



*Final Report*

# Older persons in public housing: the policy and management issues

authored by

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for the

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# CONTENTS

<b>LIST OF TABLES</b> .....	<b>VI</b>
<b>LIST OF FIGURES</b> .....	<b>VII</b>
<b>LIST OF EXHIBITS</b> .....	<b>VIII</b>
<b>ABBREVIATIONS</b> .....	<b>IX</b>
<b>GLOSSARY OF TERMS</b> .....	<b>X</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>1</b>
Research aims and key research questions .....	1
Research methods.....	1
The Research Paper .....	2
This Final Report.....	2
Findings of the Final Report.....	2
Interview findings .....	3
Policy and management issues .....	6
Innovations.....	8
Conclusion .....	8
<b>1 INTRODUCTION</b> .....	<b>11</b>
1.1 Research aims and key research questions .....	11
1.2 Research methods.....	11
1.3 The Research Paper.....	12
1.3.1 Context .....	12
1.3.2 Profile of older tenants .....	13
1.3.3 Future demand for public housing from older people .....	14
1.3.4 Future estimates of older people in public housing .....	14
1.4 This Final Report.....	15
<b>2 BACKGROUND TO INTERVIEWS</b> .....	<b>16</b>
2.1 Purpose, recruitment and characteristics of participants .....	16
2.1.1 Older tenants living in public housing .....	16
2.1.2 Support services.....	18
2.1.3 State Housing Authority frontline staff .....	19
2.1.4 State Housing Authority managers.....	19
2.2 Interview material.....	20
<b>3 INTERVIEW FINDINGS</b> .....	<b>21</b>
3.1 Interviews with older people in public housing.....	21
3.1.1 Background to participants.....	21
3.1.2 Their stories.....	21
3.1.3 Likes and dislikes about public housing .....	21
3.1.4 Views about the future.....	23
3.1.5 Views about local public housing management .....	24
3.1.6 What public housing providers could do to make things better .....	25
3.2 Interviews with support services .....	26

3.2.1	Their experience of providing support services .....	26
3.2.2	Contact with public housing providers .....	28
3.2.3	Linkages with other service providers .....	30
3.2.4	Recent innovations .....	30
3.2.5	Improving outcomes .....	31
3.2.6	Improving linkages .....	33
3.3	Interviews with SHA managers and frontline staff .....	35
3.3.1	Current and future role of public housing .....	35
3.3.2	Tenancy management.....	37
3.3.3	Asset management .....	41
3.3.4	Support services and linkages .....	45
<b>4</b>	<b>THE POLICY AND MANAGEMENT ISSUES.....</b>	<b>48</b>
4.1	Introduction .....	48
4.2	Increasing demand for public housing .....	49
4.3	An increasing proportion of older people in public housing .....	49
4.4	The future role of public housing.....	50
4.5	Older renters without complex needs .....	52
4.6	The needs, preferences and expectations of older residents .....	52
4.7	Asset management .....	54
4.7.1	Stock quality: learning from the past .....	55
4.7.2	Design and modifications to dwellings and surrounds .....	56
4.7.3	Under-occupancy .....	57
4.8	Tenancy management .....	59
4.8.1	Allocations and transfers .....	59
4.8.2	The role of public housing providers .....	60
4.8.3	Quality improvement .....	62
4.8.4	Tenant participation.....	62
4.9	Relationship with support services.....	63
4.9.1	Identifying support needs .....	63
4.9.2	Access to aged care services.....	65
4.9.3	The importance of linkages and co-ordination .....	66
4.9.4	Linking housing and support services .....	67
4.9.5	Housing models.....	67
<b>5</b>	<b>SOME INNOVATIONS.....</b>	<b>69</b>
5.1	Support for older people in public housing (Victoria) .....	70
5.2	Adaptable and modified dwellings (Queensland).....	70
5.3	Agency collaboration (Tasmania) .....	71
<b>6</b>	<b>CONCLUSION .....</b>	<b>73</b>
	An increase in eligible and expressed demand for public housing .....	73
	A changing profile among older people in public housing.....	73
	The importance of public housing .....	74

Asset management .....	74
Tenancy management .....	74
Linkages with support services .....	74
Significant new investment in social housing.....	74
Older public housing residents with complex needs .....	75
Older renters without complex needs .....	75
Ageing as a time of growth .....	75
<b>BIBLIOGRAPHY .....</b>	<b>77</b>
<b>APPENDIX.....</b>	<b>80</b>
Questionnaires for semi-structured interviews .....	80
Older persons in public housing.....	80
Support services .....	81
Public housing providers: frontline staff .....	83
Public housing providers: managers .....	85

## LIST OF TABLES

Table 1: Characteristics and circumstances of older persons interviewed .....	17
Table 2: Key attributes of housing valued by older people .....	53
Table 3: Match of dwelling to household size, public housing households and all households with an older person .....	58
Table 4: HACC clients and CACP recipients living in public housing by state/territory .....	65

## **LIST OF FIGURES**

Figure 1: Public housing and support services for older people .....	64
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## **LIST OF EXHIBITS**

Exhibit 1: 'People need to be able to stay at home if they can ...' .....	34
Exhibit 2: Senioren Label.....	62

## **ABBREVIATIONS**

ABS	Australian Bureau of Statistics
CACP	Community Aged Care Package
CAP	Crisis Accommodation Program
CSHA	Commonwealth-State Housing Agreement
DHHS	Department of Health and Human Services (Tasmania)
DHS	Department of Human Services (Victoria)
EACH	Extended Aged Care at Home
GP	General practitioner (medical doctor)
HACC	Home and Community Care Program
HSAP	Housing Support for the Aged Program (Victoria)
OPHRSP	Older Persons High Rise Support Program (Victoria)
OT	Occupational therapist
SAAP	Supported Accommodation Assistance Program
SHA	State/Territory Housing Authority
SRS	Supported Residential Service

## GLOSSARY OF TERMS

**Aged-specific dwelling/stock:** a dwelling or stock which has been specifically constructed for and allocated to older people (see the history of funding for aged-specific housing stock in Section 2.4.2 in the Research Report (McNelis 2007)).

**Bedsitter:** A self-contained dwelling which does not have a separate bedroom. It generally consists of two rooms: a bathroom and a room containing a kitchenette for dining, sitting, sleeping etc.

**Community housing:** A form of social housing provided by or managed by a community housing organisation. It includes housing co-operatives, housing associations and local government housing.

**Eligible demand for public housing:** Demand from households who are eligible for public housing.

**Expressed demand for public housing:** Demand measured through public housing waiting lists.

**General stock:** in contrast to aged-specific stock (see above), general stock is allocated to a range of household types.

**Independent living unit (ILU):** a self-contained dwelling where an older person can live independently. In this report, an ILU is a social housing option (i.e. targeted at older people with low incomes and low assets) managed by organisations providing aged care services.

**Non-private dwelling:** A dwelling which provides a communal type of accommodation. Relevant examples are boarding or rooming house, private hotel, hostel for the homeless, night shelter, refuge. Non-private dwellings do not include independent living units or self-care units for older people.

**Older person household:** A household in which there is at least one older person.

**Older person:** A person who is 65 years or over.

**Old-older person:** A person who is 85 years or over.

**Public housing demand:** The demand for housing from households who are eligible for public housing.

**Public housing:** A form of social housing managed and usually owned by the state or territory government.

**Social housing:** Forms of housing which are financed, owned and managed for the purposes of meeting social objectives. It includes public housing, community housing and independent living units (ILUs).

## **EXECUTIVE SUMMARY**

At the 2001 Census, 102,735 older persons (aged 65 years or more) were housed in 87,940 public housing dwellings; nearly all (82 per cent) were living alone or with their partners. 63 per cent of these older persons are women. Older tenants comprised approximately 29 per cent of all public housing tenancies, with 48 per cent of these tenants 75 years and over.

State and territory housing authorities (SHAs) are now being confronted by a range of major policy, management and practice challenges: older people have higher and changing expectations; many will need support to age in place; and they are no longer restricted to aged-specific dwellings. Rather, with children leaving home, parents are ageing in place in what were 'family dwellings', i.e. general stock.

In recent years, despite the importance of older people as tenants and as residents in public housing, there has been little research undertaken on the consequent policy and management issues.

This Final Report fills a significant research gap by identifying emerging policy and management issues for public housing providers and for Commonwealth and state/territory governments as older people in public housing seek to age in place.

### **Research aims and key research questions**

This research project sought to explore the challenges confronting SHAs. It had four aims, as follows:

- Develop a profile of older public housing tenants;
- Identify the housing policy and management issues associated with older tenants;
- Identify the issues associated with linkages to support services for older persons;
- Discuss the implications of these issues and new approaches to older people for the future of public housing and SHAs.

In the process of achieving these aims, the project sought to address five key research questions:

1. What are the characteristics and housing circumstances of older public housing tenants?
2. What is the likely future demand for public housing from older persons over the next ten years?
3. What are the housing policy and management issues associated with older tenants?
4. What is the role and responsibilities of SHAs in facilitating the access of older people to support services, in particular, to aged care?
5. What examples of good practice and policy initiatives are there among social housing providers in Australia and overseas?

### **Research methods**

This study used a variety of methods. An analysis of secondary data sets developed a profile of older public housing tenants. Demographic projections estimated the future demand from older people for public housing to 2016 as well as the number of older people in public housing in 2016. A literature search and review identified the changing approaches to older people and their changing housing circumstances within Australia. The results of this literature review, the secondary data analysis and

the demographic projections are presented in a first report, the Research Paper (McNelis 2007).

These results were complemented by a series of face-to-face interviews in three states: Victoria, Queensland and Tasmania. The purpose was to identify policy and management issues from the perspective of four groups: older people living in public housing (38 interviews), services providing support to older people in public housing (13 interviews), SHA frontline staff (15 interviews) and SHA area/regional managers (nine interviews). The findings are presented in this Final Report.

These methods are interrelated and cumulative. They form the basis for a synthesis of findings which will identify the key policy and management issues and the implications for SHAs of changing approaches to older people.

The results of the project are presented in a Research Paper (McNelis 2007) and this Final Report.

## **The Research Paper**

The Research Paper addressed the first two research questions. It located and oriented the project within a broader context. In this way, it provided some background for the further identification and discussion of the policy and management issues that SHAs face in relation to their older tenants. It:

- Outlined the context within which SHAs have to make decisions about the management of housing for older persons;
- Provided a profile of older persons in public housing, highlighting their differences from other persons in public housing and from other older persons in the larger community;
- Presented the results of projections for future demand for public housing from older persons to the year 2016;
- Presented the results of projections of older people living in public housing to the year 2016.

## **This Final Report**

This Final Report addresses the third, fourth and fifth research questions: the housing policy and management issues associated with older tenants; the role and responsibilities of SHAs; and examples of good practice and policy initiatives.

It begins by reporting on the interviews undertaken with older people living in public housing, services providing support to older people, SHA frontline staff and SHA managers.

Using the findings of Research Report (contextual literature review, secondary data analysis and demographic projections), the findings from the interviews, and further material from Australian and international literature, it then synthesises the public housing policy and management issues that older people present for the Australian and state/territory governments and for public housing providers. A final section presents some innovations in relation to the management of older people in public housing.

## **Findings of the Final Report**

The findings of the Final Report are presented here under three headings: findings from the interviews, a synthesis of the policy and management issues, and recent innovations.

## *Interview findings*

The primary purpose of the interviews was to identify and explore more fully the policy and management issues confronting public housing providers. A questionnaire which revolved around specific themes was developed for each of the four groups. This gave some structure to the interviews. However, each interview reflected the particular circumstances, interests and issues of the participant. No attempt was made to canvass with the participant the range of possible issues. Thus, each participant provided a limited but important perspective on particular issues or particular aspects of issues. The analysis of the interviews attempted to reflect this range of views.

### **Older people living in public housing**

Interviews with older people living in public housing were loosely structured around five themes: their story – how they came to live in public housing; their likes and dislikes about public housing; their views about their future; their views about local public housing management; and their views about what public housing providers could do to make things better.

The major reason that tenants had chosen to live in public housing (or ended up there) was financial, though this was often related to particular circumstances: a marriage separation, death of a spouse, disability or sickness. Other reasons included the high cost of private rental, security of tenure and someone to take care of the maintenance. Their stories often reflected the importance of maintaining links with their families, particularly grandchildren, and links with other people.

Overall, participants loved their public housing and the feeling of community within their complex of units. They liked their garden/outdoor area, the extra bedroom, modifications to assist with their disability, their safety and security. They liked that the site only housed elderly people. They liked the proximity to shops and amenities, to neighbours, to local connections (including family) and to transport. They liked their dwelling as public housing because maintenance was done, modifications were made when needed, it was affordable and it provided security of tenure. Dislikes about public housing were more diverse and largely the opposite of the likes outlined above. For example, in relation to the dwelling, they disliked no garage, no garden, lack of space, need for modifications, lack of privacy, no spare room, and security and safety concerns. In relation to the site, they disliked communal facilities, proximity to neighbours, and mixed tenancies with young people. In relation to the location, they disliked their neighbours, particularly noise, traffic, crime, lack of transport, too quiet and isolated and too far from family. As public housing they disliked poor quality maintenance, slow response to requests for modification, not doing certain maintenance such as mowing lawns and changing light bulbs, and that rents kept going up. One particular area of concern was the situation of tenants who had requested but were refused modifications to their home. For example, given its design and structure, the dwelling could not be modified or it may be poorly located or modifications may not be compatible with future use or the cost of modifications was excessive. While SHAs do offer to transfer tenants in these dwellings, for some tenants this posed a dilemma: remaining in the family home with their local connections but having a restricted living environment, or moving into a modified dwelling in an unfamiliar area.

The general feeling among participants was that they were 'settled' in their current situation. They didn't want things to change. They wanted to stay in their current dwelling as long as possible and regarded it as their last home. Their fears for the future concerned their health, their financial situation and the possibility of having to

go into a nursing home. Many expected the public housing provider to modify their dwelling if their health required it.

Participants' contact with the local office revolved mainly around maintenance issues, though some have issues with neighbours. Some had no contact at all with the local office. Generally they regarded staff as helpful and hassle-free. Participants made numerous suggestions as to how public housing providers could make things better for older people (see Section 3.1.6).

### **Services providing support to older people living in public housing**

Interviews with support services revolved around six themes: their experience of providing support services to older people in public housing, their contact with public housing providers, their linkages with other service providers, recent innovations in relation to services to older people in public housing, improving outcomes for older people in public housing, and improving linkages between support services and public housing providers.

Two different views seem to emerge among support services about older people in public housing, and these tended to reflect a difference between older people in rural and middle-outer suburban areas and those in inner urban areas. The former group tended to highlight the strong connections that some long-term tenants had to family and the local area and how important this was. The latter group tended to highlight the issues of social isolation and loneliness among single older people in public housing; informal support networks such as family and friends are not as well established, and families are less contactable or are not frequent visitors. As a result, this group tends to require higher levels of services from organisations. Some noted how public housing (the quality of the housing and the security it provided) had transformed the lives of some of their clients.

One of the more difficult groups for support services are older people with dementia. Some providers were confident that they had developed the skills and expertise to maintain many of these people in their homes, even those without a live-in carer.

Overall, support service participants had little contact with SHAs except around specific client issues as they arose. The primary reason for contact was in relation to modifications to dwellings, in particular, modifications to older general stock (rather than aged-specific stock). A secondary reason was to advocate on behalf of their client: assisting them with applications for public housing, in particular, negotiating priority application processes; assisting them with transfer applications; and liaising with the SHA regarding upgrades that were about to take place or were already taking place and their impact on the tenant.

Some support services had close working relationships with other aged care services such that one contracted an aged care package to another because the latter service had the more culturally appropriate staff with experience. Other support services were largely case managers and brokered a range of services for their clients. Two participants who worked closely with older people in public housing in inner city areas were critical of mainstream aged care services. One experienced difficulties with the services that they brokered out (such as HACC services). While these direct care workers have no problems going out to the 'nice little old ladies', the more complex and demanding cases where it is not a very pleasant working environment can cause issues. It took some work on the part of this provider to ensure that these clients were getting mainstream services and that the quality of the service provision is consistent with other clients in the community.

Recent innovations among support services sought to engage older people with other people; improving self-esteem through such things as a laundry service, a beauty service, a square meals service and regular hairdressing; bringing fun into their clients' lives; and providing a chaplaincy service whereby people can tell their stories and reflect upon their lives.

Support services made numerous suggestions as to how both SHAs and support services can improve outcomes for older people (see Section 3.2.5) and linkages between SHAs and support services (see Section 3.2.6). Three were of note for SHAs: first, that they shift from a transactional relationship with older people to one that listens more and spends some time chatting; second, more regular inspections that cover not just maintenance issues but also how well the tenant is managing; and third, more information and understanding about older people and community aged care services, in particular, the extent to which these services can now maintain older people in their homes.

### **SHA managers and frontline staff**

Interviews with SHA managers and frontline staff revolved around four major themes: the current and future role of public housing as an option for older people on low income and low assets, tenancy management issues, asset management issues, and linkages with support services.

Many commented on the context within which they were providing public housing, in particular, the overwhelming demand. In recent years this demand had grown as owners of rental dwellings moved to realise the increased value of houses and land and were evicting long-term older tenants. Others who had previously struggled to pay their rent now found themselves under pressure to pay much higher rents.

Most managers recognised that their organisations were in a period of transition. Traditionally their target group was older people receiving pensions, and these continued as a predominant group. Yet, recent changes in priority assessment meant that SHAs were increasingly targeting people with more complex needs: the homeless, those with physical and intellectual disabilities, mental illness or alcohol addictions. Thus, older people on pensions were generally not a priority group except insofar as they met the criteria for priority assessment. Moreover, the type of stock which these priority groups required was the very same stock sought by older people. This raised questions as to whether SHAs should maintain the current division between aged-specific and general stock. There was little consensus among managers and frontline staff about the future role of public housing as an option for older people, with many feeling ambivalent about the implications of the transition to a new priority assessment system (which targeted those with the highest needs).

While older tenants are generally regarded as less demanding than others, there is a wide diversity: some never complain and are very reluctant to accept assistance; some are very demanding – they want their environment to change, rather than change how they do things; some are grumpy and rude; some are fixed in their ways and stubborn while others are welcoming and accommodating; some are lonely and withdraw into themselves; some are lonely and forever want to chat; some like company; some prefer their privacy; some are depressed by the state of their health, their inability to do the things they once did; some are regularly in contact with family and look forward to looking after grandchildren; some are alienated from their families; some are angry at their lot in life, their inability to communicate, their past failures.

Frontline staff were conscious of the wide disparities in the quality of their stock and that the housing allocated to an older person was 'the luck of the draw'. The lack of good quality ground floor stock in flat areas made transfers very difficult, particularly

from under-occupied stock which required extensive modifications to meet the needs of an older person. As a result, SHAs are not actively pursuing under-occupancy of detached dwellings. One of the most difficult issues for staff to deal with is coming across older people who are not coping, who are suffering dementia or who need assistance with daily tasks. SHA managers and frontline staff expressed varying views as to how they dealt with such complex situations and their duty of care in relation to these older tenants. Many noted that there were no specific SHA policies and guidelines on duty of care (except in relation to statutory responsibilities such as children at risk) and that any action depended upon the goodwill of each individual staff member, though one participant did note that 'duty of care' was built into their day-to-day policies and procedures. Both managers and staff clearly expressed the view that their role is housing and they didn't want to become involved in co-ordinating care and support for tenants.

Many participants commented on the inadequacy of their bedsitter stock. These were generally regarded as the least desirable stock because of their small size, ageing fixtures and fittings. Because of this, complexes with significant numbers of bedsitters presented many social issues for housing providers. Where possible, providers have been reconfiguring and upgrading these units. Other issues included the demand for ground floor and wheelchair accessible units. Older people are often competing with people with disabilities and those with complex needs. While most aged-specific stock had been modified to meet the needs of older people, SHAs continued to get requests for modifications from older people in general stock. These were generally agreed to as determined by an occupational therapist (OT) report. However, this request could be rejected where the dwelling had reached its use-by date and the relative costs of modification were excessive.

SHAs tended to have little relationship with community aged care services such as HACC, CACPs and EACH. Rather, their focus tended to be on relationships with homeless services. Both managers and frontline staff recognised that they needed to engage more closely with these support services. This was expressed in various ways: a desire to identify when older people need assistance, for example, the early signs of dementia; a desire to understand what community aged care services did; and a desire to develop relationships with GPs and local aged care services.

### *Policy and management issues*

In the next decade, older renters, particularly those in public housing, will confront the governments and public housing providers with a series of complex policy and management issues. Seven areas are of particular concern.

#### **Increasing demand for public housing from older people**

SHAs will face an increasing demand for public housing from older people, particularly those 85+ years. Demographic projections in this study forecast an increase in demand of 76 per cent from 209,210 in 2001 to 365,914 in 2016. This increase ranges from 30 per cent in South Australia to 103 per cent in Queensland and 140 per cent in the Northern Territory.

Currently public housing meets 42 per cent of demand from eligible older persons. If it is to continue to meet this level of demand, then an average of an additional 4,391 older person households will have to be housed each year to 2016.

The highest increase in demand (by 118 per cent at 2016) will come from the 85+ age group. In five of the eight states/territories, such demand will more than double.

## **An increasing proportion of older people in public housing**

Demographic projections on the basis of the public housing population aged 55 years or more indicates that older public housing households are expected to increase from 87,940 in 2001 to 109,560 in 2016, an increase of 24 per cent. Most notable is the expected increase by 155 per cent among the 85+ age group.

## **The future role of public housing as a housing option**

A decision as to the future role for public housing will be taken in the context of two supply issues which will drive the expressed demand: the high unaffordable rent, both ongoing and cyclical, that older renters in the private sector will face; and the anticipated demise of a significant housing option, independent living units managed largely by aged care organisations. Three elements complicate this decision: older people are competing with other groups for priority access to public housing, and thus older people with support needs (those in 85+ age group) will tend to gain access; internal demand as older people seek modifications or dwellings with modifications that allow them to age in place; and the capacity of SHAs to meet the needs of applicants, given the gap between their good quality and poorer quality stock.

## **Changing needs, preferences and expectations of older people**

Older people are a diverse group with changing physical, social and cultural needs, preferences and expectations. Of particular note is the clash of expectations and the differences in perspective between older public housing tenants and SHA managers and frontline staff. Older tenants are concerned with the broader dimensions of human living such as family and other involvements. They view their housing as a means to achieving these ends. On the other hand, managers and staff are concerned with a quite narrowly defined view which is about immediate housing needs as an end in itself.

## **Asset management**

SHAs continue to face major asset management issues in relation to the current quality of housing stock, the provision of fixtures and fittings that will enable older people to age in place, the provision and design of new stock such that it can be adapted and modified for a changing tenant profile, and the under-occupancy of current stock, particularly general stock and the need to reconfigure this to meet a changing tenant profile.

## **Tenancy management**

SHAs will continue to confront major tenancy management issues in relation to the allocation and transfer of older tenants in a way which better meets their needs, a narrow or broader role as public housing providers, improvement in the quality of management, and participation of older tenants in ways which meet their higher expectations of more actively participating in decisions that affect them.

## **Relationship with support services**

Public housing providers and support services largely operate independently, and linkages are non-existent or very limited. This has not impacted detrimentally on outcomes for older people except in some areas such as inner urban areas where some older people with complex needs may not be receiving adequate services. The interviews indicated that a new approach by both public housing providers and by community aged care services may be needed to meet the needs of this group. Moreover, as a result of the priority allocation processes now in place, it could be expected that public housing providers will provide housing to more older people with complex needs. In this context, public housing providers and community aged care

services will need to develop better linkages to ensure that older people with complex needs have better access to services. Public housing providers may even consider new models of housing and support.

