Hanover
HOUSING - SUPPORT - RESEARCH

Ageing in what place?

The experience of housing crisis and homelessness for older Victorians

Final Report

ACKNOWLEDGEMENTS

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LIST OF ACRONYMS

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment Services
ACAT	Aged Care Assessment Team
ACHA	Assistance with Care and Housing for the Aged
AHURI	Australian Housing and Urban Research Institute
ANPEA	Australian Network for the Prevention of Elder Abuse
CACP	Community Aged Care Package
DHS	Department of Human Services
DVA	Department of Veterans Affairs
EACH	Extended Aged Care at Home Packages
EACH-D	Extended Aged Care at Home Dementia Packages
GP	General Practitioner
HEF	Housing Establishment Fund
HMMS	Home Modification and Maintenance Service
HAAG	Housing for the Aged Action Group
HACC	Home and Community Care
NHSC	National Housing Supply Council
NRAS	National Rental Affordability Scheme
PRAP	Private Rental Access Program
RDNS	Royal District Nursing Service
SAAP	Supported Accommodation Assistance Program
VCAT	Victorian Civil and Administrative Tribunal

DEFINITIONS USED IN THIS REPORT

Ageing

For the purposes of this study we define anyone who is 55 years and over as an ageing person. The rationale for this was two fold. Firstly, we wanted to ensure that we captured the experiences of those who had experienced premature ageing as a result of disadvantage. Furthermore, as this study wishes to examine early interventions for older people at risk, we wanted to explore people's housing pathways prior to them having full access to the aged care system.

Housing crisis

We define housing crisis as occurring when a person's tenure is considered unsustainable, unaffordable or insecure.

Homelessness

Throughout this report we refer to homelessness as per the cultural definition utilised by Chamberlain and MacKenzie (2001). The three types of homelessness are:

Primary homelessness: being without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, under bridges, in parks, etc.).

Secondary homelessness: moving between various forms of temporary shelter including: friends, emergency accommodation, youth refuges, hostels and boarding houses.

Tertiary homelessness: living in single rooms in private boarding houses – without a private bathroom, kitchen or security of tenure.

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EXECUTIVE SUMMARY

Australia is facing significant demographic shifts over the next decade as the population grows and ages. Currently, services for the ageing population are fragmented with no single government department assuming responsibility for older Australians in all their diversity.

Homelessness and housing services are reporting an increase in aged people presenting for assistance with no (recent) history of homelessness. Older Australians in private rental, or those entering private rental for the first time, appear to be particularly vulnerable. While the population is diverse, these people all have insecure tenure and limited income.

In Australia there is no coherent response for older people in housing crisis or at risk of homelessness. In Victoria, the service response for the aged is focused on individuals with chronic health issues and homeless histories. Currently, the homelessness service sector doesn't provide a clearly differentiated response to those at risk of housing crisis or homelessness who are ageing.

Over the past twelve months, Hanover Welfare Services conducted an action research project, funded by the William Buckland Foundation, examining older individual's pathways into housing crisis and homelessness.

Our broad research questions were:

1. What individual systemic and structural factors put older Australians at risk of housing crisis and homelessness?
2. What policies and services exist to support vulnerable older Australians and improve/maintain/protect their health and wellbeing?
3. How do personal circumstances and local policy and services create pathways into and out of homelessness?
4. What policy and service responses are needed to protect older Australians from entering either housing crisis or the homeless service system?

The research was conducted in five stages.

Phase One: Mapping the service system for Older Victorians

We mapped the current programs and services provided to older Victorians by various service sectors and government departments, including those that provide: health, housing, support or financial services. This phase of the research highlighted three things:

1. The service and support systems in place for older people are highly complex
2. Older people are likely to experience significant challenges in navigating this complex and often fragmented service system; and
3. Service providers are likely to experience similar challenges in navigating the fragmented service system for older Australians.

Phase Two: Desktop research and literature review

Conducted concurrently with the first phase, a literature review including desktop research was undertaken. We examined population projections in relation to older people, their overall tenure profiles, current service and accommodations options for this population and reviewed pertinent ageing policy including 'Ageing in Place'.

Phase Three: Consultation with stakeholders

Consultations were held with 22 senior workers and policy officers across a range of agencies offering services and supports to older persons. We sought to understand key policy and service delivery issues for older people and how these impact on their risk of housing crisis and homelessness.

The consultations with key stakeholders highlighted:

1. The growing number of older people presenting in housing crisis or homeless, and the diversity within these newly emerging groups;
2. The lack of a specialised response to this newly emerging population;
3. The significant challenges faced in providing secure, stable and appropriate accommodation to older people;
4. The impact of the private rental market and low pensions on the ability of older people to maintain security of tenure; and
5. The lack of coordination between government departments working with older people

Phase Four: Qualitative interviews with older persons experiencing homelessness or housing crisis

In-depth qualitative interviews were undertaken with 14 individuals to identify key points in time where service interventions positively and negatively impacted on their pathways into housing crisis and homelessness. The interviews highlighted:

The impact of vulnerability on older people's pathways into housing crisis and homelessness

Individuals experienced varying levels of vulnerability and disadvantage prior to their housing crisis. Most had a long history of private rental. All were on a Centrelink pension and had found themselves ageing with no financial reserves.

Participants took one of two routes into housing crisis or homelessness. They either had experienced:

- a history of long term and multiple forms of disadvantage or vulnerability culminating in housing crisis or homelessness; or
- a short term, single event or episode which disrupted tenancy.

Those who entered housing crisis or homelessness as a result of the cumulative effects of multiple forms of disadvantage and vulnerability had significantly more intense, broader and longer term support needs than those who faced a single event or episode that disrupted tenure.

Impact of Structural and systemic service issues on older people's pathways into housing crisis and/or homelessness

Lack of affordable suitable public and private rental dwellings and limited supply of public housing was a key cause of housing crisis for participants

Inadequate income and lack of access to affordable housing were intertwined issues for participants. Pension reliant and without financial reserves, participants had insufficient income to withstand rental or cost of living increases. Within a minimally regulated private rental market, little or no protection is available to tenants priced out of their accommodation in their local areas. Furthermore, participants often experienced age-based discrimination from real estate agents. Without assistance from an advocate, most found it impossible to find private or public rental that was affordable, suitable and secure within their existing community. Without a secure home base, vulnerable older people living in private rental had limited and sometimes no opportunity to age in place.

Information about available services was not available or easily accessible to older people
Participants had little or no knowledge of the various specialist service sectors available to support them, including accommodation options. They reported stumbling across assistance rather than being directed to appropriate services early in their housing journey. Without an understanding of their rights and options, most participants were unable to advocate on their own behalf when they received inappropriate referrals or service responses. Delayed responses prolonged their period in housing crisis and or homelessness perpetuating instability and compounding, if not causing, poor health.

Housing and Homelessness Service responses were often inadequate and sometimes even negligent
Many participants had limited if any knowledge of the housing and homelessness sectors. Many individuals who sought help from specialist homelessness services received either no response, a short term crisis response with no follow up support, or an inappropriate referral to unsuitable and unsafe accommodation.

Supports in place when entering housing crisis or homelessness
All participants reported that they were linked to a health service or doctor prior to entering housing crisis or homelessness. In fact, for many, the only service that they were linked with was their local doctor.

The lived experience of housing crisis & homelessness
All participants reported significant negative physical and emotional health and well-being affects of housing crisis and homelessness. These ranged from significant anxiety to a direct threat or an attack to their physical safety while homeless. The longer a person was in crisis, the more significant their needs were for ongoing support.

Securing housing
Participants noted that having a secure home base meant they were able to stabilise in other areas of their life, gain or maintain social networks, and tailor health and other ongoing supports around them.

Ongoing Supports
At the time of interview, all participants had ongoing support from a health provider. Other supports were tailored around the individuals existing or ongoing vulnerabilities. It was apparent from our interviews that those with personal networks (family, friends, community) were less reliant on the service system in later life.

Phase Five: Finalising service mapping

The final phase of the research involved re-mapping the current Victorian service sector for older persons, based on feedback from consumers and service providers engaged in the research. The final mapping highlighted the complexity within each service, the different eligibility requirements, as well as overlap between service provision. In the next stage of our research, to be completed in December 2011, a full interactive map will be completed.

Implications and key messages from the study

Based on the five phases of the research we provide the following recommendations. Given the diversity in personal experience and service needs, we believe a continuum of responses needs to be developed for older persons in housing crisis or homelessnes or at-risk. This would involve coordination of the various services sectors to work collaboratively in the best interest of older people.

Simplify the existing service system

The existing service systems need to be simplified and streamlined. One stop shops should serve as entry and referral points to relevant health, housing, financial and community services for older Australians. Additionally, vulnerable older people should be identified at entry, and allocated an advocate worker.

Fund financial counseling and support services to older people in financial stress

The provision of financial counselors and support workers should be increased to ensure older people are receiving all concessions and benefits they are entitled to and assistance with budgeting and debt management. Additional financial services should be accessible to older people in order to maintain tenancies.

Develop national and state housing policies for older people

There is a critical need for the development of both national and state based housing policies to guide the provision of suitable, affordable accommodation to disadvantaged older Australians.

Educate older people, service providers and the general public about available services

A far reaching information campaign is needed to educate service providers, older people and the general community around the availability of supports and services for aged persons in housing crisis or homelessness. This should include the areas of housing, financial advice, and services and supports for which they may be eligible.

Prevent housing crisis, keep people housed

A permanent, secure and suitable accommodation base is essential for older people who are in housing crisis or homelessness. Wherever possible and appropriate, people's housing tenure should be maintained to prevent individuals entering the homelessness service system. This may be done through leveraging brokerage dollars to keep people in existing housing or providing temporary age-appropriate accommodation with adequate levels of support built around the older person.

Prioritise early identification of older people at risk of housing crisis and homelessness through first contact agencies

Early identification of older people who are at risk of or currently in housing crisis is the most effective method of preventing homelessness. First Contact Agencies should take a lead role in identifying those in housing crisis and referring them to appropriate support.

Health care services and real estate agents should be targeted as an early identification point as well as key dissemination points for information provision. Discharge protocols should be developed with hospitals to ensure older people are not released into homelessness.

A statewide Private Rental Access Program specifically designed to cater to the needs of older Victorians may be useful in allowing services to develop networks with real estate agents to allow the aged to stay housed, and stay housed in their own community.

Develop the Centrelink homelessness flag

Centrelink is in a unique position in terms of the information they can access about older people's income and changes to their circumstances. An automatic flag system should be developed which identifies, contacts and supports those at risk. Furthermore, Centrelink should develop regional partnerships with state housing services and specialist housing/homelessness providers to provide timely assistance with income, housing and support.

Expand current best practice approaches

The scope and intensity of a specialised service response should be based on the capacity and needs of the individual. For those in housing crisis or those newly homeless, dedicated services that provide a timely and tailored response to vulnerable older people should be further developed and funded. Services such as HAAG and ACHA assist older people to navigate the complex aged care, housing, and homelessness services, and provide ongoing advocacy for individuals.

Existing models for those with multiple and complex needs and a history of homelessness are essential to delivering a specialised aged care response to this population. Programs such as Wintringham should be expanded to ensure these particularly vulnerable populations have the same opportunities to age in place with dignity with tailored supports.

INTRODUCTION

This report represents the culmination of Stage One of Hanover Welfare Service's research into the experience of housing crisis and homelessness for older people. The research was generously funded by the William Buckland Foundation.

The project emerged following anecdotal evidence from specialist homelessness services that pointed to a significant increase in the number of older people presenting at services for the first time with little or no prior history of homelessness. At the same time, a small but growing body of research (McFerran, 2010; Jones, et al 2007, Judd et al 2004) was emerging that focused on specific segments of this vulnerable older population who were homeless or in housing crisis (for example, women escaping violence, private renters).

Despite this critical research, it was evident that there continued to be limited understanding and evidence about older peoples diverse pathways into housing crisis, if not homelessness. Without this in depth understanding of how and why older people become homeless, and their experience of service delivery once in this situation, it is difficult to develop appropriate policies and services to address their particular housing needs. Importantly, we lose a critical opportunity to inform prevention strategies among this ageing population over the coming decades.

The Stage One Final Report is delivered in two parts. The first is this stand alone report. It presents the research phases, a summary of consultations, findings from consumer interviews, mapping of the current service sector for older Victorians, and policy and service recommendations.

The second component is another stand alone document, "Ageing in what place? The experience of housing crisis and homelessness for older Victorians. Case Studies". This document presents case studies outlining the journeys of 14 older people interviewed as part of the research. The case studies share incredible stories of hardship and resilience as well as vulnerability and courage. They detail participants' journeys into housing crisis or homelessness, and provide rich insight into the challenges faced by older people.

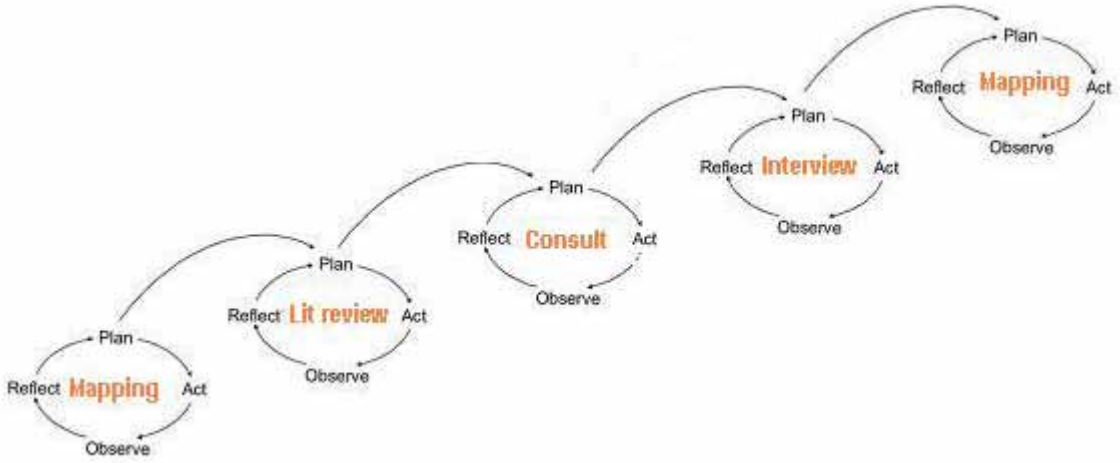
Stage Two of the research will be completed at the end of 2011. This will involve focus groups across the eight Department of Human Services regions in Victoria to examine how both gender and place impact on the housing pathways of older Victorians.

METHODOLOGY

Research design

This project utilised an action research approach. Action research is a method of investigation which involves “posing questions, gathering, data, reflection, and deciding on a course of action” (Ferrance, 2000). Action research utilizes cycles of research, each of which iteratively informs the next cycle, whereby critical reflection may result in further action (Dick, 2002).

