



An effective homelessness services system for older Australians

From the AHURI Inquiry

An effective homelessness services system

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Contents

List of tables	v
List of figures	vi
Acronyms and abbreviations used in this report	vii
Glossary	vii
Executive summary	1
Key points	1
Key findings	1
Policy development options	3
The study	4
1 Introduction	6
1.1 Why this research was conducted	6
1.2 Old, poor and at risk of homelessness	7
1.3 Research methods	8
2 Homelessness and older Australians	11
2.1 Demographic overview of older homeless people	11
2.1.1 Number and proportion of older people who are homeless	11
2.1.2 Education and income	14
2.1.3 Health	15
2.1.4 Specialist homelessness services for older Australians	15
2.2 Aged-care services	16
2.3 Policy development implications of this research	18
3 Evidence of issues and challenges of being homeless from multiple perspectives	19
3.1 Women	19
3.2 Men	23
3.3 Remote areas and regions	24
3.3.1 The domino effect	24
3.3.2 Access to transport, services and information	25
3.3.3 Networks, relationships and caring	25
3.4 Indigenous Australians	26
3.5 Policy development implications	27
4 Lessons from overseas in delivering homelessness services to older people	29

4.1	Introduction	29
4.2	Scotland	30
4.2.1	Embedding a person-centred approach across our public services	31
4.2.2	Preventing homelessness from happening to people in the first place	31
4.2.3	Prioritising settled housing for all	32
4.2.4	Responding quickly and effectively whenever homelessness happens	32
4.2.5	Joining up planning and resources	32
4.3	Norway	32
4.4	Finland	33
4.5	Factors for success and risks	33
5	Solving homelessness among older people	35
5.1	Effectively supporting the prevention and minimisation of homelessness for older Australians: survey results	35
5.2	Co-creating a better homelessness service for older Australians: workshop and yarning circle results	39
5.3	Actors and agents affecting older people and homelessness	40
5.4	Levers and actions to bring about better outcomes for older people who are homeless	42
5.5	Feedback loops and older people who are homeless	44
5.6	Solving homelessness among older people: insights and conclusions	46
6	Policy development options	48
6.1	Current policy discussions	48
6.2	Strategies to end homelessness among older Australians	53
6.2.1	Strategies to end homelessness among older women	56
6.2.2	Specific strategies to end homelessness among older Indigenous people	57
6.3	Without affordable and social-housing provision, homeless numbers will grow	58
6.4	Conclusion	59
	References	60
	Appendix 1: Online survey responses	66

List of tables

Table 1: Trends in homelessness for the population aged 55 years and over: 2006, 2011 and 2016, Australia	13
Table 2: Recommendations to solve homelessness for older Australians (2015–2018)	51
Table A1: Responses to ‘Is there anything else you would like to add that we have not covered?’	66

List of figures

Figure 1: Homeless persons by operational group, 2001–16, Australia (%)	14
Figure 2: Homeless persons by operational group in three older cohorts by gender, 2016 Australia (%)	21
Figure 3: Homeless persons by operational group in three older cohorts by gender, 2006 Australia (%)	22
Figure 4: What type of organisation do you work for? (%) (N = 34)	36
Figure 5: What's working well in the way specialist homelessness services are provided to older people who are homeless? (N = 34)	36
Figure 6: What barriers are specialist homelessness services facing in their work to help older people who are homeless? (N = 34)	37
Figure 7: The relationship between homelessness and aged-care services (N = 34)	38
Figure 8: Women-only workshop: suggested actions to improve homelessness services system	43

Acronyms and abbreviations used in this report

AAG	Australian Association of Gerontology
ABI	Acquired Brain Injury
ACAT	Aged Care Assessment Team
ACFI	Aged Care Funding Instrument
ACH	Assistance with Care and Housing
ACHA	Assistance with Care and Housing for the Aged
AIHW	Australian Institute of Health and Welfare
AHURI	Australian Housing and Urban Research Institute Limited
CALD	culturally and linguistically different
CDC	Consumer Directed Care
CHSP	Commonwealth Home Support Programme
COTA	Council on the Ageing
CRA	Commonwealth Rent Assistance
FDV	Family and Domestic Violence
GHN	Glasgow Homelessness Network
ILU	independent living unit
LGBTI+	People who are lesbian, gay, bisexual, trans, and/or intersex
MAC	My Aged Care
NAHA	National Affordable Housing Agreement
NDIS	National Disability Insurance Scheme
NOWHHWG	National Older Women's Housing and Homelessness Working Group
NPAH	National Partnership Agreement on Homelessness
NRAS	National Rental Affordability Scheme
PTSD	post-traumatic stress disorder
SHS	Specialist Homelessness Services

Glossary

A list of definitions for terms commonly used by AHURI is available on the AHURI website www.ahuri.edu.au/research/glossary.

Executive summary

Key points

- Where once homelessness in older age was seen to be limited to men, increasing numbers of women are affected. This reflects the ageing of the baby boomer generation and societal changes, including the increasing incidence of divorce.
 - A growing number and percentage of people are experiencing homelessness for the first time in older age.
 - Service providers and people who are homeless alike report that the current system of supporting older people who experience homelessness is fragmented, too poorly resourced and unable to provide long-term solutions.
 - International experience shows that homelessness needs to be addressed through long-term policies and programs that focus on prevention, early intervention, the provision of 'housing first', and the supply of 'wraparound' services.
 - Training for staff so that they are empathetic and well equipped to deal with the complexities of providing homelessness support is central to better solutions.
 - Expansion of the Assistance with Care and Housing program (ACH) would offer a simple first step to better support this vulnerable group.
-

Key findings

Through a literature review, two workshops, one yarning circle focussed on Indigenous homelessness and an online survey, we found that, internationally, many nations have failed to address homelessness and even countries with strong social-support systems—such as Sweden and Denmark—have seen growth in the number of homeless persons. Other nations—such as Finland and Norway—have been more successful in addressing this issue and have reduced the incidence of homelessness for all age groups through a 'Housing First' approach. This has included the supply of 'wraparound' services, the training of frontline service staff to take a broader perspective on homelessness, and the need for support and national government leadership on the issue. Scotland has recently introduced policies and programs that reflect this policy dynamic, and which are highly regarded.

An increasingly complex and demanding income-support system is seen to disadvantage older people who are homeless, placing undue burdens on them. For many, who are first-time homeless and previously lived lives independent of the income-support system, Centrelink and its policies and processes comes as a shock that exacerbates the grief and shame of finding themselves without a secure home.

The application of a systems thinking approach generates new insights into homelessness through a focus on those agents able to effect change, and the ways they can be mobilised. Similarly, the focus on gender—within the context of a whole-of-population study—sheds new light on the lived experience of homelessness for women and for men. Finally, we would note that this research—undertaken as a broader Inquiry into homelessness across all age groups—

draws attention to the marginal position in the labour market of older people at risk of homelessness, and this is an insight underdeveloped in the literature, but with significant implications for policy and practice.

Empirically, there has been a pronounced increase in both the number of older women confronted by homelessness and the perception in the broader community that this is a growing problem. Five factors have contributed to this:

- 1 The ageing of the baby boom generation has resulted in an increase in the number of older persons in Australia.
- 2 The rate of homelessness among older women appears to be increasing over time, partly because the baby boom generation has had events in their life course—such as divorce or relationship breakdown—that makes them financially vulnerable in later life and which were not evident in the life course of earlier generations (Beer and Faulkner 2011).
- 3 Many women have had lower lifetime earnings than men as a consequence of lower wages for work performed, poor access to paid employment, part-time employment, care responsibilities and limited access to higher paid occupations. For many, this has resulted in few assets in older age, including superannuation.
- 4 Women remain exposed to the impacts of violence in the home.
- 5 High housing costs and tenure insecurity in the private rental sector mean that many women live in precarious circumstances.

Increased attention has been directed to the question of homelessness among older women, with significant policy documents released by a range of organisations, including the National Older Women's Housing and Homelessness Working Group (NOWHHWG) (2018). Academics have also focussed on the growing challenges confronting this group, but political engagement with the homelessness of older persons has not emerged. This stands in contrast to the international examples—Scotland, Finland and Norway—of success in addressing homelessness.

A particularly important finding from our research was uncovering how older women who are homeless struggle with a lack of confidence as they transition through strong hormonal changes brought on by menopause. Anxiety can ensue at a time they consider they need to be on 'top form' in order to comply with Newstart, and to convince landlords that they are viable tenants.

Older Aboriginal and Torres Strait Islander people have also experienced rates of growth in homelessness that are above trend. Our yarning circle in Darwin and our Indigenous-focussed methodologies uncovered a significant disconnect between the 'siloed' delivery of services in mainstream culture, and the Aboriginal perspective on a connected 'whole'. Discussions noted the ongoing expectation of older Aboriginal and Torres Strait Islander people to accommodate family members, often on a long-term basis, which may contribute to homelessness.

Family violence also contributes disproportionately to homelessness among older Aboriginal and Torres Strait Islander people and older women.

Our online survey of professionals in the homelessness sector and related agencies found there was a significant shortfall in the number of agencies focussed on older people. It also uncovered low levels of success in dealing with homelessness among older people because of resource limitations, the lack of long-term housing options for people who are homeless, the high cost of rent in the private market and growth in the overall level of demand.

Participants in the focus groups emphasised the need to deal with the long-term determinants of homelessness for older people—especially low incomes, poor access to superannuation or inadequate superannuation when it is available, and falling rates of home ownership among older Australians—in order to provide integrated solutions. Participants also spoke favourably

about the ACH program and the desirability of expanding its funding and impact across Australia. Our informants were aware, and had experience, of a number of aged care providers and homelessness services that were innovative and made an important contribution to the lives of vulnerable older persons. This included high-profile organisations such as Wintringham, but also other less-acknowledged groups such as Anglicare SA and Resthaven. It was clear from the discussion that many other high-impact organisations work for the benefit of older Australians but funding limitations and the ways in which financial support is provided, means they do not have scale of impact that they would desire. Expanding the ACH program is one important way of allowing these agencies to increase their efforts and impact.

Policy development options

This research was undertaken within the context of a larger Evidence-based Policy Inquiry into an effective homelessness service system in Australia. This inquiry has adopted a 'systems thinking' perspective that highlights the need to address the following questions:

- Who are the actors/agents (people or organisations) in the homelessness system who can be allies or advocates to address and progress action on homelessness ... and who are those who can block change or progress?
- What levers/actions/interventions could create potential change in the way the homelessness system operates?
- Once levers/actions/interventions are activated, what types of feedback loops emerge? (Feedback loops are circular relationships within a system and can be positive, negative or neutral.) We need to understand how negative feedback loops create a social problem or block the change or progress needed.

Through this research, it would appear that the following agents are central to bringing about change in the delivery of services to older people who are homeless:

- The broader Australian population needs to be better informed and better engaged with homelessness among older Australians, and this change is needed to secure ongoing support for appropriate policy interventions.
- The Australian Government is a key actor and needs to take on a leadership role in shaping and coordinating a national plan of action on this topic.
- Centrelink is a key actor as a gatekeeper for access to income support, and better-trained and more empathetic staff would assist older people secure the support they need, and map pathways out of homelessness.
- The aged-care sector is a key actor, and needs to reach out to both governments and the homelessness sector to better explore opportunities to contribute to the identification of solutions.
- The homelessness sector is itself a key actor. It needs to evolve to provide more support to this growing area of demand, and it needs to find ways to work with the aged-care sector to secure better outcomes for mutual clients.
- The healthcare sector is a key actor, and one that needs to acknowledge the importance of addressing homelessness among older people as a determinant of significant demands on their resources.

With respect to levers and actions, South (2018a) has argued that fundamental social and institutional changes are needed to reduce the risk and impact of homelessness on older people, and long-term commitments by governments are needed to deliver this change. Affordable, secure and appropriate housing must be central to any solution (South 2018a). This

call for additional housing supply is evident in both the literature and the outcomes of the workshops and yarning circle.

While acknowledging that a 'Housing First' approach is central to all successful policies and programs focussed on homelessness, there appears to be a pressing need for early intervention and prevention programs focussed on older people who are homeless. Our primary data collection reinforces other work showing that many come to homelessness late in life, and these people experience both grief for their past life, and shock at their new circumstances. They may also lack the skills and knowledge they need to navigate a successful transition to a stable life. Early intervention and prevention policies are likely to be effective for this group and will deliver long-term benefits for the Australian economy and society. This includes lower overall expenditures on government services.

Feedback loops are a critical part of the homelessness journey. Currently older people who are homeless are confronted by feedback loops that have a negative impact because they reinforce a sense of disempowerment, make it difficult to establish social networks, push income-support recipients to find employment in a labour market for which the individual may lack appropriate skills, and erode their health through poor quality housing. These feedback loops can be reversed through:

- wraparound supports and an emphasis on building and mobilising social networks
- access to good quality housing that contributes to health, rather than diminishing it
- proximity to employment and services
- appropriate training and skills acquisition to ready people for re-employment.

The study

This research is part of a wider AHURI Inquiry into an effective homelessness service system and this project is focussed on the following questions:

- What is the appropriate balance between early intervention, prevention and crisis services for older homeless people, and between specialist and mainstream services, in order to provide the most efficient and effective response to this group's needs?
- What is the relationship between the contemporary nature of homelessness and specialist and mainstream services, how do these arrangements relate to the wider health and human services systems, and what could be done to maximise outcomes for older Australians at risk of homelessness?
- What lessons can be learned from how homelessness systems overseas deliver homelessness services to older people?
- What are the impacts of system design characteristics such as funding and commissioning arrangements and cross-governmental integration on system adaptability and effectiveness when dealing with older Australians at risk of homelessness?
- What are the best ways to understand and measure changes in effectiveness of the homelessness system for older Australians? What would appropriate outcome measures look like?

The research was undertaken through a review of the international literature—including engagement with systems thinking, the collection of data from professionals working in the homelessness field via an online survey, and the conduct of two workshops and one yarning circle with persons with lived experience of homelessness and professionals working in the homeless and ageing sectors.

The two workshops were a core feature of the program of work proposed in the original research design and were intended to capture inputs from across Australia in order to reflect the diverse perspectives and issues challenging the delivery of homelessness services for older Australians nationally. These workshops were structured to include:

- a general analysis of the issues and challenges from multiple perspectives, the principles that should inform system redesign, effectiveness measurement, program integration and identification of challenges associated with moving to more integrated systems
- input from a range of regions, reflecting the importance of appreciating different experiences of homelessness across states and in metropolitan and non-metropolitan regions (Zufferey and Chung 2015)
- specific insights generated through the mapping of the Australian homelessness system undertaken for the inquiry panel
- participation by key groups (e.g. Indigenous Australians, LGBTBI+ communities, people in remote areas)—with costs for travel to Melbourne included in the budget
- a focussed discussion and analysis of critical issues, which was led by the participants and the facilitators.

Overall, 29 individuals participated in the two workshops, with 22 women and men present at one workshop and 15 women present at the other workshop. Across the two workshops representatives attended from South Australia, Western Australia, New South Wales and Victoria. The workshops included:

- seven representatives of service-providing and advocacy agencies
- four local government officers from two states working in the aged homelessness sector
- seven women with lived experience of homelessness (one of whom was currently without housing), and several living with PTSD and anxiety, as well as other physical and mental health afflictions
- five men with lived experience of homelessness, two of whom were Aboriginal Australians presently living in housing provided by a homelessness service
- one representative of the Council on the Ageing (COTA) for South Australia, and one representative of national COTA
- four persons with a disability, including one with a significant mobility impairment. All had an acquired brain injury (ABI).

The yarning circle focussed on understanding Indigenous homelessness and explored how the homeless service system might be improved. The nine attendees included:

- four representatives from the Northern Territory government working in homelessness and the Office of Senior Territorians
- one person from local government
- two people from housing providers (one for Aboriginal women)
- two people from service-providing organisations.