### *Innovations*

The interviews in the three nominated states – Queensland, Victoria and Tasmania – sought to identify recent innovations in relation to older people in public housing. Contrary to the expectation of the researchers, these were quite limited. Section 5 outlines three innovations noted by the participants, one from each state:

- In Victoria, two aged care programs provide support specifically for older people in public housing;
- In Queensland, Housing Queensland has focused on providing adaptable and modified dwellings to older people in public housing;
- In Tasmania, an agency collaboration strategy seeks to improve the management and delivery of services to people with complex needs.

A cursory exploration of recent innovations in other states indicates that there have been few recent innovations by SHAs in relation to older people in public housing. One notable exception is the work undertaken in NSW as part of their five year plan for older people in social housing.

## **Conclusion**

The demographic projections for this study forecast a greatly increased demand for public housing (76 per cent between 2001 to 2016). Moreover, the highest increase in demand (by 118 per cent at 2016) will come from the 85+ age group.

These demographic projections indicate a major increase in eligible demand for public housing as the population ages. But expressed demand will be compounded further as two significant housing options for older people with low incomes and low assets – private rental and independent living units (ILUs) – become less accessible. As some participants noted in interviews, older people are seeking public housing because they can no longer pay the unaffordable rents in the private sector. It seems that these rent increases are not only cyclical or temporary but, to some extent, are structural and long-term. ILUs are a long-standing social housing option for older people, providing around 27 per cent of social housing for this group. Yet much of this stock is small in size, quite old and of poor quality. ILU organisations require major capital funds to upgrade and reconfigure their stock or to demolish and rebuild. The future of ILUs is at a watershed. Many ILU organisations are withdrawing or are considering withdrawal from housing provision, and the stock of ILUs is anticipated to undergo a dramatic reduction (McNelis and Herbert 2004). As a consequence, the expressed demand for public housing will increase very significantly over the next decade.

To address this increased eligible and expressed demand, significant effort will be required from Australian and state/territory governments and from public housing providers. Four particular challenges are notable.

### **Significant new investment in social housing**

Significant new investment in social housing is required. Currently public housing meets 42 per cent of demand from eligible older persons. If it is to continue to meet this level of demand, then an average of an additional 4,391 older person households will have to be housed each year to 2016. Stable and secure housing is an essential prerequisite if community aged care services are to sustain older persons in their homes longer. The Commonwealth government as part of the National Strategy for an

Ageing Australia has taken few steps to address housing options for older people with low incomes and low assets. This is likely to jeopardise the future delivery of community care programs to this vulnerable group.

### **Older public housing residents with complex needs**

Demographic projections indicate a dramatic increase (155 per cent to 2016) in the number of older public housing residents in the 85+ age group and a dramatic increase in eligible demand from older people in the 85+ age group. As the number of old-old people increases, those seeking modified dwellings and support services will increase. Moreover, as public housing providers target people with the highest housing needs, it can be anticipated that the number of older tenants with complex needs will increase. This group will also be seeking modified dwellings and access to support services.

The interviews indicated that public housing providers and support services largely operate independently and linkages are non-existent or very limited. To date, this has not impacted detrimentally on outcomes for older people except in some areas such as inner urban areas where some older people with complex needs may not be receiving adequate services.

A new approach by both public housing providers and by community aged care services may be required to meet the needs of some older people, in particular, those in inner urban public housing and those with complex needs. They will have to develop better linkages to ensure that older people with complex needs have better access to services. Public housing providers may even consider new models of housing and support.

### **Older renters without complex needs**

Jones et al. (2007) have highlighted the issues confronting older renters as public housing providers move towards targeting their stock and excluding older renters without complex needs. As noted above, public housing currently meets 42 per cent of eligible demand. Given the limited investment in public housing and the challenges public housing providers face in renewing and reconfiguring their stock, even continuing to meet this proportion will be difficult. What, then, of the other 58 per cent? What range of initiatives involving public, community and market sectors are required to meet current and anticipated demand for affordable housing for lower income renters who will no longer have access to public housing? In other words, what options will meet public housing demand from older renters without complex needs, if public housing traditionally designated for older persons is no longer available?

### **Ageing as a time of growth**

Interviews with older people and support agencies and with SHA managers and frontline staff revealed a stark contrast. As one participant: 'OK, it's a roof over your head, but you can't have a life.' Such a dichotomy between living and housing will become less acceptable to older people. The key challenge for public housing providers and for Australian and state/territory governments, then, is to address the contrast between, on the one hand, the broader concerns of older people about their quality of life and, on the other hand, the more limited focus of public housing providers on the provision of housing.

The difficult challenge for public housing providers is to move beyond a minimalist view of their role to one which, while still focused on the provision of housing, does so as a constitutive aspect of the growth of older people. This is to put housing into the context of positive ageing where ageing is a time of growth, not simply of biological degeneration. The type, location, adequacy, security and affordability of housing – all

the features of good public housing – play an important role in achieving such growth. For older people, these features provide them with a sense of value and worth, a feeling of safety and security in which they can continue to grow, and opportunities for social networking and participation in cultural, social and political activities.

For older people, public housing is not just about providing housing as shelter. It is about providing this in such a way that it will promote their personal, social and cultural growth.

# 1 INTRODUCTION

At the 2001 Census, 102,735 older persons (aged 65 years or more) were housed in 87,940 public housing dwellings, nearly all living alone or with their partners. 63 per cent of these older persons are women. Older tenants comprise approximately 29 per cent of all public housing tenancies, with 48 per cent of these tenants 75 years and over.

The demand from older persons for public housing has not peaked and the number of older persons in public housing, in particular, those aged 85 years or more, is likely to increase as they age in place.

State and territory housing authorities (SHAs) are now being confronted by a range of major policy, management and practice challenges: older people have higher and changing expectations; many will need support to age in place; and they are no longer restricted to aged-specific dwellings. Rather, with children leaving home, parents are ageing in place in what were 'family dwellings', i.e. general stock.

## 1.1 Research aims and key research questions

This research project sought to explore the challenges confronting SHAs. It had four aims, as follows:

- Develop a profile of older public housing tenants;
- Identify the housing policy and management issues associated with older tenants;
- Identify the issues associated with linkages to support services for older persons;
- Discuss the implications of these issues and new approaches to older people for the future of public housing and SHAs.

In the process of achieving these aims, the project sought to address five key research questions:

1. What are the characteristics and housing circumstances of older public housing tenants?
2. What is the likely future demand for public housing from older persons over the next ten years?
3. What are the housing policy and management issues associated with older tenants?
4. What is the role and responsibilities of SHAs in facilitating the access of older people to support services, in particular, to aged care?
5. What examples of good practice and policy initiatives are there among social housing providers in Australia and overseas?

## 1.2 Research methods

This study used a variety of methods. An analysis of secondary data sets developed a profile of older public housing tenants. Demographic projections estimated the future demand from older people for public housing to 2016 as well as the number of older people in public housing in 2016. A literature search and review identified the changing approaches to older people, their changing housing circumstances within Australia and the policy and management issues. The results of this literature review,

the secondary data analysis and the demographic projections are presented in a first report, the Research Paper (McNelis 2007).<sup>1</sup>

These results were complemented by a series of face-to-face interviews in three states: Victoria, Queensland and Tasmania. The purpose was to identify policy and management issues from the perspective of four groups: older people living in public housing, services providing support to older people in public housing, SHA frontline staff and SHA area/regional managers. The findings are presented in this Final Report.

These methods are interrelated and cumulative. They form the basis for a synthesis of findings which will identify the key policy and management issues and the implications for SHAs of changing approaches to older people.

The results of the project are presented in the Research Paper and this Final Report.

### **1.3 The Research Paper**

The Research Paper addressed the first two research questions. It located and oriented the project within a broader context. In this way, it provided some background for the further identification and discussion of the policy and management issues that SHAs face in relation to their older tenants. It:

- Outlined the context within which SHAs have to make decisions about the management of housing for older persons;
- Provided a profile of older persons in public housing, highlighting their differences from other persons in public housing and from other older persons in the larger community;
- Presented the results of projections for future demand for public housing from older persons to the year 2016;
- Presented the results of projections of older people living in public housing to the year 2016.

#### *1.3.1 Context*

The last three decades have seen a dramatic change within the community and by governments in their approach to older persons, highlighting the positive and creative aspects of ageing, the diversity among older persons and their right to independent living.

Ageing is not just a matter of chronological age, but the more complex process of biological ageing, psychological ageing and social ageing.

While ageing in place has long been the preference of older persons, its recent emphasis recognises that independence is not simply a function of the capacity or incapacity of older persons but also a function of their environment. Thus, ageing in place transfers the onus of responsibility from the older person to the creators of the local environment, including the providers of housing and support services. It requires them to adjust this environment so that the older person can remain in the housing option of their choice.

The history of public housing for older persons is relatively short, commencing in earnest in 1968. Until recently, they were allocated stock specifically constructed for this target group, were provided with additional amenities and received preferential

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<sup>1</sup> See below for a brief outline.

treatment in relation to eligibility and rents based upon the age pension rather than actual income.

Public housing is but one social housing option for older persons. Others include community housing (housing co-operatives, housing associations, local government housing) and independent living units managed by organisations providing aged care services. Any decision about the future of this option must take account of housing and management models of these other options.

Public housing stock for older persons is now in a state of transition. Much of it has passed its use-by date and requires upgrading to new standards, or demolition and redevelopment. SHAs have already begun this process (some in the late 1980s and early 1990s), adopting new standards and introducing programs to modify dwellings where required.

### *1.3.2 Profile of older tenants*

As outlined more fully in the Research Report, four sources of secondary data, each using a different unit of analysis, were analysed to build up a profile of older people in public housing: the Annual Report 2004-05 of the Housing Assistance Act 1996 (HAA), ABS 2001 Census, 2005 National Social Housing Survey (public housing) (NSHS) and ABS 2002 General Social Survey (GSS).

The key findings included:

- A high proportion of public housing tenancies with older persons (29 per cent) (HAA);
- 48 per cent of all older tenants are 75 years and over (HAA);
- 102,735 older persons live in 87,940 public housing households (Census);
- Over 60 per cent of older persons in public housing are women (except in the Northern Territory) (Census);
- The relative stability of older people in public housing – 70 per cent have not moved in the previous five years, compared to 51 per cent of all public housing tenants and 65 per cent of all older persons (Census);
- The relatively high proportion of older persons in public housing living in lone person households – 65 per cent compared to 34 per cent of all households with older persons.

The Research Report also highlights the extent of variations between state/territories in its analysis of demographic data sources.

Two surveys – NSHS (a survey of public tenants) and GSS (a survey of persons) – provided data on the level of satisfaction and views of older public housing tenants and older persons living in public housing. The NSHS indicated that:

- Older public housing tenants are generally more satisfied with SHA service delivery and dwellings than younger age groups (15-64 years);
- The most important ways in which public housing helped them were that they felt more settled and were able to continue living in the area;
- The aspect of the dwelling they regarded as important was 'safety and security of the home' (over 94 per cent);

The GSS indicated that, compared to all older persons, those in public housing are more likely:

- To be in fair or poor health, or have a disability or long-term health condition;

- To have difficulty getting out of their home and to the places needed;
- To feel unsafe in their home, both during the day and after dark;
- To have greater difficulty paying household bills and little capacity to raise emergency money;
- To have no contact with family or relatives outside the household;
- Not to participate in social, leisure, cultural and sporting activities outside their home;
- Not to have access to a computer or to the internet.

### *1.3.3 Future demand for public housing from older people*

At 2001, eligible demand for public housing came from three groups of older person households:

- Those households who were in public housing;
- Those households who were in other rented dwellings;
- Those households who were in non-private dwellings.

At 2001, the eligible demand was from 209,210 older person households. Public housing met 42 per cent of this demand. But what of future demand? Using the ABS Life Tables to estimate the number of deaths over the next 15 years and making certain assumptions about household formation, the demand for public housing from older persons was estimated at 2016. The key findings were that:

- Eligible demand is estimated to increase by 76 per cent between 2001 and 2016, ranging from 30 per cent in South Australia to 103 per cent in Queensland and 140 per cent in Northern Territory;
- If public housing is to continue to meet 42 per cent of eligible demand, then an average of an additional 4,391 older person households will have to be housed each year to 2016.

While the demand from women will increase as their numbers increase, the demand relative to men will decrease from 58 per cent in 2001 to 54 per cent by 2016. The level of demand varies between age groups. The highest level of demand is from the 65-69 age group and this decreases with each older age group, as the numerical sizes of the age cohorts get smaller. But while demand from the 65-69 age group will increase over time (by 113 per cent at 2016), the highest increase in demand will be from the 85+ age group (118 per cent by 2016). This increase in demand will come from different types of households. Between 2001 and 2016, demand from lone person households will increase by 90,375 households, from couple households by 35,192, from older persons within family households by 30,564, and from group households by 4,291.

There are marked differences in future demand between the states/ territories. These are outlined in the Research Report.

### *1.3.4 Future estimates of older people in public housing*

In 2001, 87,940 public housing households included an older person. The number of older person households in public housing is estimated to increase nationally to 109,478 in 2016, an increase of 24 per cent. This increase varies between jurisdictions, ranging from 7 per cent in South Australia to 53 per cent in the Northern Territory.

Of particular note is the change in the age groups. In 2016 the highest number of older people will be in the lower age groups (65-69, 70-74 and 75-79). However, the largest increases are estimated in the oldest age group (85+) with an Australia-wide increase of 155 per cent, ranging from 110 per cent in Tasmania to 201 per cent in Queensland and 271 per cent in the Northern Territory. Public housing providers will not only face the prospect of more households with older people, but of more older people in the oldest age groups.

## **1.4 This Final Report**

This Final Report addresses the third, fourth and fifth research questions: the housing policy and management issues associated with older tenants, the role and responsibilities of SHAs, and examples of good practice and policy initiatives.

It begins by reporting on the interviews undertaken with older people living in public housing, services providing support to older people, SHA frontline staff and SHA managers. Section 2 outlines the background to the interviews. Section 3 outlines the interview findings for each of the four groups.

Using the findings of Research Report (contextual literature review, secondary data analysis and demographic projections), the findings from the interviews, and further material from Australian and international literature, Section 4 synthesises the public housing policy and management issues that older people present for the Australian and state/territory governments and for public housing providers.

Section 5 will present some innovations in relation to the management of older people in public housing.

## 2 BACKGROUND TO INTERVIEWS

The Research Report provided a quantitative analysis of older people in public housing, and demographic projections on future demand for public housing from older people and future estimates of older people living in public housing to 2016.

This section and the following one outline the qualitative component of this research. It is through this qualitative component that we propose to gather data to address the third, fourth and fifth research questions: the housing policy and management issues associated with older tenants, the role and responsibilities of SHAs, and examples of good practice and policy initiatives.

This qualitative component involved a series of interviews with four groups in three states, Tasmania, Victoria and Queensland: older people living in public housing, services providing support to older people in public housing, SHA frontline staff and SHA managers. The states each had different attributes: Victoria, a larger state with culturally and linguistically diverse older tenants; Queensland, with an increasing aged population in the context of the fastest growing state; and Tasmania, a small state with the highest rate of ageing (ABS 2004). A limited number of interviews in each of the four groups was undertaken, sufficient to scope the management and policy issues from a variety of interviewees in diverse situations.

Section 2.1 describes the purpose, recruitment and characteristics of the participants from each group. Section 2.2 describes how the interview material was dealt with.

### 2.1 Purpose, recruitment and characteristics of participants

#### 2.1.1 *Older tenants living in public housing*

Interviews with older tenants/residents created an opportunity for them to tell their story about living in public housing, something about their fears and housing aspirations, and their expectations if and when their health deteriorates or circumstances change. The interviews not only sought to identify any problems and difficulties faced by older public tenants but also sought to highlight the positives of living in public housing.

While the interviews covered a range of areas, they specifically focused on:

- The history of these older persons living in public housing, particularly in relation to public housing and to public housing staff;
- Their needs and preferences;
- Their expectations, hopes and fears for the future.

The Appendix outlines the semi-structured questionnaire used.

The processes for recruiting and selecting tenants for interview varied from state to state. They sought to ensure a diverse range across all states: men and women, diverse age groups, diverse locations, diverse housing types, diverse support requirements and diverse cultural and linguistic communities.

Housing Tasmania agreed to send out 150 envelopes containing a letter of invitation and a response form to a random sample of older tenants. This resulted in 25 responses from whom 15 were chosen according to gender and location.

In Victoria, community organisations who worked with older public housing tenants agreed to alert their clients to this study and sent out 60 envelopes containing a letter of invitation and a response form. Community organisations (including community care organisations and organisations funded under the Social Housing Advocacy and

Support Program) were chosen in view of their particular client group. This ensured a diversity of participants, in particular, people from culturally and linguistically diverse communities.

In Queensland, the Department of Housing agreed to mail out 46 envelopes containing a letter of invitation and a response form, targeting three area offices: inner/middle metro, outer metro/seaside and a regional centre. Responses were received from 16 tenants agreeing to participate, of whom 12 were interviewed. To achieve a geographic spread and a mix of characteristics, assistance was sought from the Queensland Public Tenants Association to recruit an additional three tenants in specific locations.

**Table 1: Characteristics and circumstances of older persons interviewed**

<b><i>Gender</i></b>		<b><i>How mobile is the person?</i></b>	
Female	26	Limited to the home	1
Male	12	Limited to the local area	7
<b><i>Age group</i></b>		Little impediment to mobility	26
50-64 years	8	Unknown	4
65-74 years	17	<b><i>Support services used to maintain tenancy/living in home*</i></b>	
75-84 years	8	Community Care Package	1
85+ years	5	Home and Community Care	3
<b><i>Type of dwelling</i></b>		Other formal support services	7
Family dwelling	9	No formal support services	8
Aged-specific townhouse/ detached/semi-detached	14	Informal support (family and friends)	11
Aged-specific medium density	11	No support required	12
Aged-specific high rise tower	2	<b><i>Tenure: how long has the person lived in public housing?</i></b>	
Unknown	2	Less than 1 year	2
<b><i>Location of dwelling</i></b>		1-5 years	10
Inner metro	5	5-10 years	3
Middle-outer metro	13	10-20 years	7
Rural city	10	20-30 years	7
Rural	10	More than 30 years	9
<b><i>Place of birth</i></b>		<b><i>Tenure: how long has the person lived in this dwelling?</i></b>	
Australia	28	Less than 1 year	2
Other	10	1-5 years	14
<b><i>What is the person's living arrangement?</i></b>		5-10 years	7
Living alone	24	10-20 years	10
Living with a partner	10	More than 20 years	5
Living with family	3	<b><i>Has the person been required to transfer from one public housing dwelling to another?</i></b>	
Unknown	1	No	34
<b><i>Who, within easy travel distance, could you ask for support in a time of crisis?*</i></b>		Yes, upgrade of previous dwelling	3
Friend	10	Yes, redevelopment of site	1
Neighbour	18		
Family member	21		
Local organisation	3		
Public housing provider	1		
Other	1		
No support	2		

\* Multiple responses to this question

38 interviews with older tenants were conducted: 15 in Queensland, 15 in Tasmania and eight in Victoria. Three interviews required an interpreter. Their duration ranged from 15 minutes to 60 minutes.

Table 1 outlines the diverse characteristics and circumstances of those interviewed. Most were women, aged 65-74 years, lived in aged-specific dwellings (mainly townhouse, detached or semi-detached units), born in Australia, lived alone, had little impediment to mobility, had lived in public housing for more than five years (nearly one-quarter for more than 30 years) and had lived in their current dwelling for more than five years (over one-third for more than 10 years).

### *2.1.2 Support services*

Interviews with staff from support services sought their views and experiences of the support issues for older tenants, the relationship between support agencies and SHAs, ways in which this can be improved, their perception of their own role and that of SHAs, and ways in which they and SHAs can jointly improve outcomes for older tenants. The Appendix outlines the semi-structured questionnaire used

The process for selecting participants ensured that a range of support services were interviewed: according to location (metropolitan city, rural city and rural town) and according to type of aged care service provided. One participant focused on a particular group from a non-English-speaking background.

In Tasmania, organisations providing community care packages, particularly to financially and social disadvantaged groups, were identified using the DPS Publishing Aged Care Guide website ([www.agedcareguide.com.au](http://www.agedcareguide.com.au)). 15 were identified, with some operating in two different locations. Organisations in three locations – Hobart, Launceston and north-west Tasmania – were selected. These were contacted until an organisation was found which provided services to public housing tenants and was willing to participate in the study.

In Victoria, support agencies in the western region of Melbourne, where there is a high proportion of public housing, and in one rural city were identified, again using the DPS Publishing website. Support agencies in the western region of Melbourne who provided services to non-English-speaking-background public housing tenants and support agencies in the rural city were contacted until one/two were found who provided support to older persons in public housing and were willing to participate in the study. In addition, interviews were sought with three other organisations that did not provide community aged care services but had a particular involvement with older public housing tenants.

In Queensland, interviews were conducted with aged care service agencies funded under the Home and Community Care (HACC) program. In those areas where interviews with older persons and public housing staff were conducted, advice was sought from public housing area office managers on the organisations they dealt with. In areas where managers did not have a strong relationship with aged care service agencies, services and contact details were identified by searching the Commonwealth Care Link website: <http://www9.health.gov.au/ccsd/index.cfm>. Initial contact with organisations in three regions was made until one was found which met two conditions: it provided services to public housing tenants, and a service provider was willing to participate in the study.

13 interviews with support services were conducted: three in Queensland, four in Tasmania and six in Victoria. Most interviews were around 60 minutes.

Support service participants were involved with older people in public housing through a range of Commonwealth and state/territory programs. This included the three mainstream community aged care programs:

- Home and Community Care Program (HACC), a joint Commonwealth-State governments program;
- Community Aged Care Program (CACP), an Australian government program;
- Extended Aged Care at Home (EACH) and EACH (dementia), an Australian government program.

These three mainstream programs provide services to all older people who have a need for a specified range of services: HACC provides basic level services such as home help, home maintenance, personal care and meals on wheels; for older people with complex care needs, CACP provides a package of higher level services such as personal care, domestic assistance and continence management; EACH provides a package of high level services including allied health professional and nursing care.<sup>2</sup>

Support service participants also provided services through a number of specialised community aged care programs such the HACC Homeless Program and Assistance with Care and Housing for the Aged (ACHA), an Australian government program. In Victoria, they provided support to older people through two state-based programs, the Housing Support for the Aged Program (HSAP) and the Older Persons High Rise Support Program (OPHRSP).<sup>3</sup>

### *2.1.3 State Housing Authority frontline staff*

Interviews with SHA frontline staff sought their perception of the issues and problems in dealing with older persons, notably stock management, tenancy management and providing support. They sought to identify current issues and gaps in service delivery. The interviews canvassed how staff identified and experienced problems and how they managed them and also sought to identify recent practice initiatives and get comments on these. The Appendix outlines the semi-structured questionnaire used.

In all states, SHA frontline staff were recruited and selected after discussions with SHA managers. They represented those operating in a cross-section of locations (inner, middle and outer metropolitan as well as rural cities and towns) and stock attributes (aged-specific dwellings – detached dwellings, units within high rise towers, and units within medium density developments – and ‘family’ dwellings with older person tenants or residents).

15 interviews with SHA frontline staff were conducted: six in Queensland; four in Tasmania; and five in Victoria. Most interviews were around 60 minutes.

### *2.1.4 State Housing Authority managers*

Interviews with SHA managers sought their perception of the issues and problems in relation to older persons. Where interviews with frontline staff focused on day-to-day management issues, these interviews with managers focused on more strategic issues:

- The current and future role of public housing as an option for low income older persons;
- The policy and planning framework for older persons in public housing;

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<sup>2</sup> Further information about these and other community aged care services can be found at: [www.agedcareaustralia.gov.au](http://www.agedcareaustralia.gov.au).