An action research methodology was a useful approach for studying a newly emerging population. The existing evidence base is extremely limited and little is known of the scope or dimensions of the problem. The action research approach allowed us to conduct discrete research and consultation phases (sometimes concurrently). Each stage informed the design and implementation of the next cycle of research. A brief overview of the phases undertaken as part of this project is presented below.



Phase One: Mapping the service system for older Victorians

We mapped the current programs or services provided to older Victorians by various service sectors or government departments, including those that provide: health, housing, support or financial services. The purpose of this phase was to develop a clear understanding of where older people can access support. The intersections and disconnects between the various federal, state and local government departments that service particular segments of the older population were also examined.

Phase Two: Desktop research and literature review

Conducted concurrently with the first phase, this component of the project involved a review of literature and data on older persons and housing crisis and homelessness. We examined population projections in relation to older people, their overall tenure profiles, current service and accommodation options for this population and a review of pertinent policy including ‘Ageing in Place’. A summary of the literature review is included in this report.

Phase Three: Consultation with stakeholders

We conducted consultations with 22 managers, team leaders and senior workers. Workers were from specialist homelessness services, accommodation providers and housing services. We also consulted with policy workers in the areas of ageing, social service, family violence and homelessness, as well as policy officers from local, state and federal government departments (veterans affairs, justice) and peak bodies. We sought their understanding of the key policy and service delivery issues for older people, including the impact of these on their risk of housing crisis and homelessness.

Phase Four: Qualitative interviews with older persons experiencing homelessness or housing crisis.
Following the first three phases of the research, it was evident that little was known about older people's pathways into and through homelessness and housing crisis. We identified the key research questions informing the final two phases of the project. In broad terms these questions were aimed at teasing out people's experience of housing crisis and homelessness and identifying the critical time points in their story where interventions could have prevented them from entering homelessness or shortened the duration of their crisis.

Key Research Questions:

1. What are the factors and circumstances which put older Australians at risk of housing crisis and homelessness?
2. What policies and services exist to support vulnerable older Australians to improve/maintain/protect their health and wellbeing?
3. How do personal circumstances and local policy and services create pathways into and out of homelessness?
4. What policy and service response is needed to protect older Australians from entering either housing crisis or the homeless service system?

Sample and Recruitment
In-depth interviews were conducted with six men and eight women aged between 55 and 96, in order to examine "the particular more than the ordinary" (Stake, 2005) dimensions of people's housing journey.

Ethics approval for this study was sought and obtained through Hanover's Research Ethics Committee.

Purposive sampling was used to recruit participants. Individuals were eligible for the study if they were aged 55 or older and had experienced homelessness or housing crisis in the last 18 months. Participants were recruited through agencies that provide a specialised response (e.g. housing) to older people. Agencies were contacted both through existing networks and cold calling. Workers in these agencies were asked to identify clients who matched the selection criteria. Agencies who agreed were sent information about the study and a copy of both the client consent form and the schedule of interview questions. Agencies made initial contact with their clients and, with client consent, passed on contact details to the researcher.

The researcher contacted potential participants, determined their eligibility and arranged to conduct interviews at their home. One participant requested the interview be conducted in the Hanover offices. The duration of the interviews ranged between twenty five minutes to an hour and a half. Participants were asked to sign a consent form, and provide demographic information to the researchers (Appendix 1-2). All interviews followed the same broad interview schedule (Appendix 3).

Analysis
Participant interviews were recorded and transcribed for coding. Categorical and emergent themes were identified and all transcripts were subsequently coded. Case studies were developed, each following a format that traced people's pathways into and through housing crisis and homelessness.

Phase Five: Finalising service mapping
The final phase of the research involved re-mapping the current Victorian service sector responding to older persons based on feedback from consumers and service providers engaged in the research. In this phase a variety of service eligibility and response pathways were broken down further to highlight the complexity within and between service responses.

INITIAL MAPPING OF THE SECTORS

We sought to understand the various service sectors accessible to older Victorians, and the broad range of supports they offer. We examined the service responses provided by health, housing, homelessness, Centrelink, aged care and disability.

As the Productivity Commission has previously noted, this is a highly complex, and fragmented service system, variously funded, and managed by a range of different federal, state and local governments departments (Productivity Commission, 2008). Furthermore, supports and services are delivered through a variety of health and community sector organisations and local councils.

This initial mapping informed subsequent consultations and research with older people. Figure One provides an overview of the opportunities for support provided by the various sector. This is expanded and elaborated on in the final mapping phase of the project (see page. 33-38).

Key to Mapping

Name / Acronym	Overview
Aged Care Assessment Team (ACAT)	Free assessment service for older people with complex needs that works out eligibility for aged care services.
Assistance with Care and Housing for the Aged (ACHA)	Support for frail, low income older people who are homeless or at risk.
Commonwealth Rent Asststance (CRA)	Private rental subsidy for people receiving Centrelink benefits.
Community Connections Program	Assertive outreach for people with complex needs who are homeless or in low cost accommodation. Provides crisis funds, and linkages to other services.
Home and Community Care (HACC)	Domestic assistance, personal care, and allied health care and nursing for frail aged persons.
Homeless Outreach Psychiatric Services (HOPS)	Specialist outreach clinical and treatment in some catchment areas for adults. HOPS work in partnership with homelessness services and use assertive outreach to locate and engage with their clients. They also assist to provide pathway out of homelessness. Focus on early and appropriate treatment.
Housing Support for the Aged	Support for people aged 50+ with complex needs and a history of homelessness.
Supporting Accommodation for Vulnerable Victorians Initiative Supporting Connections (SAVVI)	Provides facility cost relief, resident amenity and safety funding and supporting connections
Older Persons High Rise Support	Monitoring and support to tenants in specified high rise public housing estates. Engagement and enhances social inclusion.
Royal District Nurses Homeless Program (RDNS Homeless Program)	Active outreach to those homeless or in low cost accommodation, to provide primary care, advocacy and health promotion

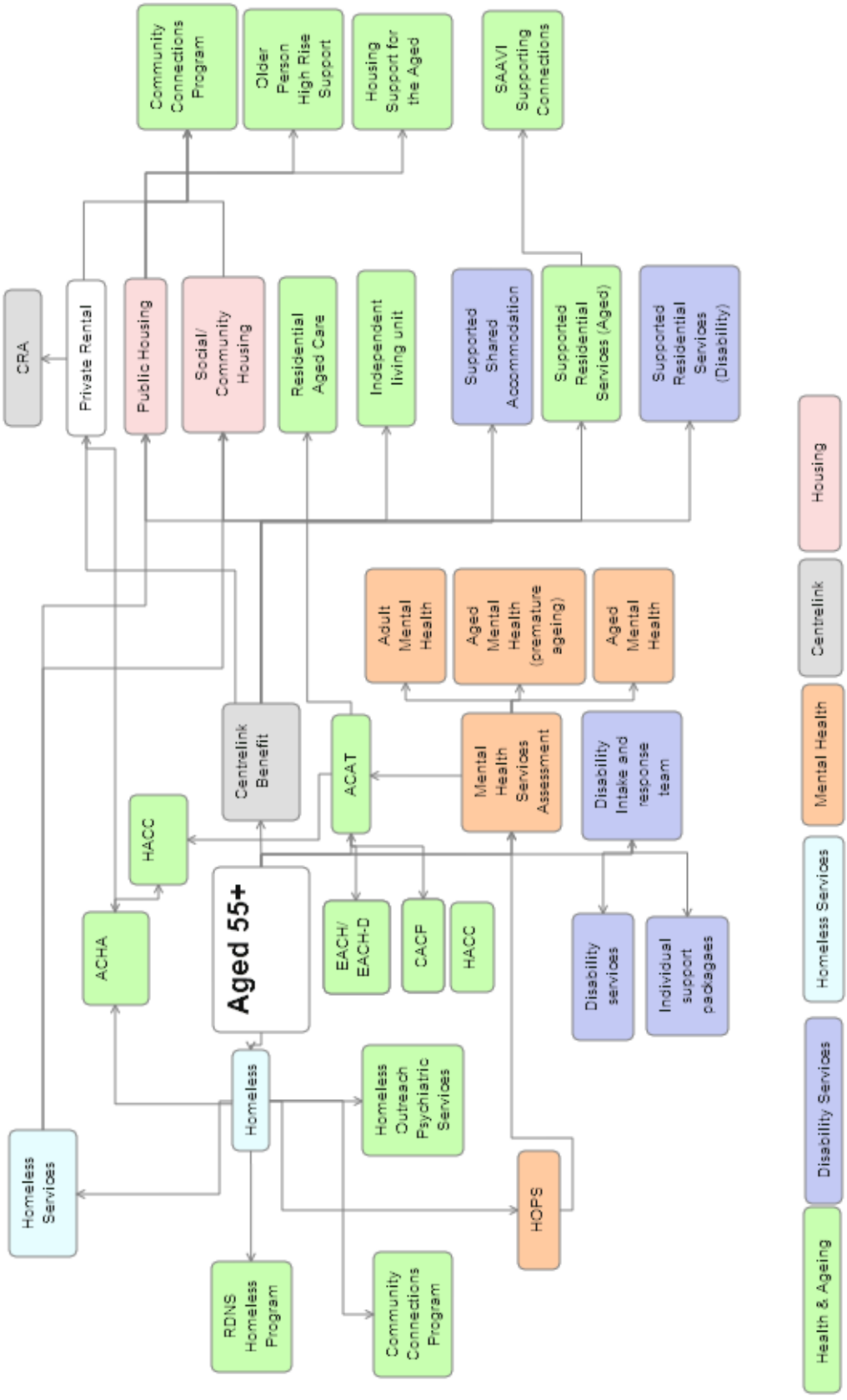


Figure One: Map of current Victorians services accessible to eligible low-income people, aged over 55 across the homelessness, health, aged care housing, disability and Centrelink services 2011

CONTEXT AND LITERATURE REVIEW SUMMARY

With a rapidly ageing population, Australia is facing major growth in demand for aged care services and supports. Many of these services are provided on the assumption that older people own a home where they can 'age in place'. However, for a growing number of older Australians this is not the case.

When older people are no longer able to maintain a stable home base, they are faced with the dual loss of shelter and access to services. Historically, aged care services and housing support or homelessness services formed two separate sectors which rarely overlapped. Little is known about the intersection of these sectors and how they might be better coordinated to ensure that older Australians can maintain a stable home and access a range of services with which to age with dignity.

Below we provide a summary of a wider literature review on older people, housing and homelessness conducted for this study.

Australia's growing, ageing population

Australia has both a growing and an ageing population. Of the 21 million people living in Australia in 2007, 13% were aged over 65. Data projections from the Australian Bureau of Statistics (ABS) estimate that by 2030, Australia's population will be between 27–31 million people. Of these, 19-21% will be aged over 65.

A number of factors are contributing to the growth in the ageing population. First, Australians have higher life expectancy rates than ever before, and for the first time in history there is more than one generation of older Australians. Second, the ageing of the more than 4 million baby boomers[1] is set to have a significant impact on population distribution as this group enters old age whilst the previous generation remains alive. Finally, Australia's decreasing fertility rate means we are unable to meet the population replacement rate[2]. The Australian government must, therefore, rely on certain levels of migration to maintain working age population levels. As the majority of people migrating tend to be of working age this perpetuates the trend towards a growing number of adults ageing in Australia.

The Department of Treasury advises that "barring an unprecedented change in fertility rates", the population will permanently stabilise with a larger proportion of aged citizens.

Where are older Australians living?

The National Housing Supply Council (NHSC) estimated that in June 2008, there were approximately 1.6 million older households[3] in Australia, representing 18.6%, or nearly one fifth, of all households. By 2028, the NHSC medium growth projections indicate that this number will grow to 3.2 million, representing over one quarter (27.6%) of all households.

Projections anticipate that demographic changes will also shift the spread of older people across the different tenure types. The ABS's analysis of household income and income distribution found that 63% of couples aged 55-65 own their homes without a mortgage, compared to 85.6% of couples aged 65 and over, and 69% of lone person households aged 65 and over (ABS 2009). The NHSC's projections indicate that while home ownership will likely remain the main form of tenure over the next 20 years for those aged over 65, the number of older Australians in public and private rental will also increase (see Figure 1).

[1] Australians born between 1946-1961, following World War II

[2] This refers to the number of children needing to be born to merely replace the current numbers of adults, hence maintaining the population at current levels.

[3] Households in which the reference person is aged 65 or over)

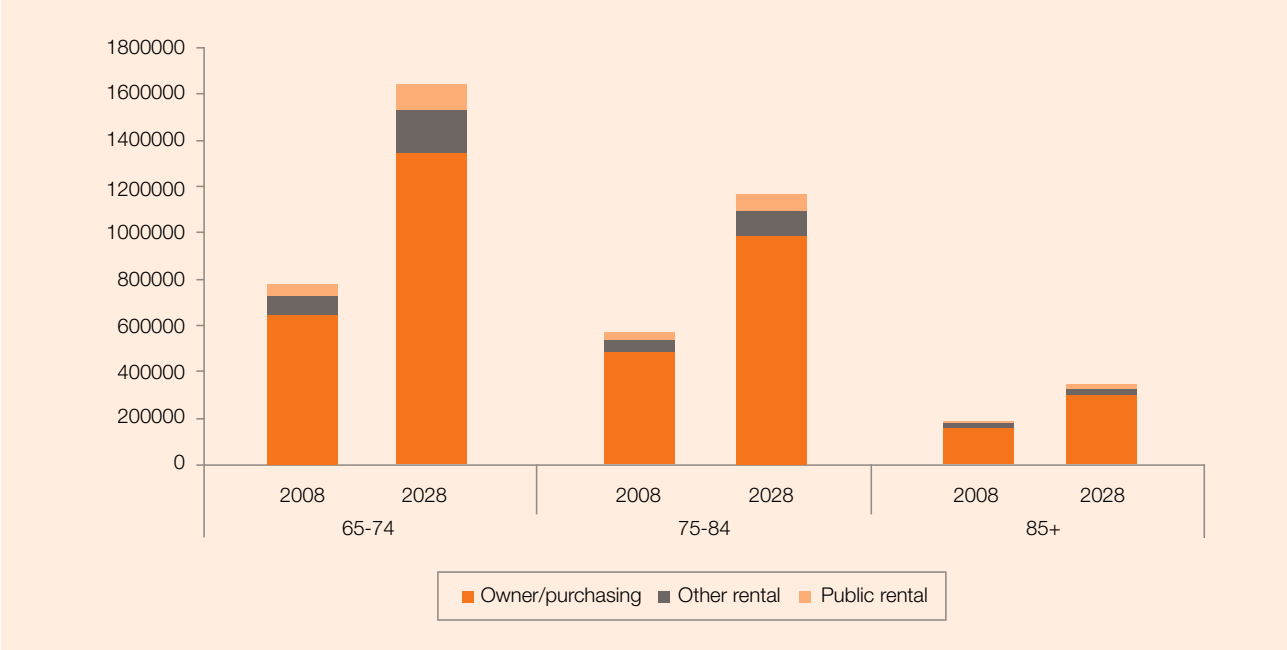


Figure Two: Projected household growth where the reference person is aged 65 years or more by tenure, 2008 to 2028. Source: National Housing Supply Council 2010

Shift towards public and private rental

The NHSC projects that by 2028 there will be a 120% increase in the demand for private and public rental for older Australians; between 2008 to 2028 demand for private rental will increase from 146,000 to 321,400, and for public rental from 46,500 to 110,700.