1 Introduction

- Poverty is the root cause of homelessness.
 - Older Australians are increasingly experiencing financial and housing insecurity, and the demand for homelessness services for this age group is growing rapidly.
 - Service provision is hampered by the lack of an overarching vision for the sector.
 - Homelessness service provision is also disconnected from aged-care services, and many older people often do not see themselves as people who are homeless and know little about either service.
 - Increasingly there is awareness of the diversity of people who are homeless and acknowledgement of the many and varied pathways into homelessness.
 - There are three broad pathways into homelessness for older Australians:
 - people with conventional housing histories who experience a financial or other ‘shock’ late in life
 - people who had experienced long-term exclusion and homelessness
 - people with transient work and housing histories.
 - Without provision of long-term housing options, older people will move between services and their physical and mental health will deteriorate.
 - Two workshops, one yarnning circle and an online survey were used to uncover what is working well in the homelessness sector; what are the barriers for older people accessing services and housing; and what would an integrated system look like from the perspective of an older person who is homeless.
-

1.1 Why this research was conducted

This research acknowledges it is necessary to consider the degree to which policies, strategies, services commissioning, funding and service delivery arrangements enable the homelessness system to deliver positive outcomes for older clients. It also considers what is needed if it is to maintain the capacity to adapt and evolve in response to changing needs. Older Australians represent approximately 8 per cent of the demand for specialist homelessness services, but demand from this age cohort is growing rapidly. In common with services for other age cohorts, the provision of homelessness services for older Australians is made more difficult by the absence of an overarching vision for the sector. It is integrated only with respect to the national agreements between the Australian Government and the states, but these arrangements do not address the fragmentation inherent in a federal system marked by jurisdictional differences. There are also service gaps between homelessness and other publicly supported services, including aged-care services.

This project set out to answer the following questions:

- 1 What is the appropriate balance between early intervention, prevention and crisis services for older people who are homeless, and between specialist and mainstream services, in order to provide the most efficient and effective response to this group's needs?
- 2 What is the relationship between the contemporary nature of homelessness and specialist and mainstream services, how do these arrangements relate to the wider health and human services systems, and what could be done to maximise outcomes for older Australians at risk of homelessness?
- 3 What lessons can be learned from how homelessness systems overseas deliver homelessness services to older people?
- 4 What are the impacts of system design characteristics, such as funding and commissioning arrangements, and cross-governmental integration on system adaptability and effectiveness when dealing with older Australians at risk of homelessness?
- 5 What are the best ways to understand and measure changes in effectiveness of the homelessness system for older Australians? What would appropriate outcome measures look like?

The research project examines a range of issues, including those that make the older population distinctive in terms of homelessness, such as:

- the capacity of older people who are homeless to access aged-care support and age pensions
- relationships between the aged-care sector, health services and people who are homeless
- exit paths from homelessness for older people.

1.2 Old, poor and at risk of homelessness

Poverty is a root cause of homelessness for both genders and all age groups. Having a lower income than needed to sustain a decent, healthy and secure life creates a marginal position in the housing market that can result in the loss of accommodation and a precarious existence (Beer et al. 2016a). Increasing numbers of older people in Western countries are experiencing financial insecurity and poverty, which increases their risk of homelessness (Petersen and Parsell 2015). For older people, being homeless can be exacerbated by frailty, complex and multiple health issues, cognitive impairment, and limited family and social-support networks (AAG 2012). When examining the casefile data of the Assistance with Care and Housing for the Aged (ACHA) program, Petersen and Parsell (2015: 375) identified three broad pathways to homelessness among older Australians:

- 1 People with conventional housing histories.
- 2 People who had experienced long-term exclusion and homelessness.
- 3 People with transient work and housing histories.

In addition, being an Aboriginal or Torres Strait Islander person added to the risk of homelessness, including late in life.

A first-time experience of an adverse event can trigger homelessness for an older person. This includes events such as:

- a housing eviction
- loss of family support
- overcrowding

- carer stress
- unaffordable or inaccessible housing
- relationship breakdown
- financial abuse
- the loss of a spouse
- financial hardship
- depression
- a decline in health.

These events are often coupled with complicated feelings (such as shame) around accessing government support and services, and fear of being institutionalised (AAG 2012; Petersen and Parsell 2015).

When homelessness is experienced for the first time later in life, people commonly have limited knowledge of welfare and homelessness services. They often 'do not see themselves as people who are homeless and are therefore unlikely to access traditional homelessness services' (Petersen and Parsell 2015: 388). However, older people who experience homelessness are not a homogenous group, with needs differentiated by gender, sexuality, if they are from Indigenous and culturally and linguistically different (CALD) or migrant communities, and whether they live in regional, rural or metropolitan areas (AAG 2012).

Where once the homeless population was viewed to be almost entirely comprised of males—and often older males—there has been increased awareness of the diversity among people who are homeless (AIHW 2018). Academics (Chamberlain and Johnson 2013), policy makers (DSS 2018), and service providers (South 2018a) have acknowledged the many and varied pathways into homelessness that result from new social and economic processes. These pathways include:

- intergenerational homelessness (Flatau, Conroy et al. 2013)
- the rise of a population of precariously housed individuals at risk of homelessness (Beer et al. 2016a)
- ongoing housing shortages in many Aboriginal and Torres Strait Islander communities
- substance abuse
- household dissolution
- uncertainties in the labour market.

An effective homeless service system requires collaboration between various sectors who have contact with—or provide support to—people who are homeless or at risk of homelessness. No matter how effective service provision is, without access to long-term housing there will continue to be a revolving door as people who are homeless move between services.

1.3 Research methods

This research used a mixed methods approach to engage service users, practitioners and policy makers through workshops, a survey, and a yarning circle to better understand the nature of the challenges confronting older people who are homeless in Australia, and the academic and policy debate around this issue. The research design explicitly acknowledged that the question of homelessness among older people has been an area of increasing attention for advocacy groups, service providers and governments.

A combination of systems thinking and Indigenous methods was also utilised to undertake this research. For example, for the workshop discussion, elements of what are considered Indigenous methods were employed. We started by allowing all participants to tell their own narrative—their story—at the beginning of each session and this locates them within the project. The ‘stories’ thus became an important part of the data collection process, and of the research itself. Storytelling has long been a vital part of Indigenous knowledge transfer, and we can see the links to contemporary research.

Altering the ‘labels’ of the research project by using a phrase such as ‘yarning circle’ instead of ‘workshop’ removed a layer of colonialism from the project, and allowed a recognition and acceptance of Indigenous methods into the project. All participants in a yarning circle speak in a safe non-judgemental place and share their strengths in an inclusive and collaborative environment. In a yarning circle:

It is important to be present in the moment, to have respectful interactions, to be open and honest, to listen deeply, acknowledge others’ strengths and offer your own strengths and knowledge in turn. ... all points of view are equally valid and all respectful verbal statements are equally valid. ... verbal statements can be a word, sentence or a longer explanation. (Dunleavy n.d.)

In broad terms, a three-fold information-collection strategy was used as part of this project:

- First, an extensive review of the academic and policy literature was undertaken in order to better understand developments and policy settings nationally and internationally.
- Second, an online survey of those working in the sector was administered.
- Third, two focus groups were undertaken in Melbourne in February 2019, and a yarning circle was undertaken in Darwin in March 2019.

A 15-minute online survey of management and frontline staff in government agencies (national and state), service providers, advocacy groups and the philanthropic sector was undertaken to examine how the homelessness services system might be redesigned or modified to achieve better outcomes for older Australians.

The two workshops in the original research design were held in Melbourne on 26 February 2019. A yarning circle was conducted in Darwin on 14 March 2019. The yarning circle was added to the methods in response to the difficulties experienced in bringing participants from the Northern Territory to Melbourne, as well as the desire to hear the perspectives of Aboriginal and Torres Strait Islander Australians.

The Northern Territory Department of Housing and Community Development compiled a list of representatives from homelessness housing and service providers and policy makers, as well as policy makers from the ageing sector in the Northern Territory. Unfortunately, because of time restrictions, it was not possible to invite Indigenous people with lived experience of homelessness to participate in the yarning circle; however, a couple of participants were of Indigenous background.

The workshops in Melbourne brought together policy makers and service providers from the ageing and homelessness sectors, as well as people with lived experience of homelessness to enable them to jointly examine the broad issue of homelessness among older persons. The Darwin yarning circle was attended by policy makers, and service and social-housing providers from the ageing and homelessness sectors. The workshops were included in the research design in order to:

- better understand the homelessness service system

- explore how the system might be improved to prevent, and minimise, homelessness for older people.

The workshops and yarning circle were undertaken in order to gain insights into the nature of contemporary homelessness among older Australians. The first workshop acknowledged that violence in the home contributes to the homelessness of older women. The female-only workshop allowed researchers to gain insights into the challenges confronting older women as a consequence of domestic violence, and the lived experience of homelessness. It was considered by the research team that more personal views could be expressed by holding a female-only event. For homeless women, often traumatised by the men in their life, the workshop provided a safe and accepting atmosphere where very personal information was shared.

The second workshop included both genders and considered the homeless service system for all older persons. A male-only workshop was considered unnecessary because of the substantial research over the decades on the homelessness of men. A co-production approach was chosen, as it incorporates knowledge from academic research, practitioners and expertise from experience and brings together perspectives from all stakeholders: policy makers, service providers, older homeless men and women, members of LGBTI+ communities and Indigenous Australians. The yarning circle provided insight specifically into homelessness for Indigenous people.

The following chapters provide an overview of the experience of homelessness for older Australians from multiple perspectives; lessons from overseas; our survey, workshop and yarning circle results; and policy suggestions to prevent and minimise homelessness.

2 Homelessness and older Australians

- At the 2016 Census 18,615 people aged 55 years and over were homeless. This equates to one out of every seven people counted as experiencing homelessness.
 - Between 2011 and 2016, the proportion of older people who were homeless increased. Those:
 - aged 55 to 64 years by 26 per cent
 - aged 65 to 74 years by 37.9 per cent
 - aged over 75 years by 14 per cent.
 - Older people living in severely crowded dwellings increased to 44 per cent in 2016, from 35 per cent in 2001.
 - The number of people sleeping in improvised dwellings, living in tents or sleeping out and those living in boarding houses declined between 2001 and 2016.
 - It is clear there is a cohort of ‘baby boomers’ who are experiencing housing and income stress.
 - With an ageing population and a decline in home ownership, further growth in the incidence of homelessness in later life can be expected.
 - There are gaps in service provision for the growing number of older women who are homeless, or at risk of homelessness.
 - There is a shortage of services for older people who are homeless: out of 1,518 homelessness services nationally only three are specialist services for older people.
 - In 2016–17, use of specialist homelessness services by older people increased by 37 per cent from the 2012–13 figures.
-

2.1 Demographic overview of older homeless people

2.1.1 Number and proportion of older people who are homeless

For this Inquiry ‘older Australians’ are people aged 60 years and over, and Aboriginal and Torres Strait Islander Australians aged 50 years and over. In this section we begin to address the issues associated with homelessness among older persons, but note that the available official data often reports against other definitions, including a focus on those aged 65 and over—the historic threshold for males to access the age pension—or at age 55. These data are presented here, as they are the only readily available source of information. However, in conducting the research—especially in the recruitment of participants for the workshops—we operationalised the focus on age 60 for non-Aboriginal Australians and 50 for Aboriginal Australians.

At the 2016 Census, 18,615 Australians aged 55 years and over were experiencing homelessness, which is approximately one out of seven people counted as homeless (ABS 2016). Between 2011 and 2016, the total population of homeless persons increased by 13.7 per cent, while the proportion of homeless persons aged 55 to 64 years increased by 26 per cent, those aged 65 to 74 years increased by 37.9 per cent and those aged 75 years and over increased by 14 per cent (see Table 1) (Faulkner and Fiedler 2018).

Table 1: Trends in homelessness for the population aged 55 years and over: 2006, 2011 and 2016, Australia

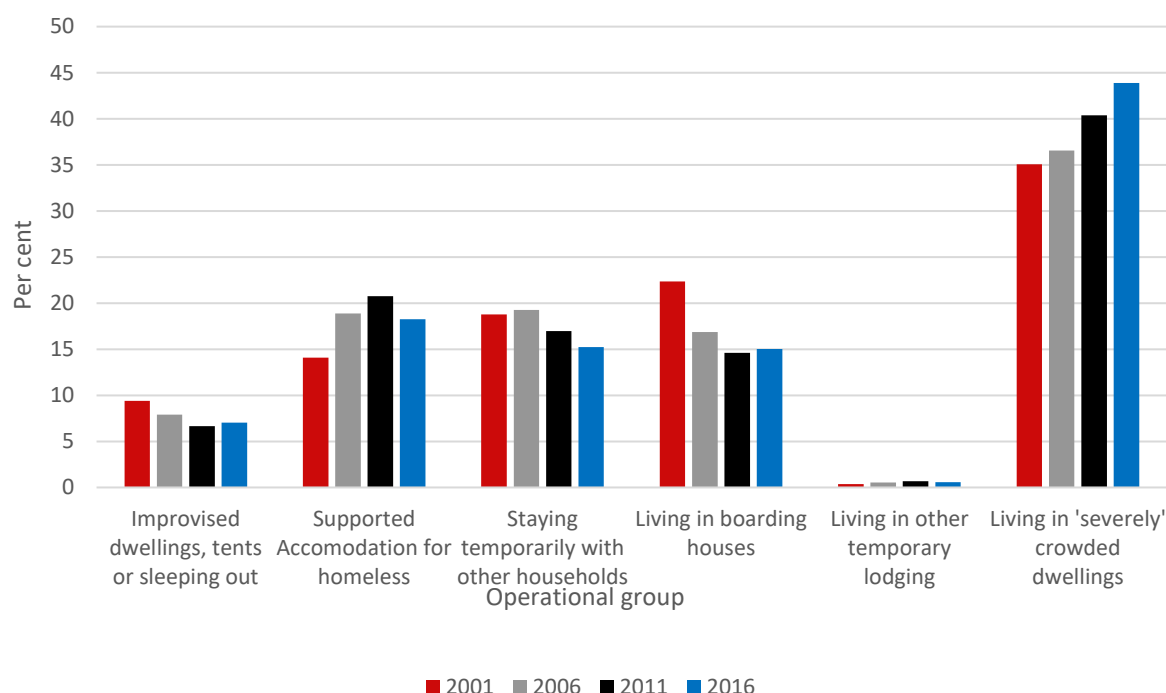
Age	2006			2011			Change 2006–11	2016			Change 2011–16
	Number	%	Rate / 10,000 pop'n	Number	%	Rate / 10,000 pop'n	%	Number	%	Rate / 10,000 pop'n	%
All homeless people	89,728	100	45.2	102,239	100	47.6	14.2	116,427	100	49.8	13.7
55–64	6,950	8	31.7	8,478	8	33.9	22.0	10,682	9	38.8	26.0
65–74	3,560	4	25.9	4,097	4	25.2	15.1	5,651	5	27.2	37.9
75 and over	1,951	2	15.4	2,008	2	14.5	2.9	2,289	2	14.3	14.0
55 +	12,461	14	25.8	14,581	14	26.4	17.0	18,625	16	29.0	27.7
65 +	5,511	6	20.8	6,105	6	20.3	10.8	7,940	7	21.6	30.1

Source: Faulkner and Fiedler 2018

The rate of increase in the number of older people who are homeless in Australia has been significant, and there is clear evidence of a cohort of baby boomers¹ falling into housing and income distress. There are hidden homeless among those who are housed insecurely (Fowler, Hovmand et al. 2019). With the ageing population and the decline in home ownership, the number of Australians at risk of and experiencing homelessness is expected to increase.

Figure 1 shows the total homeless population by operational group for the period 2001–2016. For the homeless population as a whole, it is evident that the group ‘living in severely crowded dwellings’ increased at every Census, climbing from 35 per cent (n = 33,430) in 2001 to 44 per cent (n = 51,088) of the total in 2016. Those in the category ‘improvised dwellings, tents or sleeping out’ fell from 9 per cent (n = 8,946) in 2001 to 7 per cent (n = 8,200) in 2016, and those living in boarding houses declined from 22 per cent (n = 21,300) in 2001 to approximately 15 per cent in both 2011 (n = 14,944) and 2016 (n = 17,503).

