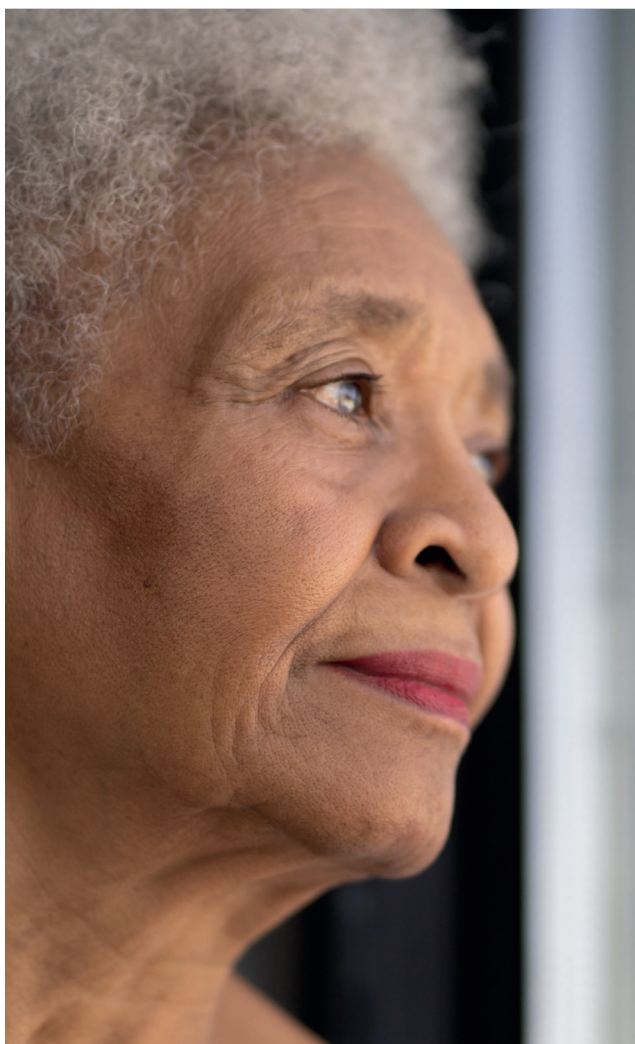
Addiction: Many older people who are socially excluded live with drug or alcohol addiction, which presents even greater health risks in later life. Many say they use substances to ‘numb’ difficult feelings. This acts as a barrier to them accessing health and care services as there is often a refusal to engage with older people until they have stopped drinking or using drugs.

“Why would I stop using [heroin] now? To be some little old lady in some random flat on my own with nothing...I’m too old to sleep in shop doorways. I’m out of my head with anxiety about it... I’ve only got old age and death ahead of me anyway. So if I’m homeless again, I’ll just kill myself.” Sarah, 51

Poverty: Most of those we spoke to live hand to mouth, and do not have savings. If they do have a home, their housing is often temporary, insecure and basic.

“They stopped my disability allowance for 28 weeks, and I knew I was going to be in too much debt with my housing association. I did not want to cause trouble or be evicted, and so I just thought I’m leaving. And one day I just left.” Rudy, 64

“I can’t afford mobile internet. I’d like it, if I had more money. I get £73 a week in total. I can just about live on it. I’ve had to tighten my belt. I’m very careful. I used to eat in a café for £5 or £6. That was my treat. But that’s had to stop.” Stuart, 56



Ageing exacerbates the challenges which older socially excluded people face

While socially excluded older people are facing challenges separate to ageing, their age magnifies the issues which they face and makes day-to-day life more difficult. Getting the help you need can often be much more challenging as you age.

Unhealthy behaviours are riskier in later life:

For example, there is a greater risk of alcohol damage and the implications of falling after drinking too much become much more serious. Rough sleeping is more dangerous for older people, who are more vulnerable to health risks from the cold.

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

Dr Caroline Shulman, General Practitioner in Homeless and Inclusion health

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

Julie Breslin, Drink Wise, Age Well

Services are not set up for older people:

Services which are on offer are not always appropriate for people in later life, who may be living with long-term health conditions or disabilities. For example, staff working in hostels for homeless people may be unable to support residents who require personal care, such as help with washing or incontinence. Support can also be centred around recovery strategies which aren’t relevant, for example helping people to find employment, when the person may be past retirement age.