McNelis et al.'s (2008) analysis of 2001 Census data found that public housing in Australia was meeting 42% of the demand for older Australians who were eligible. By 2016, McNelis et al. project that older people's demand for public housing will increase by 76%. They anticipate that if the public housing sector continued to meet 42% of the demand for older people, then each year until 2016, 4,391 extra aged households will need housing. Growth in these rental tenure types raises questions about the ability of the private and public rental markets to meet demand, particularly when taking into consideration the income status of older renters.

Jones et al.'s (2007) analysis of 2001 Census data showed that 38% of Australia's older home owners[4] were low income households while 54% of older renters are living in low income households.[5] It is reasonable to assume that housing crisis is more likely to be experienced by older people in private rental, as they have less security of tenure than older public renters or home owners.

Implications of increased reliance on public and private rental

Increased demand for private and public rental needs to be considered in context of the contemporary housing market. In the last half-century, Australian house prices have been increasing at a faster rate than incomes, and since the 1990s, the rate of this increase has been accelerating (Yates 2007).

[4] In this study, people aged over 65

[5] Jones et al. (2007) note that the difference in income between these two tenures should take into account that 48 per cent of renter households were lone person households, in comparison to 26 per cent of owner occupied households, which means that the smaller the household the less aggregate income.

Rising housing prices have had flow on effects to the private and public rental markets with rising house prices and limited housing supply putting pressure on the low-moderate income rental market. The NHSC (2010) have shown that rental vacancy rates in capital cities have been below 3% since 2005. In conjunction with this, the cost of renting has been significantly increasing over the past two years and, since 1990, public housing stock has been declining as a percentage of all housing stock.

Of the 1.4 million private rental dwellings which were 'affordable' for low income earners[6] three quarters were occupied by households in higher income quintiles (NHSC 2010). As rental prices increase, individuals in higher income brackets are stepping down into less expensive rental properties. This creates severe pressure on low–moderate income earners, especially older Australians, as they are subsequently denied access to the affordable housing market. As a result of this, 500,000 lower income renters are denied access to housing that is financially accessible to them (NHSC 2010).

Housing stress and older Australians

As older Australians shift away from home ownership towards private rental, in the context of the Australian housing market described above, they face increased susceptibility to housing stress. AHURI's National Research Venture 3 (Yates et. al. 2007), which investigated housing affordability in Australia, identified older persons as a group most at risk of experiencing housing stress in private rental[7].

One commonly applied definition of housing stress, or housing crisis, is the 30/40 rule where 30% of household income is spent on housing, where the household is also in the lowest 40% of income distribution (AMP.NATSEM 2008).

AHURI's NRV 3 noted that housing stress was a concern for low-moderate income households, particularly for those in private rental (Yates et al. 2007). This study indicated that by 2045, there would be an 80% increase in the number of households in private rental, approximately equal to 3.3 million people (Yates et al. 2007). For this group, the amount of people experiencing housing stress[8] is projected to increase by 12%. Yates et al. (2007) suggest that Australians aged over 65 will experience the greatest increase in housing stress, largely because declining affordability prevents middle aged Australians from accessing home ownership and as a result they remain in private rental into their later years when their incomes are diminished. A recent VicHealth funded report found that 50% of private renters who were aged over 64 were in housing affordability stress[9] (Mallett et. al. 2011).

Older people participating in Judd et al.'s (2004) study of the Assistance with Care and Housing for the Aged program (ACHA) reported that their later years had been characterised by financial disadvantage and an inability to achieve or sustain home ownership. Some participants indicated that renting privately became a problem when they retired, were unable to find or maintain work, or were ill. Once in this vulnerable position participants cited rental increases as the major reason for being unable to sustain their private rental or losing it altogether. In addition to financial difficulties, 40% of participants noted that personal crisis such as accidents, illnesses, death of spouses, divorce/separation and family conflict were a catalyst for their housing problems.

The lack of stability and security in private rental is a significant concern for older Australians, particularly low income older Australians as their financial and physical abilities to move from one rental home to another are diminished. Olsberg & Winters (2005) found that private renters had heightened anxiety, which was exacerbated by the commonly held expectation that they would have to move. Most anticipated that financial difficulties later in life would result in them being evicted from their properties.

6 Costing less than 30 per cent of their household income

7 http://www.ahuri.edu.au/nrv/nrv3/

8 In this study, the 30/40 rule was used

9 Noting that only around 7% of people older than 64 years of age are privately renting compared with nearly 40% of people aged less than 25 years.

Older renters and housing suitability

Jones et al. (2007) conducted focus groups and in-depth interviews with older public and private renters to ascertain their views of rental options. The researchers found a diverse range of experiences, access to resources and housing preferences. Public renters were reportedly happier and more satisfied with their dwelling than private renters. For private renters, lack of tenure security, affordability issues and dealing with property agents were cited as the greatest disadvantages (Jones et al. 2007). Across both tenure types, participants valued affordability, security of tenure, stability, a location that facilitated access to services, autonomy and independence, safety, and quality housing in a pleasant environment.

The shift into private and public rental, particularly for low-income older Australians increases their susceptibility to low quality housing conditions, lack of security, and housing that is not adaptable to the physical support needs of older people. While Jones et al. (2007) identify that good quality housing is highly valued by older tenants, in the private rental market, housing that is affordable for older tenants is often in poor physical condition.

People who can afford only lower-cost private rental housing must often endure housing that is in poor condition. This includes problems such as being damp and draughty or lacking carpets, insulation and services such as heating and air conditioning. The lack of minimum housing standards in each state and territory means there is little legal support for vulnerable older people when looking for suitable and affordable housing (Bridge et al. 2008).

In 2010, the Victorian Council of Social Service (VCOSS) examined the quality of affordable private rental properties in Melbourne and Geelong. They found a significant number of properties did not meet minimum standards over a range of criteria including safety, affordability and efficiency, electrical safety and ventilation. VCOSS called for basic standards to be introduced to private rental properties in Victoria, but noted that tenants are often unwilling to speak out for fear of eviction or rent rises.

Jones et al.'s (2007) participants valued housing that facilitated access to services, yet with access to appropriate high-quality accommodation scarce across Australia there is a particular dearth of locations close to informal support, shops, services and public transport (Bridge et al. 2008).

The physical needs of older Australians can also be incongruent with the private rental market. Private renters may find it more difficult than owner-occupiers to modify their dwellings as needed. Although the Australian Disability Discrimination Act 1992 allows them to do so, private renters must return the property to its original condition when they vacate (Quinn et al. 2009). This either adds greatly to the potential cost of rental accommodation, or precludes them from making necessary modifications.

Ageing in place

The approach to ageing broadly known as "Ageing in Place" is widely regarded, internationally and nationally, as the most appropriate means for addressing the housing, health and well being needs of older people. (Sixsmith & Sixsmith 2008). Despite variations in interpretation and implementation, the ageing in place approach encourages older people to stay in their own homes (rather than relocate to institutions) in order to promote health, well-being, independence and autonomy (Means 2007;Sixsmith & Sixsmith; 2008; Bookman 2008). To age in place, however, older people must have access to stable and secure accommodation.

In Australia, there is an emerging evidence base around the benefits of ageing in place, both for governments and older people. For governments and policy makers, reduction in public expenditure on institutional care and the welfare system is widely acknowledged as a critical benefit (Brotherhood of St Laurence (BSL) 2003). For older people the benefits include: the ability to remain self sufficient; to maintain highly valued, local connections to neighbours, friends and services; the sense of safety, security and ties to their past that the family home affords (Jones, Jonge & Phillips 2008; BSL, 2003). These benefits, together with the perceived challenges associated with relocation in later life - fear and apprehension about the costs and quality of alternative accommodation, the work entailed in moving, and the distress associated with leaving known communities - makes many older Australians, especially older homeowners, reluctant to move (Olsberg and Winters 2005).

A lack of secure accommodation has flow on effects to older people's potential for "healthy ageing" – ageing while maintaining a good level of health (Quine, et al (2004)

Government Initiatives to assist people age in place

A range of federal, state and local government initiatives exist which are designed to assist people to age in place. These include the Aged Care Assessment Service (ACAS) Home and Community Care Services program (HACC), and the Home Modification and Maintenance Service (HMMS). In addition, several specialist providers operate for Australian veterans which are Veterans Home Care and Department of Veterans' Affairs Community Nursing. For individuals who are frail, privately renting or homeless or at risk of homelessness additional supports are provided to stabilise tenancy and link in with more generalist services through the Assistance with Care and Housing for the Aged (ACHA) program.

As older people's care needs increase they can potentially access one of around 40,000 'care packages' which provide more intensive home based care. These include, Community Aged Care Packages (CACPs) and Extended Aged Care at Home (EACH) programs, including EACH-D, for clients with dementia. These two programs provide differing levels of support. CACPs programs provide a bundle of personal care services as an alternative to low level residential care.

In contrast, EACH/EACH-D programs target older people eligible for high level residential care, but wishing to remain at home. Assistance involves personal care, nursing and allied health services. (See Figure 3 for an overview of the main community care programs; see also service mapping pages 11, 33-37)

Program	*Recipients*	*Service usage*[b]	*Usage of main service types (% of clients)*
Home and Community Care[c]	• 642 650 in 2006-07	• 90% use < 2 hours a week; • 97% use < 4.5 hours a week	• Domestic 30% • Meals 22% • Nursing 21%
Veterans' Home Care	• 72 100 in 2006-07[d]	• 79% received 1 service • 98% received up to 2 services	• Domestic 89% • Home& garden 19% • In-home respite 16%
DVA Community Nursing	• 33 365 in 2006-07[e]		• Bathing 54% • Dressing 45%
Community Aged Care Packages	• 32 983 as at June 2007	• average 7 hours a week • 50% use 4.5–9.5 hours a week	• May include bathing, toileting, dressing, meal preparation, laundry, home help, gardening and mobility.
Extended Aged Care at Home (including EACH Dementia)	• 3572 as at June 2007	• average 23 hours a week • 50% use 17–29 hours a week	• As for CACPs, but may also include nursing, allied health, oxygen and enteral feeding.
National Respite for Carers Program	• 42 884 in 2004-05[f]		• In-home 46% • Commonwealth residential 21%

[a] Due to data availability, numbers refer to different time periods. Some recipients receive services from more than one program. [b] Hours standardised to 'personal care equivalent hours' (DoHA 2007g). [c] Aged 70 years or older. Usage rates are for 2004-05. [d] Estimated number of veterans provided with services who were aged 70 years or older. 96.7 per cent of veterans who were assessed for services were aged 70 years or older. Veterans approved for VHC services including domestic assistance, home and garden maintenance, personal care and respite. The actual number of recipients will be lower than those approved. [e]Clients of all ages. [f] Covers carers looking after people of all ages who received direct respite care services through Commonwealth Carer Respite Centres.

Sources: AIHW (2007b, 2008b); DoHA (2007g); DVA (2007, 2008); SCRGSP (2008); PC estimates.

Figure Three: Overview of the main community care packages[10]

[10] Productivity Commission 2008, Trends in Aged Care Services: some implications, Commission Research Paper, Canberra p. 13

Housing policy and older Australians

Jones et al. (2010) argue that the renewed interest in housing policy in 2007 has meant that older Australians are able to benefit from new policy initiatives that focus on expanding social housing, creating affordable housing and reducing homelessness. The four main initiatives are:

1. National Partnership Agreement on Homelessness
2. National Partnership Agreement on Social Housing
3. Social Housing Initiative and
4. National Rental Affordability Scheme (NRAS).

Each benefits older Australians in different ways. For example, the National Partnership Agreement on Homelessness emphasises the importance of providing older Australians with service-integrated housing (Jones et al. 2010). Similarly, the National Partnership Agreement on Social Housing and NRAS aim to increase the amount of affordable and social housing in general, which also benefits older low-income renters. In particular, Jones et al. (2008 p.8) note that "the emphasis on barrier-free design in all of these programs is an important step towards more supportive housing for older people".

The Social Housing Initiative and NRAS appear to present four particular opportunities for community sector providers to redevelop outdated accommodation for older people, which is in need of renewal. These opportunities could be pursued specifically through a sub-program of NRAS to provide affordable service integrated housing.

Older homelessness in Australia

On census night 2001, 13,878 were counted as homeless, representing 14% of the homeless population. In contrast at the 2006 census, 18,108 people aged over 55 were counted as homeless, representing 17% of the total counted homeless population. (Chamberlain & Mackenzie 2008).These rising rates underline a growing problem with homelessness for older people.

Currently in Australia there is a limited but developing evidence base which examines homelessness among older Australians. These studies have emerged in the field over the past decade variously examining the causes and impact of homelessness among chronic homeless populations (Rota-Bartelink & Lipmann 2007), the newly homeless, and those at risk. Most recently studies have begun to examine the relationship between gender and older homelessness (Jones, et al 2007, Judd et al. 2004, McFerran, 2010). Desktop research also shows an increase in the grey literature reflecting on the needs of those who are aged and homeless or at risk[11]. The emergence of this research and grey service/policy literature, suggests that older homelessness is becoming an issue of increasing concern for policy makers and service providers.

Although limited, Australian research on older homelessness indicates that there are two distinct sub-groups of older homeless people: those who have been chronically homeless for much of their adult life, and those who first experience homelessness in old age. Currently there is no representative data about the relative distribution of chronic to newly homeless older Australians. However, a study by Rota-Bartelink & Lipmann (2007) of the causes of homelessness for people aged over 50 in Melbourne, found that 70% of participants aged over 60, were experiencing homelessness for the first time. Factors which caused homelessness among this subgroup included: difficulties with other members of their household[12], poor levels of physical health, and then housing problems [13].

[11] For example, August 2008 Edition of Parity - Meeting the Needs of the Elderly Homeless

[12] People living in the house, not family.

[13] Rota-Bartelink et al. (2007) define housing problems as diminished access and ability to maintain accommodation (p.254).

A study of older person's pathways into and through marginal housing across three Australian states by Morris, Judd, Kavanagh et al (2005), found that it was rarely a single incident that resulted in older people (aged over 65) ending up in accommodation crisis. Instead, they noted that pathways into crisis tended to be caused by a combination of life events, structural issues and existing policies which preceded the accommodation crisis. Examples of this related to drug and alcohol problems, lack of access to affordable housing (private rental and social housing), family breakdowns and a lack of social connectedness (Morris et al. 2005).