<sup>3</sup> These programs are described more fully in Section 5.1.

- New initiatives to deal with particular issues;
- Gaps between policies and their implementation – responses to unresolved issues on the ground.

The Appendix outlines the semi-structured questionnaire used.

In all three states, the research team identified SHA managers for interview. These included both metropolitan and rural regional/area managers as well as central office manager. Nine interviews were conducted: four in Queensland, three in Tasmania and two in Victoria. Most of these interviews were over 60 minutes.

## **2.2 Interview material**

All interviews were recorded and transcribed. Transcriptions were analysed in three groups: older people living in public housing, support services, and SHA managers and frontline staff. The analysis of interviews with managers and staff was combined because the interview material from both groups overlapped. The interviews with older persons living in public housing and interviews with support services were analysed using NVivo, a qualitative research software program that allows the user to classify and sort out themes within interviews and analyse the interview transcripts.

Given the limited number of interviews in each group, no attempt has been made in the analysis to differentiate views according to the participant characteristics. The material was not sufficiently extensive to support a state by state analysis, though particular state issues are noted where relevant in the findings outlined in the following section. The primary purpose was to identify and explore more fully the policy and management issues confronting public housing providers. Each interview reflects the particular circumstances of the interviewee. It provides a limited but important perspective. But it is their perspective, understanding and feelings about the particular issues raised. No attempt was made to canvass with every interviewee the range of possible issues to determine whether they also believed them to be issues for public housing providers. Thus, interviewees identified particular problems that arise within their situation – location or housing type. The aim of this research is to identify issues, not to explore their coverage. The issue may be once-off, intermittent, frequent within a particular area or housing type, or frequent across the public housing provider.

Interviews were variable in quality and scope. Some participants reflected critically on their experience and provided a rich source of material. Material from other participants was very limited but valuable in relation to that area.

The analysis and the subsequent findings presented in the following section seeks to reflect the diversity of views and details about particular issues and in this way meet the aim of this project, viz. to identify the policy and management issues for public housing providers and for governments.

### **3 INTERVIEW FINDINGS**

This section outlines the findings from the interviews with the four participant groups: older people living in public housing, services providing support to older people in public housing, SHA frontline staff and SHA managers. The findings are presented here around the themes raised through the questions for each participant group.

#### **3.1 Interviews with older people in public housing**

Interviews with older people in public housing were loosely structured around five themes: their story – how they came to live here; likes and dislikes about public housing; views about their future; views about local public housing management; and what public housing providers could do to make things better. Findings for each of these themes are outlined below, along with a brief outline of the background of the participants.

##### *3.1.1 Background to participants*

Of the 38 tenants who participated in the interviews, most had been living in public housing for over 10 years. Most of these were very long-term tenants of over 20 years, including a couple who had lived in public housing for practically their whole lives.

The majority of participants did not require support services at the time of the interview. Of the minority who did, support services provided:

- Help with heavy housework (fortnightly);
- Help with showering (three times a week) and a regular day respite (one day a week);
- General help around the dwelling (daily);
- Regular checks on the resident to see how things were going (one day a week) and occasional cleaners coming in to help;
- Care for a partner, to provide time off for the other partner (one day a week).

##### *3.1.2 Their stories*

Tenants had chosen to live in public housing (or ended up there) for a variety of reasons. The major reason was financial concerns but this was often related to a particular circumstance: a marriage separation, death of a spouse, disability or sickness. Other reasons included the high cost of private rental, security of tenure, a place where they had no maintenance concerns and because it was 'the only thing available'.

Generally, participants were not on the waiting list for long before being made an offer of housing. A feeling of getting public housing quite 'quickly' is apparent. A few see themselves as being very 'lucky' in how quickly they were offered housing. A few mention that it is probably not that way now, with much longer waiting lists.

Many participants had always been in the private rental sector prior to public housing. A few had always rented but this included periods in public housing. A similar number had also, at some stage, previously owned a home.

##### *3.1.3 Likes and dislikes about public housing*

I love it here! I have lovely neighbours.

Overall, the theme of the responses was that residents loved their public housing. For many, there was a feeling of community within their unit complex. Tenants looked out for and helped one another:

I figure it was meant to be, I really do! I'm a bit that way. I figure it was meant to be ... And I love it here ... I just love the place, and we've got transport and people are nice. You see people if you want to, and if you don't, then you don't. That's what I find. That was the only thing I found. You have to be careful, I think, when you move into – I've never lived in a complex this size, but say hello and how are you going, and that's good.

A few stated that they were 'grateful' for having a public housing dwelling. Rarely did someone not have anything positive to say.

A few participants noted no disadvantages at all. Others had problems with neighbours. This often occurred when the resident first moved in but had been resolved by the time of the interview. Some disliked being asked to bear the cost of modifications: some simply couldn't afford them; others were of the opinion that if it is not their place, and they may have to leave, why should they?

Questions about likes and dislikes canvassed a number of different aspects: the dwelling itself; the site; the location and public housing.

### **Dwelling**

The most common things that participants liked about their dwelling included garden/outdoor area, good size (i.e. extra bedroom), good for people with a disability (i.e. modified for this purpose) and security/safety. Others included space for storage, able to modify and well maintained.

What was disliked was more diverse and, to some extent, mirrored what older people like about their dwelling. They included no garage, no garden or the garden was too small, lack of storage space, lack of space, poor design of the dwelling, need for modifications, leaks in dwelling, lack of security fittings, lack of privacy, no spare room, safety concerns (i.e. fire safety issues), cold and damp, no separate laundry and the age of the dwelling.

### **Site**

The most common things that participants liked about the site on which their dwelling was located included its space and that it only housed elderly people. At the other end of the spectrum, a few saw mixed tenancy (i.e. young/old, public/private) as a positive thing.

Among things they disliked were communal facilities, that the site was high blocked (i.e. up steps), proximity to neighbours, mixed tenancy (i.e. younger people, people with mental health issues, public/private mix), level of safety and neighbours' pets.

### **Location**

The most common things that participants liked about the location of their dwelling included its proximity to shops and other amenities, to neighbours, to local connections (including family) and to transport. Others were a sense of 'looking out for' and providing help for each other, the privacy, quietness, security and safety it provided. Some also appreciated the location for the view it afforded.

Among the things they disliked about the location were their neighbours (including noise complaints), traffic, visitors, crime, lack of transport, lack of any view, that it was too quiet and isolated and that it was too far from family.

## **Public housing**

The most common things that participants liked about public housing included its responsiveness to maintenance and to making improvements, security of tenure and affordability. Others that were mentioned only a couple of times were that pets were allowed, that they did not have to worry about maintenance, rates and taxes etc. Although not often explicitly stated, it seems to have been implied in many interviews that in public housing they were generally left alone.

Things they disliked about public housing were more diverse and again the mirror image of things that were liked: poor quality maintenance, slow response to maintenance requests, not agreeing to modifications, not doing certain maintenance (i.e. mowing lawns or changing light bulbs), rents were too high and kept going up. Other dislikes were that they didn't have enough to live on after paying their rent, that they had to pay for modifications (i.e. solid wood front door), the stigma of living in public housing, that some tenants were rorting the system, and that security of tenure is decreasing. Participants also noted that housing officers did not listen to tenant concerns and were reluctant to intervene in disputes.

### *3.1.4 Views about the future*

Well, I told them I'm not going to shift from here, they'll be carrying me out in a box. When I leave here I'll be stiff.

The general feeling among participants is that they were 'settled' in their current situation and didn't want things to change. The overwhelming majority wanted to stay there for as long as possible. Generally, they didn't want to go into a nursing home. A few were vehemently opposed to it, but some realised that they may have to if they can no longer cope with independent living: 'Oh I want to stay here, yeah. I'm not going into no rest home or anything like that. They've got Buckley's of getting me in there.' Interviews are scattered with comments such as 'I will be here until the day I die', 'They will have to carry me out in a box' and 'This is my home and I intend to stay here'.

Participants did not widely address their hopes for the future. Those who did, wanted things to stay the same as now, to stay healthy and to continue independent living for as long as possible. Their fears included concerns about their health and their financial situation. Also mentioned were fears about going into a nursing home, about the closure of a local hospital in Tasmania, about being alone and about security of tenure (they were unsure as to whether they could stay in public housing indefinitely). A few participants had no fears for the future at all.

Most participants seem to believe that their current dwelling will suit their needs into the future, although it may need a few minor modifications such as aids in the bathroom. Where they were living in a 'high block' dwelling, some foresaw that stairs may become a problem. One indicated they would need an extra bedroom for health reasons or for other people to stay. Some wanted to remain in their current dwelling with support services to assist them. A minority foresaw no problems at all with the current dwelling.

A few participants are waiting for a transfer to be closer to family as they age, and few envisaged that they might require a smaller dwelling in the future.

Participants suggested a number of ways in which the public housing provider could assist. Some of these related to the dwelling itself: modifying things when necessary, although a few participants indicated that they 'know they will help them out when the time comes'; they could come two or three times a year to do some maintenance, 'a tidy-up'. Others related to policies such as ensuring that rent is kept at an affordable

level; taking personal circumstances into account, for example, one elderly couple who have children living with them noted that when there is only the two of them left they would want a smaller dwelling but would still like a 2-bedroom unit for health reasons.

However, some related to a new role that public housing providers could play such that they could place frail elderly people into 'care areas', similar to care homes, where there are only elderly residents or they could build nursing homes for tenants unable to look after themselves, instead of having to go into a nursing home. One participant noted that they could regularly monitor older residents (i.e. monthly).

Only one participant stated that there is nothing the public housing provider can do and that it should be left to the family or GP. But they went on to say that if these supports were not available, then certainly public housing should help out.

### *3.1.5 Views about local public housing management*

A number of participants had not noticed any changes to public housing dwellings or the local neighbourhood, but of those who had these changes included:

- More dwellings being constructed which are generally nicer than current stock;
- Sale of stock in the area;
- Private stock being purchased by the Department rather than constructing it themselves, and consequently better quality;
- Upgrades of existing dwellings (i.e. new kitchens, upgrading toilets);
- Maintenance being carried out to fix older stock;
- Greater diversity in the type of dwelling being built;
- Construction in between 'normal' housing (i.e. mixed developments), which is a good idea;
- Not as much help with garden maintenance;
- Younger people moving into units that had been for older people only.

Some participants had observed changes in administration, but many noted that things are still the same as in the past. The observed changes included:

- Deducting rent directly from Centrelink is generally seen as a positive improvement;
- Response to maintenance has improved, in this instance, since administration changed to Queensland Housing;
- Administration is now more centralised, 'one stop shop', which has made things more difficult and harder to deal with;
- Contact with the Department is now much less personal than it used to be, a negative development;
- Improvements in the way staff interact with tenants;
- Less monitoring of tenants than in the past;
- Instead of doing everything for tenants (i.e. changing a light bulb), they might ask whether a family member could help out – this was seen as reasonable;
- Greater leniency in carrying out policies.

Participants did not identify many changes in policy, but those that did included:

- Not so 'tough' now as in the past when people were fearful of breaking rules, for example, tenants could not have people stay over, whereas this is not an issue so much now as policy states visitors can stay for a certain length of time;
- Security of tenure policy changes negative for new tenants;
- Purchasing/constructing units rather than houses;
- Rent increases in recent times, a negative development.

Participants' experiences of the local office ranged from one who attends 'all the meetings' to a few who really don't have that much to do with the office to a participant who has no contact at all with them – all issues are dealt with via a support service group who contact the office for the participant.

Most contact with the local office is around maintenance issues, followed by issues with neighbours. Much less contact involves rent and transfers. A few participants note that office staff do come out once or twice a year for maintenance checks (although this may be more widespread and just not addressed in many of the interviews).

The overwhelming opinion regarding the local office is that they were generally helpful and hassle-free in any contact. Some negative comments were made such as: they only respond to requests if the issue is forced by the tenant; different staff provided conflicting information; and staff lacked knowledge and empathy. One participant had one bad experience with a rude staff member. Another criticised the local office because they did not adequately help in a neighbourhood dispute. One had nothing positive at all to say.

In terms of maintenance, most participants believe that the local office is quick to respond. Comments to the effect of 'I ring them up and they just send someone out to fix it' were common. A minority indicated a negative experience, for example: slowness in responding, requests having been denied, and poor maintenance carried out.

### *3.1.6 What public housing providers could do to make things better*

Participants were asked what public housing providers could do to make things better for older people. They were prompted to make suggestions in relation to the dwelling, administration, policy and the role of public housing providers.

Suggestions in relation to dwellings included:

- Making units more accessible for the elderly/disabled, for example, wider doorways and better bathrooms;
- Eliminating stairs, as even three or four stairs can be difficult for the elderly;
- Reducing isolation by having local community facilities such as a community centre or by encouraging 'get-togethers';
- Upgrading units to make things 'a bit more pleasant';
- General maintenance to make it easier for the elderly to stay in their homes;
- Security lighting for all dwellings.

Suggested changes in relation to administration included:

- Having a tenant representative in each development who can talk to the Department on behalf of all tenants;
- Reducing vacancy times, as empty housing can encourage vandals;

- Ensuring tenant details, such as next of kin, are kept up to date;
- Follow-up inspections of all maintenance carried out for quality control.

Suggested changes in policy included:

- Not mixing elderly tenants with tenants with mental health issues or young people, that is, maintain elderly-only complexes;
- In opposition to the previous suggestion, having mixed tenancy communities as these are seen as beneficial to the elderly;
- Easing current restrictive transfer arrangements whereby tenants can only transfer for health related reasons;
- Implementing a tenant 'swapping' scheme similar to Britain;
- Requiring that the relevant Health Department monitor tenants with mental health issues;
- Encouraging tenants to grow their own gardens ('something for them to do');
- Allowing tenants to purchase, or modify, their home (in upgraded areas).

Suggestions in relation to the role of public housing providers included:

- Visiting tenants to see how they're going, from monthly to every 18 months or so;
- Linking tenants with support services, for example, by supplying a list of service providers or contacting services themselves and asking them to visit the tenant;
- Liaising/linking with support services to ensure tenants are coping;
- Being more responsive to tenant needs and their situations;
- Creating a department that solely looks after the elderly and their needs, including home visits.

## **3.2 Interviews with support services**

Interviews with support services revolved around six themes: their experience of providing support services to older people in public housing; contact with public housing providers; linkages with other service providers; recent innovations in relation to services to older people in public housing; improving outcomes for older people in public housing; and improving linkages between support services and public housing providers.

### *3.2.1 Their experience of providing support services*

Most support service participants provided the usual range of services through their community care programs:

- Assistance with showering and personal care;
- Assistance with hygiene and technical procedures such as catheters and stockings on a daily or weekly basis;
- Domestic assistance: meals on wheels, cleaning, low level maintenance of dwelling, taking people shopping.

In addition, they provided a range of specific services such as:

- Equipment such as safety switches, bath chairs, over toilet seats, pressure relieving devices, wheelchairs;
- Nursing and respite care;

- Case management for HACC eligible clients;
- Co-ordination around CACPs and health and safety issues that require an OT's assessment;
- Social support, social activities and connecting older people with others;
- Transport and assistance with medical and other appointments;
- Assistance with Centrelink and Housing Departments (applications, maintenance, dwelling modifications and neighbourhood disputes);
- Assistance with moving tenants from one dwelling to another.

A general view among support services is that older people in public housing tend to be single and therefore have greater issues of social isolation and loneliness. Informal support networks such as family and friends are not as well established. Families are less contactable or they are not frequent visitors. As a result, older people in public housing tend to require higher levels of services from organisations. For some, a service such as respite or nursing care is important not so much in itself but for the social aspect, having someone to talk to:

A lot of people in public housing probably – and this is a generalisation of course – probably find that services like the respite services that can be offered or the nursing services or the like can be viewed as social visitation with them as well.

One service provider offered an alternative view, viz. that those older people who have lived in an area for a long time and who are long-term tenants are much more connected to family and the local community whereas those who have moved into the area recently are much more isolated. Many older people in the inner city also had few family connections.

Some commented that even though they were financially disadvantaged, older public housing tenants were better off than their counterparts in the private rental sector: many had access to ground floor units whereas those in the private sector were 'living upstairs, trapped, can't get to services'; public housing units were often better designed; and the public housing provider was agreeable to making modifications to a dwelling according to the needs of occupants.

One service provider commented that one of the biggest issues among older people in public housing is substance abuse, in particular, the consumption of ethanol: 'It's probably bigger than we realise'. It is due to 'being on their own, being lonely, being isolated, having no family, turning to something, you know, substances.'

One inner-city service provider found difficulties in arranging group activities for their clients, the problem being that they have not always been so successful in linking people into existing services. They were not particularly welcome so they have had to overcome the isolation of their clients through alternate means:

We have found that our clients have not been particularly welcome there [local seniors centre] ... so we actually have to create a community, or we have to nurture the community that's there ... We have found a reluctance at times for people to engage in activities ... so people aren't that willing at times to travel too far to engage in a number of those activities ... We have done a lot of work about removing some of that social isolation. It's a big deal for a lot of our existing clients there to come ... to a joint activity, and a real simple joint activity that we have tried to make non-intrusive, just to generate a bit of participation and ... community gathering.

One of the more difficult groups for support services are older people with dementia. Over the past decade, support providers have developed the skills and expertise to maintain older people with dementia in their homes even those without a live-in carer:

It's really dependent on the client and what their dementia's like. We certainly maintain people with very high levels of dementia in their homes that don't have any family support ... So we can do it, but it really depends on how the disease presents for individuals, and obviously if they're determined to wander or set fire to themselves or cross roads, there comes a point when those risks are too great.

### **Quality of stock**

Service providers commented that the quality of stock impacted on their capacity to provide services and on outcomes for older people. One theme was the lack of available and appropriate stock. A couple noted situations where one of their clients were 'trapped' in inappropriate situations. These clients lived in the family home which required modifications but due to its condition the SHA would not expend funds on it. However, no alternative housing was available in the local area.

Participants acknowledged that SHA stock was good but also commented on some of the poor quality stock, for example:

I think the way they were actually built, I think they've just been shoved on blocks irrespective of where the sun comes in and whether they might make the most advantage of the sun or whatever. A lot of them are those old cement blocks on cement floors which means that the places are cold – and I mean it, they really are cold places – and they often seem to be, I don't know whether the land was cheap in certain places, but they often seem to be in damp places, cold buildings, at the bottom of hills, in ditches, in places like that.

### **3.2.2 Contact with public housing providers**

Overall, support service participants did not have extensive contact with SHAs. The primary reason most contact the public housing provider is in relation to modifications to dwellings, in particular, to older general stock (rather than aged-specific stock). A secondary reason was to advocate on behalf of their client: assisting with applications for public housing, in particular, negotiating priority application processes; assisting with transfer applications; and liaising with the SHA regarding upgrades that were about to take place or were already taking place and their impact on the tenant. Other than around specific client issues, support services have little contact with public housing providers:

It's only on a needs basis, if the client is a tenant of public housing or if a client is attempting to access public housing, and then it's through the normal application process and it will be the relationship with the property manager.

Most participants were quite happy with public housing providers: 'On the whole I think they do a pretty good job. There are some areas where they have fallen down.' Most indicated that they were on good terms with their SHA. They acknowledged and applauded their responsiveness around many issues: modifications to dwellings: minor modifications such as handrails and taps; major modifications such as ramps and refitting bathrooms and kitchens. A couple, however, noted that willingness to undertake modifications appears to depend upon the type of modification. For instance, handrails appear to present no problems but other modifications, such as more major bathroom alterations, can present problems. Another theme arising from the interviews is that the SHA does not provide alterations for all tenants who are seen to require them by the support service (and this can sometimes come down to

how vocal the particular tenant is). It would appear that many support service participants are aware of the fact that the SHA is operating in an environment where they are limited in what they can do, for example, by lack of funding or by the sheer amount of stock that they have to manage, and allowances are made for this.

Participants raised a whole range of issues. One recurring issue was the limits which SHAs place on their maintenance responsibilities. For example, it was often mentioned that they will not change light bulbs. While this policy makes sense for most people, it was a particular burden – indeed, danger – for older people who have no-one to assist. There is a potential for falls to result in a broken hip – a life-changing event:

They are small issues for some people – big, big issues for older people. [The SHA] does not change light globes, you know? That is a major issue for older people either because they attempt to change light globes on their own, standing on a chair or whatever, or as we have experienced, we will find people who haven't had lights for ... a period of time which could be a week, and so the tripping hazards go up. So some of those things are not conducive, I suppose, to good living.

Another issue regularly mentioned was heating and cooling. Again, this is a particular issue for older people who are less mobile and less able to regulate their body temperature. Other issues included:

- Inappropriate floor coverings for incontinent clients;
- Inappropriate wall linings (such as plasterboard) for residents with electronic wheelchairs;
- The lack of heating in bathrooms (as assistance with bathing may take a long time and an older person gets cold as they are more exposed);
- The absence of alarm systems in general stock – an emerging issue given the number of older people now in general stock;
- The difficulty some clients have transferring to ground floor units.

For older people from other cultures, a big problem is reading letters from the Department, even when a translation is included. Even an interpreter can be difficult:

It's really hard for them to use individual over the phone. Sometimes they cannot express themselves ... Yes, because if face to face you have body language, facial expression, it helps with the understanding, but with the elderly – because at that time back in Vietnam we don't have telephones. So for them, interpreting over the phone very hard. I think maybe like some people don't realise that.

One provider, while very supportive of the SHA's regular inspections of dwellings, noted that problems can arise from the policy that specifies a set time period for inspections to be carried out. Often clients need more frequent inspections, and consequently the support service ends up dealing with a much bigger mess than if the inspections had been more frequent.

Even where a support provider was willing to and sought to work with their SHA, it posed some difficulties:

And so part of the difficulty that we have had in terms of some of this has been fostering the relationship that we need with [the local office] to actually be able to identify where there might be people in need. That's probably improved out of sight over the last year and a half or so, but it's been pretty hard yards

getting local area offices to come alongside us and to actually recognise what it is that we do, which is so much different to property and tenancy maintenance.

### *3.2.3 Linkages with other service providers*

The extent to which support services worked with other service providers varied. Some had close working relationships with other aged care services such that one contracted an aged care package to another because the latter service had the more culturally appropriate staff with experience. Other support services were largely case managers and brokered a range of services for their clients.

But all was not plain sailing. Two participants who worked closely with older people in public housing in inner city areas were critical of mainstream aged care services. One experienced difficulties with the services that they brokered out (such as HACC services). While these direct care workers have no problems going out to the 'nice little old ladies', the more complex and demanding cases where it is not a very pleasant working environment can cause issues. It took some work on the part of this provider to ensure that these clients were getting mainstream services and that the quality of the service provision is consistent with other clients in the community.

Another noted that HACC services to public housing tenants in their area was 'nothing short of appalling'. Few people were receiving even meals on wheels, data records were out of date, and nurses would not go into the area after hours. Despite HACC services, one person remained without power for over 12 months: 'The incidents of bedbugs, lice and infestations and poor food handling and some really squalid kinds of conditions were not untypical of what we would find.' They have also had cases where older people coming into public housing through the priority system have been dropped off at a flat 'where the power has not been connected, where they don't have a bed, where they don't have cooking utensils, where there's very poor connection with anywhere else'.

### *3.2.4 Recent innovations*

Only a couple of participants, the inner-city support services, talked about recent innovations in their services. For others, it was difficult to find the time and resources:

Primarily we really haven't got the manpower, resources to go outside of what we can practice on, the bushfires are there all the time ... It's a bit hard to do the proactive stuff.