“If you walked into a statutory treatment service, everyone has the same assessment. So basically, you could be asking a 21-year-old injecting drug user the same questions that you’re asking a 78-year-old male who

started drinking because his wife died.”

Julie Breslin, Drink Wise, Age Well

All-age services can be intimidating:

When services are targeted at younger people, and predominantly used by them, older people can feel out of place and unwelcome.

“There’s lots of support for the under 25s. There’s beds for the kids. There’s nothing directed at my age at all. I think there will be even less as I grow older. I understand why. You’ve had 50 years and you’re f*** up. They don’t want to know.”** Sarah, 51

Ageist attitudes and stigma:

Some professionals are reluctant to provide support to older people because they believe it is too late for them to change, they won’t benefit from help, and resources are better spent on younger people. Perceptions about older people can mean that professionals do not pick up on signs that an older person is struggling.

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

Julie Breslin, Drink Wise, Age Well

“As long as my body functions, they won’t do anything about it. If you’ve got clear lungs and aren’t bleeding then they’re not interested. I tried three years ago but they said there was nothing they could do and I’m not here to be a nuisance. Taking codeine is helping and whilst it’s helping, I don’t need to be a problem.” Rudy, 64

Lack of information and digital exclusion:

Older people do not always know that services exist or how they would benefit from accessing them. The move to digital services is exacerbating this further, with many older people unable to use or access the internet. This is particularly true for older people who have spent time in prison or who are homeless.

“I contacted the GP as I have a list of things that I wanted to check in about, but they told me the only way was to go online. I can’t do that at the moment so there’s no way around it for me now. I’m also scared about overburdening the NHS...” Nehala, 60

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

Shame: Many socially excluded older people are ashamed of their circumstances or believe that they are undeserving of help. This sense of shame can increase with age as people believe they should not be living in these circumstances in later life.

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

Administrative barriers: Many older people who are socially excluded do not have a fixed address, formal ID, or a bank account. In many cases this prevents them from registering with

services, including making it harder to register with a GP. When they do manage to overcome these barriers, issues related to ageing such as cognitive impairment may make it difficult for them to access services.

“Without having these things in place, such as ID, a bank account, benefits, letters to show who you are, your National Insurance number, people won’t help you. We have people coming into hospital who may have never been registered with a GP.” Kelly Speed, King’s Health Partners’ Pathway Homelessness Team

“The letters that come aren’t user-friendly sometimes. So, they’re massive A4 pages full of information. And some of our service users have brain injuries... Or they might not be able to read it, but they’re too embarrassed to ask someone to help them. That information is going to be lost.” Eloise Moller, Single Homeless Project



What works to support older people?

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

Adapting services to support people with cognitive impairment: It is important that services adapt to meet the needs of people with memory loss, such as by offering shorter assessments or appointments which are easier to manage or providing reminders about when appointments are. Information, such as letters with appointment details, should be clear and easy-to-read.

Moving away from a one-size fits all approach: Although many services claim to be all-age they often fail to consider the unique circumstances which older people face. Services must be willing to adjust so that they are appropriate to people in later life. For example, services should provide opportunities for meaningful activity which isn't focused on employment for people who are past retirement age. They should also ensure that facilities are accessible for people living with health or mobility difficulties.

Creating dignified spaces: Older people need to feel comfortable, respected, and safe from judgement when accessing services. To achieve this, professionals should seek to provide support in places which are familiar and

comfortable to the individual. Examples of this include Health Inclusion Teams delivering health care in day centres for homeless people.

Raising awareness of services: Many older people who are socially excluded are unaware of what support is available. It is important that professionals proactively reach out to older people to promote their services and welcome those who are reluctant to engage.

Providing holistic services which deal with multiple complex needs: Many older services-users are facing multiple and complex challenges, for example addiction, housing, and mental health issues, yet the services they access often focus on single issues in isolation. Holistic services which can deal with multiple issues make a significant difference.