McFerran (2010) examined the causes and impacts of homelessness among Australian women. She noted that those factors that place older women at risk of homelessness include: gender imbalances throughout life creating financial inequality and poverty; an increasingly inaccessible housing market; single status following divorce or escape from abusive relationships.

It is more difficult to disentangle the causes and impacts of homelessness for those who have been chronically homeless for much of their adult life. The most significant research on chronic, older homelessness in Australia, emerged out of the Wicking project (2006-2010), conducted by Wintringham. a Victorian community sector organisation which provides specialist care to those who are aged and homeless or in housing crisis[14]. This four year service development and research project detailed the support and accommodation needs of older homeless persons with alcohol related brain injury (ARBI) (Rota-Bartelink & Lipman, 2010). Findings from this study detailed in a range of publications and reports indicate that experiences of long-term or chronic homelessness are associated with increasingly complex behavioural health issues including mental illness and substance dependency over time. As they age these issues can make people extremely isolated and likely to be excluded from mainstream aged care or housing options. One service provider described the mental and physical difficulties for this group as "overwhelming" (Watson 2010) noting that a large proportion of the older homeless population have depression, dementia and Alzheimer's, putting them at a particular disadvantage.

Rota-Bartelink (2009) draws on key ageing research to note that unique mental health factors like cognitive deficit are becoming an increasing concern for the older homeless community. Poor physical and mental health, including age and/or substance related mental and physical health issues like arthritis, Alzheimer's and cognitive impairments can act as a catalyst for homelessness and negatively impact on the quality of life for people who are already homeless. These health issues can also exacerbate older people's homeless experience, by interfering with their social skills and curbing their mobility.

One of the difficulties in providing service solutions for this group is that older homeless people facing age-related mental health issues like dementia, Alzheimer's or cognitive impairment may be confronted with a service sector that is only qualified to work with the mental health issues of a younger population (Watson 2010).

Australian research has begun to explore some of the issues that precipitate homelessness among older people, it's effects and the specific needs of those with complex histories and support requirements. However, there is still a significant amount of research that needs to be undertaken on ways to prevent and effectively intervene in housing crisis and homelessness.

[14] www.wintringham.org.au

SECTOR CONSULTATION

Consultations were held with 22 managers, team leaders and senior workers from a variety of services accessed by older persons including specialist homelessness services, accommodation providers, housing services ageing, social services and family violence. A selection of local, state and federal government departments (veterans affairs, justice) as well as peak bodies were also consulted. We sought stakeholder opinions and feedback on a range of key issues identified in the service mapping and literature review.

We asked stakeholders, in relation to older persons:

- Are there any groups more at risk of housing crisis than others?
- What circumstances are associated with people entering housing crisis?
- What is the impact of housing crisis on older Australians?
- Where are low income people living?
- What are the existing service responses for this population?
- How do people move from housing crisis into homelessness?
- What are the existing service responses for the older people in housing crisis and homelessness?

The summary below outlines stakeholders comments in relation to those vulnerable to housing crisis, before detailing their thoughts about those who move from crisis to homelessness.

People vulnerable to housing crisis

Stakeholders identified individual, systemic and structural level causes of housing crisis and homelessness for older people.

Those viewed as particularly vulnerable to housing crisis were:

- low income earners
- older caregivers (often with dual caring responsibilities)
- older people who had or were currently experiencing family violence
- older people who experiencing elder abuse when living with family members
- former prisoners
- people with histories of substance abuse
- people from culturally and linguistically diverse backgrounds; particularly migrant women
- Indigenous people
- people with histories of homelessness

Stakeholders noted that personal or familial level disadvantage alone does not account for why people are vulnerable to housing crisis. A range of structural issues, particularly increases in housing and rental costs, competition for rental properties, inadequate pensions, and increased cost of living, also play a role in some older people's journeys into housing crisis and homelessness.

Reasons for Housing Crisis

Stakeholders attributed increases in housing crisis among older people to a lack of affordable, suitable, secure housing. Those working in homelessness agencies identified what they saw as a poorly regulated private rental market, and limited availability of single public housing stock as the key factors contributing to housing crisis among vulnerable older populations.

People seeking accommodation in the private rental market were considered to be much more likely to face housing crisis than those who owned their own homes, or were living in public/community housing. They noted that older Australians in private rental and living on the aged pension could not absorb increases in rent. Furthermore, the limited regulation of the private rental market meant that pensioners had little protection from eviction when rental costs increased.

Homeowners and mortgagees were generally considered to have greater security of tenure. However, some stakeholders noted that this group can become vulnerable to housing crisis if they are single have little or no savings and incur major costs associated with repairs, home modification, or the replacement of white goods.

Regional service providers attributed the increased cost and declining availability of housing in their region to people moving to their area from the city in search of cheaper accommodation to rent or buy. This movement has meant that long term residents are being priced out of the rental market in these areas.

Standards of accommodation

A number of agencies raised concerns about the challenges they face in sourcing secure and affordable accommodation that is suitable for clients. They noted that older people were often living in substandard private rental properties which were unsafe (electrical faults), offered poor security, were of poor quality (rising damp, mould issues, general disrepair), and had various issues around poor heating, cooling and insulation. They observed that older people were often afraid to raise concerns about properties out of fear of losing tenure due to increased rent or eviction.

Impact of Housing Crisis

All noted the detrimental effect of housing crisis on the health and well being off older people. In particular they noted the impact of substandard housing on older people's physical health and well being. They stressed that these health effects are compounded by low income older people's inability to afford good quality nutritious food and basic utilities such as heating.

Current responses to people in housing crisis

Stakeholders from the Homelessness service sector reported that there is no clear response provided to older people who are presenting in housing crisis or who are homeless for the first time. They believed that current generic assessments being undertaken are inadequate and suggested that homelessness access points should be conducting assessments specifically tailored to forms of vulnerability (for instance violence) experienced by older persons.

A range of alternative older person specific accommodation options were identified and were being used by agencies. However there appeared to be no consistent referral process or vacancy notification system for these options. They noted that some choice needs to be given to older people about where they can live. Not all forms of accommodation suit all people (such as share houses).

Older people who are homeless

Stakeholders from the homelessness services reported an increase in the number of older people accessing services, many of whom had no history of homelessness. One agency in Southern Melbourne was able to enumerate this, noting a 40% increase in the 55+ age group in the past 12 months.

Homelessness/housing agencies working with individuals with complex needs (alcohol dependence, mental health, and a myriad of physical health problems), and a history of recurrent homelessness or transient lifestyles, also reported increases in clients in their late 40s seeking services.

Homelessness agencies reported an increase in older people living in rooming houses. People eligible for public housing were often waiting a long time for vacancies, with agencies reporting a lack of available single public housing stock in their local areas. As a result they were forced to refer older people to other regions or into substandard accommodation, such as boarding houses.

Suggested changes needed in the sector

Advocates were seen as a potentially protective factor for those in housing crisis as they were able to both navigate the various service systems and advocate with and on behalf of older persons.

Stakeholders also emphasized the need for tailored service responses based on people's housing, personal, and health histories. The lack of specialist services for individuals with complex needs was highlighted by a number of stakeholders.

Those providing support to clients with chronic homelessness highlighted responsibility for “complex” clients is spread across different departments that do not communicate or interact together in the interests of the client. This means it is difficult to provide consistent and coordinated responses.

Finally, it was stated that there is a pressing need for the housing and homelessness sectors to better understand the ageing and aged care service system to ensure that older people who are homeless or at risk receive a best practice response from agencies.

EXPLORING VULNERABLE POPULATIONS

Following sector consultation a literature scan was undertaken to identify research and studies which looked at the vulnerable populations identified by key stakeholders. This was undertaken to identify any existing evidence about the relationship between these vulnerabilities and housing and homelessness pathways.

Women

In recent years, older women have emerged as a population of interest within the homelessness research. Evidence from Jones et al. (2007), Wood et al. (2008), McFerran (2010) and Olsberg and Winters (2005) indicate that child rearing responsibilities, lack of family support, lack of financial security, and loss of a partner later in life (through death or divorce) can contribute to older women being vulnerable to housing crisis.

Evidence suggests that being alone and financially insecure becomes a barrier to re-entering the housing market, leading to greater reliance on government pensions and housing crisis (Wood et al. 2010). Quinn et al. (2009) estimate that 50 per cent of women born between 1946 and 1961 have on average $8,000 in their superannuation accounts because of disrupted careers due to caring responsibilities and part-time/ casual work. Many had to rely heavily on government assistance rendering them vulnerable in an expensive housing market.

Older women experiencing violence

Key findings from Australian domestic violence literature suggest that in general, women experiencing violence “cycle in and out of homelessness and crisis accommodation” (Tually et al. 2008). However, the dearth of statistics, knowledge and research on the particular needs of older women experiencing domestic violence means that, as a group, these women are often overlooked. Also, they often do not engage with available services (Blood 2004; Tually et al. 2008). Older women are deterred from engaging with services by poor responses from health and social work professionals and police, a lack of knowledge of the resources available; and a lack of age appropriate services (Tually et al. 2008).

A recent study from the Victorian Department of Justice (DOJ) revealed that while younger women still represent the majority of those experiencing domestic or family violence, the proportion of older women reporting violence is growing in a “gradual, but consistent” way (Department of Justice 2009). Their report indicated that “older women are emerging as the group more likely to have the need for police and court intervention”. This may be linked to older women beginning to report violence more frequently.

Veterans & War Widows

Traditionally, ageing veterans have been offered a buffer from the financial costs of health care and home assistance through the provision of a gold-card.[15] Veterans who served in Vietnam and later conflicts do not receive the same protection, and thus may be at increased risk of housing crisis and homelessness.

One major source of evidence on veterans and homelessness was provided by the Department of Veterans Affairs (DVA) who commissioned an investigation into veterans at risk. In 2009 they noted that “at least 3,000 veterans, partners and war widows experiencing homelessness (primary, secondary or tertiary) at any point in time. Over a period of one year the total number who experience homelessness could be much higher” (Department of Veterans Affairs, 2009). Importantly this report also acknowledges increased awareness of the interplay between family violence in veterans relationship breakdowns, and an increase in women presenting at Supported Accommodation Assistance Program (SAAP) providers whose pension was listed as a veterans pension.

[15] Gold card eligibility is reserved for veterans who fought in World War I, II, Malaysia and Korea

People experiencing elder abuse

The vulnerability of older people to housing crisis can stem from their dependence on and trust of others and having that trust abused by family members or primary carers. This abuse which is commonly termed 'elder abuse' is defined by the Australian Network for the Prevention of Elder Abuse (ANPEA) as:

> *Any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse can be physical, sexual, financial, psychological, social and/or neglect.*[16]

Elder abuse is significant because this is not necessarily a vulnerability that is born out of poverty or long term disadvantage. These individuals may have been in a financially-secure and housing-secure position their entire lives, including in old age, yet they can still be vulnerable to financial abuse. We currently do not know what the scale of this issue is, nor is there any information about its relationship to housing crisis or homelessness.

Older carers

Older carers were identified as potentially at risk of housing crisis due to the physical and financial burden of caregiving later in life. Furthermore, many caregivers are female, with a long history of caring, and therefore may lack significant financial security due to an interrupted work history. Additionally, some older caregivers may be engaged in dual caring roles in which they are caring for aged partners and dependent adult children (Llewellyn et al. 2003, Tedman-Jones et al. 2003).

Older Indigenous people

The two main vulnerabilities specific to older Indigenous people identified by the literature review related to poor physical health and elder abuse. Despite Indigenous Australians already being overrepresented in homeless figures, there is general agreement that we fail to adequately enumerate this population. As such there is a lack of information around older Indigenous persons' experience of homelessness. We do know that older Indigenous populations have significantly worse health outcomes than the non-Indigenous populations (ABS & AIHW, 2005).

Furthermore, a study by the Office of the Public Advocate (2005) has suggested kinship responsibilities within Indigenous cultures may make older Indigenous people more vulnerable to financial abuse. One of the key findings of this study was that financial abuse was the most prominent form of abuse for older Indigenous people in financially disadvantaged Indigenous communities.

Older Prisoners

Recent figures show an increase in the number of older Victorians in prison potentially eligible for release. Studies demonstrate that the prison population is inherently vulnerable to housing crises and homelessness and the increase in the amount of older prisoners means there needs to be a greater focus on this group's unique housing vulnerabilities post-release. While there is still a gap in the evidence around older prisoners post-release, there have been some studies broadly looking at recidivism and homelessness (Myers et al., 2003 Baldry et al. 2003).

Baldry et al. (2003) looked broadly at accommodation and recidivism post release and found rough sleeping and not having effective accommodation support were both strongly linked to returning to prison. Once older prisoners exit the prison system their ability to attend to their own care needs are diminished, particularly if they are not living in accommodation with support.

[16] http://www.agedrights.asn.au/prevent/definition.html

CASE STUDY FINDINGS

Vulnerability to homelessness and housing crisis

Fourteen older people interviewed in this study experienced varying levels of vulnerability and disadvantage prior to their housing crisis. Most had a long history of private rental. Only a few had ever owned a house and of these, all of had lost their property when the bank foreclosed on their loans.

Most had been in low paid and/or insecure employment across their working careers. As a result they had been unable to accumulate adequate financial reserves to provide them with security later in life. There were a range of reasons for this including: working in low paid industries, a history of casual or intermittent work, interrupted careers due to care giving roles, or long term unemployment. Almost all were on pensions at the time they entered housing crisis or homelessness leaving them with little or no capacity to adapt to increases in the costs of living and accommodation.

Two broad groups of participants were identified. The first group comprised people that had lived independently with few if any welfare service needs prior to a single event or episode that led them into housing crisis or homelessness. These single events included significant rent increases, loss of assets, foreclosure on a loan, unforeseen unemployment, relocation, sudden and unexpected deteriorations in health, loss of housemates, or a notice to vacate. Individuals in this group, who had experienced a single event or episode leading to housing crisis or homelessness, generally stressed that, at the time of crisis, their primary need was to regain housing. They had few if any other service needs.

> *"I needed somewhere to live I just needed somewhere to live, that's all I wanted. Just help me find somewhere to live." (Joan)*

The second broad group in the study comprised individuals who had experienced a long history of multiple and intersecting forms of disadvantage resulting in cumulative harm over time. The forms of disadvantage that made them vulnerable to housing crisis included: poverty; personal or familial mental or physical health problems; prior incarceration; transient lifestyles; a history of trauma, abuse or family violence; redundancy or unemployment. From the narratives it was apparent that the cumulative effects of multiple disadvantage over time contributed to, if not made them vulnerable to insecure tenure in later life. At the time of their housing crisis or homelessness this group typically had multiple service needs.

Securing affordable housing once in crisis

A range of issues impacted on participants' capacities to source affordable housing when they found themselves in housing crisis.

Many had encountered difficulties in securing private rental because of the limited availability of suitable dwellings and their lack of financial reserves Some reported that they had experienced age-based discrimination from real estate agents when attempting to secure a rental property. Real estate agents viewed them as unreliable tenants due to their fixed pension incomes.