Figure 1: Homeless persons by operational group, 2001–16, Australia (%)



Source: ABS 2016

2.1.2 Education and income

The majority of older Australians do not have an education beyond secondary level. When considering the labour force cohort of all older Australians (55–64 years), just 10 per cent have a tertiary degree; 14 per cent have an advanced diploma; and 20 per cent have qualifications below an advanced diploma. If all Australians aged 55 years and over are counted, these percentages rise respectively to 18 per cent; 27 per cent and 53 per cent (ABS 2016). These levels of educational attainment stand in contrast to the Australian population as a whole, where 44 per cent of the Australian population has an education of Year 12 or above (ABS 2016). Consequently, unemployment and underemployment are growing issues for older Australians. Some older Australians are either working less than they would like or are looking for work. Of the available labour force in the 55–64-year-old cohort, 57 per cent were ‘underemployed’;

¹ Those born between 1946 and 1966 (www.abs.gov.au) (in 2019 aged between 53 and 73 years).

9.5 per cent worked 1 to 15 hours; and 10 per cent worked 16 to 24 hours. The data does not provide cause, but the reasons would range from 'own choice' to age discrimination in the labour market.

Not earning a full-time salary prior to retirement, and not having reached retirement age (and the possible financial benefits that come with that), contributes to financial stress among older Australians. Thirty-two per cent of Australians over 55 years old live on less than \$400 personal weekly income, which is the 2014 OECD poverty line. Critically, the low levels of educational attainment for this cohort—and the limited employment options potentially available to them, brings into question policies that emphasise re-entering the labour force.

2.1.3 Health

Forty per cent of men and 47 per cent of women aged 65 years and over have some form of disability (ABS 2016a) and this number grows for those aged 80 years and over. Chronic stress can potentially lead to anxiety and depression, as well as to physical health issues such as high blood pressure. Stress affected more than 52 per cent in this cohort. People aged 65 years and over-represented 43 per cent of the 12.5 million specialist attendances claimed through Medicare in 2014–2015 (AIHW 2018). The relatively poor health status of this age cohort further emphasises their vulnerability when affected by homelessness. It adds to the level of 'risk' that confronts them while homeless, places an emphasis on the need to have both high quality housing and accommodation that is close to health services, and acts to reduce employment options.

2.1.4 Specialist homelessness services for older Australians

Homelessness has been an emergent issue within Australian social policy over the past three decades and progress towards a comprehensive set of policies has been relatively slow. Following the election of the Rudd Labor government in 2007, homelessness took a new, national perspective with the release of a Green Paper and a White Paper, and this was in turn followed by the introduction of the National Partnership Agreement on Homelessness (NPAH). At the same time, new programs such as the National Affordable Housing Agreement (NAHA), the National Rental Affordability Scheme (NRAS) and some of the expenditures under the Closing the Gap initiative targeting Indigenous health began to develop a national approach to homelessness. More recently, the NPAH has been integrated within the NAHA. At the same time the number of homeless persons in Australia has risen, while the stock of social housing has continued to decline. The total number of social-housing units fell by 21,000 units between 2004 and 2014 (SCRGSP 2016: 18.4), with more than 150,000 households remaining on the housing waiting list. The waiting list for social housing now represents roughly one household seeking to enter this tenure for every two accommodated.

Demand for specialist homelessness services (SHS) from older Australians has grown rapidly. In common with services for other age cohorts, the provision of homelessness services for older Australians is made more difficult by the absence of an overarching vision for the sector. It is integrated only with respect to the national agreements between the Australian Government and the states, but these arrangements do not address the fragmentation inherent in a federal system marked by jurisdictional differences and service gaps between homelessness and other publicly supported services. It is notable, for example, that the Australian Government is increasingly focusing care assistance to older Australians on models of personalised care, but programs such as Consumer Directed Care (CDC) presuppose the older person has stable housing (Beer, Beilby et al. 2018).

Previous research has emphasised that homelessness services are cost-effective (Brackertz, Fotheringham et al. 2016) but these are discrete and highly focussed investigations, with few

analyses undertaken on the provision of services for older persons and none on a system-wide scale.

The provision of appropriate services appears to be one of the key gaps in meeting the needs of older women who are homeless or at risk of homelessness. This is despite Sharam (2010) stating that older, single women were 'a predictable crisis', with demographic modelling undertaken by Tually, Beer et al. (2007) highlighting the impending crisis. The recent and relatively rapid growth of older women at risk of homelessness has outstripped both the awareness of service providers and innovation in policy settings. The National Older Women's Housing and Homelessness Working Group (NOWHHWG) (2018) observed that there are 1,518 homeless service agencies in Australia, but only three were funded as specialist services for older Australians. Research from the UK found that women may not be in contact with some services and there is evidence they avoid contact with some homelessness services (Bretherton and Pleace 2018).

According to the Australian Institute of Health and Welfare (AIHW) (2018), in 2016–17 older people comprised 8 per cent of all clients of SHS (some 23,567 individuals) and service use had increased from 2012–13 by 37 per cent. AIHW noted that:

- the average annual growth rate for this group is high
- in 2012–13 there was one homeless older person for every 10,000 older Australians; by 2016–17 it had increased to 9.7 homeless older persons per 10,000 older Australians
- older Indigenous clients are increasing at the most rapid rate—15.4 per cent per year compared with 9.7 per cent for non-Indigenous clients
- service use by male older Indigenous clients has slightly exceeded growth among female older Indigenous clients (16.3 per cent compared with 14.8 per cent)
- older persons entering services were more likely to be at risk of homelessness than already homeless, but there is some evidence to suggest an increase in the percentage homeless at the time of entering the services
- half of all older clients reported a vulnerability, with 27 per cent affected by mental health issues, or domestic and family violence (17 per cent)
- just 2 per cent reported substance abuse as an issue in their lives
- older clients entering specialist homelessness services are spending longer in those services—which suggests that services are having difficulty finding appropriate housing options
- when compared with other groups in the homelessness system in Australia, relatively few (46 per cent) requested accommodation assistance, but those who did required long-term housing.

2.2 Aged-care services

The ageing of Australia's population is a long-identified and well understood phenomenon (Costello and Minchin 2002). Australia's demographic processes place us in the 'second tier' of developed economies to deal with the consequences of rising average age and an increase in the dependent population. As discussed in the demographic section earlier, the considerable impact of population ageing is evident already: at 30 June 2016, 16 per cent (3,676,765 people) of Australia's population was aged 65 years and over, up from 14 per cent in 2011 (ABS 2017). The percentage of people aged 65 years and over is forecast to increase to 19 per cent (5,680,220 people) of Australia's population by the year 2031 (ABS 2013).

Population ageing has clear implications for the wellbeing of the nation, the state of the economy and the robustness of public sector finances (Piggott 2016). Population ageing contributes to the cost of healthcare and income support, while economically active taxpayer numbers fall due to reduced working hours and retirement. Over several decades the Australian Government has attempted to plan for the impacts of population change by making adjustments to eligibility for pensions, increasing resources to assist older persons to age in the home, and reviewing relevant government programs. Understandably, there has been pressure for change, as Fine remarked (2007: 266):

As life expectancy increases and the epidemiological profile of ageing has changed, older people are ceasing to be a marginalised minority. Many of the assumptions that underlay earlier models of aged care thus need to be rethought.

In broad terms, Australia's aged-care policies emerged over a prolonged period post-Federation, with inherent inequalities in the assistance received by some older Australians relative to others. This unwanted outcome, coupled with growing pressures to offer help to a greater number of older Australians provided a strong impetus for policy reform, including the introduction of Consumer Directed Care (CDC). In 2012, following a Productivity Commission Inquiry into the aged-care system, the Australian Government delivered its *Living Longer, Living Better* aged-care reform package (Commonwealth of Australia 2012). A major plank of the reform was a new emphasis on assisting and enabling older people to live independently at home through a new initiative for Australia in aged care—Consumer Directed Care. CDC was defined as an:

initiative to provide community aged-care consumers with greater control of their lives by allowing them, to the extent that they are capable and wish to do so and relative to their assessed care level need, to make informed choices about the types of care services they access, and the delivery of those services, including who will deliver the services and when they are delivered. (Department of Health and Ageing and KPMG 2012: 1)

The aged-care reforms were enacted through legislative change in 2013. From 30 June 2015, all Home Care Packages provided to older Australians were offered on the foundation of a choice-based model. Key features of this suite of reforms include:

- additional support and care to help older people remain living at home
- additional help for carers to have access to respite and other support
- establishing a gateway to services—the MyAgedCare website—to assist older Australians to find information and to navigate the aged-care system
- changes to means testing in home and residential aged care
- changes to improve services for people with dementia
- additional funding for the aged-care workforce (Australian Government 2016; myagedcare.gov.au).

Home Care Packages—delivered under a CDC model—provide assistance that helps eligible older people in need to age in their home. Often these individuals have significant challenges to their health and mobility that limit their capacity to care for themselves. Older people then have greater choice and transparency over how their budget is used to provide the support they require. Home Care Packages are delivered under the CDC model and are available at four levels, depending on the care required for the older person to stay at home (Beer, Beilby et al. 2018).

A sub-program of the Commonwealth Home Support Program, ACH provides a number of services (including housing and community support) to assist people aged 50 years or older (or 45 years and over for Indigenous Australians) who have prematurely aged due to homelessness, military service or substance abuse; are on a low income; and are homeless or at risk of homelessness. ACH also supports frail older people aged 65 years and over (or 50 years and over if Indigenous Australians) on a low income and homeless or at risk of homelessness as a result of housing stress or insecure housing.

To start the process of accessing a Home Care Package or ACH, an older person—or someone acting on their behalf—must first register on the MyAgedCare website. They will also need a face-to-face assessment with a trained assessor of their care needs to find out if they are eligible to receive an Australian Government-funded package.

The age thresholds for accessing ACH and other forms of assistance for older persons are generous, but other barriers limit access to these programs. As documented by Beer, Beilby et al. (2018), the MyAgedCare website can present a significant challenge to many older people, who may choose to forego services rather than engage in a steep learning process around the technology. In addition, access to services is contingent upon an assessment undertaken by a member of an Aged Care Assessment Team (ACAT) and there can be an extended waiting period for this service. Finally, there is clear evidence of a rationing of aged-care assistance in both the ACH program and the mainstream CDC program.

2.3 Policy development implications of this research

South (2018a) identified a number of substantial gaps in existing service provision for older people who are homeless, including:

- limited provision of funds for aged-care providers to support people experiencing or at risk of homelessness. Service providers reported that there are few services capable of providing specialist care, housing and homelessness services to older women
- the absence of ACH providers in many parts of Australia, and too few of those that operate have knowledge of homelessness and housing services
- the fact that Residential Care providers are confronted by difficult economic circumstances if they seek to support people who are homeless. Put simply, it is not financially viable for them to do so because of increased costs and the need to provide consumables to this client group.

Overall, South (2018a) advocated for more dedicated resources directed to older persons at risk of homelessness, and especially to older women. South (2018a) acknowledged this group is highly differentiated and a nuanced approach is therefore needed, one able to meet the needs of those living in regional Australia, as well as the needs of the LGBTQI+ community, Aboriginal Australians, women who have been in institutional care, and those with physical and psychosocial disabilities.

This chapter has outlined the extent of homelessness among older Australians and the provision of homeless and aged-care services available to them. Gaps in service provision have been identified and will be explored further in the following chapters. Chapter 3 provides more detail on homelessness from different perspectives.

3 Evidence of issues and challenges of being homeless from multiple perspectives

- The three main reasons older Australians sought specialist homelessness services in 2017–18 were housing crisis (21 per cent); domestic and family violence (21 per cent); and financial difficulties (17 per cent).
 - Older women who are homeless are likely to be ‘statistically invisible’ due to staying with friends and family, living in their car, remaining in at-risk situations and engaging in unwanted sexual liaisons to avoid sleeping rough.
 - Older women often experience homelessness later in life due to lower earnings over their lifetime, which leads to less superannuation; being forced out of the workforce; separation, divorce and death of spouse; trauma and abuse; reluctance to seek assistance; and depletion of social networks.
 - In 2016, 39 per cent of women aged over 55 years lived under the poverty line set by the OECD in 2014.
 - Men represent 58 per cent of homeless people.
 - Older men are more likely to become homeless due to financial crisis and inability to afford housing.
 - Men who are released from custodial institutions or are ex-military personnel are over-represented in the homeless population.
 - Finding affordable, well-maintained properties close to services is difficult in regional and remote Australia.
 - Indigenous Australians represent 1 in 5 (22 per cent) of homeless Australians.
 - In 2017–18, the main reasons for Indigenous Australians seeking specialist homelessness services were family and domestic violence; housing crisis; inadequate/inappropriate dwelling conditions; financial difficulties; and housing affordability stress.
-

3.1 Women

Over the last decade greater attention has been focussed on the incidence of homelessness among women, and especially older women. In part, this increase is a product of growth in the number of homeless persons nationally (ABS 2016b), but it also reflects an increased representation of this group within that broader population of disadvantaged individuals.

Older homeless women are more likely to be invisible, experiencing insufficient and low incomes, family disputes, abuse or neglect by family members and mental health issues (Kisor and Kendal-Wilson 2002: 354). Women tend to experience homelessness differently to men as they are more likely to be staying with friends, living in their car, remaining in at-risk situations of physical, emotional, economic or sexual violence in the home, which means that women’s

homelessness is more likely to be 'statistically invisible' (Petersen and Parsell 2014). Women may also resort to engaging in unwanted sexual liaisons to avoid rough sleeping and to ensure they secure accommodation each night (Women at the Well 2016).

The increasing number of older women who are homeless is a concerning policy issue (Australian Human Rights Commission 2017). In Australia there are many pathways into homelessness, and for older women there is both diversity and commonality in their routes to homelessness and their risk of homelessness. Older single women are at higher risk of experiencing homelessness for the first time later in life because of:

- reduced financial resources and assets
- being forced out of the workforce early and being unable to find employment
- having insufficient superannuation or savings
- discrimination in the housing market
- the death of an income-earning spouse
- separation or divorce
- the depletion of social networks combined with a reluctance to seek formal support
- providing housing to kin and family networks
- trauma from abuse and violence
- poor mental health (South 2018a).

Added to this list of vulnerabilities is women's greater time spent in unpaid caring roles through their lifetime. Older women are especially vulnerable to homelessness 'because of the social and economic landscape they inhabit' (South 2018a: 10). Some 6,866 women aged over 55 years were classified by the ABS as homeless on Census night 2016, and this represented 5.9 per cent of the total homeless population and a 31 per cent increase on the number of homeless older women in 2011 (South 2018a). Within this group, the greatest increase occurred in the demand by older women for supported accommodation for homeless persons (a 70 per cent increase), improvised dwellings, tents and sleeping out (a 50 per cent increase) and living in crowded dwellings (a 47 per cent increase) (South 2018a).