Some example of innovations included:

- A laundry service at the office of the support service, as often the laundry facilities in public housing are substandard, and clothes don't dry or are stolen. Older people often find it difficult to manage linen, so this service was appreciated by clients;
- A beauty service for those who live alone, have arthritis and decreased vision, where they can have their hair and fingernails done;
- A square meals service that not only provided a meal but linked older people with local people;
- A volunteer hairdresser who came around monthly to the support service.

Many innovations either directly or indirectly sought to engage older people with other people: getting people to walk with the elderly as this has numerous health benefits; running a social group which brought older people together.

One support service believed that it is very important to bring fun into their clients' lives:

One of the things that we keep saying that we have got to do is we have actually to bring fun into our clients' lives ... You can feed and water and do all those sorts of things, but you have got to take some of the greyness out of the day, so footy tipping competitions, you know? Melbourne Cup day, we take guys down to – an enormous amount of shin-boners [AFL Kangaroo supporters] there, as you can imagine – so we take them down to the footy training so they can have a yak, and the guys love the gee-gees. It's amazing with the level of brain damage that can occur and they can tell you about the outside stretch. 200 metres from home on a wet day, where you wouldn't back, a just amazing level of ...

Another provides a chaplaincy service:

That is an enormous gap in terms of resourcing for assisting people. Not so much the chaplaincy, but the capacity of people to actually have someone who will listen to them, tell their story, pastoral care, just to relate, and it's been very empowering for a lot of people to be able actually to tell a story about where they have come from, because so often services are discrete. You are in there to do a job and then you have got to get out, and it's time and motion stuff. You have got to get through so many clients in a day. You have got case management issues etc. That capacity to take your foot off the pedal a little bit and actually sit back and listen is enormously beneficial for clients.

### *3.2.5 Improving outcomes*

Support services suggested a range of ways in which public housing providers and support services could improve outcomes for older people in public housing.

#### **Public housing providers improving outcomes**

##### *Relating to older tenants*

One of the critical issues is how housing managers and frontline staff relate to older people. As noted in other interviews, the relationship between staff and tenants has changed from a more casual and chatty relationship to a more business and transactional one. For one support service, this change had its drawbacks, particularly for more vulnerable and frail older people:

The cultural issue is actually to listen to what people want, rather than give them the prescribed thing. That's the part that's missing, that relationship part is often missing, and very intimidating to clients as well.

##### *Design of dwellings and sites*

Support services had various suggestions for improving the design of dwellings: for units to have an outlook on parks or gardens, either inside or outside the complex; good, level walkways to local shops; crossings (as you can get a lot of scooters in older persons complexes); making sure complexes are well lit; wider paths; better soundproofing between units, particularly the older ones; and more allowance for parking as there never seems to be enough.

##### *Communal facilities*

For a couple of support services, communal facilities on multi-unit sites could promote a sense of community and improve social outcomes, for example, a dining room where residents can have a meal (rather than having it delivered to their room) or a

community garden. Such facilities could also improve security outcomes, for instance, if a resident does not show up for a meal, someone is aware of this.

### *Monitoring*

Currently, jurisdictions undertake regular inspections of properties (every 12 months in Tasmania and Queensland, and every three years in Victoria). The purpose is to ensure that the occupant is the tenant, that dwellings are being looked after and to identify any maintenance that needs doing.

One service provider noted, however, that the frequency of inspections (understood to be every 12 months) is a long time for certain residents, such as habitual hoarders, whose practices may raise health and safety concerns:

They seem to work off one model, and obviously one model doesn't fit all, so some of our clients that should be inspected more frequently ... you would be making sure that they're inspecting the property a lot more frequently for some clients more so than others, and we quite often end up with a much bigger mess than we really should have to deal with, because of the less frequent inspections and some ... some lines drawn in the sand on ... what is right sort of use ... of the premises.

### **Support services improving outcomes**

For many support services, improving outcomes for older people in public housing hinges on having the funds and the resources to extend their current activities over a larger area to a broader group of older people and to undertake new activities which address particular issues as they emerge.

Support services suggested a range of ways in which to improve outcomes, such as developing community gardens and encouraging social activities on multi-unit sites. Another suggested developing basic skills among older men:

One of the things that we really try to do is to empower people, to give them the tools, because although they come from 55 plus or 50 plus with issues – to me that is so young – and rather than just rescue and fix it, let's try and help them develop skills so that they can actually manage. If we could do things more, I would have us doing more training of the people we're working with. There are so many gentlemen who maybe had a mum or a wife or somebody who cooked the meals, who did the washing, who vacuumed the floor, who even paid the bills, and when she's not there any more it's like, 'What do I do? Where is it?' – so to re-train people, to skill them, to up-skill them so that they can actually look after themselves, to train people to look out for each other.

A couple of participants proposed that aged care services could improve outcomes for vulnerable older people by addressing two particular issues: revolving staff and the cost of the service. The first could be addressed by providing regular staff for each person rather than relying upon a staff pool, and the second by taking account of an individual's financial circumstances when determining the cost of the service. This was particularly so among older people who had complex needs and/or had previously been homeless:

The other thing we found when we went there which was interesting is that a number of the people who we were supporting had previously had contact with, in particular, HAAC agencies, and they had initiated the cessation of service because of some level of dissatisfaction ... Probably the two complaints we heard the most was that they weren't always sure who would come to the door, so it was a service provided within a pool of staff, and they

weren't always aware of who would be coming knocking at the door. And the other one was cost. They didn't want to pay for a service and so they would forego a personal care or a home help service if there was a fee attached to it. So they were probably the two biggest issues.

### 3.2.6 *Improving linkages*

Among support service participants there was a great willingness to improve linkages with the public housing provider. Some suggest a better flow of information between public housing providers and support services. For one, it was informing housing providers about the range of services available:

They actually don't know what's available to their tenants. I understand, no, they haven't referred to us, but maybe they don't. Aged care is still very much aged care, still means a residential bed, despite what people say they want and do want, people often think of a nursing home when they think of aged care. And that's a very common experience. So they might not know how much is available ... I might just at least drop them some brochures and have a talk at a staff meeting or something, so that they actually know that we're there, because they may well see people who could do with some assistance.

For another, it was recognising that they didn't know what the housing provider did and didn't do:

And even we don't know what people are entitled to. We go and ask, we'll do a letter, we'll get an OT report or something, and you might in that case get a letter back or you might get a phone call saying, well, you know we don't do that. But we don't know what they do and don't do, we don't know.

Another suggested providing local offices with brochures and other material for their own information and for passing on to older people who may need assistance.

For others, networking was important. An occasional local service provider forum would facilitate personal contacts between staff, inform one another about the services provided, and provide an opportunity for feedback and to raise particular issues. As one participant put it:

I think there probably does need to be a bit of meeting of the minds, and what can we do for you and what can you do for us, and how are we going to make this work better for our clients.

Linkages between services could also be promoted by letting staff know that there are simple ways to provide support services for older people in public housing and to liaise with service providers, for example:

For some people it might be just that one minute that they say, 'Yes, you can ring somebody, yes' – go back a day later and they'll have changed their mind, but that minute is enough to get somebody in there. They still might not accept support but at least people will start knowing them ... Sometimes meeting them is enough to realise that you're not going to be bossy and tell them to go to a nursing home, which is what people are terrified of.

But it is not simply an issue of information and training. It is a matter of changing entrenched ideas and values about older people, of respecting their right to age in place and of appreciating the extent to which support services are able to support them in their homes. The challenge for housing managers and frontline staff is highlighted in an incident related by one participant in Exhibit 1 where, inappropriately, a housing officer told an older person that they needed to go into residential care.

### Exhibit 1: 'People need to be able to stay at home if they can ...'

We have one gentleman, and he has dementia ... When we go there, we make sure we go with a meal for him to eat while we're there. But he's kept every margarine container, every bread tie, everything that he's ever had, so how we've worked around that is we've taken in cupboards so that he can still keep them but we can take them off the floors and tables. But he'll start drinking a cup of tea or something that we'll have made and he'll put it somewhere and go and do something, and he can't find it any more or he forgot he didn't have it, he thought he'd had it. He'll lose his hearing aids, he's trodden on his glasses ... Housing come and do their inspections, they actually told him that he couldn't stay there, he needed to go into residential care, and he totally freaked out ...

This person had no authority to make that judgement, we were keeping the house cleaned and whatever, so therefore it wasn't an issue of the house not being appropriately looked after – other than the fact that he does have the mice, and when he catches them he puts them in containers so that we can see them and say thank you for that wonderful thing.

Because when you're dealing with elderly people, anybody who is a doctor or a nurse or a teacher or whatever, they have that respect and to a certain extent fear factor that if they say something, it's gospel, this is what's going to happen. So you have someone going in saying, 'You really shouldn't be living here alone any more, you need to be whatever', so then we have to deal with this person who totally freaks out because he has his birds and he has his little dog, and he's like, 'They're going to put me into a nursing home and I won't be able to have Bluey with me any more and who's going to look after the birds and I don't want to go', and its like, 'You're not going anywhere.' At some point in time, something else will need to happen, but we'll just put in extra care until it is a situation where – well, he does need to be re-ACAT [Aged Care Assessment Team] assessed now, but it may not be a nursing home. We may get him an EACH package, and then he gets extra care and we brokerage it back or they do it, but he gets that extra care to stay at home with his little puppy and his two birds. So people – it's an opinion that they really don't have the right to voice to the person ...

We actually had this meeting with doctors and nurses and ACAT and other community service providers and residential care up at ACAT just last week and people seem to think there's a progression where, well, ACHA is never included in this progression, but for us that's the first step, so we do ACHA, then it might go into a CACP and it might go into EACH and it might go into residential.

There are plenty of people who actually manage on a CACP until they are no longer here. It doesn't necessarily mean, because you've started on this, that you have to go to this and then you have to go to that. The idea of the government even having CACPs and EACH and EACH dementia is to prevent people from having to go to respite where it costs them a whole lot more in dollar terms to find beds, because it is becoming very difficult to do that. No longer do you ring up and say 'I think I'd like to come to your place in two years time, please put me on your waiting list' and nobody even wants to go there any more. That was how residential care started, like a village-style life where you turned 67 or whatever, and you thought you had three years left so you went off where someone cooked and looked after you for your last three years, and you had your three score and 10, and so that was it and thank you. So that was how people mentally looked at it, and then it became after that when people decided no, they didn't want to go.

My own grandparents didn't particularly want to go. Well meaning aunties decided, no, they would look after them now, although there were plenty of things in place to look after them in their own home. So one took them, looked after them, decided this was too hard, so another one had a turn and this was too hard, and then they had to go into residential care. No longer could they have the cat, no longer was there the vegie garden to keep granddad entertained. Grandma passed away, granddad got dementia, they moved him to a different nursing home from where he'd been and he totally didn't know where he was, and then he also passed away within 12 months of that.

So the whole thing isn't right, people need to be able to stay at home if they can ...

Another participant discussed closer linkages and better outcomes for some older vulnerable people through a model of supported housing whereby particular floors of a

high rise tower are set aside for frail older people with CACP and EACH services based in or close to the tower providing services:

We had some discussions with the Sisters of Mercy up in Sydney and they have a model like that up there where they have, I think, access to one or two floors, and they are able to provide a higher level of care within those floors that are actually staffed ... And so one of the problems that we have got is that, within the confines of a 1-bedder or a bedsit and where people's needs might go up slightly, then it often requires that they need to relocate somewhere, either on a permanent basis or into respite care etc. And in line with people often being much more comfortable within that geographical area, that sort of model of having a greater level of service or support would, I believe, work really well.

### **3.3 Interviews with SHA managers and frontline staff**

Interviews with SHA managers and frontline staff revolved around four major themes: the current and future role of public housing as an option for older people on low income and low assets (SHA managers only), tenancy management issues, asset management issues, and linkages with support services for older people.

#### *3.3.1 Current and future role of public housing*

The interviews with SHA managers canvassed the current and future role of public housing as a housing option for low income older people. Participants discussed not only this role, but the context within which they saw it.

##### **Context: the private rental market**

Many managers and frontline staff commented on the context within which they were providing public housing, in particular, the overwhelming demand. Some noted that in recent years this had grown as owners of rental dwellings moved to realise the increased value of houses and land. As a result, long-term older tenants who had previously struggled to pay their rent now found themselves under pressure to pay much higher rents.

According to some participants, it wasn't just a matter of higher house values resulting in increased rents. One noted that landlords wanted to redevelop their properties, resulting in older persons being evicted. Another noted that some landlords who had received their properties as an inheritance wanted to realise the value of their properties and evicted the long-term older tenants, despite verbal promises of life tenure from the landlord now deceased. As one participant noted:

We're seeing a lot of older people exiting from private rental, whether it's for redevelopment or whether, if it's an investment property, the person's decided to on-sell it ... They know they can get more money for it in the rental market, they know the older person's not going to pay it.

This was further confirmed by another comment that 'A lot of the elderly clients that we see coming through are around 70, 80 because they just can't afford the private market any more.'

##### **Current and future role**

Most managers recognised that their organisations were in a period of transition. Traditionally their target group was older people receiving pensions, and these continued as a predominant group. Indeed, one manager noted that 'Single seniors became the largest group that we are housing, ahead of single parents.'

Yet, recent changes in priority assessment meant that SHAs were increasingly targeting people with more complex needs: the homeless, those with physical and intellectual disabilities, mental illness or alcohol addictions, as well as those in very poor housing situations. Thus, older people on pensions were generally not a priority target group except insofar as they met the criteria for priority assessment. Moreover, the type of stock which these priority groups required was the very same stock sought by older people: 'The top segments of our waitlist are absolutely crammed with people who just need ground level.' This tension was raising issues about whether SHAs should maintain the current division between aged-specific and general stock.

While recognising the continued role of public housing, housing managers and frontline staff raised concerns about their capacity to meet the needs of older people. One concern was the capacity of stock to meet demand:

So there's clearly a role in the future for elderly people. That segment of the market is going to get larger. I don't think our stock across the state is particularly well equipped to handle the influx of numbers we could potentially get and as technology gets better.

This view was further supported by another manager (and indirectly by older people themselves): 'If you look at the rejection rates, not offers, the disparity between those pre-1990 and more recently is quite significant.' Rejections occurred particularly with older bedsitter type of accommodation.

Another manager commented that the private sector is beginning to house older people linking rents to pensions. For private sector landlords, older people pose less risk to property. This manager raised a question about the capacity of governments to continue with their current role: 'The role of public housing for this group probably should or will change in the immediate or long-term future because the government simply can't keep on doing this.' Indeed, one housing manager raised a question about the housing of single older people:

Housing a lot of single seniors rather than couple seniors which is an expensive end of the market basically because you're only housing one instead of two and because your income is linked to their ... rent.

Some housing managers recognised that older people on pensions would continue to occupy a significant proportion of public housing for a long time. Once in, they remained: 'With public housing for the elderly, once they're in they basically stay, and they stay in the accommodation that's provided.' But they were also living longer, 'so once people get into senior housing they're in there much longer than what they would have been before'.

Moreover, SHAs have been upgrading and modifying their aged-specific stock so that it better meets the needs of older people in the longer term. Managers recognised that in future older people will need support. However, they were unclear about the implications for public housing. Some saw older people moving on: 'Increasingly they are going to live longer and longer, but they're increasingly going to develop issues, and where are they going to go once they start needing support?'

In summary, there was little consensus among SHA housing managers and frontline staff about the future role of public housing as an option for older people, with many feeling ambivalent about the implications of the transition to a new priority assessment system (which targeted those with the highest needs).

### 3.3.2 Tenancy management

#### **Context: Diversity among older tenants**

While older tenants are generally regarded as less demanding than others, there is a wide diversity: some never complain and are very reluctant to accept assistance; some are very demanding – they want their environment to change, rather than change how they do things; some are grumpy and rude; some are fixed in their ways and stubborn while others are welcoming and accommodating; some are lonely and withdraw into themselves; some are lonely and forever want to chat; some like company; some prefer their privacy; some are depressed by the state of their health, their inability to do the things they once did; some are regularly in contact with family and look forward to looking after grandchildren; some are alienated from their families; some are angry at their lot in life, their inability to communicate, their past failures.

#### **Housing allocations**

‘It’s the luck of the draw.’

An often repeated phrase by SHA frontline staff, ‘It’s the luck of the draw’, sums up outcomes for older people entering public housing. The offers made and the subsequent choices are very limited. It is just luck whether they are offered the newer or recently upgraded good quality stock or the older poor quality stock, whether they are offered ground floor stock or stock with stairs, whether they are offered stock in their preferred location or some distance away. As one frontline staff member said:

And they’ll often say, ‘When you offer me one, can you offer me a new one?’  
And I say, ‘Well, it doesn’t work like that, I’m sorry. It’s just the luck of the draw. If something comes up one week and you’re at the top of the list, you’ll get the old grotty one, and the next week you might get a brand new one.’ And it’s not fair, really. It’s not a matter of fairness. But that’s just how it works out.

Older people are gaining access to public housing later in life, in their 70s and 80s, as failing health gives them higher priority housing. A frontline staff member noted: ‘Most of them need ground level, wheelchair accessible, wheeler, walker – we don’t have that sort of stock. Even if I approve specific needs, it could be years before they’re housed.’ While some public housing is aged-specific and only allocated to older people, it does not meet the needs of this group. In Queensland, one solution to gain access to ground floor units, many of which have been fully modified for wheelchair access, is to allocate older people to general stock. In doing this, they are competing with other groups for a very limited supply of fully modified public housing.

#### **Transfers**

A number of housing managers raised the difficulty of transferring some older tenants, particularly where the dwelling had been the family home for many years. While incentives, such as better quality housing, helped in the process, it was still a very difficult decision for many older people. Sometimes a transfer was necessary if the older person was to remain independent and the SHA decided that it was not possible or financially viable to modify or upgrade their dwelling. One frontline staff member described the situation as follows:

‘I’ve lived here forever. My husband died here. I couldn’t leave my family home’ – all of that, absolutely. So what we’ll often do then is try and engage family members, and they can be really quite instrumental because for them it’s a headache too. ‘I don’t want to be there every fortnight mowing Mum’s freaking lawn. I’m terrified every time Mum rings me or I don’t hear from her that something’s happened or she’s fallen over. She can’t even hang the

washing on the line.' It's like, 'Yes, we know, that's why we need Mum to move, but we need your help to do that.' And so often, it's power in numbers, and they do get kind of heaved into it sometimes, I think, but once we're there, three weeks later it's like, 'Oh, lovely, thank you very much'. The thank-you card appears and 'I'm really happy'. But you certainly can't offer them the bog standard 2-bedroom property in a complex with an integrated kind of tenancy group. You have to be really careful with the hard ones, because if you don't offer something that's an incentive up front, there's no way you'll ever get them out.

### **Relationship between staff and older people**

SHA managers and frontline staff generally regard older people as having fewer issues than other groups: fewer incidents of arrears, fewer maintenance demands, fewer demands regarding support than, for example, people with mental illness or complex needs. Where there are issues, they are generally easier to deal with, for example, there are clearer processes and better access to support services when required. Comments from two managers illustrate this.

They're almost like the silent portion that move through and they get forgotten sometimes and their individual circumstances don't get recognised as much because they're not in your face [like mental health clients].

It really has only been in the last five to ten years that there's a growing public awareness, and there's a stronger push towards paying attention to the ageing population and what that's going to mean for us. But as a population group, they're fairly quiet.

SHA managers and frontline staff presented different pictures of their relationship with older people. On the one hand, one lamented the depersonalised and rapid interactions between staff and older persons. On the other hand, another commented:

I think one of the real positives is the relationship that our tenancy officers have with their tenants, and particularly the unit complexes because they are there quite often and there is a number around, they generally come out when anyone is there, 'Oh, what are you doing here today?' sort of thing, and general chitchat.

One manager noted that, with high turnover, staff tend to be inexperienced and young and make unwarranted assumptions about older people, and the pressures on them often make their interactions with older people too quick and perfunctory. Another recognised the need for some training around older people, for example:

I think we need to be educating our staff around things like dementia, ageing illnesses. What are the signs? What are the services out there? Who do we go to, even if the client won't engage, who do we go to, to get information and advice around stuff?

### **The changing profile of older people in public housing**

SHA staff also noted the changing profile of older people in public housing and their difficulty in coming to terms with the rapid changes going on around them:

The make-up of the people living in a block of units might have changed reasonably significantly in the last couple of years and I think, just from contact that I've had with elderly tenants, they're finding it difficult to come to grips with some of those changes. There are more people with mental health issues moving into the community, with or without support, with or without medication ... That's one of the issues that older people struggle with.

Reflecting on the priority given to single parent households over the past two or three decades, another manager indicated how this would impact on public housing:

In the future, with single parent households that are rather a large proportion at the moment, in, say, the next ten years you'll get a lot of people who will have actually brought their kids up in unit style accommodation that are going to get older in townhouses and aren't going to be able to handle the stairs, so that will produce another set of dynamics where people won't want to [move].

### **Under-occupancy**

Many older people now live alone or with their partner in general stock in 3-bedroom or 4-bedroom dwellings. It is the family home in which they have lived for many years and raised their family. They have strong attachment not only to the house but also to the local area. As one housing manager observed:

A common thread through most of the older people who stay in those detached houses is the family support, or family is the reason they want to stay ... So they tend to have grandkids visit.

SHAs are not actively pursuing under-occupancy of detached dwellings. Various reasons were proposed for this. One was the lack of appropriately sized and located housing:

We do not have the stock to offer.

Even if we had the capacity to move people on, we don't have the vacancies in that stock to move them to. So there's a real block there.

Another reason was cost effectiveness:

In a country town, it is probably cheaper to keep those people in the detached house than to build a 1-bedroom unit.

In response to a question as to why they were not actively working on under-occupancy, one manager said that they no longer had the resources to pursue it:

Probably not as active as we did three or four years ago when we had probably a little bit more time to devote to that sort of thing ... It's a very time consuming process.

Moving older people was also stressful, not only for the tenants but also for staff:

A stick won't work. Too much backlash and too much stress on the tenant, and also stress on the staff because you feel like you're moving someone out of their house.

Finally, among some managers, there was a recognition that, despite under-occupying a dwelling, an older person or couple had lived there for a long time:

We tend not to worry about that [under-occupancy] too much, because for those people that's – I know they're not supposed to – but that's their family home.

### **The role of public housing providers**

One of the most difficult issues for staff to deal with is coming across older people who are not coping, who are suffering dementia or who need assistance with daily tasks. At times, the behaviour of one older tenant can dramatically impact on the lives of others around them. Interview participants reported instances where a tenant accused a neighbour or neighbours of harassing them, knocking on their door,

poisoning or pulling out their plants, spying on them. The situation can deteriorate with claims and counter-claims, with verbal and even physical attacks.

These types of situations present difficulties for SHA staff. As one manager put it:

There's other frail aged people who've got no services, and they obviously don't want to be contacted either. And we've had issues in the past where, well, there's been one incident where there's not a GP on file, she won't tell us who the GP is, and we know that she needs to have medical treatment, and what can you do without her consent? ... So you've identified that there's an issue, but a lot of the community agencies don't want to intervene without the client's consent or a GP referral. So you're kind of stuck. You know somebody there is struggling and needs help, and is at risk, but you can't do anything about it.

Managers and frontline staff expressed varying views as to how they dealt with such complex situations and their duty of care in relation to these older tenants. Many noted that there were no specific SHA policies and guidelines on duty of care (except in relation to statutory responsibilities such as children at risk) and that any action depended upon the goodwill of each individual staff member, though one did note that 'duty of care' was built into their day-to-day policies and procedures.

These issues also raised a question about the role of housing providers. The view of housing managers and frontline staff was consistent:

It's how our role's defined within the Department ... Our role is housing, basically, so we don't want to get too involved in co-ordinating care and different organisations. We can write a supporting letter, or we can make a referral sometimes, if it's required.

I think across the majority of the Department or staff, they don't see that they have any duty along those lines.