> *"I go in private real estate but they won't accept me because I'm elderly and I'm on the pension. They won't even look at my application if I'm OK or not. That is shocking, I tell you." (Marika)*

> *"No one would rent me anything, because they said that I couldn't afford the rent. … I [told agents] I would have a direct debit signed, so it would come out of my pension before I even saw it. [But] they wouldn't rent to me." (Joan)*

However, discrimination and availability of affordable stock were not the only issues that impacted on people's capacity to access affordable housing once in crisis. Many did not have adequate transport to enable them to look for accommodation and most lacked knowledge about the accommodation options available to them, apart from private rental.

Once they had exhausted their own known housing options many participants simply did not know where to turn for help. Most had limited, if any, knowledge of housing, homelessness or other welfare services and no understanding of the public housing system.

As their housing crisis unfolded they tended to stumble across assistance when seeking help from an alternate service. Sometimes they were referred to these services by a friend.

> *"Someone had sent me a clipping out of a senior's paper because everyone was looking out for me and helping back here" (Joshua)*

> *"My friend… she phoned up all the resources for me and got the process going, and [the specialist service] became involved".(James)*

Once homeless, individuals were either allocated or sought out a housing worker through their connections with community centres or homelessness services. Typically they were then offered accommodation that they considered highly unsuitable – generally boarding houses. Some refused these offers point blank, especially those with no history of homelessness or housing crisis. Others reluctantly accepted these offers and lived for a period in unsafe, unregulated boarding houses.

> *"I didn't know what else to do, and I said 'I don't know where to go' and [Centrelink] said 'Oh there's a boarding house'… They made a deposit and that and I spent 18 weeks [there]… No one really came to me and said 'Oh, there's other alternatives'" (Kathy)*

Individuals described the long, complicated and confusing process of applying for social or public housing.

> *"It all just becomes too much. And even for me it was like 'Oh my god, there are so many hurdles'" (Matthew)*

In one instance, this was further exacerbated by an agency failing to lodge a completed application.

Following application, some participants were offered and refused public housing that they felt was unsuitable or inappropriate. Generally those who rejected offers claimed they were physically inaccessible (high-rises), too small (bedsits) or in a location far from their existing formal and informal supports.

> *"A week after we moved in here we received a letter from the Housing Commission that there is a flat available for us, but it's a one bedroom flat, and we couldn't take it, you know? We cannot live in one bedroom because of my health status and Hana's health status as well… We applied for two…We are still fighting for it." (Qani)*

> *"One day [the worker] took me to a place that they just almost completed she said 'I don't even know where [the suburb] is' and I said 'I don't know where it is'"(Alex)*

> *"What's actually turned me off accepting that … it's 35 kilometres from the city, and it's away from all my friends, I don't have a friend out that way, and I have to get a car immediately, which I don't have." (James)*

Location and affordability were regarded as the most important aspects of accommodation for most people in the study. Almost all stressed that they did not want to sever ties with their local community. Local communities offered them familiar services and amenities and a network that provided ongoing support.

> *"I've sort of always lived this side of the Yarra…you know the area, you know everyone. If I want to visit them, they're just down the road. But Christ, over there, I wouldn't know a bloody soul." (Alex)*

For Lucy, 96, who was evicted after living in the same area for fifty years, the prospect of moving made her consider taking her own life.

> *"I said I'd rather die than go from [this suburb]…I wouldn't go, I would have taken my tablets, I wouldn't go, I wouldn't go" (Lucy)*

Individuals who had moved from their known area reported that it took them a significant amount of time to settle in and almost a year for them to feel at home.

Inadequate pension

Insufficient income played a significant role in people's housing vulnerability. Participants emphasized that, because of the low pensions, they were unable to meet the cost of private rental. Even a slight increase in rent resulted in their housing tenure becoming precarious.

> *"I can even pay rent if I am careful, but you can't pay a high rent and there is no cheap rent available" (Vivian)*

As well as rental costs, participants also recounted their struggles to meet other increasing costs of living.

> *"Everything was starting to hit people who were on the pension…I was just like many people who were struggling, but managing to keep afloat" (Joshua)*

The few pensioners who owned motor vehicles often had to compromise spending in other areas of their life to keep their cars on the road. Joan, for example, could not afford to insure her vehicle.

Supports in place when entering housing crisis or homelessness

All participants reported that they were linked to a health service or doctor prior to entering housing crisis or homelessness. For many the only service that they were linked with was their local doctor. Only one person reported having spoken to their doctor at the time their housing crisis began, but this was ignored or overlooked by the provider.

For those individuals who were receiving specialist treatment in hospitals the story was a little different. For some of these, it was a hospital based health worker who assisted them to access housing support at the time of their crisis. For example, Qani's Occupational Therapist and Jocelyn's social worker identified their inadequate living conditions and helped them begin the process of securing housing.

> *"The social worker said 'Well what are we going to do when you finish your treatment because you can't stay at [the respite facility] anymore' and I said 'Oh I'll just go back into my van' and she goes 'I don't think so'… If I wouldn't have gotten ill I wouldn't be housed, let's put it that way. I assume if I would have one day discovered magically that I was homeless I would have gone on a list and I'd still be on a list" (Jocelyn)*

The lived experience of housing crisis & homelessness

All participants reported significant negative physical and emotional health and well-being affects of housing crisis and homelessness.

Most felt highly anxious when they realised they didn't know where they were going to live. Participants who entered homelessness generally reported significant physical health problems as a result of their time without a home.

> *"All the illnesses have started to build up… after three years, I've been nothing but sick… I've never been sick in my life and now its like 'Hey your body's had enough'" (Kathy)*

Many also described feeling fearful and anxious, even terrified, when they subsequently found themselves living in unsafe environments such as boarding houses, or sleeping rough.

> *"Three of us slept on my floor in my room and I had to have a single bed up against the door ... for me to go down and smoke I had to go through the fire escape landing and I had to go through syringes ...That was really hell" (Kathy)*

Some had even experienced a direct threat or an attack to their physical safety in these environments. Marcus experienced this at a Community Residential Service, while Matthew was threatened in a boarding house.

"People with severe dementia they'd just run into people... it was emotionally destroying. You know, people were throwing dishes at one another!" (Marcus)

"The guy next door had been banging on the wall and banging on the door saying 'I'm going to stab you to death'" (Matthew)

Securing housing

For the participants who were in permanent housing at the time of interview the security this offered them was tangible. All were grateful for having a space that was their own, where they could have their possessions around them and in which they could age. They described this as feeling like they had a home rather than somewhere temporary or transient.

"You have to have your own things about you. … This is tiny and I get very frustrated because I don't have room to put stuff, but on the other hand I feel so fortunate. It's safe, it's really secure, it's only people of my age and older, so I don't have the worry … as long as I continue to pay the rent I'm ok" (Joan)

For the individuals in temporary housing, there was also a sense, despite the uncertainty, that they were now safer. For Bess in particular, being housed in a women's only transitional housing meant that she was protected from family conflicts.

"It sounds really weird to say, sometimes when I'm going to sleep I think 'oh I'm so safe here', you know?" (Bess)

Those individuals who were privately renting after a period of housing crisis were grateful to have a roof over their heads, despite still being in the unpredictable housing market. These individuals were receiving ongoing support from a service as needed, including ongoing support to secure permanent housing.

Participants noted that having a secure home base meant they were able to find supports in other areas of their life. They were able to make or sustain friendships, join local groups, and volunteer in their local area.

"[Volunteering] is my way of saying thank you. To give to other people… the aged people particularly... who don't have a lot of family connections or friends, or visits. To give my time to them. To make them feel worthwhile. So that their years haven't been in vain. I can listen to their stories and do something for them…." (Joshua)

In addition, a secure home base allowed older people to tailor health and other ongoing support needs around them. They could access medical and allied health services such as the Royal District Nursing Service (RDNS) and Home and Community Care (HACC) services.

"I have a good GP because I've been going to that network for 45 years and they bulk bill me and they don't charge me…[they have] all my records … no problems getting referrals. And they have a diabetes specialist which I see in there too. I've got a network of support where I am, around my area which is close by, by bus, so I'm very lucky" (Marcus)

Although relieved when finally housed, some participants still faced challenges when they moved into their new accommodation. For those who had moved out of their local neighbourhood, navigating and learning about a new community was difficult. Some participants also spoke of feeling lonely and isolated.

"I'd been living in a rooming house and I'd worked in the trucking game and always had people around me. And all of a sudden I'm in a little red brick cottage, and didn't know anybody at all…the place was pretty bare. So, it took over a year for me to actually feel like I'm at home. It took me that long." (Matthew)

Participants who had been shown local shops, health services, transportation and other services by service providers reported the highest satisfaction with their accommodation. They felt oriented to their community. This gave them a sense of security and wellbeing. Participants who had not received this felt less secure in their local area making the settling in process more difficult.

A few participants said they struggled when moving from a larger house to a public housing unit as they had to downsize considerably and lost furniture and possessions.

Initially our study showed that participants who received appropriate support while they were in housing crisis were able to secure housing within two to three months. Those who entered homelessness, however, spent over twelve months in crisis, often moving through around three forms of insecure accommodation before they were securely housed.

Ongoing Supports

At the time of interview, all participants had ongoing support from a doctor or health service. Some were still seeing a doctor with whom they had a long history; others had found a new health service in their local area.

Further linkages to services and supports tended to be based on a person's existing or ongoing needs. Some participants were engaged with services providing social support or health related support for particular conditions. Matthew, for example, had ongoing links to psychosocial support, a diabetes specialist and outpatient hospital care. Joshua was connected to oncologists and a palliative care nursing team.

The one factor that influenced how much intervention was required to address people's housing crisis, and its aftermath, was the scope and depth of people's personal networks (including family and friends). Those with strong connections to family and friends were less reliant on the service system in later life.

Most participants who remained connected to families had some form of ongoing support from them. Individuals who had settled into or remained in their community said neighbours were a source of ongoing support. Additionally, those who remained in their local neighbourhood tended to have existing friends or networks (such as church groups). Some participants were currently engaged in some form of volunteer work which also provided social supports. This underscores the importance of people being able to stay within their local communities.

Of those who had entered homelessness, most still retained supports through community centres, where they either volunteered or maintained a social connection. Many participants said they had friends and supports that they could turn to in the event of crisis.

The impact of services

Participants had varying levels of positive and negative engagement with services over the short, medium and long term which impacted on their pathways into housing crisis or homelessness.

Service responses which negatively impacted on housing pathways

Service responses across a person's long term history

Participants who had a long history of multiple forms of disadvantage consistently referred to the failings of multiple service systems over the course of their life. These service systems included: specialist and non-specialist services that dealt with childhood neglect and abuse, chronic physical and mental health conditions, traumatic life events, or poverty. Analysis of the contribution these service systems made to their circumstances in later life is beyond the scope of this project. However, it was evident from participant's stories that inadequate responses to these issues had an impact on their pathways into later life housing crisis and homelessness.

For those who had experienced long term disadvantage and vulnerability it was evident that there was a number of critical time points in their life, where they had not received effective or appropriate supports. For example, Joshua experienced significant childhood abuse and trauma and remained deeply affected by both his experience and the lack of support he was provided.

Service responses in the short to medium term prior to participants' housing crisis

It is much easier to identify specific service gaps or inadequacies which impacted on participants' housing pathways in the short to medium term prior to housing crisis and homelessness. Three main areas where an inadequate service response was noted by participants were evident and related to lack of access to financial support, inadequate housing response and lack of available information.

- ***Little on no support to address financial issues***
  There were a range of financial issues for which participants received little or no support including: budgeting and debt issues, gambling problems, information and support in relation to use of high interest loans, bank foreclosures and engagement with Centrelink.

  > *"I got bad financial advice. … I went to the swank financial people who said 'your husband did a bad thing to you… you should just use [your daughter's inheritance] and pay [her] back' And of course I did and now all that money has gone, every single cent of it" (Bess)*

  > *"I told [Centrelink] I was homeless … [the worker] turned and said 'You have to have a permanent residence" to get the dole'" (Kathy)*

- ***Inadequate housing information or referral and support in the lead up to housing crisis or homelessness***
  There were a range of inadequate housing responses given to pensioners by real estate agents health services and housing and homelessness services. Some real estate agents did not allow sufficient time for participants to find new accommodation after eviction. Some participants who sought advice and assistance from health services were not provided with information about accommodation alternatives.

  > *"I was feeling really depressed, and I was feeling like committing suicide at the time, so I went hospital … and when I was talking to them about any help they said 'Oh well, there's no help around… you will probably find yourself with all the loonies under the sun…there's no other help for you'" (James)*

  Those who had applied for public housing felt demoralized by the potential waiting periods

  > *"There's no point saying, go to a homeless service to hear that there's a 15 year waiting list for public housing, you know? That's almost like a slap in the face, so there's no point having the service if that's what you are going to be telling people." (Bess)*

  > *"[My worker] he said to me, 'Even on an early housing you could be waiting for a year or longer'" (Joshua)*

  Others reported a long wait for public housing, with a lack of follow up and no referral to other forms of accommodation.

  > *"I have been waiting ten years now and never heard anything. I applied 1999. I received an answer in 2001 that it was approved and on the waiting list. Since that time they never contacted me whatsoever." (Marika)*

- ***Lack of information available to older people when in crisis***
  Almost all participants highlighted their lack of knowledge about services and supports available to them when they were in personal crisis. They also noted a lack of readily available information about relevant welfare and support services that could assist them.

  > *"It's like a rabbit warren out there and there's just not enough information" (Joan)*

  Participants found it challenging to navigate the various service sectors by themselves and expressed frustration at having to locate help for themselves.

Service responses at the point of housing crisis

Participants consistently reported significant service failures in both assistance and interventions at the critical point when they entered housing crisis or homelessness. Broadly these failings included a poorly executed response and no response or follow up. These are outlined below:

- ***A lack of coordinated or poorly executed response from services accessed***
  Once in crisis participants routinely encountered poorly coordinated service responses when they presented at an agency with single or multiple needs. Services often failed to address these needs or refer them on to other appropriate services.

  For example, when Centrelink referred Kathy to a boarding house so she had a permanent address and could receive income support, they didn't provide any income during the eight weeks it took for her Centrelink payments to come through. This literally left her with no money for food and other basic necessities. She was not referred to any other agencies to receive material aid or other forms of support.

- ***No response or no follow up from services accessed***
  Those who entered homelessness in particular encountered a lack of support at the point they became homeless. For example some participants were not referred to a support service or they went to a homelessness service where they received an immediate short term crisis response (i.e. five nights in a hotel), but were not supported or followed up beyond this intervention.

  Bess who was in significant debt and being chased by creditors presented at a homelessness service. As she was still working, she was not eligible to receive supports. She was turned away with no referral to financial counseling to assist her to manage her growing debts.