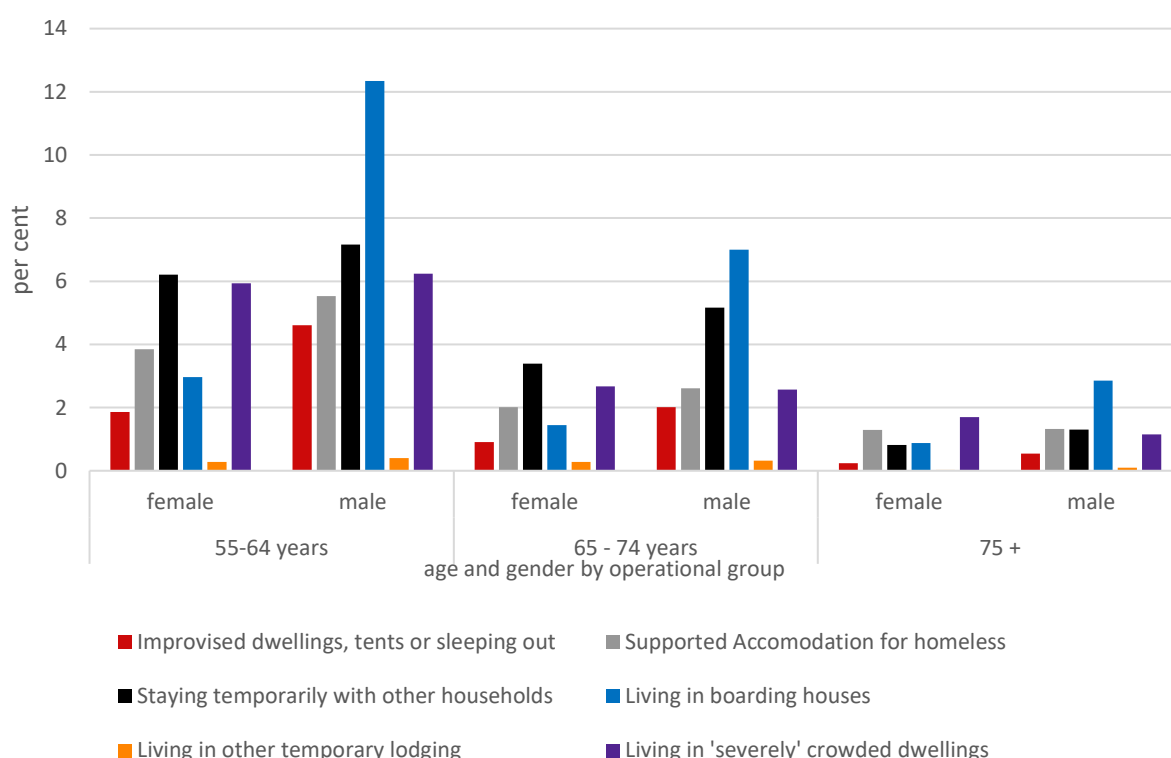
A number of critical factors have contributed to these trends. First, the ageing of the baby boom generation has resulted in an increase in the number of older persons in Australia. Second, the rate of homelessness among older women appears to be increasing over time, partly because the baby boom generation has had events in their life course—such as divorce and relationship breakdown—that make them financially vulnerable in later life and which were not evident in the life course of earlier generations (Beer and Faulkner 2011). Third, many women have had lower lifetime earnings than men as a consequence of lower wages for work performed, poor access to paid employment, part-time employment, care responsibilities and limited access to higher paid occupations. For many, this has resulted in few assets in older age, including superannuation. Fourth, women remain exposed to the impacts of violence in the home. And fifth, high housing costs and tenure insecurity in the private rental sector mean that many women live in precarious circumstances.

Data from the 2016 Census reveal that nationally some 1.2 million women (39 per cent) aged 55 years and over lived under the poverty line of \$400 per week set by the OECD in 2014 (ACOSS 2018). Low incomes are a significant challenge for many older women nationally. ABS data show that living costs have increased significantly over recent years. The ABS (2017a) reported that Adelaide saw the largest percentage increase (37 per cent) in energy costs across the nation over the five years 2010–15 and there were also significant increases in health-related costs. There is a lack of affordable accommodation options for low- to moderate-income

older women and, with the emergence of older women leaving family and domestic violence situations, service responses will need to expand (DiNicola, Liyanarachchi et al. 2019: 25–26).

Figure 2 highlights that in 2016, women who were homeless and aged between 55 and 74 years were more likely to be staying temporarily with other households (1,787 or 9.6 per cent), followed closely by living in severely crowded dwellings (1,602 or 8.6 per cent). Among the 75 years and over age group, the greatest number (317 or 1.7 per cent) lived in severely crowded dwellings, followed by living in supported accommodation for homeless people (240 or 1.3 per cent) (ABS 2016b). It is also clear that the incidence of homelessness—in all its forms—drops off rapidly after 64 years. This is likely to reflect a combination of factors, including age-related mortality, increasing frailty, the ability to access aged-care accommodation and better access to income support.

Figure 2: Homeless persons by operational group in three older cohorts by gender, 2016 Australia (%)

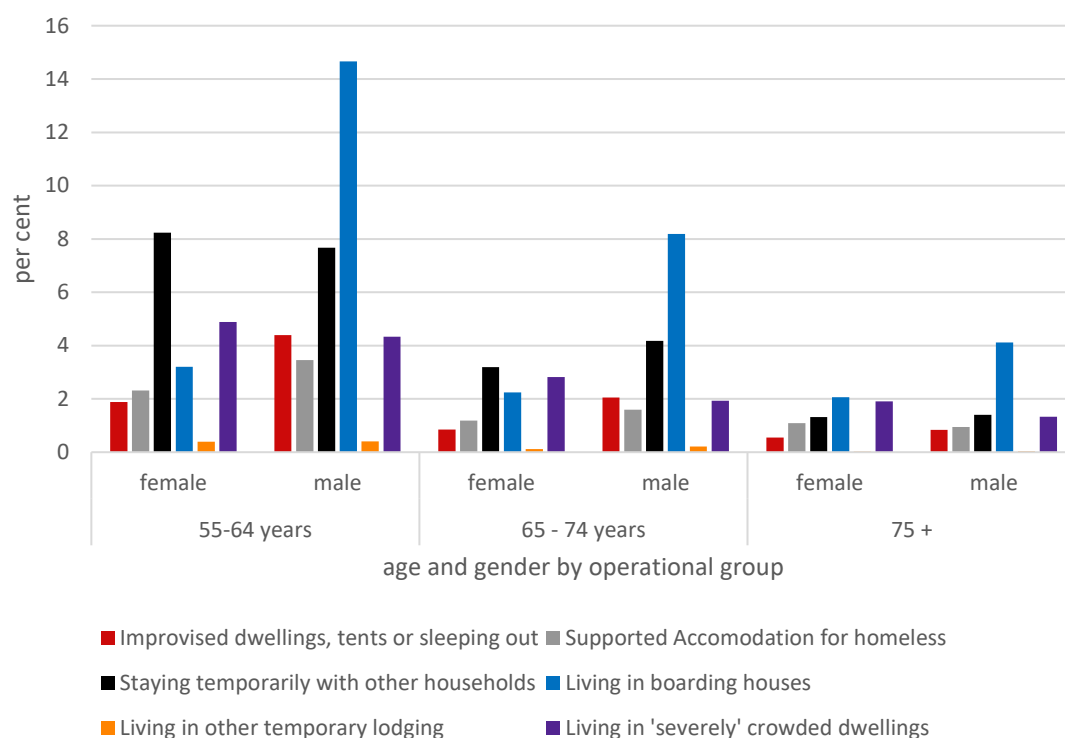


Source: ABS 2016b

The total number of homeless women Australia wide aged 55 and over increased from 4,764 in 2006 to 6,845 in 2016. When comparing 2016 Census data to that of a decade earlier (Figure 3), it is evident there has been an increase in the proportion of homeless women living in supported accommodation and in severely crowded dwellings. There has also been a decline in the number of women in the 55–64-year-old cohort staying temporarily with other households.

The evidence that homelessness among older women is increasing in Australia is unequivocal. While older women are a relatively small group within the total population of homeless persons in Australia, it is a group that has grown rapidly over the past decade—and will continue to grow without immediate government intervention. Potential (uncosted) policy options are provided later in this report.

Figure 3: Homeless persons by operational group in three older cohorts by gender, 2006 Australia (%)



Source: ABS 2016b

Male and female patterns of homelessness in older age diverge based on gender roles, participation in the labour market over the life course (Beer and Faulkner 2011), exposure to the various risk factors associated with homelessness, and the capacity to find appropriate housing independently. The increase in homelessness among older women in Australia can be attributed to a number of factors, including the following:

- The ageing of the population, resulting in a larger number of older women potentially at risk of homelessness (Homelessness Australia 2017a).
- Women constitute a higher percentage of older Australians than men.
- The impacts of separation, divorce and violence in the home, which has resulted in increased rates of homelessness (AIHW 2018).
- Historical gender discrimination and the impact of caring responsibilities (NOWHHWG 2018).
- Changes in mental health service provision and more limited access to social housing (Beer and Horne 2018).
- Labour market change and greater economic uncertainty resulting in higher rates of unemployment, underemployment, and low income for many older women.
- Long-term poverty, including intergenerational poverty (Flatau, Conroy et al. 2013).
- Indigeneity.
- The increased incidence and visibility of homelessness across Australia as a whole (ABS 2016b).

3.2 Men

ABS census data reports that the total number of older homeless people has risen from 11,747 in 2001 to 18,632 in 2016. Although men's contribution decreased from 65.2 per cent to 63.1 per cent, they still form the majority. The cohort of males aged 55 to 64 years old stayed the largest (with 52.9 per cent), but the 75 years and above category has increased the most, by 4.76 per cent in 15 years.

Men represent 58 per cent of homeless people in Australia (ABS 2016a). The most common cause among homeless young men (15 to 24 years old) is family breakdown, while older males struggle with financial crisis and inability to afford housing. As with women, structural issues including poverty, rising housing costs, increasing medication expenses, and lack of affordable housing supply play a significant role in men's pathways into homelessness—especially in the absence of vital social support.

In 2016, 31.6 per cent of men aged 55 years and over had a personal weekly income under the 2014 OECD-defined poverty line of \$400 per week. Data from the 2016 Census reveals that nationally 876,237 men aged 55 years and over (31.6 per cent of all Australian men in this cohort) lived under the poverty line set by the OECD (ACOSS 2018).

Men have different vulnerabilities than women that put them at risk of homelessness. Homelessness Australia (2017) reported in 2016 that certain groups of men are over-represented in the homelessness data. Men who have been released from custodial institutions are vulnerable to homelessness. Fifty per cent of people² exiting from prison did not have stable accommodation and moved house more than twice within three months of their release (Baldry, McDonnell et al. 2004). Homelessness is inversely correlated with paid employment. This inverse association between employment and homelessness is most prominent for men (Bevitt, Chigavazira et al. 2015).

Data collected as part of the monitoring of homelessness in Australia over the period 2010–17 found that one in twenty of 8,370 (Flatau, Tyson et al 2018) homeless people interviewed were ex-military and of these 85 per cent (400) were men. Many struggle to adjust to post-service life; physical impairments and mental illness such as PTSD or ABI can lead to financial stress, difficulty maintaining employment, domestic violence, substance misuse and family breakdown. Ex-military personnel often leave hospitals, work, accommodation and even their families, and become homeless; shame and embarrassment keeping them from reaching out for help.

The use of homeless accommodation categories by men differs significantly from women. For women the most common solution is 'staying temporarily with other households'. In all male age groups men are more likely to be 'living in boarding houses' than women. In 2016 the percentages living in this form of accommodation were 12.3 per cent of males 55 to 64 years old; 7 per cent of males 65 to 74 years old and 2.9 per cent of males over 75 years old.

Johnson and Chamberlain (2008) found that men who enter homelessness via a mental illness or substance abuse pathway have been found to experience longer periods of homelessness than people who enter homelessness via another pathway. They spend an average of 60 months experiencing homelessness.

In a pilot study, *Ageing out of place*, 23 people aged 55 years and over who experienced homelessness or housing crisis were interviewed (Batterham, Mallett et al. 2013). Over half of the participants had owned their own homes in the past and 21.7 per cent (all men) had long histories of being marginally housed. Fifteen people (65.2 per cent) had significant health issues. Women were more likely to experience adverse health issues related to long-term

² In a 238-people sample, of which 75 per cent were male.

poverty, while men were more likely to experience health issues related to long-term manual work and the drinking and smoking culture often associated with this type of work.

3.3 Remote areas and regions

In general, Australian rural communities are more likely to have higher proportions of older people who have limited income and poor health, and who are ageing in place.³ Living in rural locations can mean a shortage of healthcare providers, while having poorer health and greater risk of injury. People living in regions also generally have lower levels of education than those residing in urban areas (Winterton and Warburton 2011: 188).

However, there are advantages for older people living in regional communities. These include:

- reduced perception of crime
- increased feelings of belonging, security and safety
- satisfaction with the quality of services
- lower house prices and an attachment to the rural landscape
- multiple opportunities to be socially integrated
- remaining independent with community or family support (social and mobility)
- familiarity with local residents if moving into aged-care facility
- social capital and bonding, and a sense of community (note: these can also be exclusionary to others who are 'different') (Winterton and Warburton 2011: 189, 192).

A study undertaken by Jones, Reupert et al. (2014) on mental health/drug and alcohol abuse and homelessness in regional Victoria revealed there were shared experiences between urban and regional people who are homeless. While the study was not specifically focussed on older Australians, nearly 19 per cent of respondents were aged 55 to 64 years old. Similar to urban experiences, relationship breakdown, loss of employment, and the cyclical nature of mental health/substance abuse and housing difficulties were paths to homelessness for those living in regional Australia.

However finding an affordable and well-maintained house or accommodation was more difficult in regional areas due to the limited numbers of dwellings and the distance from services of some properties. The problem was exacerbated in coastal towns popular with holiday-makers and 'sea changers' or 'tree changers'. Often in coastal holiday towns nearly 50 per cent of housing is unoccupied outside the holiday season. There is generally less social housing and very little emergency and transitional housing in regional areas.

3.3.1 The domino effect

The relative affordability of regional housing in some locations has encouraged those pushed out of urban housing markets to move, potentially compounding rural housing problems for others (Adcock 2017; Argent and Rolley 2006 cited in Jones 2014; Beer 2005 cited in Jones, Reupert et. al 2014: 321). In 2017 in Alice Springs, rental affordability was reported as approaching crisis point and worsening the region's homeless population (Campbell 2017). In Nowra on the south coast of New South Wales, a lack of affordable housing was cited as one of the main driving forces behind a surge in homelessness, driven by large numbers of low-income earners leaving Sydney (Adcock 2017). Studies of rural homelessness have found that over

³ In contrast to the higher-income, rural migration retirees who generally have higher disposable incomes.

60 per cent of homeless people are adults without children, and there is generally a lack of suitable housing for a single person on a disability pension (Argent and Rolley 2006 in Jones, Reupert et al. (2014) 2014: 321).

3.3.2 Access to transport, services and information

Low-cost rental accommodation is often located on the edge of towns, making it difficult for people without private transport to access support services, employment and social networks. Added to the lack of access, many services required by people living in precarious housing are limited in number in regional and remote areas. Services are generally consolidated in larger settlements, meaning that people with limited transport options need to travel further (Jones, Reupert et al. (2014). Beer, Faulkner et al. (2016b: 180) found no pronounced transport difficulties for older rural/regional Australians, despite potentially greater distances to travel, and concluded that there were greater levels of community support for older people in the regions. Older people living in regional Australia have argued that they require:

- services to allow them to age in their own home
- access to social, health and personal support services
- being close to family
- access to communities with the ability to cater for specialised needs (Winterton and Warburton 2011: 193).

Some studies have found that lack of access to information and lack of knowledge reduces the capacity of older people to make informed choices (Winterton and Warburton 2011: 190). Respondents to the study undertaken by Jones, Reupert et al. (2014) identified the need for better information on the housing, education and other support available in their region. Practical support was also identified as a need, such as assistance with completing paperwork and accompanying people who are dealing with housing agencies. Other measures such as income support, family reconciliation services and employment transition services could also be effective for people living in regional Australia (Beer, Faulkner et al. 2016b: 180).

3.3.3 Networks, relationships and caring

It is often thought that rural and regional communities are richer in bonding social capital (Beer et al. 2016b: 174) and people living in smaller rural communities are more likely to have stronger relationships with neighbours than those living in urban areas (Beer et al. 2016b: 180). Older people who have family support are also thought to live in positive circumstances. On occasions when older people living in regions have their family to call upon in times of need, they can become dependent on family members, which in turn increases their sense of social isolation from peers and other support. This can then increase the risk to the older person 'being emotionally, psychologically and financially abused by family members', while also being geographically isolated from services that may recognise the abuse and provide support (Winterton and Warburton 2011: 193). Regional cities and towns 'appear to offer a better social environment for older residents... the attributes of the community in which they live appear to either protect against isolation or exacerbate the problem' (Beer, Faulkner et al. 2016b: 181).