I don't see that that's our actual role [monitoring frail tenants]. If we've got a concern we try and put that to somebody else, because we are tenancy managers so we don't have the training or skills to do a lot of that case management sort of thing that you would do.

Such issues only came to the attention of managers and staff sporadically:

There's certainly not a systematic approach to seeing how people are going. Part of that is the numbers of people and the level of need and not enough staff. We don't have enough staff to check on how everyone is going. It's probably more once they move in if they contact us and say there are issues, or other agencies become aware of them and bring things to our attention ... A lot of the time and attention of the housing services staff is spent on people who perhaps aren't paying their rent or causing neighbourhood disturbances.

At the same time, managers and frontline staff recognised the needs of their tenants and the complexity involved in dealing with them. Thus there was some blurring of the lines, for instance, by facilitating meetings:

Housing are not case managers but they can facilitate that meeting and bring all the players together, and we have done that. We do that on a regular basis and it has been really successful, had good outcomes for clients.

Or even to co-ordinate services:

We see our role as ... not to deliver a service, a social service, but to co-ordinate social services, because we just don't have skilled staff who can deliver any sort of social impact.

One of the principal means by which issues came to their attention was through regular property inspections:

We've also as part of our home visit program, we assess – and assess is probably a loose word, because again we're not looking at expert-wise – whether a person is actually coping within their home and we also look at potential OH&S issues ... So I suppose all we're doing is charging our staff that when they're out in the properties inspecting there, to keep an eye out from an elderly perspective, are there some things that they are beginning to do which would potentially cause a safety issue.

One example of a safety issue was the use of rugs over carpet.

Where a problem is identified, whether the tenant needs assistance or there is some health and safety issue, it is not always easy to engage the tenant. It can take some work on the part of frontline staff to convince a person that they need assistance. One strategy is to identify common concerns, for example:

This is a problem for us, it's a problem for you and your tenancy because it's a problem for us and it affects the fabric of the house. It's a problem for you because it's going to affect the stability of your tenancy. How can we work through this to get something happening?

### 3.3.3 *Asset management*

Participants picked up five asset management issues in the interviews: general stock or aged-specific stock, size of stock, design of stock, modifications and car parking.

#### **General stock or aged-specific stock**

A key issue which SHA managers and frontline staff raised was whether the current division between general stock and aged-specific housing stock should be maintained. One participant put the issue this way:

The other thing I think we're having difficulty with is that historically we've had complexes which we call EPU [elderly persons unit] complexes, they're designed and they're intended for elderly people, but they're not actually, the layout of them ... Like we've got a big EPU complex that's full of largely elderly people, but we've had a problem with you can't just keep earmarking those properties for elderly when the demand is for other people as well who would just as easily be able to live in these properties, and there is more demand for that at times. You can get a category three before you'll find somebody who is an elderly person that would be suitable for that, but you're overlooking 180 people prior to that, so in terms of our principles around allocation going to the highest needs, you have to actually then allocate that property to somebody who is not an elderly person, and when we started doing that, it caused all sorts of problems.

But not only is it an issue about allocating properties to those higher on the waiting list, it is also an issue about the appropriateness of this stock for older people:

The demographics are different now than they were 15 years ago ... It is the kind of complex which is not really suitable for elderlies. The ground floor units are fine, but the up floor units really aren't and they are more suited to somebody who is a single person, full stop.

Some participants also noted that demand for some of the aged-specific was not as strong as for other types of stock.

One jurisdiction has dealt with the differing levels of demand by transitioning aged-specific complexes either partly or fully towards general stock: ‘

Gradually over time some of the new complexes have been in effect converted from where they've been less desirable, have been converted to I suppose mixed unit developments. So whereas before you might have your 20 units and they were all elderly person, we started to put in some middle-aged people and over time have broken down that being a pure elderly persons type complex. In particular, that's been in some of the broad acre estates where they obviously have been in the past less popular across the board, but particularly for the elderly. So given the majority of people who top our list of course aren't elderly, therefore we've actually started revamping the demographics of those unit complexes. Equally we've done things at times like where it's been suitable we've effectively split up unit complexes, so one half will remain elderly, or start to convert the other half – those types of things to work on demand issues.

This transition of older people complexes to mixed developments in a bid to cope with the demand from other groups is being carefully managed, either by separating groups through splitting the complex or by moving aged-specific stock to general stock.

One participant strongly argued for the retention of the current division of stock because of the cultural differences between older people and other residents, particularly younger people:

There has traditionally been the seniors units and I think there is a need for that because you get significant age extremes. There's no way in the world an 80 year old is going to be as tolerant with, say, a 25 year old that doesn't mind the odd party and doesn't mind having the stereo cranked up. There's those value bases that are different between the 80 year old and the 25 year old, I suppose. I think that's not a bad idea to have seniors blocks because they're generally people within the same age group, same interests, probably in some instances same life experiences.

### **Size of stock**

The size of current stock presents problems for housing providers. Many commented on the inadequacy of their bedsitter stock. These were generally regarded as the least desirable stock because of their small size, ageing fixtures and fittings. Because of this, complexes with significant numbers of bedsitters presented many social issues. Where possible, providers have been reconfiguring and upgrading these units.

According to some managers, older people's expectations have also been changing:

I think more currently that we've gone through a change of expectations of elderly people, and the 1-bedroom elderly persons unit is often not what people actually desire in their older age. They actually [want] more space, bedroom for the grandkids, bedroom for carers, those types of arrangements mean that elderly persons units are no longer as popular as they were once upon a time.

Another put it this way:

It seems that society's expectations are much greater than they were when the majority of these units were built, so they are relatively small 1-bedroom

properties ... The biggest issue would be size and not having a second bedroom, so it's an issue of downsizing. So you come from a house, move into a unit, we still have family come visit us, people come and look after us, those sorts of things, so they don't have enough of what they see as necessary space to comfortably do those things.

Thus, at least in Tasmania, the housing provider has been constructing units with 1.5 bedrooms. Some managers were recognising that older people needed 2 bedrooms:

I think the size. I really think we should be offering 2-bedroom. I don't know whether that will ever happen but I think from a lifestyle perspective, there's – they tend to be more stay at home and there they are cooped up.

But in recent times the move to larger units has suffered a setback according to one frontline staff member:

Size of units, size of accommodations. It started off really small. Everything I saw was small. We started building some quite big stuff and now it's shrinking back down again ... The ones that they're building now are still adaptable so the circulation space is in there and maybe we've got better at how we lay them out, but there's more than just your circulation space. There's that sense of being a home and you've come from a 3 and 4-bedroom home, you've got your grandkids wanting to come over and you're in this little 1-bedroom unit that's very difficult for them stay over. It's even very difficult for them to come and have a meal, and I don't think we address that very well.

Running through these quotes is a recognition that older people are wanting larger sized dwellings for family reasons (this is a theme echoed in the interviews with older people in Section 3.1). Thus 1.5 to 2 bedrooms is where housing providers are looking to provide a 'fully adaptable portfolio'. Already they are providing 2-bedroom dwellings for those who need a live-in carer, and at least one manager thinks there will be an increasing need for carers into the future. But to what extent does this need to be anticipated before it happens?:

Where we've got a person who has live-in care or a carer, those people actually qualify for a 2-bedroom. Where it is, is that in between being independent and starting to need that level of care ... what do you do in terms of 'I need someone, they might come and then I might need them to stay over, where do they sleep?', as opposed to they are here 50 plus per cent of the time and therefore it's realistic that we actually supply them an additional bedroom. And so more and more are falling into that sort of category where we get a lot of transfer requests on that basis.

### **Ground floor units**

Ground floor units are at a premium, as numbers are limited and demand well outstrips supply. Not only are they in demand from new applicants with complex needs, but also from current older tenants:

A lot of our seniors require ground level and all our unit blocks are two storey, so they've got to walk up stairs. We've got 90 year olds living in upstairs units, and eventually they end up just becoming housebound because they can't get down the stairs. They're all listed for ground level but we just don't have them, and that's an option that we were looking at.

### **Wheelchair accessible units**

Not only is there a demand for ground floor units from those with limited mobility, there is a demand for units which are wheelchair accessible from those using 'walkers' and,

more recently, mobile carts. The popularity of mobile carts is also creating problems of storage and recharging, particularly where units are small.

One frontline staff person noted the need for wheelchair accessible seniors units:

If you look at our wait list you'll see that there's a lot of wheelchair accessible properties they need, and what the Department's building is adaptable properties and wheelchair accessible properties, but that's in the general stock, not in seniors.

Under current guidelines, seniors compete with people with disabilities for wheelchair accessible units in the general stock and forsake living in a seniors complex.

### **Modifications**

Over the past decade or so, housing providers have invested heavily in modifying dwellings to meet tenants' needs. As a result, where modifications are worthwhile doing, a large proportion of the stock that can be modified has been modified:

There's not a lot of vacant houses that come in any more that they can modify further. They've either had modifications to the level that the house will accept, or the house is just not modifiable, so those opportunities are becoming less and less frequent.

But modifications still present some issues for public housing providers.

While a significant proportion of the aged-specific stock was built or has already been modified to meet the needs of older people, it is requests for modifications in the general stock where tenants have lived for many years that present a particular problem. To make it suitable for an older person might require significant works:

And what we find a lot of now through those areas is quite a significant percentage of tenants that are still the original tenants but where the household since has now changed. You might end up with one person in their early to late 80s in a house that is 60 years old, so it has a number of things which need attention, which can be anything from kitchens to bathrooms to stairs or driveways, any of that.

Once some modifications are done, the expectations of the tenants change:

If we start modifying, we sort of reinforce the belief that 'This is my home for life and I can stay here forever', and if we start going down that track, where do we stop? Because quite often we'll hit a point where the modifications that somebody requires can't be done in that house.

The dilemma for housing providers is that, for some stock, modifications are not a worthwhile investment because the dwelling is part of general stock rather than older person stock, is too costly to modify or has reached its use-by date:

The older properties, the houses, is where we really have difficulty, because you've still got a 50 year old house that needs sort of anywhere from \$50,000 just on the general ones, then you need the disability specific modifications, and you still end up with a house that's 50 years old and not particularly suitable.

Housing providers are questioning the value of major modifications in dwellings that are not particularly suitable for modification. In these cases, they seek to transfer the tenant:

The only time we really question it is if they are asking for major modifications and, hang on a minute, is the property really suitable for that? But that's

generally with our other stock, the 3-bedrooms and 2-bedrooms where it may not be suitable to modify. If you've got an older person in an old 3-bedroom house and they want to stay there, and the OT goes up and has a look and says, yes, we need a ramp that's 20 metres long, and we're going to say, hang on a minute, no – that's when we look at transfer options and things like that. But we sit down with the client and discuss all that and explain why we can't do the things.

Where a transfer cannot be negotiated, the situation can become quite complex and the housing situation of the older person may be quite unsatisfactory:

So, a lot of people are actually left in a position where we're saying 'No, you can't have that walk-in shower' or 'No, you can't have X, Y, Z' because it's just a silly asset decision from our point of view, and they're saying, 'No, this is my home and I'm going to dig in. I'm not going to transfer.' So, basically, some people's persistence has really compromised that, but as a business we've got to draw the line somewhere, so it's a difficult one anyway. Then, it complicates things, obviously ...

My rule of thumb is: 'We're not going to modify this property, so you either live with it as it is and we'll put the basic safety requirements in – handrails in the bathroom or steps or whatever – but you'll need to live with it until such time as you can't, then we will transfer you.' That's the bottom line, there's no compromise around it, which is pretty bloody awful, but the bottom line is, there is not a lot of money to modify, and you shouldn't be modifying properties around an individual. Because then that tenant passes on or moves off and then you've got a semi-modified property that's cost thousands of dollars, which is no good to the next tenant who moves in, and they are often 2, 3-bedroom properties, particularly 3-bedrooms, and you've got families who don't need rails, don't want ramping, and the ramping in particular can cost thousands.

### **Car-parking**

One participant commented on the limited availability of car parking spaces in aged-specific complexes. Many of these had been built in the expectation that most older people would no longer own and drive a car. Limited parking was a source of disputes between tenants:

It's amazing how many disputes occur because of car parking and we make the assumption that because you're over 55 you don't drive or only one in four of you are going to drive.

#### **3.3.4 Support services and linkages**

Interviews with SHA housing managers and frontline staff sought to gauge the extent of linkages between public housing providers and agencies providing support services to older people, in particular, HACC, CACPs and EACH. The expectation was that there would be some relationship between housing providers and these agencies. It was therefore somewhat surprising to find that not only were there no formal protocols or agreements between them, but also the relationships were generally tenuous and intermittent. Instead, the focus tended to be on relationships with homeless services:

I guess we have very strong networks with SAAP/CAP agencies, with long-term community housing providers, and with support agencies across the board. So we went out of our way three years ago to form those relationships. We've got protocol agreements in place with a number of them. But we've found that the signing of the bit of paper isn't what's important, so we stopped

doing that. It's much more about having formalised processes in place where we meet regularly, we exchange information, we case-manage, we do a whole range of things ... Not so much. No. We really haven't [in the aged care area].

As noted above in comments on the role of public housing providers, the extent of linkages with support services for older people largely depended upon individual staff rather than any formal connections. The experience of one frontline staff member was that support services contacted them, rather than they the support service: 'It's usually the other way around, yeah. They'll contact us if they are dealing with somebody who has a housing issue.'

The experiences of SHA housing managers and frontline staff with support services varies, but were not always positive, for example:

And one of the frustrations for the staff here is that they can't always get engagement from the other services, simply because of the lack of resources. It's the volume of need at times.

Another commented on the outcomes for older people where services were not available:

If we've got to the point where the tenant is actually interested in engaging and we can't get effective engagement, we'll struggle on as best we can, but often the tenant's outcome is not what we want, so sometimes they abandon, it's very individual, but sometimes the support doesn't work and it doesn't make any difference to the outcome unfortunately, anyway. But yeah, if you've actually got someone who's going to engage and you can't get them into a service, it's bloody hard.

A continuing issue seems the limitations that some services operated under. These excluded the most difficult older people:

They'll say 'No, we won't do anything until the place is cleaned up', Catch-22 situation, we don't organise cleaners, we're not a cleaning sort of thing, so you try to get organisations in but they won't do it until it's been cleaned up.

One frontline staff member thought that support services expected housing providers to offer an 'environmental solution' to particular issues. The provider was the first port of call rather than thinking through what the issue really was:

But often, the carers, their first reaction is, 'There's a problem here! Get Housing in to change the environment', not 'Let's look at ... what's happened that this is happening now?' And often [Housing] will say, 'Well, hang on, no, we won't just change the environment. You need to look into why there's been this change in behaviour. Maybe there's a medical reason behind it.' And I think that sometimes gets overlooked. And ... other agencies ... haven't investigated it fully before they've come to us. And often, changing the environment, they consider to be a quick, easy solution.

Another noted with concern the extent to which aged care providers were actually targeting those most in need of support services:

I would want them to acknowledge and recognise that – and particularly we're talking about publicly funded aged care providers – that public housing tenants are the cohort that they should be targeting, because they are usually going to be the most disadvantaged people and those with the most complex and chronic health issues, and there should be some conscious targeting of those populations so that they prioritise the provision of services into those areas, that's what I'd like to see.

There was also a recognition that providing support services was a difficult task and that it was sometimes difficult to get older people to engage:

We do see people who seem to be under-serviced and are struggling to maintain their homes. However, I would like to put a proportion on how many of those are because of the attitude of the individual who is trying to be helped as opposed to the services that are trying to help him, because we find we struggle to actually get people to actually engage.

Another sentiment running through these interviews was the recognition that housing providers needed to engage more closely with support services. This was expressed in various ways: a desire to identify when older people need assistance, for example, the early signs of dementia; a desire to understand what community aged care services did; and a desire to develop relationships with GPs and local aged care services.

## 4 THE POLICY AND MANAGEMENT ISSUES

### 4.1 Introduction

This research is one of the first academic studies to examine the housing policy and management issues concerning older people in public housing. While there is an extensive literature on older people and housing, relatively little focuses specifically on the housing policy and management issues for public housing providers. Of particular interest is a brief report from the US by the Housing Research Foundation (2002) on *Public Housing for Seniors*. It outlines the demographic, health and housing characteristics of elderly public housing residents. Two key extracts are worth quoting because they highlight issues which are now becoming prominent in Australia:

The growing number of elderly public housing residents, economically disadvantaged, demographically vulnerable, and physically frail, represent a tremendous challenge for the public housing authorities to whom they must look for housing that is responsive to their impairments, as well as health and supportive services that allow them to live independently and with dignity in their own communities ...

With few exceptions, the nation's stock of public housing for the elderly was built according to the independent living model of the 1960s and 1970s, and has not been able to respond systemically or comprehensively to the growing frailty of its residents, the influx of disabled persons, the increasing demands on its management, the mounting competition from other types of assisted housing, or recent innovations in supportive living environments. While still adequate for the majority of low income elders, the characteristics of this stock do not provide the flexibility that will allow today's residents to age in place – nor the range of housing options to serve the increasing share of frail seniors who must/will look to public housing in the future (Housing Research Foundation 2002: 8f).

Having highlighted issues of the adequacy of the housing stock and an array of management issues, this report goes on to make six recommendations, of which three are of particular relevance:

- Improve the current physical condition of public housing for the elderly;
- Obtain the necessary funding to co-ordinate the delivery of social services to seniors desiring to age in place;
- Identify various housing and assisted living models and associated amenities so that elderly residents can age in place.

But what are we to make of the situation in Australian public housing? The purpose of this section is synthesise the various streams of this project in a way which highlights the policy and management issues which older people present for Commonwealth and state/territory governments and for public housing providers. It draws on:

- The literature review which provided the basis for contextual material presented in the Research Report;
- The secondary data analysis presented in the Research Report;
- The demographic projections on future demand and future estimates of older people in public housing presented in the Research Report;
- The findings of the interviews presented in Section 3 of this report;
- Other literature referred to below in this section.

This section highlights a range of issues in seven areas:

- Increasing demand for public housing;
- The future role for public housing;
- The needs, preferences and expectations of older people;
- Increasing proportion of older people in public housing;
- Asset management;
- Tenancy management;
- Relationship with support services.

## **4.2 Increasing demand for public housing**

The first policy challenge facing governments and SHAs is the increasing demand for public housing from older people and their capacity to respond to that demand. This demand will increase in all older age groups, but the highest increase will be in the 85+ age group, i.e. that group with the highest call on community aged care services.

Section 4.2 of the Research Paper examined the future demand for public housing from older persons to 2016. This is forecast to increase by 76 per cent from 209,210 in 2001 to 365,914 in 2016 (McNelis 2007, Table 32). The forecast varies between jurisdictions: the increase ranges from 30 per cent in South Australia to 103 per cent in Queensland and 140 per cent in the Northern Territory. Nationally in 2001 public housing met around 42 per cent of the demand from older person households who are currently renting. To maintain this level to 2016, SHAs would have to increase their stock available to older persons by 4,391 per year (McNelis 2007, Table 33).

In 2016 as in 2001, public housing demand will be highest from the 65-69 age group. This group is expected to more than double from approximately 59,000 to 127,000. However, the highest increase in demand (by 118 per cent at 2016) will come from the 85+ age group (McNelis 2007, Figure 15 and Table A2-39). In five of the eight states/territories, demand from this group will more than double: New South Wales 136 per cent, Victoria 110 per cent, Queensland 144 per cent, Western Australia 105 per cent and ACT 110 per cent. Most demand will come from lone person households, with an expected increase of over 90,000 households (McNelis 2007, Table 35).

These forecasts, particularly increasing demand from 85+ age group, present a major policy challenge for the Australian government, for state/territory governments and for SHAs.

## **4.3 An increasing proportion of older people in public housing**

A second challenge for public housing providers is the increasing proportion of older people in public housing. Unlike many other groups of people in public housing, older people seek security of tenure and tend to remain in public housing (McNelis 2007, Table 13). Section 4.3 of the Research Report also undertook demographic projections of older people in public housing.

The number of public housing households which include an older person is expected to increase nationally from 87,940 in 2001 to 109,560 in 2016, an increase of 24 per cent. (McNelis 2007, Table A3-41). Again the proportionate increase will vary on a state/territory basis, ranging from 7 per cent in South Australia to 44 per cent in Queensland and 53 per cent in the Northern Territory.

An examination of the older person population within public housing also indicates that while the highest number are in the lower age groups (65-69, 70-74 and 75-79), the largest changes are estimated in the oldest age groups (85+ years): the forecast increase is 155 per cent, ranging from 110 per cent in Tasmania to 201 per cent in Queensland and 271 per cent in the Northern Territory. Within this oldest age group, the proportion aged 95+ years is expected to more than triple. While the overall numbers are relatively small, the increases are quite significant.

Not only then will public housing providers face the prospect of more households with older people, but of more older people in the older age groups.

#### **4.4 The future role of public housing**

For those who rely upon the private sector for housing, retirement and the consequent drop in income brings with it a housing crisis. No longer do they have sufficient income to afford the rent – for a while they can rely upon their savings, if any – but basically they require a social housing option that is affordable and meets their particular values, needs and preferences. This is the context within which many older people apply for public housing. They are seeking a long-term housing option that will provide them with security of tenure and where, unlike in the private sector, the landlord is willing to modify or allow modifications to the dwelling as their needs change. For these reasons, also, public housing is an option much favoured by older persons who are homeless or have complex needs (Judd et al. 2004).

Under-investment in public housing over past decades has limited its availability. As a result, eligibility and priority access have become increasingly restricted.

Traditionally, from among older people, the target group of SHAs has been older persons on pensions. This was a broad target group of low income older persons – working people who rented in the private rental market and on retirement can no longer afford the rent; people from different cultural and linguistic communities. Moreover, it was older women who predominantly occupied older persons' stock.

While some states such as Tasmania and Western Australia allow for higher asset limits for public housing eligibility, in recent years, SHAs have increasingly given priority to older people with complex needs. As a result, older persons' stock is being occupied by higher proportions of older men and older people who have been homeless, who have a mental illness, alcohol and drug addictions, acquired brain injury, challenging behaviours etc. Many are not old chronologically but have prematurely aged. To meet the needs of this target group, SHAs have reduced their age criteria for their older persons' stock to people who are 50 years or more (for example, Victoria), or 55 years or more (for example, Northern Territory and Western Australia) (Jones et al. 2007).

What role will public housing play in the future in relation to older people? Will it continue to play a major role for older people with low incomes and low assets, particularly for those whose only or major source of income is the age pension?

The future role of public housing is not as straightforward as it may seem at first glance. Three elements seem to be at play here.

The first element is the decision by governments over the past two decades to reduce investment in social housing. This has had two consequences: a reduction in public housing stock; and a reduced capacity to meet demand and thus, the introduction of new assessment and allocation policies and procedures to ensure that public housing is targeted at those with the highest needs (Hulse and Burke 2005). As such, these allocation policies indicate the intended future role for public housing. New applicants and their level of priority determine who, at this particular time, will gain access. In this

context, older people are competing with other groups for priority access to public housing. Thus, older people on pensions without any support needs have a lower priority while older people requiring support services will have a higher priority. On the basis of priority criteria, governments and SHAs envisage that the future role of public housing will be in relation to older people with support needs. This will be predominantly old-older people, i.e. 85+ age group.

A second element is internal demand, particularly from older people in general stock. As their current dwelling no longer meet their needs, older people are seeking to either modify the dwelling or to move to aged-specific stock (and where this is not available to appropriate general stock).<sup>4</sup> The extent to which this internal demand requires major modifications can be expected to increase as older tenants age. However, SHAs will be increasingly reluctant to invest significant funds in general stock which is ageing and which may not meet the needs of future tenants. As a result, the demand for aged-specific stock which has undergone major modifications will not only come from new applicants but also from internal transfers.