- ***Negligence***
  Some service responses were outright negligent. Some people were exited directly into homelessness or into inappropriate substandard and unsafe accommodation from institutions.

  > *"The mental health people get discharged but they don't get discharged with the proper support… The trouble with the mental health is there's a stigma. Once you've been diagnosed with it you get people saying 'There's something wrong with you'. But if you go out with a broken leg that's a different thing all together" (Marcus)*

Service responses which were beneficial to housing pathways

Participants outlined three inter-related elements of service provision which had a positive impact on their housing pathways and sense of wellbeing. These were having an advocate, having workers who were focused on achieving specific outcomes and finally, having someone brokering coordinated service delivery. This last element requires agencies working collaboratively in the interest if the older person. Finally, receiving a timely response had a positive impact on pathways.

A strong and supportive service advocate

For those who were homeless or in housing crisis having a worker who navigated complex service systems and advocated with, and on their behalf was critical. Services and workers were considered effective when they negotiated on behalf of participants' with other key providers or supported them to do so. These providers advocated with real estate agents and landlords, or The Victorian Civil and Administrative Tribunal (VCAT).

For example, 95 year old Lucy was in crisis having been given a notice to vacate. The service she was linked in with worked tirelessly behind the scenes to help keep her housed while they could source accommodation. Lucy, however, was protected from the process.

> *"I couldn't tell you [the process], but that's…human rights, everything was on human rights, I couldn't tell you how". (Lucy)*

Provision of emotional support was also important for participants. This tied in with the provision of ongoing effective and timely communication.

> *"[The worker] just really gave me the impression that she doesn't forget you. It's not like 'Oh Alex wants a house… so does everyone else'… She'd keep you in the loop all the time. 'Look I'm trying for this, or we're going to apply for that, and can you come in and sign this because we're applying for this and that'. She always kept me in the loop…. I couldn't do her job, because the amount of paperwork she has to go through… I'm like my mum with paperwork. She glazes over, and so do I, after it's 'Just write your name.' Anything else and I'm 'What?!?'" (Alex)*

Outcome focused service delivery

Participants stressed that alongside active advocacy, workers who were beneficial to them were outcomes focused. Knowing that a worker would commit to securing stable accommodation was crucial. Those participants that actually experienced homeless or had been at imminent risk of homelessness stressed the importance of workers who: submitted and actively followed up on public housing and private rental applications, secured transitional housing and linked them with a range of other services or supports. Participants also highlighted the importance of practical assistance when they moved.

Those who became homeless not only required secure housing but many also needed other practical and material support when in crisis. Additionally, participants who had been or were currently homeless reported that local community centres provided a range of assistance that were deemed helpful. The assistance ranged from material aid, such as food and transport tickets, right through to providing a referral to crisis accommodation and submitting public housing applications. Additionally, it would appear that these centres also provided clients with a sense of community and social connectedness.

For individuals who were homelessness but not directly linked to the homeless service system, similar assistance came from a worker or organisation that was able to provide links to secure or temporary accommodation. These workers assisted them to navigate the system or referred them to a housing service. Workers and organisations that provided this role included hospital social workers, psychosocial rehabilitation services.

Coordinated service responses

Finally, participants who had been assisted by advocates noted that these workers also facilitated or actively coordinated supports from a range of other relevant services and community organizations and people.

> *"There are so many variations... health needs, and causes and all the rest of it. So, really it needs you know, the business about the individual actually going around and getting their referrals and certificates and so on from different doctors, going to psychologists, it all becomes a bit overpowering for people to just do so they stop… So, its... it needs, number one - having a worker to work with them. And navigate everything right through the whole structure, you know?" (Matthew)*

This involved liaising with accommodation providers, applying for properties on a person's behalf, gaining support letters from doctors and the like.

> *"We had made an authority for [the worker] to apply on behalf of us, because she said that there was things that were circulating between them, places available. … And then when this house was available and she got to know it, she applied for us, and we went after that and signed the contract." (Hana)*

Some participants who had ongoing needs were linked in with services in their local area after securing housing to ensure they had follow up.

> *"The [welfare organisation] is still with me. He said I'll be your case worker for six weeks but maybe longer. I suppose it depends on the needs of the cases. How much he thinks I would need. … He's helped me out because its still a bit of a struggle" (Joshua)*

A timely response from services

Participants emphasised how important it was to receive a rapid and appropriate response to their crisis or ongoing housing issues. Analysis of the case studies supported this view. When participants' housing pathways were mapped it was evident that the sooner a person received supports, whether in housing crisis or homelessness, the shorter their duration in crisis. Also, those participants who entered primary homelessness or were couch surfing, remained homeless for much longer – (usually over a year) compared to those whose housing crises did not lead to primary homelessness.

Individuals who received timely intervention, that is, intervention during housing crisis which maintained their tenure until suitable accommodation was found spent, on average two to three months in crisis. Moreover those who tipped into primary homelessness also reported greater use of service support systems than those whose housing crisis was resolved quickly.

REMAPPING THE SERVICE SECTORS

The final stage of the project remapped the service sectors based on findings from the literature review, consultations, and interviews with older persons.

Due to the complexity and different eligibility requirements for each sector mapped, Figures Four through Eight demonstrate give a more details mapping for a variety of services older people may access.

As part of the second stage of research, Hanover will be creating an interactive mapping tool which will be released in early 2012.

Key to Mapping

Name / Acronym	Overview
Aged Care Assessment Team (ACAT)	Free assessment service for older people with complex needs that works out eligibility for aged care services.
Assistance with Care and Housing for the Aged (ACHA)	Support for frail, low income older people who are homeless or at risk.
Commonwealth Rent Asststance (CRA)	Private rental subsidy for people receiving Centrelink benefits.
Community Connections Program	Assertive outreach for people with complex needs who are homeless or in low cost accommodation. Provides crisis funds, and linkages to other services.
Home and Community Care (HACC)	Domestic assistance, personal care, and allied health care and nursing for frail aged persons.
Homeless Outreach Psychiatric Services (HOPS)	Specialist outreach clinical and treatment in some catchment areas for adults. HOPS work in partnership with homelessness services and use assertive outreach to locate and engage with their clients. They also assist to provide pathway out of homelessness. Focus on early and appropriate treatment.
Housing Support for the Aged	Support for people aged 50+ with complex needs and a history of homelessness.
Supporting Accommodation for Vulnerable Victorians Initiative Supporting Connections (SAVVI)	Provides facility cost relief, resident amenity and safety funding and supporting connections
Older Persons High Rise Support	Monitoring and support to tenants in specified high rise public housing estates. Engagement and enhances social inclusion.
Royal District Nurses Homeless Program (RDNS Homeless Program)	Active outreach to those homeless or in low cost accommodation, to provide primary care, advocacy and health promotion

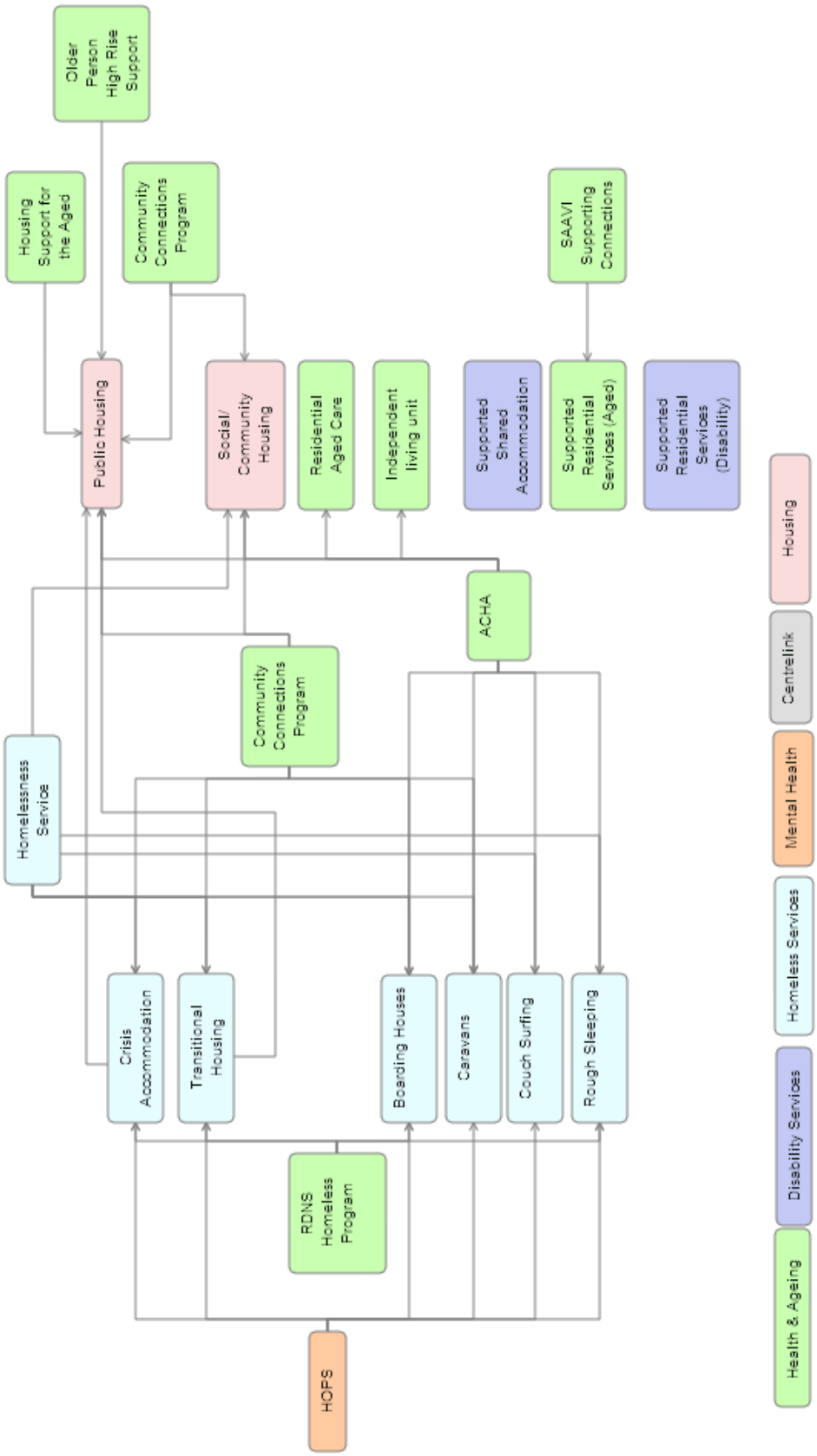


Figure Four: Map of current Victorians services homelessness, housing, disability and health and ageing sectors 2011