Beer et al. (2016b: 171) set out to understand spatial variation in the incidence of social isolation among older persons and noted that:

The social isolation of many older Australians has cascading impacts throughout society in the form of an increased burden of care on their children and other relatives, greater demands on health services, a reduced sense of community and a greater need for acute interventions by local governments, housing providers and other welfare services.

Productive relationships with social networks and support workers were crucial in assisting people find and maintain housing in regional areas (Jones, Reupert et al. 2014).

3.4 Indigenous Australians

Indigenous people make up 3.3 per cent of the Australian population, but on Census night in 2016 they represented one in five (22 per cent) of homeless Australians, with the homelessness rate 10 times that of non-Indigenous Australians. Compared to the non-Indigenous population, Indigenous people were 14 times more likely to be staying in improvised dwellings, tents or sleeping rough; and eight times as likely to be in supported accommodation for the homeless (Homelessness Australia 2017a; AIHW 2019: 48). This occurred despite slight improvements in the housing situation of Indigenous Australians over the last 15 years—for example, a steady increase in Indigenous home ownership (with or without a mortgage).

Indigenous Australians represented one-quarter (25 per cent) of clients assisted by SHS in 2017–18 (AIHW 2019). Indigenous males and females were, respectively, 8 and 12 times more likely to be homeless than their non-Indigenous counterparts (AIHW 2019: 49). The 2016 Census showed that 70 per cent were living in ‘severely’ crowded dwellings; a rate of 253 people per 10,000 Indigenous people, compared with 16 per 10,000 for non-Indigenous people, and three in four (76 per cent) of them were in very remote areas (AIHW 2019).

In 2017–18, the five main reasons for seeking assistance were:

- domestic and family violence
- housing crisis
- inadequate or inappropriate dwelling conditions
- financial difficulties
- housing affordability stress (AIHW 2019).

Indigenous households (80 per cent) were more likely than non-Indigenous households (71 per cent) to be family households (one or multiple families living together) and much less likely to be lone-person households (15 per cent compared with 25 per cent, respectively) (ABS 2017b). Indigenous households (3.2 people per household) were larger on average than other households (2.6 people) (AIHW 2019). In 2017–2018, children under 5 years of age in family groups were the largest age group seeking assistance, and more older Indigenous people were seeking assistance in 2017–18 (14 per cent aged 45 and over, or 9,200) compared with 2012–13 (11 per cent, or 5,300) (AIHW 2019: 57).

In 2017–18, the highest rate of service use was for Indigenous clients aged 35–39 years of age but in the oldest age groups, Indigenous clients were more likely to access services than their non-Indigenous counterparts, the highest ratio was for the 65 years and over age group, where Indigenous people were 12.3 times more likely to access services than their non-Indigenous counterparts (AIHW 2019: 57).

There are additional service barriers for Aboriginal and Torres Strait Islander women experiencing family violence, which include:

- limited Indigenous-specific victim support services
- few Indigenous staff within general services
- few services in remote communities and country towns
- limited services that assist with basic needs such as telephones, transport, financial assistance and housing (Olsen and Lovett 2016: 21).

In remote areas, Aboriginal and Torres Strait Islander communities have experienced overcrowded housing, discrimination, racism and exploitation by landlords; limited access to basic housing infrastructure (including cultural adequacy, habitability, affordability and accessibility of housing); legal insecurity of tenure; and social injustices—all of which intersect with social and health outcomes (Zufferey and Chung 2015: 19).

However, it is important to acknowledge that the ABS definition of homelessness differs from the perspectives of Aboriginal and Torres Strait Islander Australians because of the following:

- 1 'Connection to country, with Indigenous Australians being less likely to perceive themselves as homeless if they are living on country, irrespective of dwelling adequacy'.
- 2 Family and kinship responsibilities meaning that disconnection from family can be seen as a form of homelessness for Indigenous Australians. A person who has no suitable accommodation alternatives may not consider themselves to be homeless if they are staying temporarily with family, which relates to cultural norms and responsibilities, yet this can cause overcrowding and household stress.
- 3 Mobility and 'usual address', with Indigenous Australians often being highly mobile and connected to multiple communities, which leads to them having multiple usual residences where they feel at home (AIHW 2019: 6).

3.5 Policy development implications

As noted earlier, an increasing volume of attention has been directed to the question of older women and homelessness over the past five years. A greater level of debate and discussion has led to potential innovative solutions, with one of the most recent contributions being the work of the National Older Women's Housing and Homelessness Working Group (NOWHHWG) (2018). NOWHHWG noted that older women continue to feel the impact of historical inequality, with the wages of women in Australia in the 1950s set at 75 per cent of the basic wage for men, and many women affected by historically low rates of access to purchasing a home and a regressive private rental market in the current era.

South (2018a) suggested the greatest needs among older women were for:

- prevention, early intervention and advice
- more intensive supports to secure appropriate housing
- the delivery of aged care in the home to reduce the risk of homelessness
- the tailoring of aged care in nursing homes to better meet the needs of those who have experienced homelessness
- the integration of services with housing and aged care, including mental health support, legal assistance, trauma-informed services and services for persons from culturally diverse backgrounds.

Fundamental social and institutional changes are needed to reduce the risk and impact of homelessness on older women, and long-term commitments by governments are needed to deliver this change. Affordable, secure and appropriate housing must be central to any solution (South 2018a). Many of South's (2018b) recommendations overlap with those from NOWHHWG (2018), but also include the need for the following:

- A federal government commitment to the supply of adequate housing for older Australians.
- A public policy emphasis on addressing family violence.

- Including questions focussed on housing and homelessness in the aged-care assessment process.
- Establishing a capital pool to enable aged-care providers to build specialist facilities for this client group.
- Reviewing, increasing and indexing the Homelessness Supplement for aged-care providers.
- Establishing a dialogue between homelessness and aged-care providers.
- Supporting specialist homelessness services network with aged-care providers and extending that capacity for interchange to the disability and social services sector.
- Exempting older homeless people from the need to apply to the NDIS for funding.
- Requiring providers of homelessness services to older women to use more assertive methods to contact those at risk.
- Including outreach facilities for persons at risk of homelessness in face-to-face hubs within the aged-care system.

This chapter has continued the exploration of the homelessness of older Australians from various perspectives. There has been a growth in the homelessness of older women in particular that has caught both policy makers and service providers without adequate responses. Indigenous Australians are over-represented in the homelessness figures and, while regional areas may offer more affordable housing options for some people, the lack of services and transport options adds to the precariousness of their housing. The next chapter provides lessons in solving homelessness from three overseas locations.

4 Lessons from overseas in delivering homelessness services to older people

- Finland demonstrates that a Housing First approach works.
 - Provision of social and affordable housing is key.
 - Participatory engagement of people who are homeless in policy design develops positive relationships.
 - There is a pressing need for an integrated strategy.
 - Long-term investment and political will are needed to put an end to homelessness.
-

4.1 Introduction

This chapter focusses on international experiences and lessons to eradicate homelessness. Across the European Union there has been a call to transition from an emergency response homelessness system to one based on reducing and, in time, eradicating homelessness. When comparing different jurisdictions it must be remembered that there are differing definitions of homelessness, as well as different policy approaches, funding models and governance structures.

Despite all being Northern European countries, Norway, Denmark, Finland and Sweden have differing social and housing policies and systems. These policies and systems shape the patterns and profiles of homelessness and homeless policies in each nation, and in turn determine the success of their various Housing First approaches. The effective treatment of homelessness appears to be more difficult to implement in Sweden (with the liberalisation of the social-housing market) than in Denmark or Finland (Benjaminsen and Knutagård 2016).

Norway has a high rate of owner-occupied housing and less social housing (Bengtsson 2013) compared to the other countries with relatively larger housing markets. Homeless counts⁴ in Denmark (commenced in 2007, held every second year), Norway (commenced in 1996, held every three or four years) and Sweden (commenced in 1993, held every five years, with a broader definition that includes non-permanent housing contracts) have the same basic methodology (service-based, a one-week count), with some variations in the definitions, while enumeration differs in Finland (every year, one single-day count) (Benjaminsen and Knutagård 2016: 50). Taking these differences into account, the level of homelessness moderately increased in Denmark (2015 count), Norway (2012 count) and Sweden (2011 count, with the highest number of people who are homeless), while the number of people who are homeless has been decreasing in Finland.

⁴ The homeless counts were conducted by homelessness services and a wide range of other social and health services, and included rough sleepers and couch surfers who were service users.

4.2 Scotland

Post-2000, the Scottish Parliament's approach to addressing homelessness has attracted considerable attention. It won a human rights award in 2003 for its legislative and policy reforms that began with the Housing (Scotland) Act 2001. This Act expanded the statutory duty of Scottish local authorities (Anderson 2007). While the Scottish model has not explicitly offered a right to housing for all, the new framework came close for most Scottish households who found themselves in the position of being homeless (Anderson 2007: 178). This was a housing-led solution to homelessness with associated multiagency-funded housing support programs such as 'Supporting People', which operated from 2003 to 2008, and where in 2005–6 the largest client category (49 per cent) was older people, with more than 50 per cent of clients receiving permanent or open-ended support in mainstream housing (Anderson 2007: 172).

Scotland has a higher proportion of social housing and social renting stock of 23 per cent compared with England's 17 per cent, but problems with housing supply persist and constrain the responses of local authorities (Anderson 2007: 175; Equality and Human Rights Commission 2018). The Scottish legislation includes a provision for the official referral of homeless households to social landlords and the Housing (Scotland) 2014 Act specifies that registered social landlords must give reasonable preference when allocating their homes to include people with unmet housing needs, such as those who are homeless or threatened with homelessness. This also affects people who are currently living in unsatisfactory housing conditions (Anderson 2007; Equality and Human Rights Commission 2018).

A public consultation was conducted by the Glasgow Homelessness Network (GHN) between December 2017 and February 2018 to investigate the question: 'Can we fix homelessness in Scotland?' The public consultation consisted of 425 people, including people who are homeless, service providers and policy makers. A particular focus of this study was to include those with lived experience of homelessness. From this consultation six key concerns were identified (GHN 2018):

- 1** Housing First and Fast: The greatest individual priority for people is to have a safe and affordable home.
- 2** Joined Up: Confusion as to where and how to access homelessness services is prevalent, namely accessing support for health, addiction and social isolation.
- 3** Staff Awareness: Trained staff who are aware of the needs of people who are homeless, who are respectful and who aim towards building trusting relationships are essential to providing homelessness services.
- 4** Stop It: Addressing those at risk of homelessness as a means of prevention should be the first measure to ending homelessness.
- 5** Count it: There is a need for greater reporting of the number of people who are homeless, such as the 'hidden' homelessness who are couch surfing, to assist in delivering sufficient housing and support.
- 6** Collaborate.

People with lived experience of homelessness can offer distinct perspectives on how to deliver support services compassionately, developing the positive relationships required to make changes in the lives of people who are homeless. The High Level Action Plan developed by the Scottish Government was informed by a body of research, including the above study by the GHN. The actions developed by the plan reflect the needs identified by those with lived experiences.

The Scottish Government's (2018) High Level Action Plan addresses the key concerns identified during these discussions. The actions were divided into five clear categories, each

with a subset of specified actions. Each main action has a clear correspondence with one or more of the concerns broached by the report. Namely, there is a clear focus made on the notion of a 'person-centred' approach, a 'housing first' approach, and an emphasis on strong interconnectivity between frontline services.

The actions listed by the High Level Action Plan (Scottish Government 2018) were to end homelessness by:

- embedding a person-centred approach across our public services (GHN key concern 3)
- preventing homelessness from happening to people in the first place (GHN key concern 4)
- prioritising settled housing for all (GHN key concern 1)
- responding quickly and effectively whenever homelessness happens (GHN key concerns 1 and 5)
- joining up planning and resources (GHN key concerns 2 and 6).

These actions will now be examined in detail.

4.2.1 Embedding a person-centred approach across our public services

The plan foremost acknowledges that there is no single path in or out of homelessness, and that ending homelessness therefore requires a tailored response.

The key action to achieving a person-centred approach is to be in close consultation with those who have a lived experience of homelessness. The guidelines developed out of these discussions are to be used when dealing with people who are approaching services.

Greater control and choice is embedded in the heart of the person-centred approach. Control and choice are planned to be delivered in regard to support packages as well as choice-based letting systems, considering the best outcomes for the household when reviewing the allocations frameworks. The will to listen to and resource the staff delivering services where homeless people may be found is also important, and includes social works, outreach centres, and police and prison staff. Resources will be developed through the feedback of frontline staff that addresses how staff may secure quick access to meet the needs of people who are homeless. Lastly, achieving a person-centred approach is contingent upon developing a campaign that addresses the misconceptions of people towards homelessness. The main goal of this initiative is to build the public support required to fully back the action plan and bring about adequate change to end homelessness.

4.2.2 Preventing homelessness from happening to people in the first place

This action is part of an understanding that the homelessness process begins before people are without a home. There is a need to combine the efforts of those supporting people who are homeless while providing services to those people who are at risk of homelessness. A priority for the government is to prevent people from losing their homes by providing timely tenancy support.

A key issue raised by the plan is attaining flexible homelessness assessments that ensure that people who are at risk of homelessness are in a position where they receive the right to access assistance and services. Part of the solution towards this is the 'no wrong door' approach in which frontline services are interconnected, such that any service provider (from care and health services to police) will take responsibility in providing assistance and placing those seeking assistance in positions where they can access the right services.

4.2.3 Prioritising settled housing for all

This action views 'housing' alone as insufficient and highlights the greater significance of settled housing. This is a means for long-term solutions that prioritise health, wellbeing and community.

This action aims to provide tailored responses through settled housing support that meets the complex needs of people who are homeless. This includes finding appropriate settled housing in both emergency and temporary accommodation.

4.2.4 Responding quickly and effectively whenever homelessness happens

The action plan concedes that while preventing homelessness in the first instance is the best outcome, it is not always achievable. In this circumstance, the plan aims to achieve an effective response aimed at the mitigation and amelioration of the factors leading to a person becoming homeless. This is an approach centred on giving people access to the right services. It requires training for support staff across frontline services so that they are able to deal with the complexities of providing homelessness support to a wide range of people. Developing crisis housing options is also seen as critical to addressing homelessness under this action. It is a goal of the plan to ensure there are no instances of rough sleeping or homelessness by providing, at the very least, sufficient crisis accommodation to handle the number of crisis cases.

4.2.5 Joining up planning and resources

The last of the key actions is focussed on creating the 'lattice network' connecting people who are part of the frontline services—that is, the first point of contact for people who are homeless. Working effectively together is considered by the plan to be essential if it is to achieve its other goals of prevention and housing first.

The first action towards building this network is to begin discussions with the various public bodies beyond housing to tackle both public perceptions and people's understanding of how their services and other public bodies' services fit together. This allows those in frontline services to effectively help and direct people who are homeless, or at risk of homelessness, at first contact.

The plan aims to include policy surrounding homelessness as policy towards the improvement of public health, bringing to the fore the understanding that safe and settled housing is a determinant of wellbeing.

It is in the same vein that a goal of the plan is to incorporate local health and social care housing with homelessness planning. An additional goal of the plan is to bring together local housing strategies to address issues of employment and employability support.

4.3 Norway

Norway is one of two European countries to have seen a reduction in the number of people who are homeless, with the other being Finland. From 2012 to 2016, there was a 36 per cent drop in the number of people who are homeless in Norway (FEANTSA and Abbé Pierre Foundation 2018: 16).