Building trust with older people: Establishing a trusting relationship with service-users is vital, particularly if the older person has previously had negative experiences of accessing support.

Continuity of Care: Older socially excluded people tend to feel more comfortable accessing services when they are supported by the same person each time.





The older people we spoke to explained the difference which age-appropriate, holistic support has made to their lives.

“I was skin and bone out on the streets because I wasn’t eating well – but I get fed three times a day now and I’ve put on lots of weight – it feels much better...St Mungo’s have said that I won’t be on the streets again – it feels good, I’m excited about the future now, not worried. You never know what’s around the corner.”

Rudy, 64

“David from Age UK was a godsend. He would come cycling up this hill every week without fail and just listen. I’d say I was interested in something and as soon as you like he had his phone in his hand Googling groups or events or something else. And then the next day, I’d get leaflets and printed pages from these websites through my door.”

Nehala, 60

“I am the fittest, healthiest, cleanest I’ve ever been. My treatment is really working.”

Stuart, 56

“The help I received from Age UK was just fantastic...they practically did everything, getting in touch with doctors and writing a medical report. I would never have been able to appeal without them, it’s like having a whole legal team behind you. When the letter came through that I got [the PIP] back, I phoned the Age UK lady up and she come and see me and that – just to congratulate me and for me to say thank you.”

Bob, 64

Policy recommendations

Improve our understanding of older populations:

Local authorities and health systems must improve their understanding of the needs and experiences of older people. They should take steps to understand the scale of need in their local population and meaningfully engage with older people with lived experience when designing and delivering services, including homelessness and addiction services, to ensure that they are suitable for those in later life.

Break down stereotypes and make sure services are accessible:

Health professionals must take proactive steps to ensure that services are inclusive and suitable for older people who are socially excluded. This includes breaking down unhelpful stereotypes about people in later life and ensuring that services are delivered in accessible spaces.

Provide high quality information and advice:

All older people should have access to independent information and advice but for those who are socially isolated with complex needs, it is particularly important that they receive ongoing support to access the benefit system and other services, including practical help with making applications and challenging decisions if needed.

Increase financial support for those struggling to reach State Pension age:

There should be greater financial support for groups approaching State Pension age who are unlikely to be able to work again due to caring responsibilities, a disability, or long-term unemployment. Options to consider include early access to the State Pension for specified groups who are close to State Pension age, a lowering of the age of eligibility for benefits such as Pension Credit and/or additional support in working age benefits for people over 60.

Ensure older people have access to cash:

Socially excluded older people can be more reliant on cash and are less likely to have a bank account. The Government must find a solution that can guarantee sustainable and 'good' access to cash. Age UK believes the best way to achieve this is to create a Universal Service Obligation on banks to provide cash, with a review every five years to check if it is still suitable.

Learn more about these older people: Local authorities and the VCSE sector must work together to build and share the evidence base about what works to support older people who are socially excluded.

References

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ⁱⁱ NHS Digital (2020), 'Statistics on alcohol, England 2020: alcohol-related hospital admissions'. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020/part-1>

ⁱⁱⁱ Office for National Statistics (2021), 'Alcohol-specific deaths in the UK: registered in 2019: deaths caused by diseases known to be a direct consequence of alcohol misuse by sex, age, religion, and deprivation.' Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2019#:~:text=There%20were%207%2C565%20deaths%20related,11.9%20deaths%20per%20100%2C000%20people>

^{iv} NHS Digital (2019), 'Statistics on drug misuse, England, 2019: hospital admissions related to drug misuse'. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019/part-1-hospital-admissions-related-to-drug-misuse>

How you can make a difference

- 1 Write to your local health commissioners** and ask them to ensure the needs and experiences of older people are taken into account when commissioning these services. Please email publicaffairs@ageuk.org.uk for a template letter.
- 2 Refer constituents** struggling with these issues to your local Age UK or The Salvation Army for support:

ageuk.org.uk/services/in-your-area/
salvationarmy.org.uk/map-page
- 3 Work with us** to become a parliamentary champion for these older people. Please contact publicaffairs@ageuk.org.uk to arrange a meeting. Our policy experts are happy to have a more in-depth discussion with you too.