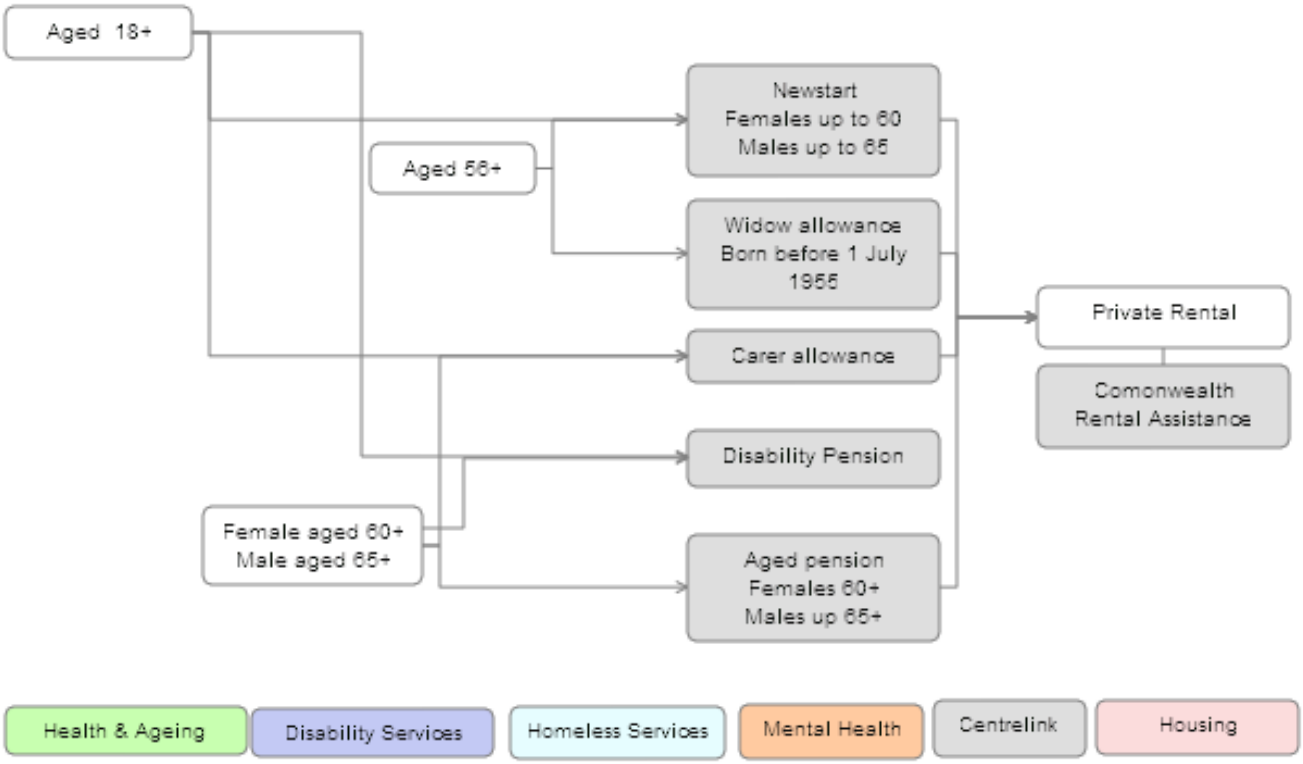


Figure Five: Map of current Centrelink eligibility 2011

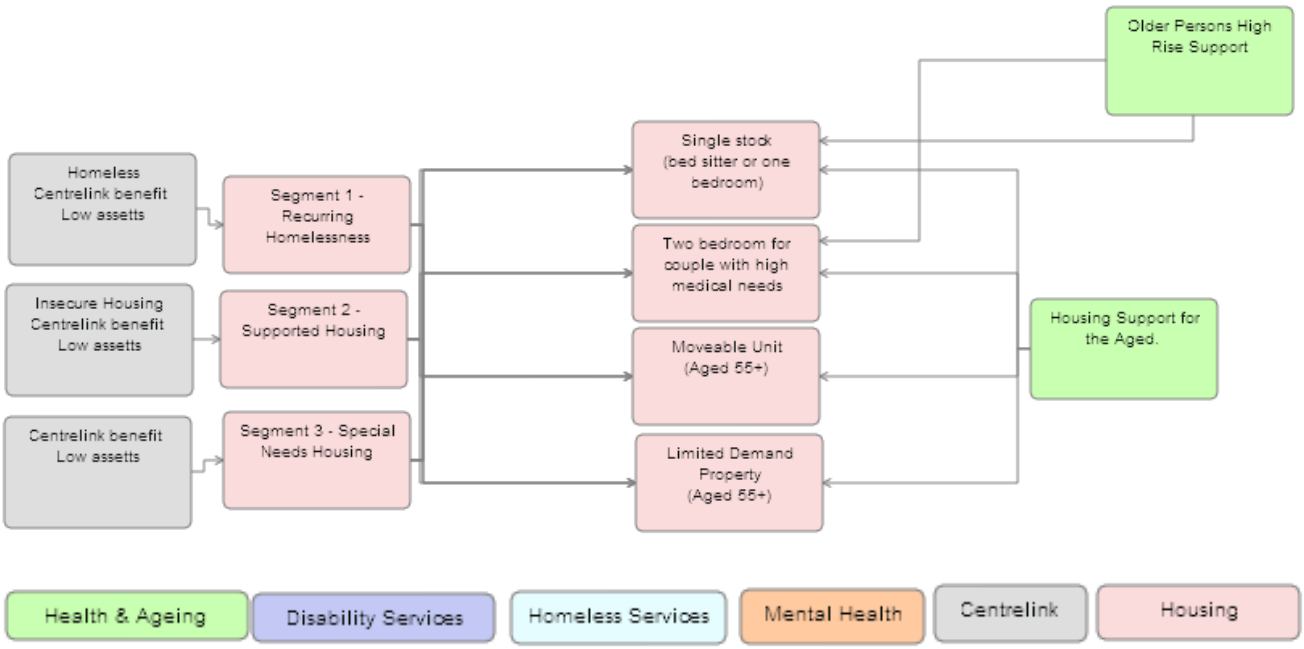


Figure Six: Map of current Victorians public housing eligibility 2011

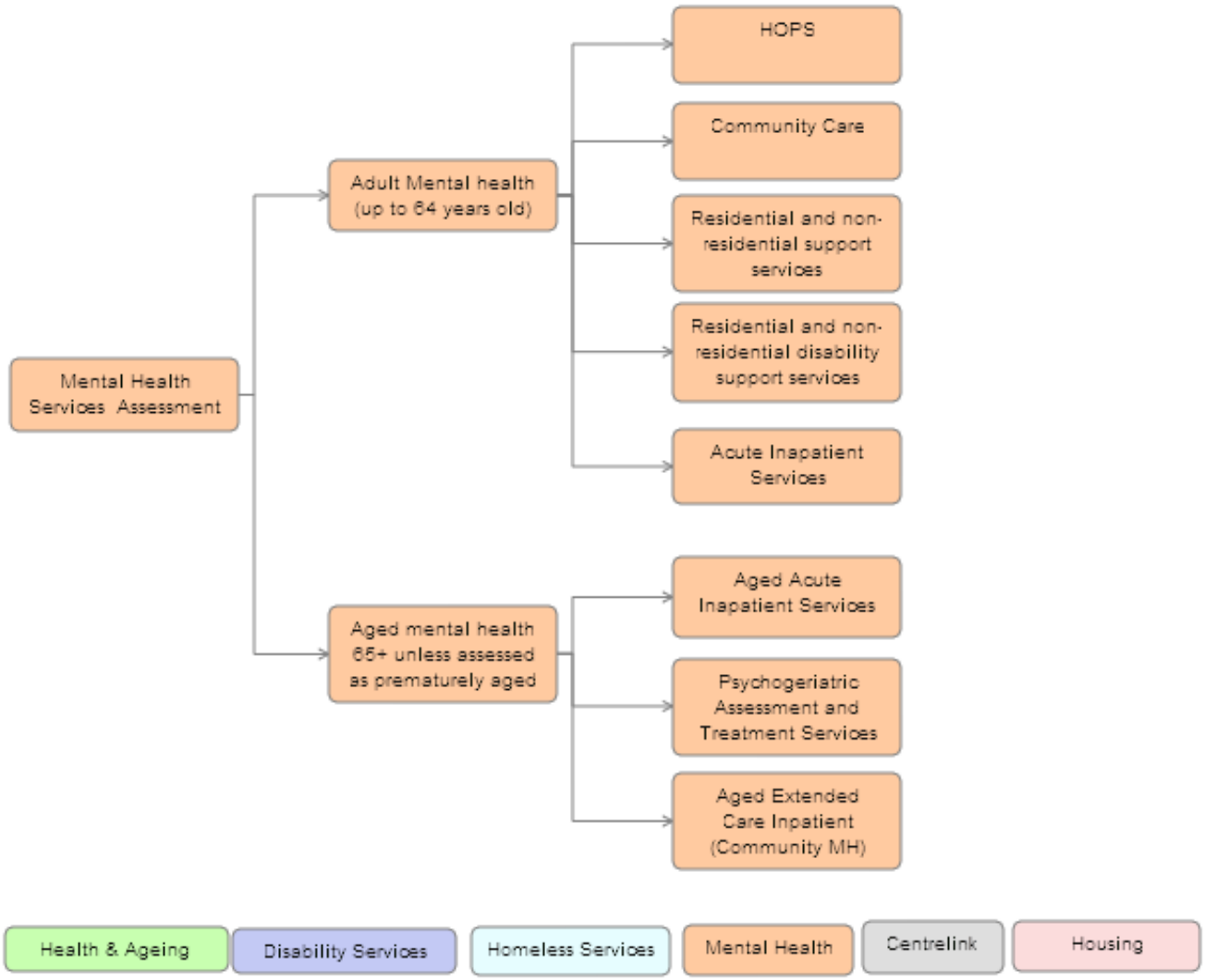


Figure Seven: Map of current Victorians mental health service sector 2011

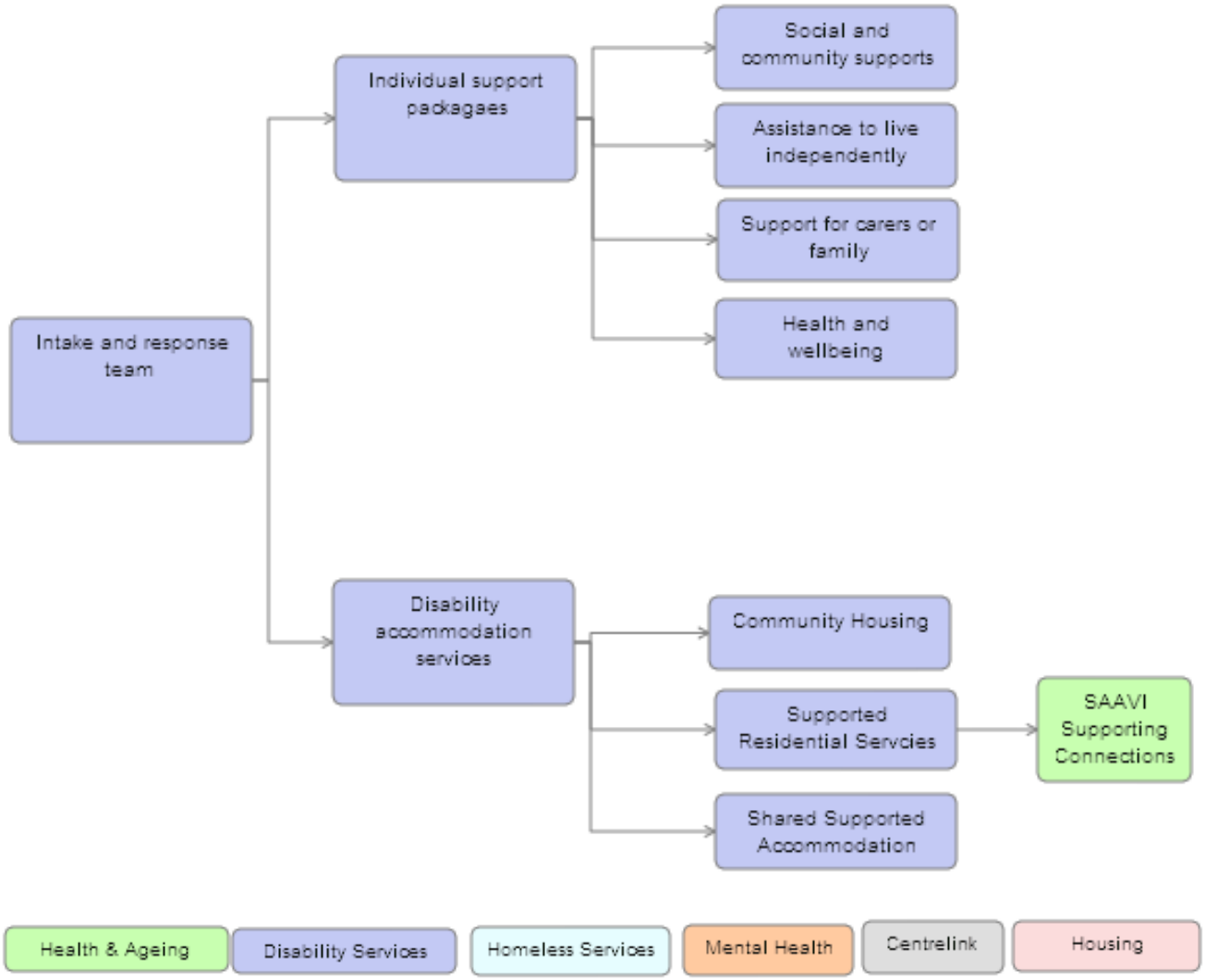


Figure Eight: Map of current Victorians disability service sector 2011

DISCUSSION

This discussion draws on findings from the consultations, service mapping and interviews with older people. The first section examines the problems faced by older Victorians who enter housing crisis or homelessness later in life – both in terms of how they enter crisis and the difficulties and challenges faced by individuals during this time. The second section discusses possible solutions raised by the interviews and discussions with stakeholders.

Part 1: The impact of vulnerability and specific life circumstances on older people's pathways into housing crisis and homelessness

At the outset of the research we hypothesised that particular forms of vulnerability (for example violence) and disadvantage could have discrete and specific impacts on the housing pathways of older Victorians. It was a hypothesis that was developed after sector consultation and a scan of existing literature on vulnerable older populations. We anticipated that people with particular vulnerabilities or life circumstances would have differing pathways into housing crisis and homelessness requiring different interventions.

Given the size and scope of this first phase of our research we could not definitively prove or disprove this hypothesis. A much larger study with an alternative research design is required to test this.

We were, however, able to:

- provide an in depth understanding of individual's pathways into their experience of housing crisis and homelessness from a small sample of vulnerable older Victorians
- identify broad forms of vulnerability that impacted on participants housing pathways
- identify the need for a service response at critical points in a persons journey through housing crisis and homelessness
- identify how service responses affected the experience of and duration in, housing crisis and homelessness
- identify interventions that could be developed or enhanced to pre-empt housing crisis and homelessness for vulnerable older people

Specific forms of disadvantage contribute to people's particular vulnerability to housing crisis, however they are typically the trigger for the crisis rather than the cause

Different forms of disadvantage or vulnerability had specific impacts on people leading up to and during housing crisis or homelessness. Indeed, sometimes they actually triggered or were participants' stated reasons for the crisis (e.g. being discharged into homelessness following mental illness). However, analysis of all the case studies indicated that there were several more fundamental and interconnected causes of people's housing crisis – low income, lack of financial reserves, a history of private rental and a lack of existing social supports, or a reluctance to access these. Combined these issues, rather than the specific form of vulnerability are the likely key individual level causes of housing crisis and homelessness among this population. For example, women escaping violence may not experience homelessness if they have the income to quickly be re-housed. This finding is consistent with earlier research (Judd et al. 2004).

Two broad routes into later life housing crisis were evident

When we examined the case studies it was evident that people took one of two routes into housing crisis or homelessness. They either had experienced:

- A history of long term and multiple forms of disadvantage or vulnerability culminating in housing crisis or homelessness; or
- They had experienced a short term, single event or episode which disrupted tenancy

Different routes into housing crisis impact on length and scope of support required
Those who entered housing crisis or homelessness as a result of the cumulative effects of multiple forms of disadvantage had significantly more intense, broader and longer term support needs than those who faced a single event or episode that disrupted tenure. Furthermore, those who were assisted when they were in housing crisis spent, on average eight to twelve weeks in crisis, compared to those who became homeless (usually over 56 weeks).

Time homeless or in housing crisis impacts on length and scope of support required
The longer the people were homeless or in housing crisis, the greater their ongoing support needs.

Part 2: Impact of structural and systemic service issues on older peoples' pathways into housing crisis and/or homelessness

Three interconnected structural issues that impacted on the housing pathways of older people were highlighted in all phases of the research: limited availability of affordable housing, limited availability of appropriate housing stock in suitable locations, and inadequate pension income levels. In addition to these structural issues there were a range of service system and service delivery issues that positively or negatively contributed to participants' housing pathways.

Lack of affordable and private rental dwellings and limited supply of public housing was a key cause of housing crisis for participants
Within a minimally regulated private rental market, little or no protection is available to tenants who were priced out of either their accommodation or their local areas.

Lack of suitable housing stock in suitable locations perpetuated participants' housing crisis
Remaining in local communities was a high priority for participants. However, without assistance from a service advocate most found it impossible to find private or public rental that was affordable, suitable and secure within their existing community.

Pension income was insufficient to withstand fluctuations in private rental market
Inadequate income and lack of access to affordable housing were intertwined issues for the older people in this study. Without financial reserves, and reliant on the pension, they had insufficient income to withstand rental or cost of living increases.

Unlike older people who own their own homes, older people vulnerable to housing crisis had limited opportunity to age in place
Ageing in Place is the key Australian Government policy approach for older Australians. The foundation for ageing in place is secure, permanent housing, around which other support needs are built. Without this foundation, vulnerable older people living in private rental had limited and sometimes no opportunity to age in place.

Responsibility for vulnerable older populations is dispersed across various state and federal government departments
Funding and policy development for program delivery is dispersed between federal, state and local governments. Currently, there is no one government department (whether federal of state) that takes final responsibility for the safety and wellbeing of older Australians, particularly vulnerable aged people.

Similarly the current range of services and supports able to be accessed by older Victorians, particularly disadvantaged older Victorians is delivered through fragmented federal, state and local government services, as well as various other non-government organisations. Advocates were necessary for people to find out about and receive all the services they were entitled to.

Information about available housing and homelessness services was not available or easily accessible to older people.

Participants had little or no knowledge of the various specialist service sectors available to support them. They also had little or no knowledge of the range and availability of various accommodation options. People typically stumbled across assistance rather than knowing where to turn or being directed to appropriate assistance early in their journey. This lack of knowledge was detrimental in two ways. First, without an understanding of their rights and options, participants were unable to advocate on their own behalf when they received inappropriate referrals or service responses. Second, it potentially prolonged their period in housing crisis and or homelessness, perpetuating instability and compounding, if not causing, poor mental and physical health.