A third element is the capacity of SHAs to meet the needs of applicants and internal transfers. In particular, this is the capacity of their current aged-specific housing stock to provide for those with high needs and those who require major modifications. Over the past four decades, SHAs have built up a considerable supply of aged-specific housing stock. The extent of this supply allows older people on pensions only reasonably good continued access to public housing. As noted in the interviews, some of this stock is of good quality. This tends to be stock which has been recently constructed or recently upgraded. It is this stock which better meets the current and future physical needs of older people and thus provides good outcomes. On the other hand, depending upon the jurisdiction, they also have poorer quality stock which is more difficult to let.

SHAs have adopted two broad strategies each with two options in relation to this poorer quality aged-specific housing stock. Under the first strategy, an asset management strategy, this stock is demolished and redeveloped or substantially upgraded. Throughout this process, SHAs have two options as to how they configure this stock. The replacement stock or upgraded stock can continue to be aged-specific stock or it can be targeted at some other group. The asset management strategy is a slow process. The pace at which this can be undertaken is largely determined by the financial capacity of SHAs.

In the meantime, the financial imperative for SHAs is to fully utilise any stock, even that which is due for demolition or substantial upgrade. Options within this second strategy, a tenancy management strategy, are to continue to allocate stock to older people or to allocate some of it to other groups. As with the asset management strategy, this is a slow process.

In summary, despite changes in priority assessments, SHAs will have a continuing role as providers of housing for older people on pensions in the foreseeable future. As indicated in the interviews, for many housing managers and frontline staff, older people continue to be an important target group for public housing. In part, they are able to do this in virtue of their substantial aged-specific stock and the number of older people now living in their general stock. SHAs have recognised this particularly by upgrading and reconfiguring their aged-specific stock. While the slow process of reconfiguring both their aged-specific stock and their general stock continues, the stock available for older people will slowly decrease.

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<sup>4</sup> The limits to modifications of general stock are discussed in Section 4.7.2.

However, the critical issue for future role of public housing in relation to older people is the extent to which aged-specific stock will be modified, upgraded and redeveloped to meet the needs of older people rather than reconfigured to meet the needs of other applicants for public housing.

If a significant number of dwellings are reconfigured and the stock available for allocations to older people is reduced, the Australian and state/territory governments then face a critical strategic issue as to where older renters will be housed. Already the number of dwellings within another significant social housing option for older persons – independent living units within the aged care sector – continues to decrease (McNelis and Herbert 2004).

#### **4.5 Older renters without complex needs**

Despite a strong focus both nationally and within states/territories on ageing positively, the situation faced by older renters has not been specifically addressed by the Australian and state/territory governments. Given the importance of security of tenure and the difficulties they face affording rents in the private sector, the demand from this group for public housing will continue to be high. Indeed, if rents increase substantially relative to incomes either on an ongoing basis or a cyclical basis, this demand will continue to grow.

If the Australian and state/territory governments do not meet this challenge, it will have major implications for the housing and community care outcomes for older people who are renting. Without an adequate supply of social housing for older renters and the security and stability it affords, community care services will find it harder to achieve good outcomes for their clients.

As SHAs move towards targeting their stock and thus excluding older renters without complex needs, what range of initiatives involving public, community and market sectors are required to meet current and anticipated demand for affordable housing for lower income renters (Jones et al. 2007)? In other words, what options will meet public housing demand from older persons, if public housing traditionally designated for older persons is no longer available?

#### **4.6 The needs, preferences and expectations of older residents**

The starting point for understanding the management issues facing public housing in Australia is the needs, preferences and expectations of older residents. Based on a review of consumer studies, Jones et al. (2004) outline those aspects which tend to be valued across a range of housing types and tenures (but particularly owner-occupiers).<sup>5</sup> These are outlined below in Table 2.

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<sup>5</sup> See also the results of a consumer study reported in Jones et al. (2007). This study outlines the views of older people who are renting, based upon a series of focus groups and some interviews according to specific tenures (public housing, private rental and co-operative housing), aged-specific housing options (assisted-living villages, Abbeyfield housing and rental retirement complexes) and population groups (Indigenous people, people in rural areas and people at risk of homelessness).

**Table 2: Key attributes of housing valued by older people**

<i>Key attribute</i>	<i>Dimensions</i>
Independence	Living separate from family, having control over daily routines
Privacy and autonomy	Access to and control over private space, freedom from restrictions on lifestyle
Affordability	Concerns about current costs and controlling future costs (e.g. maintenance)
Security of tenure	Staying in a familiar environment. Lack of mobility and low income can make it difficult to retain old ties if relocated
Safety	Includes personal safety within the housing unit (e.g. on-call emergency buttons, lockable doors, a village configuration) and feeling safe within the neighbourhood
Adaptability for future care	Includes appropriate physical environments that can compensate for sensory and mobility changes, limited housework, maintenance and gardening
Location	Familiarity and convenience, access to services (health, medical, post office, recreation and retail), access to transport, proximity to families or other social and cultural ties, integration with locality
Suitability	Includes life course stage, social and cultural factors, abilities and disabilities, preferred lifestyle
Companionship and avoiding isolation	Sociability and companionship – linked with gender and bereavement, social and recreational opportunities, a sense of community and social participation
Size	Small-scale, home-like environments are consistently valued
Amenity and space	Good design that meets physical, emotional and social needs and provides for both privacy and social contact. Space for possessions, hobbies and visitors. Personalised spaces – territory

Source: Jones et al. (2004: 18)

Such attributes apply across a broad spectrum, yet there are some specific differences between groups of older persons:

- Gender differences: women's preferences are directed at safety, personal space, neighbourhood and proximity to family and friends, while men's preferences are directed at proximity to shops and transport;
- Cultural differences: strong preferences to locate in an area close to family and friends and to a 'cultural' neighbourhood (Judd et al. 2004).

Section 3 of the Research Paper (McNelis 2007) has also highlighted the diversity among older public tenants and the differences between this group and other tenants.

Older persons in public housing are a diverse group with a variety of physical, social and cultural needs, preferences and expectations. Their housing needs and the extent of their support needs, if required at all, will change over time depending upon individual experiences such as changes within their immediate family, their health and the advent of disabilities, the death of a partner or close friends, and their ability to adapt to changes in their environment. Their appreciation of their housing and the aspects that they value will also vary from person to person and over time.

Of particular note in the interviews are the differences in horizon between older public housing tenants and SHA managers and frontline staff. The tenants are concerned with the broad dimensions of living – relationships with family, particularly grandchildren; relationships within the local community; their various involvements whether political, social or cultural; their confronting the larger issues of living, of their

future, of health and of death. Their housing as public housing is but a means to the achievement of these greater ends. Thus, they find themselves continually frustrated by the rigidities of bureaucratic processes: allocations (to small units and to particular locations) which prohibit greater involvement with families, the refusal of transfers which would facilitate such involvement; for many the poor quality of stock and the local environment that do not feel healthy and safe, are not conducive to positive living (because facilities such as heaters or air-conditioning are inadequate or they are confronted with neighbours whose behaviours they find challenging or they find themselves isolated).

On the other hand, managers and staff are concerned with a single dimension of the lives of older public housing tenants, viz. housing, and that dimension quite narrowly defined. They find themselves under such financial constraints that all aspects of the provision of public housing are severely rationed through very restrictive bureaucratic processes, whether that be rationing through eligibility and priority criteria, rules about the allocation of stock, the limited supply compared with demand, the quality of the stock, the inability to respond flexibly and sensibly to requests, the lack of skilled staff and resources to deal effectively with behavioural issues among tenants such that they do not become long-term issues.

Many SHA managers and frontline staff seek to push the boundaries of these restrictive bureaucratic processes and policy guidelines, going out of their way to ensure the wellbeing of particular tenants who come to their notice. It is notable that in rural areas where the demand pressures are lesser, they are able to be more responsive. For most part, however, the restrictions are such as to enforce a very narrow view of the role of housing. It is not understood as a means to a greater end, as it is viewed by many tenants, but as an end in itself and that narrowly defined.

The tension between SHAs and older people in public housing points to two different viewpoints. From an SHA viewpoint, under enormous pressure, the needs, preferences and expectations of older people are reduced to immediate housing needs and all requests are assessed on the basis of 'needs rather than wants'. From the viewpoint of older people, the question of needs versus wants is transposed into a larger horizon of living where their wants in relation to housing are an attempt to meet their needs to feel at home and to belong within a family and within a community. There is no suggestion here that public housing providers should extend their role beyond the provision and management of housing. Rather, older people themselves are challenging the adequacy of such provision and management. They are proposing that the basis for assessing such adequacy is not simply in terms of some arbitrary standard or benchmark, but whether and how this provision and management operates within the larger horizon of positive ageing, of facilitating the active participation of older people in society, of facilitating their continued social, cultural and spiritual growth.

The needs, preferences and expectations of a diversity of older people pose a challenge to the policies and procedures of SHAs and to their management and administrative systems (eligibility and priority, allocations, asset management, tenancy management and relationship with support services). These policies and procedures and their management and administrative systems must be geared towards meeting the diversity of these needs, preferences and expectations.

## **4.7 Asset management**

The interviews raised a range of issues for SHAs in relation to their stock and its management. This section explores some of these issues around three headings:

stock quality: learning from the past; design and modifications to dwellings and surrounds; and under-occupancy.

#### *4.7.1 Stock quality: learning from the past*

In the past, dwellings constructed specifically for older persons were designed with a particular group in mind, viz. an older person on a pension. Yet, many of these dwellings now cater for a group they were not designed for, viz. older people with complex needs.

One of the most disturbing things about the interviews is the view portrayed of the allocation process: 'It's the luck of the draw'. In other words, whether an applicant is allocated a dwelling which meets their needs, preferences and expectations is just a matter of luck. Luck determines whether an older person is allocated a good or poor quality dwelling and is allocated a dwelling near or far from family etc. The outcomes for their quality of life are just a matter of luck.

The distinguishing feature of 'luck' is whether the older person is allocated a dwelling which has been recently constructed or upgraded, rather than an older one. It is this feature which often distinguishes between the best and worst dwellings. But why is this difference so stark? Why is the quality of older dwellings such that these are unwanted by older people? Given that most of this stock is less than 40 years old, why does a significant proportion require extensive upgrading, if not demolition and redevelopment?

Part of the reason lies with the changing expectations of older people.<sup>6</sup> Another part lies with technological obsolescence. But part of the reason lies with decisions about the construction of dwellings: decisions about structure and building materials, about type (whether flat, townhouse or unit), about location in relation to other dwellings and in relation to local amenities (or lack thereof), about the design of the dwellings and the design of the site and about the fixtures and fittings. It would seem that many of these acquisition decisions (both construction and purchase) have been motivated by short-term considerations rather than the long-term viability of the stock. Part of the reason also lies with decisions to delay maintenance and refurbishment. While the Australian and state/territory governments have made significant investments in public housing, the long-term viability of housing stock has been undermined by an unstable social housing finance system which has not provided adequate funds for repairs, cyclical and programmed maintenance, and refurbishment (McNelis and Burke 2004; McNelis 2006, Hall and Berry 2004).

Over the past two decades, the expectations of older people (along with the community generally) have changed dramatically. But what are the particular factors that make some stock unwanted? Is it related to size (for example, bedsitters), type (for example, high rise towers), quality (older stock which is below current community standards) or location (rural areas)? Or is it related to changing demand as the ageing population moves from inner metropolitan areas through middle ring suburbs to outer suburbs? What are the implications for the future of this stock?

Is it location – on poor quality land that may have been donated; in gullies where the sun has little penetration, resulting in cold, damp and even mould-prone dwellings; in hilly areas that are difficult for older people to access? Is it the building materials – the experimental use of concrete slabs? Is it size – very small 1-bedroom units? Is it the type of stock – high rise towers? Is it the design of the units – unsuitable bathroom layout? Is it the social model – within a large complex, either older persons units or

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<sup>6</sup> See Section 2.2 of the Research Paper (McNelis 2007)

some mixture of aged-specific and general stock – that may no longer be appropriate for a new target group for public housing? Is it the quality of fixtures and fittings?

Learning from the past is not simply a question of identifying particular negative aspects of a dwelling that have resulted in its relatively quick degeneration and obsolescence. Rather it is a question of understanding why a particular aspect or aspects were incorporated into the design and construction during the planning process to the detriment of the longevity and appropriateness of the dwelling. Was it the dominance of particular architectural and building fashions at that time? Was it the dominance of particular political concerns? Was it the interference of particular industrial and labour requirements? Was it poor tendering processes resulting in the appointment of poor builders? Was it the lack of skilled tradesmen? Was it budgetary limitations that maximised short-term gains at the expense of long-term utility? Was it poor maintenance practices or poor asset management, or was it lack of sufficient funds to ensure good ongoing maintenance practices?

If we are not to repeat the mistakes of the past, albeit in a different form, today, then it is important to get to the root causes of the early degeneration and obsolescence of housing stock.

#### *4.7.2 Design and modifications to dwellings and surrounds*

A key issue for older persons, and thus for SHAs, is the design of their housing (Ward 2005). Public tenants, particularly older residents, spend more of their time in their homes than those in the workforce or in education. Their home, its size, its layout, its fixtures, its facilities, its location and its amenity are more important than for other groups. Older residents, particularly those with some form of disability, have specific requirements. But what are these and how do they compare with other tenants?

SHAs have undertaken systematic upgrading (including modifications) of aged-specific stock and one-off modifications of general stock occupied by older people. Their willingness to undertake modifications on existing dwellings is one of the things that creates a sense of safety and security for older tenants. They know that if they need modifications to remain in their current dwelling, the SHA will make these modifications. Each of the three jurisdictions in which interviews took place had different processes in relation to modifications:

- In Queensland, internal OTs undertook assessment at the request of the tenant, Department or aged care service. Modifications were, thus, subject to an internal process of assessment within specified guidelines;
- In Tasmania, community OTs undertook assessment of dwellings and made recommendations which were then considered and negotiated between Housing Tasmania and the tenant. The assessment process included a consideration of cost, long-term prospects for the dwelling, and whether a transfer was a more appropriate option by which to meet the ongoing needs of the tenant;
- In Victoria, community OTs undertook assessment and their recommendations were largely accepted by the Office of Housing.

Throughout these processes, the long-term use of a dwelling is a key consideration. While minor modifications such as grab rails are generally acceptable, SHAs may be very reluctant to undertake major modifications to bathroom and kitchen or widening of doorways. These depend upon such things as the building structure, the size of the bathroom and kitchen and whether the cost of modifications matches the expected life and use of the dwelling.

Much of the literature concerned with housing older persons is devoted to issues of housing design, housing development and modifications. For example, in the UK,

Heywood (2001) found that minor adaptations such as grab rails, handrails, ramps, over-bath showers and door entry systems produced lasting positive consequences, while major adaptations such as bathroom conversions, extensions and lifts often transformed people's lives. Where adaptations failed, it was often due to weaknesses in the original specification of the modifications due to rigid rules and policies.

So, as van Egdome (1997) asks, how should dwellings be designed and built in which people can live even if their physical and mental abilities diminish or deteriorate? Not all dwellings can be modified, due to limitations in their design. To overcome these limitations, the notion of 'adaptable housing' has been promoted by organisations such as the Australian Network for Universal Design. Adaptable housing recognises that older people want to age in place and that their housing should be adaptable to the needs of different groups of people throughout the life-cycle. Different states/territories have further encouraged (rather than legislated) the provision of adaptable housing and most, if not all, SHAs have, to varying extents, incorporated the Australian Standard for adaptable housing (AS 4299-1995) into their own standards. This has four objectives:

- That housing is designed and constructed or altered in a way which satisfies the performance requirements for adaptable housing, viz. visitability, avoidance of level changes, manoeuvrability, ease of adaptation, ease of reach and future laundry facilities;
- That housing is designed in such a way that later alterations to suit individual requirements will be achievable at minimal extra initial cost;
- That housing is designed in such a way that it will easily adapt to suit the widest possible range of lifetime needs;
- The initial design will allow for visitability through an accessible path of travel to the living room and toilet.

For example, the *Victorian Housing Standards Policy Manual* (Victoria. 2001) has frequent references to AS 4299. One assessment, however, notes some of the limitations of its use. The Victorian standard 'incorporate[s] some visitability/adaptability features based on but not conforming in all respects to AS 4299 (Adaptable Housing) Class C (essential) requirements' (Accessible/Adaptable Housing National Network 2003). Other states such as Western Australia, Queensland (Smart Housing) and Tasmania (GETSmart Homes policy) have also adopted adaptable and/or accessible housing standards for new stock and for upgrading stock in order to improve its functionality and security for older persons (Jones et al. 2007).

Over the past decade or more, SHAs have invested considerably in dwelling modifications. However, given the physical limitations of their current stock and the low level of newly constructed dwellings, it is unclear whether SHAs will have the capacity to meet future demand as the physical and mental abilities of tenants deteriorate as they age. Ageing in place will require not only further modifications to dwellings but also dwelling designs which allow support services to provide higher levels of aged care services, if required.

#### 4.7.3 Under-occupancy

The states have agreed to report annually on their achievement of CSHA objectives through a series of outcome indicators that are included in a performance framework, including 'match of dwelling to household size'. One of the issues raised relates to older persons – a single person or a couple – occupying 3- and 4-bedroom dwellings. These have been long-term tenants whose children have now left the family home.

Table 3 presents data on the match of dwelling to household size for public housing households and all households with an older person. The match is based upon a proxy occupancy standard of one person per bedroom. The dwelling is under-occupied where the number of bedrooms exceeds the number of persons in the household: moderate under-occupancy is one extra bedroom, and under-occupancy is more than one extra bedroom. The dwelling is overcrowded where the number of persons in the household exceeds the number of bedrooms: moderate overcrowding is one extra person, and overcrowding is more than one extra person. On this basis, around 9 per cent of dwellings occupied by public housing households with an older person are under-occupied (compared to 25 per cent for all households).

**Table 3: Match of dwelling to household size, public housing households and all households with an older person**

	<i>Public housing households with an older person</i>		<i>All households with an older person</i>	
	<i>#</i>	<i>%</i>	<i>#</i>	<i>%</i>
1 person per bedroom	46,900	54	377,000	25
Moderately under-occupied	21,200	24	644,900	42
Under-occupied	7,800	9	386,200	25
Moderately over-crowded <sup>1</sup>	9,300	11	80,800	5
Over-crowded	2,200	3	43,700	3
Total	87,400 <sup>2</sup>	100	1,532,600	100

Source: ABS Census 2001, 1 per cent CURF

Notes: 1. Moderately over-crowded includes bedsitter units where there is no bedroom

2. This total of public housing households with an older person differs is based upon the ABS Census 2001 1 per cent CURF and thus differs from that used previously which is from a special table provided by the ABS.

3. Not stated and not applicable are excluded

Under-occupancy is, however, a complex issue. On the one hand, SHAs are seeking to maximise the use of scarce stock. On the other hand, under-occupancy is not an issue that SHAs perceive they can do a lot about. Nearly all managers and frontline staff recognised that, for the most part, it occurs where ageing parents continue to live in the family home after their children have left. Thus, tenants have a long attachment to a dwelling and to a location. They also recognise that often these dwellings are relatively old and of lower quality, some in relatively poor condition. Moreover, the availability of alternative suitable stock in the local area and investment in modifications all make it difficult to find appropriate solutions. For this reason, SHAs have not actively pursued under-occupancy. Rather they have adopted a number of strategies.

First, in areas where there may be some demand for larger dwellings, ensuring that tenants who are under-occupying know that they will be amenable to their transfer to another dwelling.

Second, when a tenant requests modifications to their dwelling, the public housing provider may make these modifications or, depending upon circumstances, negotiate the transfer of the tenant to a more appropriate dwelling that will better meet their needs in the long term, for example, one which is more accessible and requires less maintenance such as mowing lawns and tending gardens. Alternatively, where the dwelling is not suitable for major modifications because of its condition, location and size or because of cost, the provider may reject a request for modifications and require the tenant to move to another more appropriate dwelling. As a result, some

older people are then 'trapped', caught between wanting to stay in the family home and their need for modifications to the dwelling to allow them to continue to live in it. This creates a very difficult situation for the tenant who has very strong attachment to their family home and local neighbourhood. This situation is clearly unsatisfactory, with a detrimental impact on some older people who resist efforts to transfer them.

In the longer term, it is unclear what the approach of SHAs will be to under-occupancy. Current strategies are largely shaped by recognition of the family home, the relatively poor condition of many of the dwellings and the lack of alternative options. While SHAs have a large stock of dwellings which require upgrading, demolition/redevelopment and reconfiguration, under-occupation will remain a dormant issue. There will, however, come a time when SHAs will have the funds to upgrade, demolish/redevelop and reconfigure under-occupied dwellings. How will they then deal with the complexities of attachment to the family home?

## **4.8 Tenancy management**

The management of tenancies is very important to housing outcomes for older people. This section raises a number of management and policy issues for SHAs around four areas: allocations, the role of public housing providers, quality improvement and tenant participation.

### *4.8.1 Allocations and transfers*

#### **Allocation policies**

The construction of stock specifically for older persons facilitated their access to public housing. However, in some states/territories, this traditional designation of aged-specific public housing stock is under pressure as SHAs require access to scarce 1- and 2-bedroom dwellings. Older persons are now competing with other groups (particularly higher priority groups) (Jones et al. 2007) not just for small dwellings but also for even scarcer ground floor units.

As a result, in some areas where demand for some aged-specific housing stock is low, SHAs are allocating stock to other groups. This can present some difficult management issues which need to be handled sensitively and SHAs are using a number of strategies, for example, allocating a slightly younger group of people such as those 55 to 60 years, or allocating a person who is assessed as being able to fit in with older people. Another strategy is to physically divide an aged-specific complex, retaining one part for older people and the other part for other groups.

More fundamentally, as SHAs give higher priority to older people with complex needs, they face some difficult allocation issues, particularly in relation to higher density housing where one person can impact detrimentally upon a large number of other older people. Allocation policy is one means by which this impact can be minimised. But current allocation policies provide little flexibility for housing managers and frontline staff to use them in a way which minimises any detrimental impacts on existing tenants while providing appropriate housing for new applicants.

#### **Allocations and transfers for older people**

For older people, it is not simply a matter of getting access to public housing. It is a matter of getting access to public housing that meets their needs. The process of applying for and being allocated public housing is a time of high anxiety. They have a high awareness that their future lives are at stake here, that outcomes for them are strongly related to whether they get access to housing that meets not only their shelter needs but provides an environment within which they can thrive. They recognise that the decision to move into public housing is one about where they will spend the rest of

their lives – they don't want to move again: 'They will have to carry me out in a box.' They are very aware of the outcomes of wrong 'choices'.

This state of anxiety is compounded by the limited choices they are offered. The differences in stock quality between the best and the worst are large. As some frontline staff noted, 'It's the luck of the draw'. Outcomes, then, are random.

For both older tenants and frontline staff, the process of allocating an older person to a dwelling or transferring them from one to another can be difficult. It is important that staff recognise and manage the fears and anxieties of older tenants. Older people have had enough experience of moving house to recognise the riskiness in such moves. As with all fears and anxieties, the gap between what is anticipated and what is likely to happen or does happen can be small or great depending upon the particular person. It is important that SHA staff find ways of reassuring older people, not simply in words, but in the way allocations and transfers are managed.

Transfers can occur for a variety of reasons, some quite complex. The interviewees noted a range of circumstances: a tenant may want to be closer to family; their dwelling is being upgraded or demolished; the dwelling they are in is no longer appropriate, the SHA is unable or unwilling to make modifications; the current condition of the dwelling may present ongoing safety concerns such as the dangers of the tenant falling, breaking a hip, ending up in hospital and not making a good recovery.

Thus, moving may involve various degrees of choice: tenants may want to move; they may move reluctantly; they may move because someone else wants them to; or they may move under duress.