In 2012, Norway started up Housing First services partly financed by the Norwegian State Housing Bank, and by 2015, 14 municipalities had a Housing First pilot scheme in place (Benjaminsen and Knutagård 2016: 50). The Norwegian Government has commissioned six homeless censuses since 1996, with the most recent being in 2016. The majority of homeless people in Norway were single men between 25 and 45 years of age (Dyb 2017: 35). In 2016, there were 3,909 people who were homeless in Norway, 'which corresponds to 0.75 per 1,000 inhabitants', compared to 2012, when the number of people who were homeless

was 6,259, 'which corresponded to 1.26 per 1,000 inhabitants', showing 'a decline equivalent to 36 per cent over the years 2012 to 2016' (Dyb 2017, as reported in Pourramedani 2017).

Dyb (2017: 21) considers this real decrease in homelessness is a consequence of long-term investment in social-housing policy. In Norway, homelessness persists for seven months or more (considered long-term homelessness) for 41 per cent of all people who are homeless, compared to Denmark and Sweden, where it is 67 per cent and 76 per cent of the homeless populations respectively (Nordic Homeless Monitor 2018). Norway has taken a long-term approach, combining social supports with housing. Since 2000 there have been four government strategies:

- Project Homeless 2001–2002
- National strategy to fight and prevent homelessness: the pathway to a permanent home 2005–2007
- Social Housing Development Program (Housing Bank's municipality program) 2009–2017
- Housing for welfare: a national strategy for housing and support services 2014–2020, with goals of moving towards housing-led responses to homelessness (Dyb 2017: 26).

This reduction in homelessness 'follows a long period of national policy addressing the issue from different angles' (Dyb 2017: 33).

4.4 Finland

In 2008 Finland was the first EU Member State to establish a National Program to reduce long-term homelessness based on the following Housing First principle: 'Resolving social and health problems is not a pre-requisite to gaining a home, rather housing is a pre-requisite that will enable the many problems faced by a homeless person to be resolved' (FEANTSA and Abbé Pierre Foundation 2019: 12). In Finland there was a 10 per cent drop in the number of homeless people between 2013 and 2016 (FEANTSA and Abbé Pierre Foundation 2018: 16). As noted by Pleace (2018), people in Finland who are homeless have higher and more complex needs than their comparators in other northern European nations, largely because they are individuals who have fallen through the cracks in extensive universal safety nets. In many other European states homelessness is triggered by poverty. The Housing First model is part of Finland's integrated homelessness strategy that also includes prevention, building new social housing, and a mix of low- and high-intensity services. The Finnish Government recognised that for Housing First strategies to work there first needed to be an adequate, affordable housing supply with reasonable security of tenure (Pleace 2018). Cooperation and targeted measures in implementation also led to the Finnish success (Homelessness Australia 2017b: 11).

The success in Finland is attributed to the following:

- 1 An intensive focus on reducing long-term homelessness.
- 2 A comprehensive national strategy with substantial resources devoted to establishing new housing units.
- 3 Converting shelters into permanent housing for long-term homeless people (Benjaminsen and Knutagård 2016: 50).

4.5 Factors for success and risks

A key lesson from Europe is that 'if a society does nothing much about affordable housing supply, allows extremes of poverty to occur and does not look after citizen's health, there will be more homelessness' (Pleace 2018). Finland offers a sound case for Housing First, but a

coherent homelessness services system needs 'prevention, rapid rehousing, lower intensity services, high intensity supported housing ... and sufficient homes' (Pleace 2018).

According to European Union researchers (FEANTSA and Abbé Pierre Foundation 2018: 23–29) there are five factors to note in developing integrated strategies to reduce and end homelessness:

- 1 'The needs and the rights of the individual should be the starting point for any strategy to fight homelessness.'
- 2 'Housing First', noting that Finland and Norway offer successful examples of using this model. The construction of affordable housing is fundamental to this policy.
- 3 'Funding the strategy' is key, for without adequate and long-term investment the strategy to end homelessness is destined to fail.
- 4 'The importance of a continuous and constant strategy.' Once again, Finland serves as an example. For over 20 years Finland has had an integrated strategy and has built new permanent housing, converted emergency housing into supported units and developed new service models—all based on Housing First principles.
- 5 Multi-level governance: 'A convergence of stakeholders in the fight against homelessness is necessary to invest all efforts on moving together towards the same objectives.'

The Finnish success would not have occurred without political will (regardless of political affiliation or level of government) to put an end to homelessness.

There are four common pitfalls to avoid. These include:

- 1 National governments having 'light-touch' policies, including not taking on a coordination and facilitation role; little evaluation of the causes of increased homelessness; lack of funding; and no subsequent programs after action plans for certain time periods.
- 2 'Paper policies' with good intentions that are not implemented and with insufficient funding for programs.
- 3 Having an ambitious policy to end homelessness, but penalising some categories of homeless people—for example, moving on homeless people to reduce 'public nuisance'.
- 4 'Policy silos' and lacking an integrated approach that includes housing, health, employment, social inclusion, regional, urban, justice, etc. (FEANTSA and Abbé Pierre Foundation 2018: 30–33).

As Benjaminsen and Knutagård (2016: 61) argue, reforms of welfare and housing policies—in combination with structural factors, such as the increasing shortage of affordable housing—create new exclusion mechanisms that cannot be resolved within the domain of homelessness policies but, rather, require wider societal responses. Differing welfare states, housing systems and civil society are all key contributors to homelessness responses (Anderson, Dyb et al. 2016: 110).

As this chapter has highlighted, Finland and Norway provide exemplars of effective policy responses to homelessness. Scotland, which has had success in the past, recently released the *Ending Homelessness Together: High Level Action Plan*, highlighting how extensive co-production processes can build networks for collaboration to end homelessness. The next chapter highlights how Australia could support the prevention and minimisation of homelessness among older people.

5 Solving homelessness among older people

- Lack of resources for the homelessness sector hampers service delivery to older Australians.
 - Little integration exists between the homelessness and aged-care services sectors, with organisations such as Wintringham that seek to integrate the two reporting significant challenges in working between these systems.
 - Gender shapes pathways into homelessness and the options to secure housing and services. Upstream determinates of female homelessness in older age need to be addressed.
 - The unexpectedness of being without a home, labour market challenges, and the social security system shape the lived experience of homelessness.
 - Currently individuals cannot get the help they need and service providers struggle to offer assistance.
 - Service providers with a strong client focus and where long-term care relationships are developed offer hope.
-

5.1 Effectively supporting the prevention and minimisation of homelessness for older Australians: survey results

An online survey of 34 management and frontline staff in government agencies (state and local), service providers in the homelessness and aged-care sectors, and advocacy groups was undertaken to build on the outcomes of the Inquiry systems thinking workshop. We sought answers to these questions:

- What is working well?
- What are the barriers?
- What is the relationship between homelessness and aged-care services?
- What would an integrated system look like for older Australians experiencing homelessness?
- What services do older Aboriginal and Torres Strait Islander people who are homeless require?

As can be seen in Figure 4, most respondents were employed in specialist homelessness service providers. In the 'other' category were several people representing family and domestic violence (FDV) organisations.

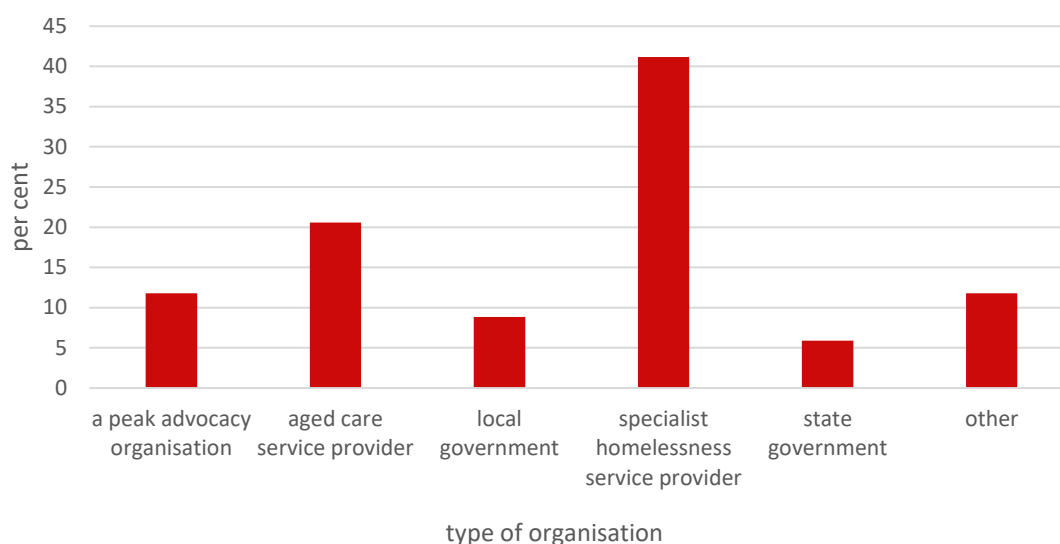
Most respondents were in senior management positions, and over one-third (35 per cent) had worked in the homelessness sector for between one month and four years. Another 21 per cent had worked in the sector for between five and nine years, and a further 18 per cent had over 20 years' experience. The types of services offered by the respondent organisations included:

- advocacy (17 per cent)
- housing support (16 per cent)

- housing provision (15 per cent)
- outreach and early intervention (13 per cent each)
- prevention (10 per cent).

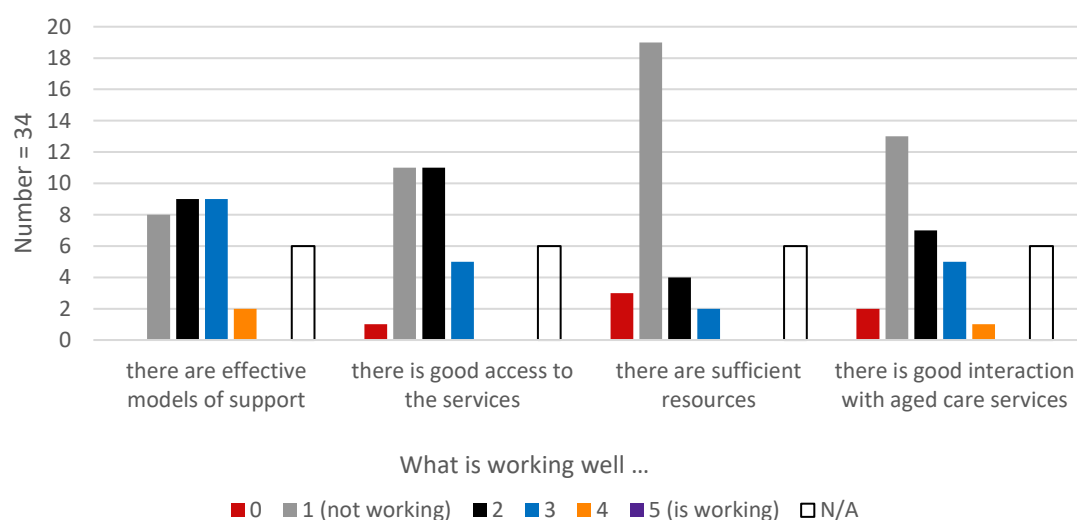
Over half (55 per cent) of the respondents operated in South Australia; 18 per cent operated in Victoria; 11 per cent in the Northern Territory; 5 per cent in the Australian Capital Territory and a further 5 per cent had operations across all state and territories; 3 per cent each came from New South Wales and Tasmania.

Figure 4: What type of organisation do you work for? (%) (N = 34)



Source: Authors.

Figure 5: What's working well in the way specialist homelessness services are provided to older people who are homeless? (N = 34)

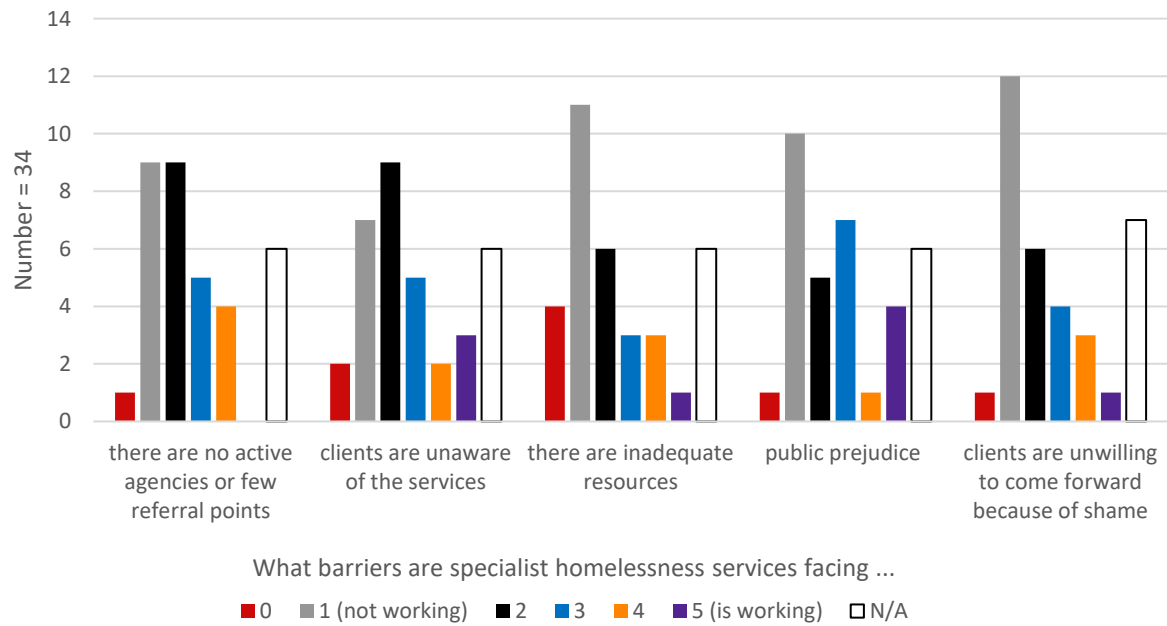


Source: Authors.

One of the first questions was to ask respondents what is working well in the way specialist homelessness services are provided to older people who are homeless. Figure 5 provides the responses, and shows that respondents thought that the way specialist homelessness services are provided currently does not work well. It is particularly evident from responses that there are insufficient resources in the homelessness sector to support older people, and that the interaction between the homelessness and aged-care services systems is not good. Only two respondents stated that there were effective models of support for older people who are homeless.

Figure 6 shows the responses to the question ‘What barriers are specialist homelessness services facing in their work to help older people who are homeless?’ Once again it can be clearly seen that inadequate resources to support older people who are homeless is a major barrier. There is also a cohort of older people who do not come forward for support because of their shame at being homeless at an older age—but there are also older people who do not know what services are available to assist them. Another significant barrier to assist older people who are homeless is a lack of age-specific agencies, and few referral points for older people.

Figure 6: What barriers are specialist homelessness services facing in their work to help older people who are homeless? (N = 34)



Source: Authors.