Housing and Homelessness Service responses were often inadequate and sometimes even negligent

Many participants who sought help from specialist homelessness services received either no response to their housing crisis, a short term crisis response with no follow up support or an inappropriate referral to unsuitable, unsafe accommodation. Sometimes homelessness service providers failed to complete Public Housing Applications for their clients.

The specialist Homelessness Service System (HSS) in Victoria does not provide a clearly differentiated response to older people at risk of housing crisis and homelessness

As the service mapping underlined, the lack of uniform or systematic response to vulnerable older people in housing crisis is unsurprising. In Victoria, specialist aged homeless services are provided by Wintringham and several other providers in the metropolitan area and Geelong. These services generally target and provide specialist accommodation and support responses to homeless people with high and complex needs, and especially the frail elderly. With the notable exceptions of the Housing for the Aged Action Group (HAAG), and the Assistance with Care and Housing for the Aged (ACHA) Program, prevention and early intervention service responses for vulnerable older people largely remain undeveloped and overlooked.

"First Contact" agency responses to participants in housing crisis were inadequate

Centrelink

All of those who participated in this study were on a Centrelink pension at the time of interview. As demonstrated through the case studies, occasionally the response from Centrelink was either inappropriate, or detrimental to those who were seeking help.

Health services

While all participants accessed health services, most did not discuss their housing circumstances with health practitioners. Those who did were generally only asked about their housing situation when they were inpatients in general and psychiatric hospitals. In some cases, they were then referred to appropriate agencies for support. In more than one instance though, older people reported being discharged into homelessness from inpatient an inpatient facility.

Real estate agents and landlords

Real estate agents and landlords failed to protect participants in our study from housing crisis and homelessness. This suggest that there is a definite role to be played out in building relationships with real estate agents and landlords as a point of first contact for those in housing crisis or homelessness.

IMPLICATIONS AND KEY MESSAGES FROM THE STUDY

Development of national and state housing policies for vulnerable aged persons to guide the development of age appropriate accommodation and support options

Given the growing ageing population and the demonstrated lack of a coordinated response between the services sectors there is a critical need for the development of both national and state based housing policies to guide the provision of suitable, affordable accommodation to disadvantaged older Australians.

Streamline service delivery to ageing Australians through provision of One Stop Shops

There is a pressing need for the simplification and streamlining of service delivery to ageing Australians. This should occur through the development of One Stop Shops that act as entry and referral points to relevant health, housing, financial and community services for older Australians. This recommendation is consistent with the recent Productivity Commission Draft Inquiry Report (2011).

Prevent housing crisis, keep people housed

A permanent, secure and suitable accommodation base is essential for older people who are in housing crisis or homeless. Wherever possible and appropriate, people's housing tenure should be maintained to prevent individuals entering the homelessness service system.

Older people should be supported to remain in their local communities to allow them to stay engaged with existing supports and networks, and to age in place. Apart form the social supports that are found in a person's own community, they remain linked in with health and other support services which are both established and familiar.

To ensure that adequate, appropriate accommodation is available to older people in crisis, we recommend:

Leveraging brokerage dollars to keep people in their existing housing

Agencies should undertake a review or audit of Housing Establishment Fund (HEF) spending to ascertain whether a month-by-month private rental subsidy would be a more cost effective method of supporting people in housing crisis.

Leveraging brokerage dollars to provide temporary age-appropriate accommodation

When maintaining existing tenure is not possible, and while secure tenure is being sought, age-appropriate accommodation should be provided with adequate levels of support built around the older person.

Provide case managers who advocate for older Australians with special needs

Case manager/advocates should be provided to individuals aged over 55 who are identified as a member of the special needs groups as defined in the Aged Care Act (1997). This is particularly important for those categorised as financially and socially disadvantaged and homeless.

Case manager/advocates should be able to be accessed through the "Australian Seniors Gateway Agency" - the one stop shop agency recommended by the Productivity Commission to streamline service access, co-ordination and delivery for older Australians.

Following assessment at the gateway agency, disadvantaged older persons should be referred to an appropriate, and accredited case management service provider of their choice. This could be an aged care provider, a homeless support agency or housing provider; depending on the level of assessed need. At these agencies older persons should be assigned case managers who can advocate with and for them, assist them to navigate relevant service systems and ensure they are provided with co-ordinated service responses. Case managers will require strong advocacy skills and an extensive knowledge of housing, health, support and financial services available to older persons.

Prioritise early identification of older people at risk of housing crisis and homelessness
Early identification of older people who are at risk of or who currently are in housing crisis is the most effective method of preventing individuals who are socially or financially vulnerable from entering homelessness. First Contact Agencies have a key role to play in identifying people in housing crisis and referring them to appropriate support.

Enhance Centrelink's role as a 'first contact' agency for older people in or at risk of housing crisis
Centrelink is in a unique position in terms of the information they can access about older people at risk. Not only are they aware of the income and benefits received by an individual, but they are also informed of increases to a person's private rental through the 'Change of Information' requirements of the Commonwealth Rent Assistance program.

Develop a flag for older people in, or at risk of, housing crisis or homelessness
Knowledge of the persons income and private rental increases may be used to flag individuals over 55 at risk of housing crisis. This should not rely on self identification of housing /homelessness status, given the shame and stigma some people feel about acknowledging their housing situation. People flagged as at risk could be contacted, advised about entitlements and referred to appropriate supports.

Develop regional partnerships between Centrelink Offices, state housing services and specialist housing/homelessness providers to provide timely assistance with income, housing and support
Centrelink should apply the learning of their existing homelessness, early intervention programs such as the Household Organisational Management Expenses (HOME) Advice Program[17] and the Local Connections to Work pilots) to the older population.[18] Key to these programs are service partnerships between Centrelink, state housing services and specialist housing/homelessness service providers. They work with clients to maintain housing, ensure people are receiving the right level of benefit and appropriate supports.

Educate and support Health care providers and hospitals to identify and refer older people at risk of housing crisis or homeless
Health care settings, including GPs' are well placed to provide information around support services for those in housing crisis or homeless. Education around the causes, nature and health effects of housing crisis should be provided through GP networks. Health practitioners should be encouraged to ask patients about the status of their housing and be provided with resources to direct people at risk to appropriate services. Discharge protocols should be developed with hospitals to ensure older people are not released into homelessness.

Educate and support real estate agents to identify older people at risk of hosing crisis or homeless and refer to appropriate services
Real estate agents may become aware of a persons housing crisis before a service does. Furthermore they may be a key point of dissemination for information about alternative accommodation options available to older persons.

A number of homelessness and housing support agencies already run programs aimed at working with and within the private rental market to provide better outcomes for clients. Private Rental Access Programs (PRAP) are run through a number of agencies, and work to navigate and build linkages with the private rental market to make it more accessible to clients who otherwise may struggle to secure tenure. A statewide PRAP specifically designed to cater to the needs of older Victorians may be useful in allowing services to develop networks with real estate agents to allow the aged to stay housed in their own community at least until alternative accommodation is sought.

[17] http://www.fahcsia.gov.au/sa/housing/progserv/homelessness/Pages/fhpp_HOME_prog.aspx

[18] http://www.centrelink.gov.au/internet/internet.nsf/individuals/lctw.htm

Education and service promotion for those in crisis and services

A far reaching information campaign is needed to educate service providers, older people and the general community around the availability of supports and services for those in housing crisis or homelessness. Based on the gaps in knowledge of the people we interviewed, this educational and information campaign should include the following elements:

Accommodation

- Promotion of rights and responsibilities when privately renting
- Promotion of services which can support older persons who are privately renting
- An overview of public and social housing eligibility
- Alternative accommodation options for to older low income people

Financial Advice

- Eligibility for government pensions and benefits such as rent assistance
- Links to local Centrelink offices
- Information around self-identification of homelessness or risk of homelessness
- Access to financial counseling and advice

Services and Supports

- Links to services which specifically advocate on behalf of vulnerable older Victorians
- An introduction to the homeless, housing, health and disability service system, including access points, eligibility, nature of supports offered.

Fund financial counseling and support services to older people in financial stress.

The provision of financial services may be divided into financial counselors and support workers who could work with individuals to ensure they are receiving all concessions and benefits they are entitled to, budgeting, debt management and the like. Additional financial assistance should be able to be accessed by older people in order to maintain tenancies.

Build on existing housing, homelessness and support programs for older vulnerable Australians

Given projected increases in the number of vulnerable older Australians at risk of housing crisis, existing dedicated services that provide a timely and tailored response to vulnerable older people should be further developed. These services can assist older people to navigate the complex aged care, housing, and homelessness services, and provide ongoing advocacy for individuals. Programs currently providing a dedicated response to older vulnerable people in housing crisis include ACHA and HAAG. Funding should allow for ongoing evaluation of demand and program success.

The scope and intensity of response must be based on individual needs

The scope and intensity of a specialised service response must always be determined based on the capacity and needs of the individual. As such, people with high support needs will require broader and more sustained responses.

Supports needed for those who are older and homeless

Just as those who are in housing crisis need a specialist response, so too do those who have experienced recurrent or chronic homelessness. The work of organisations such as Wintringham and Wesley Mission among others, are exemplary in responding to this client group with complex and multiple needs. The core elements of “Ageing in Place”– access to secure accommodation, connection to integrated and timely support, connection to community, and respecting the dignity of the individual - are demonstrated through these programs. Without such programs, many older people would have continued their journeys through homelessness throughout their old age.

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APPENDIX ONE: PARTICIPANT CONSENT FORM

Ageing in what place?

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

About the research

You are invited to participate in a study funded by the Buckland Foundation which is looking at older Australians' vulnerability to housing crisis and homelessness. This research is being conducted by the Research Unit at Hanover Welfare Services and aims to identify polices and services that may prevent older Australians entering housing crisis or homelessness

As part of this project we are examining the circumstances and factors which place some people aged over 55 at risk of housing crisis and homelessness. We want to understand what factors lead some older Australians into housing crisis and homelessness. We also want to identify the range of services people access and the challenges and benefits people face when accessing these services.

Who can participate?

People aged over 55 who have experienced some degree of housing crisis or homelessness in the past twelve months.

What will it involve?

Participating in a one hour interview with a researcher. During this interview the researcher will ask you to complete information about your age, your income level and your current accommodation arrangements. The researcher will then ask you a series of questions about your housing situation, the personal circumstances that led to you entering housing crisis or homelessness, which services you were referred to, and the benefits or challenges experienced by you in using these services.

Interviews will be taped and transcribed in order to capture what you say accurately.

Confidentiality and Anonymity

Any information you provide will be kept completely confidential. We will use a pseudonym (pretend name) instead of your real name when writing reports from the results of the research and we will take out any other information that could identify you or your family.

What will happen to the information I provide

All information collected will be held by Hanover in a locked and secure area until it is destroyed after 5 years.

Voluntary participation

Please be advised that your participation in this study is completely voluntary. If you decide not to take part, or to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so and there will be absolutely no impact on the services that you receive from Hanover or other agencies.

What will happen with the research?

The information we find out from the research will be used in a variety of ways. These may include:

- conference papers and presentations
- progress and a final report for Hanover, the Buckland foundation and others which will be published in written form and electronically
- published academic journal articles
- published practitioner journal articles
- newspaper articles

It is not expected that the data collected through the interview process will be used for any other purpose. However, in case this research leads to an extended, related program of research, your permission is asked to use the information you provide for this study for other, related research by the same researcher that might occur later. If you do not wish your data to be used for any other purpose, this will not happen. Please notify the researcher.

The data will not be supplied in any form (other than published or publicly presented papers) to any other researcher, individual, organisation or agency.

If you agree to take part in this research under the conditions outlined here, we need you to sign this form to say that you agree to participate in the interview.

CONSENT FORM

- ☐ I have read, or have had this document read to me in a language that I understand, and I understand the purposes, procedures and risks of this research project as described within it.
- ☐ I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- ☐ I freely agree to participate in this research project, as described.
- ☐ I understand that I will be given a signed copy of this document to keep.

Participant's name (printed) _____

Signature _____ Date _____

Declaration by researcher*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's name (printed) _____

Signature _____ Date _____

This project has received internal ethics approval from
Hanover Welfare Services Research Ethics Committee.

If you have a complaint about this research please contact
Professor Tony Dalton, Chair of the Research Ethics Committee on 9925 1870.

Any questions regarding the overall project should be directed to General Manager,
Research and Organisational Development, Dr. Shelley Mallett on 9288 9800.

APPENDIX TWO: PARTICIPANT DEMOGRAPHICS FORM

Unique Identifier: C## _____

Age: _____

Gender: ☐ **Male** ☐ **Female**

Postcode: _____

Accommodation

☐ Lives in own home - owns outright
☐ Lives in own home - has a mortgage
☐ Private Renter
☐ Public/Social/Community Housing
☐ Lives in a caravan Since when? _____
☐ In crisis housing Since when? _____
☐ In temporary housing Since when? _____
☐ In a boarding or rooming house Since when? _____
☐ Sleeping rough/sleeping in car/camping out Since when? _____

Living arrangement: Tick all that apply

☐ Lives alone
☐ Lives with partner
☐ Lives with family member/s How many people including yourself in your house? _____
☐ Lives with dependent children How many people including yourself in your house? _____
☐ Lives with other people How many people including yourself in your house? _____

Main source of income:

☐ Pension
☐ Superannuation
☐ Wage
☐ Other source Please describe: _____

What percentage of your income do you estimate that you spend on housing and accommodation costs?

_____

How secure would you say your accommodation is?

☐ Very secure ☐ Secure ☐ Unsure ☐ Insecure ☐ Very Insecure

APPENDIX THREE: PARTICIPANT INTERVIEW QUESTIONS

What were the circumstances that precipitated you entering housing crisis?
And how long had it been going on for?
Rationale: pathways into housing crisis, identifying vulnerability, identify tipping points

When you found yourself in housing crisis, what did you do?
Who did you contact for help?
What was their response?
Rationale: identification of factors older people use to cope with housing crisis, identification of first contact agencies identified by older persons, identification of services offered or referral pathways

What services were you linked in with when you sought help?
How did you make contact with these?
Rationale: Identifying pathways/identifying 1st contact agencies as identified by services, identifying potential service gaps, identifying gaps in continuity of services through referral

What happened next?
Who did you speak to?
What did they do?
Rationale: Identifying needs/identifying pathways when linked into services /identifying potential service gaps/identifying how holistic approach is

What barriers did you face in accessing services?
Rationale: Identifying gaps/identifying disadvantage/identifying support needs/identifying impact of housing crisis/identifying long term support needs

What worked well for you?
Rationale: Identifying impact/identifying long term needs/identifying early support needs

What is the situation now with your housing?
Rationale: Identifying stability, affordability and appropriate of housing – i.e. response and potential future needs

What services are you still seeing?
Rationale: Identifying ongoing support needs/opportunities. Identifying ongoing follow up and maintenance or identifying when people no longer need services

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