For many tenants, they are moving from their home of many years, and moving raises many fears and anxieties: about their new dwelling; about their new neighbours; about arranging and organising the multitude of things related to moving; about the physical effort of packing and moving; about the safety of items which are personally precious etc. They are leaving the old and familiar for unknown territory.

The transfer of older tenants from one dwelling to another presents particular challenges for SHAs. Many have lived in the one dwelling for a long time. As they age, many feel vulnerable. With the onset of dementia, relocation can have a major impact on their capacity to manage and maintain their independence for a longer period. For older people, relocation can be a negative experience, and needs to be handled with care.

#### *4.8.2 The role of public housing providers*

In many respects, the responsibilities of social housing landlords and private landlords are similar. On the other hand, expectations of social housing landlords differ markedly from private landlords, with their responsibilities and obligations extending beyond the narrow boundaries of commercial transactions.

A social housing landlord is expected to respond more appropriately to the housing needs of tenants. This includes the ways in which it manages its tenancies and properties. Thus, management practices in areas such as assessing applications, allocations, rental collection and rental arrears must take into account the tenants' needs, capacities and limitations.

To what degree and how do SHAs support and sustain tenancies? What policies and practices do they have to support tenancies? To what extent should they assess and mitigate the risks associated with housing older tenants with support needs,

particularly where the tenant refuses support services, is unable to obtain adequate support or is rejected or debarred by support services?

### **Duty of care**

SHAs through the management of tenancies and monitoring rent payments may be one of the few 'institutions' with regular contact with older residents. Rent arrears, concerns or complaints from other tenants, maintenance inspections and reports from maintenance contractors are often the first sign that an older tenant, particularly one who is isolated and without regular contact with family or friends, is not coping with everyday living.

Few housing officers respond simply in terms of their responsibilities as tenancy managers. Rather, they seek to maintain tenancies and have a duty of care to protect and assist both the particular tenant and their neighbours (Victoria. Department of Human Services 2000). This can present some difficulties, particularly where the tenant does not recognise their need for assistance, albeit temporary, and fiercely maintains their independence. Some issues take time to resolve and housing managers face conflicting roles – as a housing manager with responsibility for rent collection, for maintaining the privacy of tenants, for ensuring the dwelling and its surrounds are safe and in good condition, and for ensuring that neighbouring tenants have 'quite enjoyment' of their dwellings; as a housing manager concerned with maintaining tenancies; and as a key contact for linking residents with non-housing services.

SHA managers and frontline staff often find themselves caught between their 'duty of care' and privacy requirements. Within the boundaries of privacy requirements and the need to obtain consent, more experienced staff have worked out some ways in which to deal with the issue: speaking with the tenant about their need for assistance; pointing to and referring to local services. But there is an art to doing this. It is not just a matter of pointing things out and providing information about available services, but of finding a way which would appeal to the tenant. For some staff, this meant overcoming the fears of the older person and appealing to their sense of a better life. For others, it meant utilising these fears and making veiled or direct threats to their tenancy. Still other staff relied upon legal processes to resolve issues and problems.

For some, threats to tenancy or the legal process was often the immediate response to an issue rather than more low key responses (which require more intensive work), for example, beginning by appealing to their good will, or pointing out the consequences of continuing to act in this way. Such responses allow some clarification and discussion and allow for a resolution of the real issue through a process of negotiation (rather than imposing a temporary fix for the immediate and presenting issue).

It seems that SHAs provide little guidance or resources in these situations. Instead they rely upon the goodwill of staff and their initiative to exercise their duty of care, or alternatively rely upon the practices that have been learned on the job from senior staff. Some staff reach a point of helplessness or despair in the face of a lack of knowledge about what to do and about the services available. They are faced with what appear to be insurmountable problems. This is particularly so where a tenant will neither seek assistance nor consent to the housing officer calling someone for assistance on their behalf or where the tenant is involved in a complex dispute with neighbours.

## **Towards early intervention**

In the past, staff picked up issues through a variety of mechanisms including rent collection and, where necessary, rent arrears follow-up, report of maintenance issues and casual chats. Today, however, rent is collected through external facilities such as Australia Post, maintenance issues are reported through a centralised call system, and staff have less time to engage in casual chats. The opportunities for staff to pick up issues are limited. Tasmania and Queensland have (re)introduced annual inspections, while Victoria has inspections less often. This has become one of the main mechanisms through which SHAs can identify issues such as whether an older person is looking after themselves and their unit. One jurisdiction is seeking to train inspection teams to take note of any issues and to follow them up. This includes issues of safety within the home, for example, rugs over carpets that may lead to a person tripping. It may include indications that an older person is not coping or of possible dementia, for example, hoarding or paranoia.

### *4.8.3 Quality improvement*

Organisations employ various methods for improving the quality of their service and management:

- Annual reporting of performance against national outcomes measures (Steering Committee for the Review of Government Service Provision 2006);
- Customer Service Charters (Victoria. Office of Housing 2006: ch. 1);
- Policy and procedure manuals (Victoria. Office of Housing 2005, 2006);
- Accreditation systems (National Community Housing Forum 2003);
- Competency-based training.

Improvement in the quality of service and responsiveness to tenants is as changing as the demands and expectations of different groups of tenants, but one example from the Netherlands outlined in Exhibit 2 is of particular relevance (Riseborough 1998: 34). Through Senioren Label, older people through their own organisation provide a certificate of quality for older person's housing. This is unlike the above methods for improving quality which are developed and driven from within the housing provider.

#### **Exhibit 2: Senioren Label**

In the Netherlands, Senioren Label (Senior Citizen Label) is a certificate of consumer quality awarded to organisations that meet specified standards for older people's housing. The certificate is sought as an assurance of quality to consumers. Drawings of housing schemes are submitted for assessment to a panel composed of older persons. The main principles are that schemes must:

- Provide homes for life;
- Contain certain elements such as being barrier free, floor materials to minimise accidents, height adjustable kitchen tops;
- Be located to provide good access to local facilities.

Senioren Label was initiated by a government-sponsored steering committee in partnership with older people's organisations. It is a quality assurance system which promotes ongoing improvement in the quality of older people's housing.

### *4.8.4 Tenant participation*

Both 'positive ageing' and 'ageing in place' highlight a changing approach to older people. The emphasis on independence and involvement is highlighted in the

international literature (Riseborough 1998). However, it is notable in the National Social Housing Survey (public housing) that, while the proportion of older tenants previously or currently involved in tenant participation groups is relatively higher than the 15-64 year age group, the rates are still very low (around 5 per cent).

## **4.9 Relationship with support services**

The relationship between SHAs and support services is discussed under five headings: identifying support needs, access to aged care services, the importance of linkages and co-ordination, linking housing and support services, and housing models.

### *4.9.1 Identifying support needs*

Housing locates an older person in a neighbourhood. Its appropriateness and its potential to meet their needs depends not only upon design, amenity and fittings, but also upon proximity to a whole range of services. Whether a particular dwelling meets the needs of an older person will depend upon whether they have access to the services they require when these needs change.

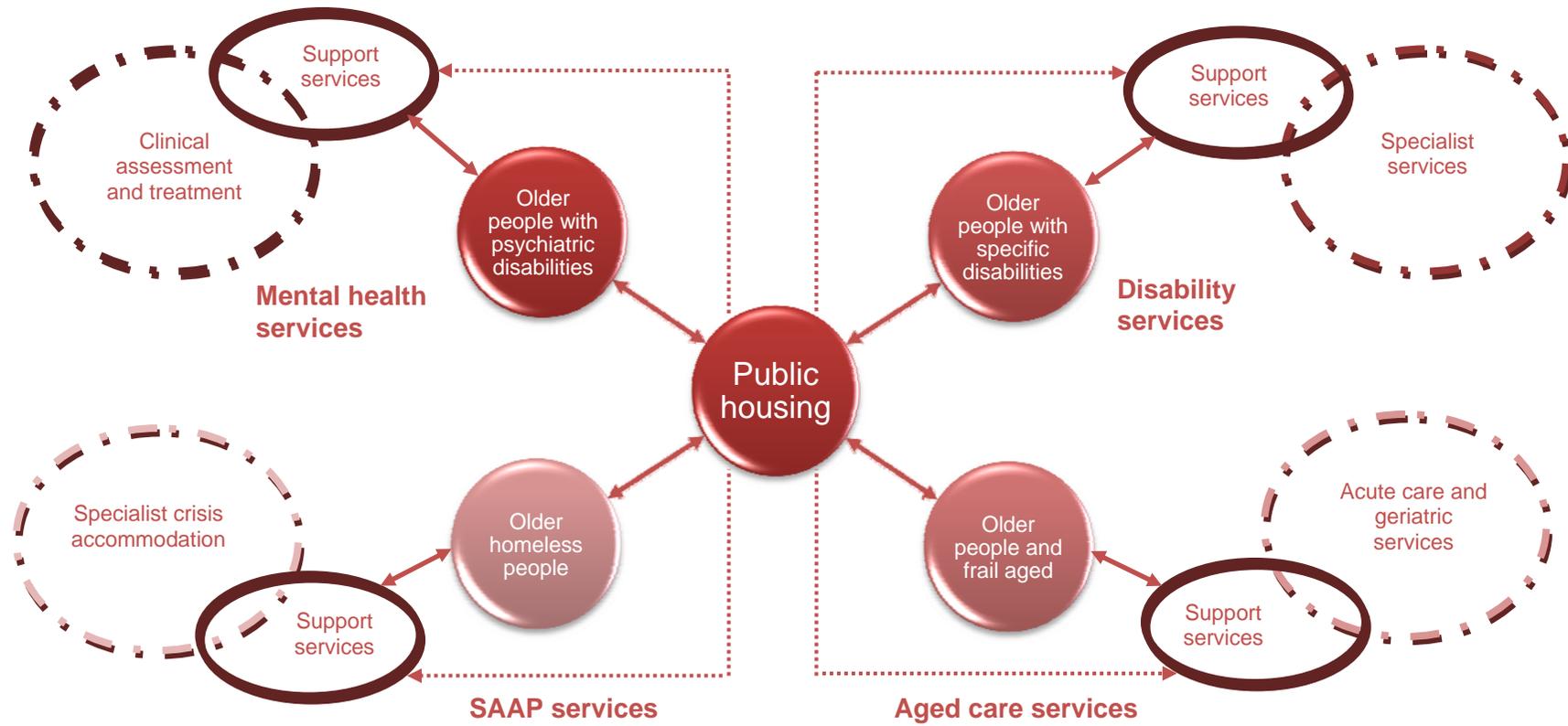
Like the community generally, older persons can require a diverse range of support (South Australia 2003). In relation to older people who had been homeless, Judd et al. (2004) identify two types of support:

- Assistance with establishing a tenancy – dealing with SHAs, filling in forms, advice about options (location and type of housing) etc.;
- Assistance with maintaining a tenancy – help with housework, shopping and meals, with managing finances (including payment of rent), and with making and keeping health, Centrelink and other appointments.

For example, Housing Tasmania has caretakers in some older person complexes to assist with low-level tasks such as changing light globes, day-to-day maintenance and rubbish removal (Tasmania. Department of Premier and Cabinet 2005).

Support needs go beyond just aged care services to a whole range of other services. Figure 1 highlights the complexity of these relationships for SHAs by relating the four main service systems (aged care, SAAP, disability and mental health) to public housing. (These specialist services are targeted at a specific group of people who meet specific eligibility criteria. They are highlighted here because they are specialist services that can play a particularly important role in maintaining people (including older people) in their home. There are also a range of other generalist services that play a role in supporting older people in public housing, such as the primary and acute health system, recreational services etc.) An older person within public housing may have particular characteristics whereby they are linked with a service system. For example, people with a mental illness are linked with the mental health service system. Older people with complex needs may link to more than one of these service systems. Within each, a distinction is drawn between those aspects which seek to maintain a person within a home (referred to as the 'support services') and those aspects which are concerned with specialist services for a disability or treatment of a medical condition. Not only is co-ordination and linkages between public housing and each support system essential, so also is co-ordination within each service system between what, at this time, is loosely called support services and specialist or treatment services and between each of the service systems (McNelis 1997).

**Figure 1: Public housing and support services for older people**



Source: McNelis (1997)

Houben (1997) describes this as ‘typical of the entire long-term process of modernisation’ with ‘parallel processes of functional differentiation in the low levels of social systems and functional integration in higher levels of the society’. It points to the need for different levels of decision making and for co-ordination and integration within and between levels. A further layer of complexity is added where older people require a range of other formal support services which may or may not be covered by these four major support services, such as financial counselling and management, leisure and recreation programs.

#### 4.9.2 Access to aged care services

One issue raised in interviews was access to aged care services. Some interviewees were concerned that older people in public housing complexes such as high rise towers and unit complexes had difficulty getting access. In part this was one reason why the Victorian government introduced specific aged care programs for older people in high rise and in public housing more generally.

The two major programs – the Home and Community Care Program (HACC) and Community Aged Care Packages (CACPs) – provide data on the tenure of the recipient. HACC is a joint Commonwealth and state/territory program providing community care to frail older people and young people with disabilities. CACPs is a Commonwealth program which ‘provides support services for older people with complex needs living at home who would otherwise be eligible for admission to low-level residential care’ (AIHW 2007).

Data from these two programs in Table 4 indicate that Australia-wide 9 per cent of HACC clients and 12 per cent of CACP recipients are living in public housing. It would seem that this compares favourably with the proportion of older people living in public housing (around 4 per cent). On this basis, we could conclude that older people in public housing are getting access to both HACC and CACP.

**Table 4: HACC clients and CACP recipients living in public housing by state/territory**

	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust.</i>
HACC clients	10%	7%	7%	12%	13%	11%	21%	23%	9%
CACP recipients	13%	10%	8%	14%	15%	12%	18%	41%	12%
Older persons in public housing as proportion of all older persons	5%	3%	3%	5%	9%	3%	9%	5%	4%

Source: Australian Government Department of Health and Ageing (2006, Table 11); AIHW (2007, Table 3.6); McNelis (2007, Table 8).

However, this data may not be as conclusive as it seems, for a number of questions remain unanswered. Is the data itself accurate, given that the accommodation setting or usual place of residence for a large proportion of HACC clients (19 per cent) and CACPs recipients (15 per cent) is not recorded (Australia. Department of Health and Ageing 2006, Table 11; AIHW 2007, Table 3.6)? Given recent targeting, it could be expected that a larger proportion of frail older people with complex needs would be living in public housing, but do the figures reflect that increased proportion?

Comments about the lack of access to aged care services emerged from those involved with older people in high density and multi-unit sites. Are there then significant disparities between the provision of services in low density housing areas compared with these more difficult areas? The issues are not clear-cut. To some extent, the lack of access reflect the inadequacies of the aged care programs, their funding and their delivery:

The difficulties that ... organisations face however, is that the funding and policy direction of the national aged care program is directed at mainstream society in general and not at the particular needs of the homeless (Lipmann et al. 2004).

On the other hand, the difficulties of delivering services to this client group should not be under-estimated.

Despite the existence of housing and community care programs, there are still many homeless people who do not access these services. This can be due to a number of factors such as being withdrawn or reclusive, personal or cultural beliefs, a person's perception of charitable services, a determination to make it on one's own ... [They] do not have the skills or the motivation to access essential services that may assist them in improving their health and wellbeing, maintaining their housing or seeking more suitable housing (Rota-Bartelink 2006).

#### *4.9.3 The importance of linkages and co-ordination*

Public housing and support services face a major dilemma. On the one hand, they are increasingly subject to division and specialisation, focusing on the delivery of a particular service to consumers (Houben 2001). On the other hand, unless they are an integrated and holistic response to the complex dimensions of people's lives, these services can operate at cross-purposes without addressing their real needs.

Over the past two decades, the Australian government, in a bid to reduce demand on residential aged care facilities, has made a concerted effort to maintain older people in their own housing. As a result we have seen the development of a range of support services and new ways of delivering these services. A critical issue, then, if we are to provide better outcomes to older people is adequate co-ordination and linkages between housing and support services. Without this, an older person who needs support may find adequate housing but be unable to maintain it because support services are inadequate, or find adequate support services but be unable to access adequate housing.

The linkage of housing and support services is not only critical to the independence of older persons but it is also important to the outcomes they enjoy. Both SHAs and the providers of support services have an interest in improving the linkages, but it is important to recognise that their reasons for doing so differ markedly:

- Housing managers seek timely support/intervention/expertise for tenants/applicants whose support needs are outside their experience or area of responsibility;
- Support services may recognise that housing is of critical importance to the users of their support services but seek timely access to housing for these users. Given their high support need and the inadequacy of their current housing situation, support services are unwilling to wait long periods for adequate housing;
- Policy makers and planners recognise that those people with both unmet high support needs and unmet high housing needs are those most marginalised in our community and who most need assistance.

For older people, housing and support services are more interdependent. Support services ensure that they can remain in their housing but the relationship is not always that straightforward. The need for and the end cost of support services may be obviated/lessened by moving a tenant to more appropriate housing (more appropriate design, provision of appropriate equipment, aids and appliances) or by locating them

in a dwelling near relatives and friends who provide informal support. It is issues such as these that can complicate the relationship between SHAs and support services.

#### *4.9.4 Linking housing and support services*

Surprisingly, the interviews with both support services and SHA managers and frontline staff indicated that aged care services and public housing operate independently of one another. No formal linkages were identified. The two types of services usually engaged with one another around particular issues as they arose: aged care services approach housing managers when a client required their assistance or was unable/unwilling to approach the housing manager regarding some maintenance issue or some modification to their dwelling; housing managers approached aged care services as a measure of last resort after the tenant had consented to being referred to such a service. Housing managers usually approached family and relatives first (if they were recorded on the tenant's history) or, with their consent, the tenant's GP. For housing managers, most linkages occurred in relation to mental health services.

While the current linkages were limited, the interviews raised some questions for both housing managers and support services. Each recognised the importance of developing better linkages, at a minimum providing information about their respective services and making informal face-to-face connections to smooth the way for future liaison in relation to their clients.

Evidence existed of past linkages between housing and support services. For example, in Victoria two aged care programs specifically for public housing tenants had been developed jointly between different divisions of the Department of Human Services (DHS) to provide and broker aged care services: Housing Support for the Aged Program (HSAP) and Older Persons High Rise Support Program (OPHRSP). These are auspiced and funded through the Aged Care Division of DHS and operate independently of the Office of Housing.<sup>7</sup> Though funded specifically for older people in public housing, their linkages with the Office of Housing are largely incidental.

A second example is the Tasmanian agency collaboration strategy which operates as an option of last resort for complex clients where a single agency is unable to provide the mix of services required. This involves an arrangement or protocol whereby agencies will reach agreement on their respective roles and responsibilities in relation to a particular client. While the focus of collaboration is internal to the Department of Health and Human Services (and thus the only aged care service to be included is HACC), it has the potential to develop protocols for relationships with Commonwealth aged care services and community organisations delivering aged care.

#### *4.9.5 Housing models*

The traditional housing model provided by SHAs is an independent living model. Within this, they can offer a variety of arrangements:

- A single stand-alone dwelling within a suburban environment;
- A dwelling within a cluster of other dwellings for older persons;
- A dwelling within a cluster of other dwellings for a mixture of housing groups;
- A low rise or high rise flat within a complex for older persons.

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<sup>7</sup> These programs are described more fully in Section 5.1.

But is this the only model? Could SHAs provide other housing options? Are there particular characteristics of either the stock or of older public housing residents that provide opportunities to develop alternative housing models?

The Department of Housing in New South Wales has made some moves in this direction by using nomination rights to house some older public housing tenants in retirement villages where they have easier access to support services. In many countries such as the UK, the USA and Sweden, housing organisations (including public housing providers) now offer other types of models such as supported housing, assisted housing and sheltered housing. As noted above, this is one of the recommendations in *Public Housing for Seniors* (Housing Research Foundation 2002). A direction such as this would have to be made in the context of other available social housing options (see Section 2.4.1 of the Research Report).

Such housing models would link new housing projects with support services from the outset. These models do not envisage an extension of the role and responsibility of SHAs. Rather they envisage a new housing model where each party, a public housing provider and the support service, is responsible for their aspect of the project.

## 5 SOME INNOVATIONS

The interviews with support services and with SHA managers and frontline staff in the three nominated states – Queensland, Victoria and Tasmania – sought to identify recent innovations in relation to older people in public housing. How were support services and SHAs responding to the changing culture among older people and to the range of policy, management and practice challenges being presented by an older population? Contrary to the expectation of the researchers, such innovations were quite limited.

Over recent years, as noted by some SHA interview participants, SHAs have focused specifically on tenants and applicants with complex needs: people who are homeless, people with physical and intellectual disabilities and people with mental illness. This is reflected not only in their changing allocation policies but also in the relationships they have developed with support services. Older people, for the most part, have generally been regarded as less problematic and less demanding than other tenants. As a result, recent SHA innovations have not been specifically directed at older people in public housing. However, as illustrated below, they have been one among a number of target groups for these innovations.

Consequently, three recent innovations, one from each of the nominated states, were noted that had some relevance to SHAs in other states/territories:

- Some aged care programs which provide support specifically for older people in public housing (Victoria);
- Programs which focus on providing adaptable and modified dwellings to older people in public housing (Queensland);
- An agency collaboration strategy which seeks to improve the management and delivery of services to people with complex needs (Tasmania).

The descriptions of each of these three innovations below is fairly limited. While the Victorian aged care programs specifically for older people in public housing have been operating for around six years, documentation is limited and as yet no formal evaluation has been undertaken. The Queensland program is also yet to be documented more fully. Other states and territories have also introduced some sort of program to modify existing dwellings. The agency collaboration strategy in Tasmania has only just been introduced and is still in the process of implementation.

A cursory exploration of recent innovations in other states (which were not part of the qualitative stage of this project) indicates that there have been few recent innovations by SHAs in relation to older people in public housing.

One notable exception is the work undertaken in NSW as part of its *New Directions in Social Housing for Older People* (NSW 2006). This five-year plan was launched in 2006. Housing NSW is developing a range of initiatives with the aim of providing more appropriate housing for older people, as well as programs to increase access to support and reduce social isolation. Over five years, an allocation of \$420 million will increase housing stock for older people by 2,800 homes; an allocation of \$75 million will refurbish and modify existing properties, including installing lifts and adapting kitchens and bathrooms. The Department is also reviewing its guidelines for best practice in tenancy and asset management for older people. These will be tested through demonstration projects from 2008. Other initiatives include a *Connecting Older Tenants* pilot which was established in 2007 to promote neighbourliness among older tenants and local communities. The Department is developing a 'Senior

Communities' policy which will provide older people in public housing with greater choice to live near other older people.

## 5.1 Support for older people in public housing (Victoria)

In April 2000, the Victorian government announced a series of initiatives to provide support to older people who were living in insecure housing, who were isolated and vulnerable and who had complex needs. These programs are funded by the Department of Human Services Aged Care Branch and services are provided through a range of community organisations. Two of these initiatives specifically target older people in public housing.<sup>8</sup>

The Housing Support for the Aged Program (HSAP) provides support to people over 50 years with complex needs and a history of homelessness. By providing ongoing case management and support, the program seeks to assist them into public housing, particularly through the priority segments of the waiting list, to maintain their tenancies over the long term and to improve their health and wellbeing.

The Older Persons High Rise Support Program (OPHRSP) provides monitoring and support to older persons high rise towers in inner Melbourne.

Currently, 13 HSAP services operate throughout Victoria, employing approximately one full-time worker and 11 on-site OPHRSP services operate in the aged-specific high rise towers in inner Melbourne (in total there are 13 aged-specific high rise towers). The extent of services can be gauged from the following data for July to December 2005 (Victoria. Department of Human Services 2006).