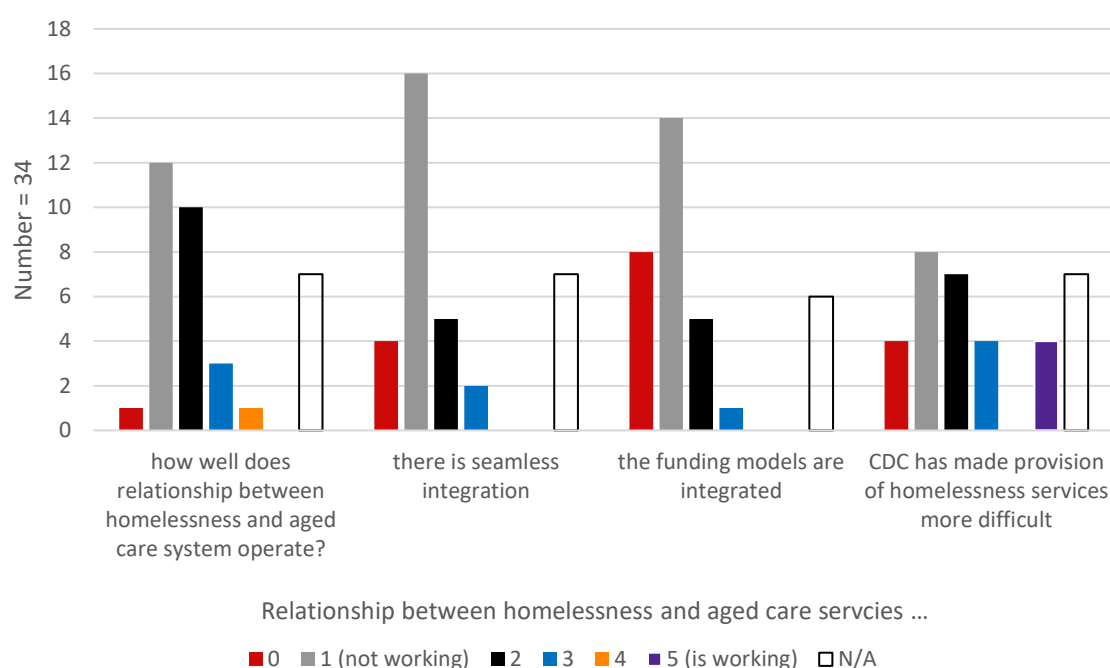
When asked about the relationship between homelessness and aged-care services, respondents were near unanimous in saying the systems are not integrated and neither are their funding models. The respondents also did not think the relationship between homelessness and aged-care systems operated effectively. A few respondents considered the introduction of the Consumer Directed Care (CDC) model of aged-care service provision made the provision of homelessness services easier, although the majority thought that the introduction of CDC had made the provision of homelessness services more difficult (Figure 7).

Respondents were asked to rank four or five responses to a series of questions that considered what an integrated homelessness services system might look like for older people experiencing homelessness. The first question asked, ‘What are the key levers for creating a homelessness

system that would work for older Australians who are homeless?’ The majority of respondents put as the number one response ‘a national strategy and a long-term commitment from governments to build new social and affordable homes’; the second most popular response was ‘integration with mainstream homeless services’ and coming in at equal third were ‘integration with mainstream aged-care services’ and ‘greater public awareness around the causes of homelessness in later life’. The next question asked, ‘What services will be needed in the future?’ The most popular response was ‘more housing’. Responses coming in second and third, respectively, were ‘more health supports’ and ‘greater income support’.

For the question, ‘How might Australia reconfigure our homelessness services system in order to effectively support the prevention and minimisation of homelessness for older Australians?’, the highest ranked response was ‘development of a specialist aged homelessness system’, followed by ‘more secure funding’ and in equal third place were ‘more flexible funding’ and ‘additional services are created’.

Figure 7: The relationship between homelessness and aged-care services (N = 34)



Source: Authors.

Finally, respondents were asked if they had anything else they would like to add. (See Appendix 1 for the full list of responses.) In the main it was noted that current homelessness accommodation is inadequate and inappropriate for older people, there are no crisis services or emergency accommodation, and few medium-term providers.

As well as access to safe, secure, affordable social housing, support services were seen as vital. But housing must also cater to older people’s needs, such as housing without steps, the inclusion of grab rails, and circulation space for mobility equipment. Respondents noted access to mental health diagnosis and support was critical for preventing homelessness. It was stated that support services that work around issues related with homelessness and issues associated with ageing and cognitive decline are required.

One respondent stated:

Homelessness is a complex area of support. However, when you add health issues, ageing and disability, the situation becomes increasingly difficult.

With regard to the interaction with the aged-care system, it was suggested that the MyAgedCare system is hard for older people to navigate, especially those who may not have a carer or family member to help or advocate for them. While it was noted that the vast majority of referrals to ACH programs work, providers struggled to get MyAgedCare referrals for ACH, but deliver the service anyway. As one respondent queried, 'What does this lack of referral pathway say to this group of clients who are already marginalised?' A respondent pointed out that accessing aged-care services is based on chronological age of eligibility, but people who have experienced poverty or homelessness experience premature ageing. Those people aged 50 to 64 years of age miss out on additional services through the Commonwealth Home Support Programme (CHSP) and cannot have an ACAT assessment to qualify for a home care package.

As one respondent observed without adequate and appropriate housing and support for older people who are at risk of homelessness, the emergency department of hospitals becomes the most common pathway into aged care. Too frequently this occurs after a fall or other major health event, which reduces individual wellbeing and has an unnecessary and avoidable impact on the health system.

5.2 Co-creating a better homelessness service for older Australians: workshop and yarning circle results

This section presents the findings of two workshops and a yarning circle. The two workshops were a core feature of the program of work proposed in the original research design and were intended to capture inputs from across Australia in order to reflect the diverse perspectives and issues challenging the delivery of homelessness services for older Australians nationally. These workshops were structured to include:

- a general analysis of the issues and challenges from multiple perspectives, the principles that should inform system redesign, effectiveness measurement, program integration and identification of challenges associated with moving to more integrated systems
- input from a range of regions, reflecting the importance of appreciating different experiences of homelessness across states and in metropolitan and non-metropolitan regions (Zufferey and Chung 2015)
- specific insights generated through the mapping of the Australian homelessness system undertaken for the Inquiry Panel
- participation by key groups (e.g. Indigenous Australians, LGBTI+ communities, people in remote areas), with costs for travel to Melbourne included in the budget
- a focussed discussion and analysis of critical issues that was led by the participants and the facilitators.

Overall, 29 individuals participated in the two workshops, with 22 women and men present at one workshop and 15 women present at the other workshop. Across the two workshops, representatives attended from South Australia, Western Australia, New South Wales and Victoria. The workshops included:

- seven representatives of service-providing and advocacy agencies
- four local government officers from two states working in the aged homelessness sector
- seven women with lived experience of homelessness (one of whom was currently without housing), and several living with PTSD and anxiety, as well as other physical and mental health afflictions
- five men with lived experience of homelessness, two of whom were Aboriginal Australians presently living in housing provided by a homelessness service

- one representative of the Council on the Ageing (COTA) for South Australia and one representative of national COTA
- four persons with a disability, including one with a significant mobility impairment. All had an acquired brain injury (ABI).

The yarning circle focussed on understanding homelessness for Indigenous Australians and explored how the homeless service system might be improved. The nine attendees included:

- four representatives from the Northern Territory Government working in homelessness and the Office of Senior Territorians
- one person from local government
- two people from housing providers (one for Aboriginal women)
- two people from service-providing organisations.

Throughout the workshops and yarning circle we sought to deploy the applied systems thinking perspective that was developed as part of the overall Inquiry. In particular, the project team focussed on the following broadscale questions:

- Who are the actors/agents (people or organisations) in the homelessness system who can be allies or advocates to address and progress action on homelessness ... and who are those who can block change or progress?
- What levers/actions/interventions could create potential change in the way the homelessness system operates?
- Once levers/actions/interventions are activated, what types of feedback loops emerge? (Feedback loops are circular relationships within a system, and can be positive, negative or neutral.) We need to understand that negative feedback loops create a social problem or block the change or progress needed.

The project team emphasised that while the provision of additional affordable housing for older persons affected by homelessness was a clear and legitimate need, there is a pressing need to identify additional actions and strategies that assist affected individuals and households.

5.3 Actors and agents affecting older people and homelessness

Across the workshops, the participants acknowledged the very difficult conditions facing older persons who are homeless or at risk of homelessness. For many with a lived experience of homelessness as an older person, the day-to-day realities of being without a home were made more challenging by the fact they never expected to become homeless, and especially not in older age. This was a very common observation among women in particular, although it was observed by both genders. To a degree, homelessness as a 'category' (Clapham 2005) has operated as an agent or actor affecting older people who are homeless. That is, being identified as 'homeless' has both a material impact on the individual and those they interact with in terms of attitudes and assistance offered. This process makes adjustment more difficult, potentially limiting the range of solutions investigated, and serving as an impediment to rehousing.

Some of the key informants in the city of Darwin considered they have a 'close partnership' and are a 'connected sector', with local government officers engaging with vulnerable and homeless people—the 'long grassers' or public-place dwellers—who are then linked into service providers.

Gender is a second key actor and it acts to shape both the lived experience of homelessness and the pathways into it, as well as the options available and the need to find secure housing and rebuild lives. It was noted in the yarning circle that 'if grandma is vulnerable, she's probably

got grandchildren with her, so while there are services for ages x to x, there are gaps'. As highlighted by the Office for Senior Territorians, there are siloed responses based on arbitrary age groupings with agencies dealing with 'their part of the "family"'.

The labour market is the third key actor, adversely shaping both the lived experience of homelessness in older age, and the challenge of service providers meeting their needs. Participants acknowledged that for many older individuals who are homeless, meaningful re-entry into the labour market is virtually impossible. For many, homelessness was precipitated by either disengagement with the world of paid work, through redundancy or other forced exit from a workplace, or indirectly as a consequence of ill health or the breakdown of a relationship where the affected individual (usually a woman) was not the prime income earner in the household. As participants from a range of backgrounds observed, older homeless persons may lack the skills, the health or the recent experience needed to find well-paid employment in the contemporary labour market. And without a wage-based income, finding a way back into the housing market is, at best, challenging.

The changing nature of the income support/social security system is a fourth key actor shaping homelessness among older Australians in the twenty-first century. Older men and women that are homeless and without employment receive income support through the Newstart Allowance and they cannot gain access to the aged pension until age 67. There was widespread agreement that being older, homeless and on a Newstart payment made life particularly difficult. The female participants mentioned that on Newstart individuals are required to actively search for work. For many the difficulties of looking for employment exacerbate the heartbreak of having become homeless. Attendees at the workshops who were homeless noted that their very low incomes, combined with the cost of their accommodation, medicine and other expenses meant that they often do not have enough money for food, which in turn makes job hunting very challenging.

Participants agreed that Centrelink has become more difficult to navigate over the past two decades and this acts to worsen the experience of homelessness among older Australians, and makes it more difficult to shape a new and productive life. One participant recounted that their application for a disability support pension was over 150 pages long. Others discussed the requirement for fortnightly appointments with Centrelink when on Newstart, and that a medical certificate for missing an appointment, or lacking money for public transport to get to appointments, is not accepted as an excuse in failing to attend interviews. The respondents felt strongly that the online welfare system is an impediment that prevents older people who are homeless from gaining access to the support they need. They cannot easily contact Centrelink and the automated system will terminate payments. More fundamentally, Centrelink workers were considered 'dismissive' and the older women spoke about feelings of loss of dignity, fear and feeling 'worthless'.

Failings in the service culture for homeless people is a multilayered, multi-dimensional problem for older homeless people. Those with an ABI observed that it is hard to get service providers and government workers to listen and to slow down their speech. They commented that the time of day they approached service providers was important:

If I go in the morning they're fine. They're fresh I guess, and people will listen. But if you go in from 2pm onwards nobody wants to know you. Everyone is overworked. And they want to go home. I'm tired and it's like well 'Why are you coming to me? Couldn't you have seen someone else?' That's what it feels like. They're looking at you and thinking 'Why don't you go and see someone else?'

The importance of non-judgemental and empathetic Centrelink staff and frontline service providers was raised in both workshops. Participants with lived experience of homelessness agreed strongly that the 'soft skills' of support providers were important. One of the participants

spoke about the need for service providers with 'the ability to see what I could do. I'm not a cripple. I'm a person with a disability that needs a bit of help to be safe and happy to stay.' Another said a service provider had made her feel needed and wanted. She went on to say:

... because the anxiety I felt meeting her because I was homeless and not knowing anybody in that field, I was scared shitless. I didn't know who I was going to meet, what I was going to say, what this person was going to think of me. Here's this woman 63 years old, has told her husband 'I'm not coming back anymore,' I have a grown family, and here's this person going to talk to me about getting a home. From that day everything worked like a well-oiled machine. It was just 'Bang'. Everything was marvellous. She's absolutely invaluable, she really is.

It was noted by the participants that language barriers for older migrants who may also have a hearing problem is a concern. One incident recounted at the workshop was an older migrant person who had stayed close to the Centrelink reception to make sure she would hear when she was called, and was shouted at to sit down. The person was deterred from seeking help and went home. Some migrant women are reluctant to come forward about family and domestic violence because they do not want others to know of their predicament.

5.4 Levers and actions to bring about better outcomes for older people who are homeless

The workshop participants were able to express clear arguments on the levers and actions needed to bring about better outcomes for older people who are homeless. Some of these suggested responses operate at the scale of the whole of society, while others are much more discrete and fit within one tier of government. Figure 8 presents a diagram developed at the women-only workshop on how to address homelessness among older-age women. Critically, their focus was not limited to the immediate experience, or correlates, of homelessness in later life. This group argued strongly that the 'upstream' determinants of female homelessness in older age needed to be addressed, including:

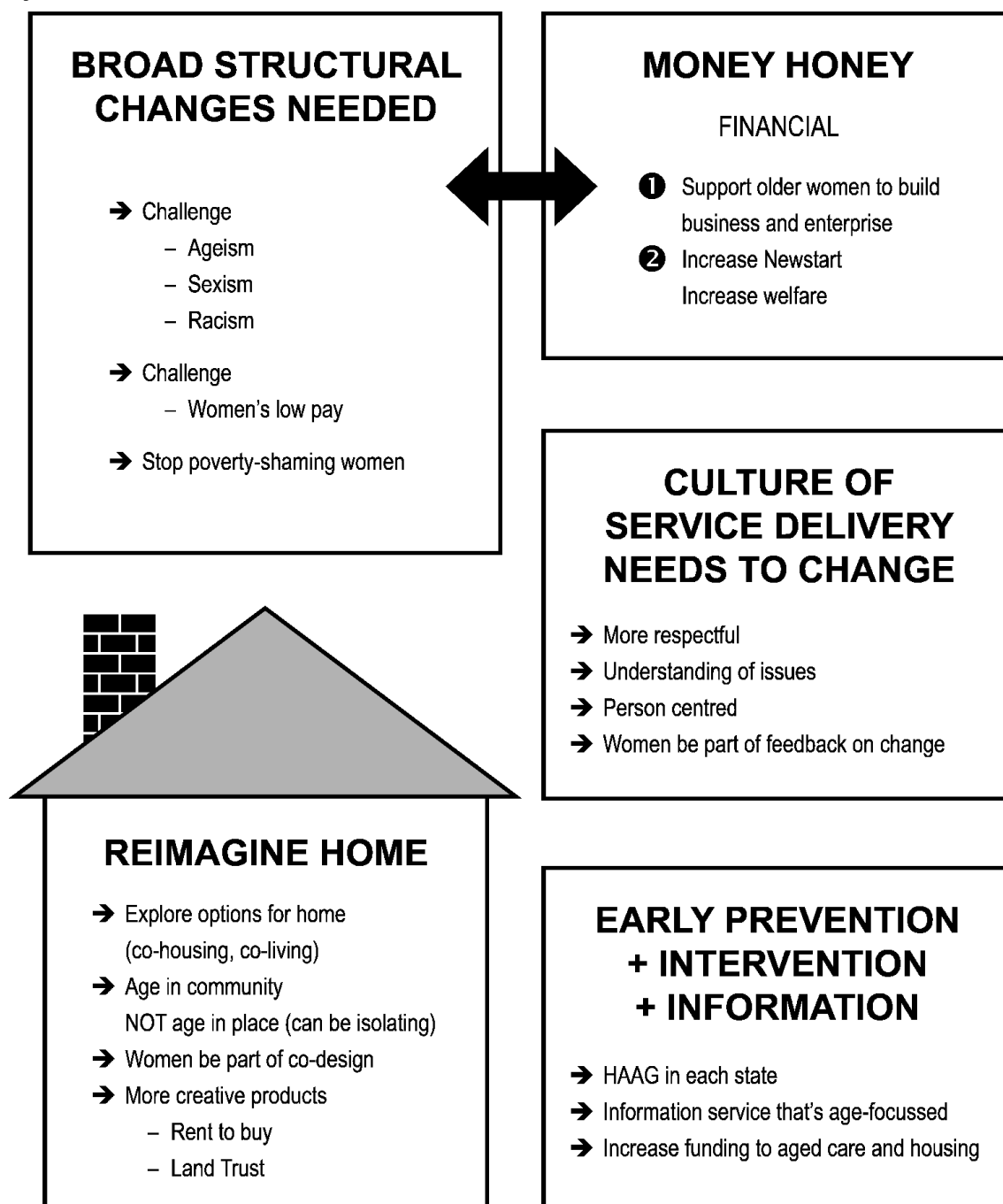
- the gender pay gap, with women earning on average 21 per cent less than men for the same work, while also being concentrated in lower-paid occupations and industries
- the cost of unpaid care falling disproportionately on women—a phenomenon that carries with it the additional burden of losing time to accumulate superannuation
- the failure to give women a 'voice' in the service system
- opening up opportunities for older people who are homeless to co-design and control their housing solutions
- inadequate funding for aged-care programs and social housing.