<i>Housing Support for the Aged program</i>	<i>Older Persons High Rise Support program</i>
→ 313 registered clients	→ 510 registered clients
→ 13 agencies provide services	→ 487 casual assist clients
→ \$210,947 provided in flexible care funding	→ Five agencies provide services
→ 84 per cent lived alone and 88 per cent had no carer	→ \$108,235 provided in flexible care funding
→ Common disabilities/issues were:	→ 96 per cent of clients lived alone and 94 per cent had no carer
chronic physical health issues, 59 per cent	→ 51 per cent were aged over 70
physical/sensory disability, 37 per cent	→ 42 per cent were born in a non-English-speaking country
alcohol dependence, 32 per cent	→ 48 per cent had a chronic physical health issue; 33 per cent had age related frailty, and 20 per cent had an alcohol dependence
psychiatric disability, 28 per cent	
acquired brain injury, 22 per cent	

The introduction of these two programs has a long history dating back to 1990 when Dymphna Laurie undertook a study of an older persons' public housing estate in Box Hill for the Office of the Public Advocate (Laurie 1990). This was followed by a number of other reports before these programs were eventually introduced in 2000 (Victoria. Older Persons Planning Office 1991; Victoria. Department of Human Services 1998).

## 5.2 Adaptable and modified dwellings (Queensland)

The Queensland Department of Housing has a strong focus on ensuring that public housing dwellings meet the needs of tenants with a disability, including older tenants.

<sup>8</sup> The other two programs are more general: the Community Connections Program provides outreach support to older people with complex needs who are homeless or living in insecure housing (such as rooming houses, private hotels and caravan parks); the SRS Co-ordination and Support Program provides support specifically to older people living in pensioner-only Supported Residential Services.

This has involved employing a number of complementary strategies, since the early 1990s, in the design and construction of existing housing, as well as redevelopment and modification of existing dwellings.

The Department adopts universal or adaptable design standards when it constructs new and redevelops existing public housing and also modifies existing public housing in response to tenant needs.

In the early to mid-1990s, the Department began employing a small number of OTs in area offices and contracted in OT services to assist with a large program of individually designed houses being constructed for people with severe disabilities moving out of institutions, as well as a catch-up program of modifications to existing stock. Unlike both Victoria and Tasmania, the Queensland Department directly employed OTs because they were difficult to contract, especially in rural and regional areas, and they often didn't have a 'housing' perspective. These OTs were trained in Department policies and standards and are involved in a range of special needs assessments, including assessments of transfer applications and of the needs of clients for modified housing. They also provide advice to client service staff in relation to tenancy management issues for people with special needs.

The Department assists applicants and tenants by:

- Modifying dwellings in response to requests;
- Assessing requests for an additional bedroom for a live-in carer or a bedroom to store disability-related equipment;
- Having an OT assess individual needs. This information forms the basis of recommendations to the Department to ensure that suitable housing is provided.

In 2005-06, \$7.9 million was expended on home modifications to 2,034 public housing dwellings, and in the previous five years a total of \$34.4 million was expended on home modifications to 11,546 dwellings (Jones et al. 2008). This represents a significant proportion of the portfolio of approximately 50,000 dwellings.

These activities have been supported by considerable policy development and work on design standards to promote the concepts of 'universal design', 'home access' and 'adaptable housing' within social housing and in the housing industry more broadly.

### **5.3 Agency collaboration (Tasmania)**

In 2003, the Tasmanian Department of Health and Human Services (DHHS) (which includes Housing Tasmania) began implementing an agency collaboration strategy whereby they sought 'to improve the management and the provision of services for people requiring a complex mix of services and supports'. (Tasmania. DHHS 2004) This envisaged collaboration between programs within the Department including health, community services, children's services, mental health and disabilities to respond to the needs of individuals with complex and exceptional needs.

The strategy involved three tiers of response. The first envisages collaboration and co-operation between programs at the service level as a way of reaching agreement about who provides what service (within existing resources) in relation to a particular individual with complex needs. Where issues cannot be resolved at this level, the agency collaboration process is formally invoked and escalated to the second tier. At this level, there is a formal process of liaison between key co-ordinators involving assessment and review of the client's needs and case conferencing, and an integrated plan is developed. Where an individual has exceptional needs that cannot be resolved through current service delivery models, the issue is escalated to the third tier and referred to the Board of Exceptional Needs (Tasmania. DHHS 2004).

While the agency collaboration model is not specifically targeted at resolving situations for older people, it does have some relevance, particularly where the person has complex needs which are related to mental illness, disability or challenging behaviours. From a public housing provider perspective, agency collaboration provides a framework within which to sustain tenancies by providing support plans for those who need them. One manager describes the model in this way:

From a housing perspective under this new model, we're actually at the moment developing a supported tenancy framework and tools program whereby tenancy staff will have a tool to assist them. There will be trigger points where they've got to escalate a difficult case etc. ... and then in turn actually put a plan around that client. But also [it can apply to applicants] coming into housing as well. So if we've got an applicant that requires a plan before they go into mainstream or one of the options for housing, we actually do that in conjunction with other service providers.

The supported tenancy framework and its tools will allow an assessment of both the housing and support needs of applicants and, where required, the early involvement of support services and the development of an integrated plan for these applicants, prior to allocation. They will also determine clear escalation points for the involvement of support services at different levels: local service delivery, key co-ordinators, senior managers and the Board of Exceptional Needs.

Implementation of the agency collaboration strategy is still in its early stages. Many of the tools are still being developed. It will, to some extent, address the situation of some older people with complex and exceptional needs. Some aspects of aged care, viz. HACC services, are managed within DHHS. However, other aspects which deliver more complex services such as Community Aged Care Packages and Extended Aged Care at Home (and their various elements) are managed by the Commonwealth government. The big challenge, then, in relation to older people with complex needs is to develop agreements for the timely delivery of these services with the Commonwealth and non-government provider organisations, or alternatively, to develop a stream of aged care funding which brokers and/or buys in aged care services where, for various reasons, they are not available.

## 6 CONCLUSION

In the next decade, older renters, particularly those in public housing, will confront the Australian government, state/territory governments and public housing providers with a series of complex policy and management issues.

### *An increase in eligible and expressed demand for public housing*

In the Research Paper (McNelis 2007), demographic projections for this study forecast a greatly increased demand for public housing in the years to 2016 – an increase of 76 per cent from 209,210 in 2001 to 365,914 in 2016. These projected increases varied between jurisdictions, ranging from 30 per cent in South Australia to 103 per cent in Queensland and 140 per cent in the Northern Territory.

Moreover, the highest increase in demand (by 118 per cent at 2016) will come from the 85+ age group. In five of the eight states/territories, demand from this group will more than double: New South Wales 136 per cent, Victoria 110 per cent, Queensland 144 per cent, Western Australia 105 per cent and ACT 110 per cent.

These demographic projections indicate a major increase in eligible demand for public housing as the population ages. But expressed demand will be compounded further as two significant housing options for older people with low incomes and low assets – private rental and independent living units (ILUs) – become less accessible. As some participants noted in interviews, older people are seeking public housing because they can no longer pay the unaffordable rents in the private sector. It seems that these rent increases are not only cyclical or temporary but, to some extent, structural and long-term. ILUs are a long-standing social housing option for older people, providing around 27 per cent of social housing for this group, but of this stock is small in size, quite old and of poor quality. ILU organisations require major capital funds to upgrade and reconfigure their stock or to demolish and rebuild. The future of ILUs is at a watershed. Many ILU organisations are withdrawing or are considering withdrawal from housing provision, and the stock of ILUs is anticipated to undergo a dramatic reduction (McNelis and Herbert 2004). As a consequence, the expressed demand for public housing is likely to increase very significantly over the next decade.

### *A changing profile among older people in public housing*

The Research Paper (McNelis 2007) also forecast a changing profile among older people in public housing. In 2001, 87,940 public housing households included an older person. The demographic projections forecast that the number of older person households in public housing is estimated to increase nationally to 109,478 in 2016, an increase of 24 per cent, ranging from 7 per cent in South Australia to 53 per cent in the Northern Territory.

What is more notable is the change in the age groups. The initial data did not allow for an analysis of age group by households, but an analysis of age groups by persons indicates that in 2016 the highest number of older people will be in the lower age groups (65-69, 70-74 and 75-79). However, the largest increases are estimated in the oldest age group (85+) with an Australia-wide increase of 155 per cent. Between jurisdictions, this increase ranges from 110 per cent in Tasmania to 201 per cent in Queensland and 271 per cent in the Northern Territory. Not only, then, will public housing providers face the prospect of more households with older people, but the prospect of more people in the oldest age groups.

### *The importance of public housing*

The interviews with older people sought to elicit their stories. In many instances, these reveal the profound changes that can ensue on a base of adequate, affordable and secure housing. It is not the only condition for such profound changes, but it is an important one. On the other hand, in too many instances, the interviews reveal older persons caught in difficult housing situations: poor conditions that make them feel reluctant to invite neighbours or friends home; inability to transfer so that they are closer to family and friends; inappropriate housing coupled with limited mobility and inability to climb stairs, trapping people in their homes. To some extent, public housing providers already implicitly recognise this by providing opportunities for tenant participation, through their community development activities, by providing meeting spaces and by modifying dwelling to meet the needs of older tenants.

### *Asset management*

Public housing providers face major asset management issues in relation to the current quality of stock, provision of fixtures and fittings that will enable older people to age in place, provision and design of new stock such that it can be adapted and modified for a changing tenant profile, and under-occupancy of current stock, particularly general stock, and the need to reconfigure this to meet a changing tenant profile.

### *Tenancy management*

The interviews indicate that older people want changes in tenancy management in relation to: allocation and transfer to tenants in a way which better meets their needs; the role of public housing providers, particularly in relation to duty of care; improvement in the quality of management and in tenant participation. As a new generation of older people enter public housing, they will come with higher expectations, seeking to participate more actively in decisions that affect them.

### *Linkages with support services*

The interviews indicated that public housing providers and support services largely operate independently and linkages are non-existent or very limited. To date, this has not impacted detrimentally on outcomes for older people, except in some areas such as inner urban areas where some older people with complex needs may not be receiving adequate services.

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To address this increased eligible and expressed demand and other issues raised in this Final Report, significant effort will be required from Australian and state/territory governments and from public housing providers. There are four particular challenges.

### *Significant new investment in social housing*

Significant new investment in social housing is required. Currently public housing meets 42 per cent of demand from eligible older persons. If it is to continue to meet this level of demand, then an average of an additional 4,391 older person households will have to be housed each year to 2016. Stable and secure housing is an essential prerequisite if community aged care services are to sustain older persons in their homes longer. The Commonwealth government as part of the National Strategy for an Ageing Australia has taken few steps to address the housing options, with the prospect that this will jeopardise the future delivery of community care programs to this vulnerable group.

### *Older public housing residents with complex needs*

Demographic projections indicate a dramatic increase (155 per cent to 2016) in the number of older public housing residents in the 85+ age group and a dramatic increase in eligible demand from older people in this group. As the number of old-old people increases, those seeking modified dwellings and support services will increase. Moreover, as public housing providers target people with highest housing needs, it can be anticipated that the number of older tenants with complex needs will increase. This group will also be seeking modified dwellings and access to support services.

The challenge for public housing providers is to develop closer relationships with support services which better link housing and support services and provide better access to aged care services, particularly for older people with complex needs and those living in inner urban areas. Public housing providers could also consider the development of new models of housing and support.

### *Older renters without complex needs*

Jones et al. (2007) have highlighted the issues confronting older renters as public housing providers move towards targeting their stock and excluding older renters without complex needs. As noted above, public housing currently meets 42 per cent of eligible demand. Given the limited investment in public housing and the challenges public housing providers face in renewing and reconfiguring their stock, even continuing to meet this proportion will be difficult. What, then, of the other 58 per cent? What range of initiatives involving public, community and market sectors are required to meet current and anticipated demand for affordable housing for lower income renters who will no longer have access to public housing? In other words, what options will meet public housing demand from older renters without complex needs, if public housing traditionally designated for older persons is no longer available?

### *Ageing as a time of growth*

The interviews revealed a strong contrast between older people and support agencies and SHA managers and frontline staff. As one participant said of the current situation: 'OK, it's a roof over your head, but you can't have a life.' Such a dichotomy between living and housing will become less acceptable to older people. The key challenge for public housing providers and for Australian and state/territory governments is to address the contrast between, on the one hand, the broader concerns of older people and support agencies, concerns about quality of life and, on the other hand, the more limited focus of the public housing providers, a focus on the provision of housing.

To some extent this more limited focus is understandable given the severe financial constraints under which public housing providers operate. Under the extreme pressure of trying to balance high demand for adequate housing and a shortage of stock, it is understandable that public housing providers have a narrow perspective on their role in the lives of older persons.

The difficult challenge for public housing providers is to move beyond a minimalist view of their role to one which, while still focused on the provision of housing, does so as a constitutive aspect of the growth of older people. This is to put housing into the context of positive ageing where ageing is a time of growth, not simply of biological degeneration. The type, location, adequacy, security and affordability of housing – all the features of good public housing – play an important role in achieving such growth. For older people, these features provide them with a sense of value and worth, a feeling of safety and security in which they can continue to grow, and opportunities for social networking and participation in cultural, social and political activities.

Public housing, then, is not just about providing housing as shelter. It is about providing this in such a way that it will promote personal, social and cultural growth within older persons.

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# APPENDIX

## Questionnaires for semi-structured interviews

### *Older persons in public housing*

1. How long have you been living in public housing?

Follow-up questions (if required):

- Tell me about how you came to be living here
- What circumstances led you to choose public housing?
- Have you always rented or did you own your own home at some time in the past?

2. Do you like living here? What do you like?

Follow-up questions (if required):

- What do you like about the dwelling? – autonomy/independence, modifications, adaptability, costs of utilities
- What do you like about this site? (if relevant) (site = estate, high rise tower) – communal facilities such as laundry and meeting room
- What do you like about the location/local area? – amenities; proximity to family, friends, local connections;
- What do you like about public housing? – affordability, security of tenure

3. What don't you like about living here?

Follow-up questions (if required):

- What don't you like about the dwelling? – stairs, small size, storage, poor quality, poor maintenance, costs of utilities
- What don't you like about this site? (if relevant) (site = estate, high rise tower) – communal facilities such as laundry, introduction of younger people with complex issues such as alcoholics, people with mental illness or challenging behaviours
- What don't you like about the location/local area? – noise,
- What don't you like about public housing? – bureaucracy

4. Do you need support services to continue living here? What sort of services?

Follow-up questions (if required):

- Who organised these services? You? A family member? A neighbour?
- What role, if any, did the public housing provider play?

5. What do you expect to happen over the next 10 years?

Follow-up questions (if required):

- How long do you expect to live here?
- What are your hopes for the future?
- What are your fears?
- What do you think will happen as your health deteriorates? Do you think this dwelling will suit your needs or could be adapted to suit your needs?

- Do you expect to move somewhere else? Where?
- How do you think the public housing provider can assist you in achieving your hopes for the future?

6. What is your experience of the local housing office?

Follow-up questions (if required):

- When was the last time you spoke with the local housing officer? What happened?
- When was the last time you reported some maintenance problem? What happened?

7. What changes have you seen in public housing, say over the past 10 years?

Prompts:

- Changes to dwelling/neighbourhood – improvements and upgrades, neighbourhood renewal
- Changes in administration – rent collection, contact with housing officers
- Changes in policy – rents, transfer policy, security of tenure, pets

Follow-up questions (if required):

- How have they affected you?
- What do you think about these changes?

8. What do you think the public housing provider could do to make things better for you and other older persons in public housing?

Prompts:

- Changes to dwelling/neighbourhood
- Changes in administration
- Changes in policy

9. What role do you think the public housing provider could play in ensuring the wellbeing of their older tenants?

Prompts:

- Regular low-level monitoring?
- Referring older residents to support agencies or asking support agencies to assess an older person

*Support services*

1. How are you/your organisation involved with older public housing residents?
2. Tell me about your experience of providing support services to older public housing residents.

Follow-up questions (if required):

- What sort of support do the majority of residents need?

Prompt:

- Aged care support services or connections with other people
- Do you find any differences between older persons from different cultures in their demand for support services and the type of services they want?

- What differences have you noticed between public housing residents and other people receiving support services?
  - What difficulties have you/your organisation had providing support services to older public housing residents?
  - Do you find some places hard to service than others, for example, high rise or medium density flats v's detached houses, or inner-city v's rural areas?
3. Do you come across older persons who have no family or friends or relatives that they can call upon in a crisis?

Follow-up questions (if required):

- How do they come to receive support services? Who acts on their behalf?

4. What sort of contact do you have with the public housing provider?

Prompts:

- At the local level?
- At the regional/head office level?

Follow-up questions (if required):

- Do you find them amenable to working out good outcomes for their tenants?
- How do public housing providers compare with other housing managers such as private sector landlords, managers of SRSs (Supported Residential Services) or special accommodation services, aged care organisations managing independent living units (ILUs)?
- Do you have formal or informal protocols or agreements with the public housing provider? What is the nature of these protocols? Do they adhere to them?

5. Do you link with other organisations providing services to older persons in public housing, for example, homelessness services such as SAAP, mental health services, local doctors, hospitals, recreation services?
6. Have you developed or do you participate in any innovations that are particular to older public housing residents?
7. What do you think the public housing provider could do to improve outcomes for older persons in public housing?
8. What do you think you/your organisation/aged care providers could do to improve outcomes for older persons in public housing?
9. What do you think the public housing provider could do to improve the linkages between support services and public housing?

Prompts:

- Low level monitoring the needs of older persons
- Referral of older persons to support services
- Planning new housing developments
- Housing policies in relation to older persons
- Housing strategies in relation to older persons

## *Public housing providers: frontline staff*

### **Tenancy management**

1. What is your particular role in relation to older persons in public housing?
2. What particular issues do older people in public housing present for the Department?

Follow-up question (if required):

→ Do these issues vary with different groups of older persons such as:

- frail aged
- older people previously homeless
- older indigenous people
- older people from non-English-speaking backgrounds
- older women
- older people with addictions: alcohol, gambling etc.

3. In the past decade or two, some public housing providers have begun to introduce older persons from different backgrounds into aged-specific housing, for example people who are only 55-65 years, people with disabilities, people with addictions. How has this affected long-term older tenants? How has it affected your work? What issues have emerged from mixing different groups?
4. What issues that related to older persons emerge from one type of housing rather than another, for example high rise flats compared with medium density or detached/semi-detached dwellings?
5. Does the Department have a 'duty of care' policy? How do understand this in relation to older residents?

### **Under-occupancy**

6. What happens when family-members leave and an older person is left in the dwelling? Do you ask them to transfer? How does this process happen? Have you noticed how this has affect the older person?

### **Housing stock**

7. What is your assessment of the standard of your housing stock for older persons?

Follow-up questions (if required):

- Do you think it meets community standards?
- What sort of issues, if any, have come up about your housing stock?

8. What is your assessment of the quality of fixtures and fittings your housing stock of older persons?

Follow-up questions (if required):

- Do you think it meets community standards?
- What sort of issues, if any, have come up about fixtures and fittings?

9. What is your overall assessment of the location of your housing stock of older persons?

Follow-up questions (if required):

- Do you think it meets community standards?

- What sort of issues, if any, have come up about its location?

### **Linkage with support services**

10. Do you notice or is it brought to your attention when an older tenant is struggling to maintain their housing? e.g. through rent arrears, information from other tenants, visits

Follow-up question (if required):

- What do you do in these situations?

11. What do you understand is your 'duty of care' in these situations?

Follow-up questions (if required):

- Do you actively monitor frail tenants?
- Do you refer tenants to support services or draw the attention of support services to particular tenants?
- What happens when there is a gap in services and an older person does not receive the assistance they need?

12. Do you regularly have contact with the local aged care providers? Do you have protocols or agreements with them about your respective responsibilities?

### **Examples of good practice/new initiatives**

13. In the past 10 years, what initiatives, if any, have you introduced in relation to older tenants?

Follow-up questions (if required):

- What were the circumstances that led to these initiatives? What issues was each intended to address?
- What has been the impact on frontline staff, on older tenants and on others?
- Have the objectives been achieved?

### **Looking to the future**

14. What do you think the public housing provider could do to improve outcomes for older persons in public housing?

15. What do you think aged care providers could do to improve outcomes for older persons in public housing?

16. What do you think the public housing provider could do to improve the linkages between support services and public housing?

Prompts:

- Develop better working relationships with support services? How?
- Better planning of new housing developments?
- Better housing policies in relation to older persons?
- Better practices – policies and procedures – in relation to older persons?

17. What do you think support services could do to improve the linkages between support services and public housing?

Prompts:

- Develop better working relationships with public housing managers? How?

- Provide more services to older persons? Or, extend the range of services?
- Better practices in relation to older persons?

*Public housing providers: managers*

**Role of public housing**

1. How do you see the past and current role of public housing as a housing option for older people with low incomes and assets?

Prompts:

- Private sector – rental dwellings, retirement villages, assisted-living rental villages, caravan/mobile home parks, shared housing options (rooming houses/boarding houses, private hotels, SRS's, Special accommodation etc.)
- Community housing/housing associations/Abbeyfield
- Aged care sector – independent living units/retirement villages
- Homelessness among older persons

2. What do you see as the future role of public housing as a housing option for older people with low incomes and assets?

Prompts:

- Private sector – rental dwellings, retirement villages, assisted-living rental villages, caravan/mobile home parks, shared housing options (rooming houses/boarding houses, private hotels, SRS's, Special accommodation etc.)
- Community housing/housing associations/Abbeyfield
- Aged care sector – independent living units/retirement villages
- Homelessness among older persons

3. What are the issues or impediments to public housing achieving this role?

**Asset management**

4. How well does your current stock of housing for older people meet demand?

Follow-up question (if required):

- Are there problems tenanting some dwellings – particular types and sizes, particular locations

5. What upgrade or reconfiguration or redevelopment of older person stock have you done over the past 10 years? How extensive has this been? What has been the rationale for it? How successful has it been?

6. What is your overall assessment of your housing stock of older persons?

Prompts:

- Standard of housing
- Quality of fixtures and fittings
- Location of housing stock

7. What modifications do you make to your housing stock in response to requests from older persons or organisations providing support services to older persons?

Prompts:

- Criteria

- Process
- Conditions
- Limitations – any stock or just aged-specific stock

8. In building new dwellings, to what extent has your SHA adopted either the adaptable housing design standards (AS 4299: 1995) or universal design standards?
9. To what extent is under-occupancy of dwellings by older persons an issue?
- Follow-up question (if required):
- How is it being addressed?

### **Tenancy management**

10. What are the major tenancy management issues (as distinct from stock issues) in relation to older persons?
- Follow-up questions (if required):
- Do these issues vary by type of stock, location, mix of tenants?
  - How are these being addressed?
11. Does the Department have a 'duty of care' policy? How do you understand this in relation to older residents?

### **Linkages with support services**

12. How does the Department seek to develop and maintain linkages with organisations providing support services to older persons such as aged care in particular?
- Follow-up questions (if required):
- In developing, does the Department plan and develop new housing projects for older persons?
  - Does the Department have formal protocols with organisations providing support services?

### **Examples of good practice/recent initiatives**

13. Does the Department have examples of good practice in relation to older persons? What are these and when did they develop?
14. What new initiatives has the Department undertaken in relation to older persons over the past five years?
- Prompts:
- policy changes

### **Looking to the future**

15. What do you think the public housing provider could do to improve outcomes for older persons in public housing?
16. What do you think you/your organisation/aged care providers could do to improve outcomes for older persons in public housing?
17. What do you think the public housing provider could do to improve the linkages between support services and public housing?
- Prompts:

- Low level monitoring the needs of older persons
- Referral of older persons to support services
- Planning new housing developments
- Housing policies in relation to older persons
- Housing strategies in relation to older persons

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