Indigenous knowledge enables us to understand that relationships and connections of policy and programs are needed. Housing provision must be aligned with health, education, criminal justice and welfare payments in an interconnected response. As heard at the yarning circle, the connectedness (between all things, people, land, language, etc.) and reciprocity of Indigenous family life can lead to both mobility and crowding in certain housing situations. Cultural preferences, family stress and poverty interact 'between those Indigenous people with rental housing and those public place dwellers to which they have cultural obligations: how the latter can undermine security of tenure and how the former can be drawn into a public place dwelling lifestyle' (Memmot, Long et al. 2003).

Participants in the yarning circle spoke of transitional housing for women fleeing family and domestic violence soon becoming overcrowded when family comes 'and keeps coming, and

keeps coming and then you have this untenable situation of a really overcrowded tiny, transitional housing unit'. The participants recognised that other family members may also be homeless and 'a room is better than dirt, isn't it?' When attempting to move people on from transitional housing, the yarning circle participants spoke of the discrimination and racism faced by Aboriginal Australians as they try to access private rentals.

Figure 8: Women-only workshop: suggested actions to improve homelessness services system



Source: Authors

5.5 Feedback loops and older people who are homeless

Participants in the workshops were very much aware that negative or adverse feedback loops exist within the current homelessness system for older people. It was mentioned that the homelessness service system is 'complex and opaque' and people often have very different needs—for example, changes to Newstart to make it more prohibitive to access and are also making it 'easy for people to breach' and be cut off from payments.

Some other examples of negative feedback loops include the following:

- The placement of older persons in low-cost housing that may not be appropriate for their needs.
- One older woman noted that she had severe arthritis, but lived in a dwelling without a separate shower and was forced to step into and out of a bath to bathe.
- A second person with a psychiatric disability noted her risk of suicide had increased because of her accommodation in a second-floor apartment.
- Some older people who are homeless are rehoused in accommodation they can barely afford, and while they may benefit from physical access to services, they cannot afford to purchase food or services in the neighbourhoods in which they live.
- There is a disparity in condition of properties depending on geography, with higher socio-economic suburbs having better quality housing, and other areas with old, poor quality housing that is often unsuitable for older people.
- There are very long wait times for Australian Government aged-care services, and often these supports are not available to persons without a permanent residential address.
- Not all accommodation available to people who are homeless is suitable, especially for older women who are sometimes housed with men and drug dealers. However, if the offer of accommodation is not accepted, then the person is on their own, or placed further down the waiting list.
- Male and female participants stated that rooming-house accommodation can be poorly run, unsafe, insecure, and is often filled with unpredictable 'ice addicts'.
- Because support is tightly rationed and always under pressure, it is difficult for service providers to maintain a consumer focus that treats each person as an individual with their own life history and needs.
- The current support system appears—to the user—to be highly siloed. Few services are integrated with each other and the capacity to gain access to assistance is often dependent on location. Some places have more services, while others have fewer or no services.

The workshop discussions were also able to identify a number of positive feedback loops. Importantly, a number of participants focussed on the benefits associated with the Australian Government's ACH program, and the ability of staff employed through that program to effect real change in the lives of individuals confronted by the prospect of homelessness. They were seen to offer several advantages, including:

- a local presence that delivers familiarity with local resources and housing markets, resulting in more positive housing outcomes
- strong connections with other services in the region
- a focus on community and social networks
- an emphasis on the needs of individuals.

The overall impact of these feedback loops is overwhelmingly negative. Individuals cannot get the help they would like to receive, and service providers struggle to offer the assistance they aspire to deliver. As one exasperated workshop participant—a homeless service provider—stated:

The homelessness services system is really rigid ... so we're always trying to find ways to get around it. ... It's trying to make the system work for people, and not exacerbate them, and make their health deteriorate, and all of that. ... We're going to prevent something, let us use the system to prevent things getting worse.

I was told about a month ago that I don't do things the right way and I thought, 'OK, deal with it'. Because homelessness is not fair, it's not even, it's not something you can put in a queue and everyone will be done, it's not. You get it, and you go, 'What do I do now?' 'What's the best I can do?'

The focus on efficiency and productivity results in human resources left unused, and persons at risk of homelessness or already homeless are unable to contribute to society in a meaningful way.

Several participants noted that it would be possible to build much more positive processes of cumulative causation. The provision of appropriate assistance when needed, by persons with the authority, knowledge and skills, would help many individuals rebuild their lives. Which in turn would enable them to contribute to Australia more broadly, by re-engaging with paid work or through volunteering. Key features of a positive feedback loop include the following:

- Giving older people access to support workers to assist them in navigating their way through government systems and provide additional information.
- Models of care based on developing long-term relationships between service provider and the older person who is homeless are needed.
- Awareness of homelessness, and its causes, within the general community and political leaders.
- A greater number of service points, and distribution in a variety of locations.
- Service providers with a strong consumer focus.
- Attention paid to prevention and early intervention among older persons at risk of homelessness. (This would include modest funding to sustain tenancies in the private rental sector or to modify dwellings.)
- Priority given to older persons in the allocation of government-owned housing.
- Greater advocacy by and for older people who are homeless.

One older Indigenous male workshop participant with an ABI had been in jail and sleeping rough for several years, as well as living in boarding house accommodation. He recounted after leaving jail, 'I didn't want to go back to my mum's, I wanted to be independent myself.' He had managed to find his way to a Common Ground apartment. The following exchange highlights the importance of service providers with a strong client focus and where long-term care relationships are developed.

Lived experience participant: But anyway it all worked out in the long run, it all worked out.

Facilitator: And you've stayed there 4.5 years, which is a long time.

Lived experience participant: And I'm still staying there. They'll have to take me out in a pine box.

Facilitator: And what about it has made you stay there such a long time? Are they helpful? Or what is it that made it work for you?

Lived experience participant: The staff and support. They're always very helpful and whereas in [boarding house] it wasn't support. A little bit here and there, but not as much as Common Ground.

Service provider participant: It's a bit of a community isn't it? Staff on site.

Lived experience participant: I'm going to stay there. If I need anything I just ask them and they do their best. To help everybody.

Facilitator: And do you think that's important for you to stay out of jail and everything?

Lived experience participant: Yeah, I think it is. Yeah, exactly.

Later in the conversation, he said, 'Without support you lose hope.'

5.6 Solving homelessness among older people: insights and conclusions

This section has reported on the views of persons working in the homelessness sector and older Australians with lived experience of homelessness. This primary data collection has been policy focussed, and has drawn on the overarching perspectives informing this project and the large Inquiry, including attention to systems thinking and how systems change. The policy implications of this work have been documented throughout the section, but our findings also raise conclusions of a more theoretical nature. These outcomes represent a fresh contribution to the literature on homelessness and older people in Australia and elsewhere. The data presented highlights an under-resourced homelessness service system that cannot provide services—let alone social and affordable housing—to older Australians who find themselves without a home. We also uncovered an aged-care services system that holds a potential solution—the ACH program—but is underfunded and under-resourced for the number of older people who are homeless in contemporary Australian society. The participants in our focus groups were aware, and had experience, of a number of aged care providers and homelessness services that were innovative and made an important contribution to the lives of vulnerable older persons. This included high-profile organisations such as Wintringham, but also other less-acknowledged groups such as Anglicare SA and Resthaven. It was clear from the discussion that many other high-impact organisations work for the benefit of older Australians but funding limitations and the ways in which financial support is provided, means they do not have scale of impact that they would desire. Expanding the ACH program is one important way of allowing these agencies to increase their efforts and impact. The final chapter reviews current policy discussions and potential solutions to the homelessness of older people.

The application of a systems thinking approach generates new insights into homelessness through a focus on those agents able to effect change, and the ways they can be mobilised. The two workshops and the yarning circle have provided evidence on the complexity of the lived experience of homelessness in older age, and the importance of addressing social and economic processes considerably distant from formal 'homelessness' policies in order to deliver impactful solutions. For example, the yarning circle highlighted the intergenerational impacts of homelessness among older Aboriginal women, with entire families potentially without a secure home when grandmothers lose their accommodation. In a comparable vein, while access to housing is critical for non-Aboriginal and Aboriginal homeless persons alike, system reform is needed more broadly in Australia—in the wages system, in the delivery and regulation of income support, and in how information is provided to persons at risk—if homelessness among

older persons is to be addressed. This perspective challenges and stands in contrast with other approaches that apply a more linear or simplistic lens (see, for example, Tually, Skinner et al. 2017).

Similarly, the specific focus on gender that has been foundational to this research has provided new insights into the growing phenomenon of homelessness among older women. This fresh knowledge includes perspectives on the 'shock' individuals experience as they come into contact with Australia's income-support and social-welfare systems, the ways in which health shapes the take-up of housing assistance and needs, and the skills deficit that stops many women gaining access to paid employment. From a broader gender perspective, the whole-of-population perspective on homelessness among older people forces us to reconsider the lived experience of men—many of whom have been institutionalised into homelessness, and who are more accepting of the challenges embedded in their current housing circumstances. Our workshops also highlighted that men, like women, are often made homeless by relationship breakdowns, and they too struggle to find workable housing solutions in the short, medium and longer term. Finally, we would note that this research—undertaken as a broader Inquiry into homelessness across all age groups—draws attention to the marginal position in the labour market of older people at risk of homelessness, and this is an insight underdeveloped in the literature, but with significant implications for our conceptualisation of this issue. Older people who are homeless cannot rely upon assets or paid employment to provide a long-term solution to the housing market, which implies that work-focussed philosophies of assistance cannot meet their needs (Beer et al. 2016a).

6 Policy development options

- A fully funded national strategy and action plan to end homelessness.
 - More low-cost properties for rent and purchase.
 - Integration of aged care, homelessness, health, social service and disability systems.
 - Early detection and intervention for older women to prevent homelessness in the first place.
 - Expansion of the ACH program.
 - Political commitment and funding to end homelessness.
-

6.1 Current policy discussions

Over the last decade, a number of organisations have advocated for older people who are homeless, and made recommendations to the Australian Government with a view to putting an end to older people's homelessness. The collated actions are compiled in Table 2; however, it is important to note that some are related to the broader homelessness population.

Shelter SA: Housing Boomers

In 2015 Shelter SA (SSA) recommended seven policy interventions from state and federal governments to assist older (South) Australians:

- 1 Linking Commonwealth Rent Assistance (CRA) to local market rents.
- 2 Redesigning the age pension in a way that recognises more older people are relying on the pension to pay for rapidly growing housing costs.
- 3 Improving security of tenure for older people in the private rental market.
- 4 Designing flexible dwellings to accommodate life changes.
- 5 Exploring innovative housing options for Australians as they age.
- 6 Tailored approaches to those with statistically recognised unique needs, including women and Aboriginal people; the age-pension eligibility age should be lowered to allow for lower life expectancy.
- 7 Increases in the supply of social and affordable housing and specialised tenancy support for older people.

Everybody's Home

Launched in March 2018, the Everybody's Home (EH) campaign is a coalition of 32 organisations—plus dozens of organisations that support the campaign—advocating for the following:

- Support for first home-buyers: reset our tax system to make it fairer for ordinary Australians wanting to buy a home.

- National housing strategy: more low-cost properties mean more choices, making it cheaper and easier to find a home. An estimated 500,000 new low-cost rental homes are needed to meet the demand for affordable housing.
- A better deal for renters: get rid of 'no grounds' evictions and unfair rent rises so that millions of Australian renters have the security they need to create homes, build lives and raise families.
- Immediate relief for Australians in chronic rental stress: increase CRA for the thousands of Australians who are struggling to pay the rent (Everybody's Home 2018b).

The goals of the Everybody's Home Movement are to create

A plan to end homelessness—With real effort we can halve homelessness in five years—and end it in 10.

We're calling on governments to put together a national action plan to end homelessness that:

- *addresses all the drivers of homelessness, including the lack of affordable housing, poverty and family violence.*
- *rapidly rehouses people who are homeless and helps them stay there.*
- *addresses the over-representation of Aboriginal people in the homeless service system.*
- *commits to ending homelessness by 2030 by taking action to prevent homelessness and delivering rapid access to the housing and support people need if they do lose their own home.*

With real effort we can halve homelessness in 5 years and end it in 10.

It's time to fix the housing system. (Everybody's Home 2018a)

Australian Association Of Gerontology (AAG)—Position paper—Older women⁵ who are experiencing, or at risk of, homelessness, (August 2018)

In August 2018 the Australian Association of Gerontology (AAG) issued a position paper that made 23 recommendations to Australian governments to address the increasing risk of homelessness for older women. They call for fundamental social and institutional change, and for the integration of aged care, homelessness, health, social service and disability systems. For older women in particular, there is a need for early detection and intervention, and for services that cater to the needs of older women—many of whom do not identify as 'homeless' and are not cognisant of services available.

Critically there is a disconnect between the homelessness system and aged care assistance. As discussed by Wintringham and other agencies working with older homeless people, the Australian Government's reliance on a marketized model of aged care assistance—Consumer Directed Care—is inappropriate for those who lack a permanent address. Under Consumer Directed Care, services are provided to an individual but are directed to a home, and those services may not correspond with the most pressing needs of homeless people. At the same time both social housing provision and funding for homelessness services are not equipped to deal with the needs of an aged homeless population whose needs may be complex, and which

⁵ AAG defines 'older women' as aged 50 years or older, or 45 years or older for Aboriginal and Torres Strait Islander women.

almost inevitably include an immediate need for long term, affordable housing. Person-centred approaches—as deployed by Wintringham and other organisations, call for a level of flexible funding not found in our current funding models.

Table 2: Recommendations to solve homelessness for older Australians (2015–2018)

Structural	Early intervention	Prevention or reversal	System integration	External levers
<ul style="list-style-type: none"> • Increase single parents' payments so it is a viable income for women and their families (W) • Increase and index the Homeless Supplement for residential aged-care providers (AAG) • Recognise the lower socio-economic status of women when compared to men (AAG) • Prevention of FDV (MA) • An Australian Government strategy to address the financial insecurity (boost economic security) of older women (AAG, MA, NOWHHWG) • Implement special measures to assist women currently at retirement age to prevent deprivation (needs to compensate for historical discrimination and the impacts of caring) 	<ul style="list-style-type: none"> • Tailored person-centred approach (SSA, AAG, OW, A) • Include questions addressing housing security in the aged-care assessment and provide pathways to ACH services, HCP and residential care (AAG) • Ensure national aged-care policies address housing adequacy (NOWHHWG) • Enhance ACH to meet needs of older people at risk (AAG) • Expand the ACH geographically and through the provision of brokerage funds (NOWHHWG) • Safe at home programs and rapid rehousing options for FDV victims/survivors (MA) • Crisis payments through Centrelink (MA) 	<ul style="list-style-type: none"> • Support for first home-buyers (EH) • National housing and homelessness strategy/framework to end homelessness (EH, AAG, NOWHHWG, MA, HA) • Better deal for renters (including specialised tenancy support; preventing tenancy breakdown) (EH, SSA, HA) • Innovative housing options (SSA) • Increase supply of social and affordable housing (SSA, AAG, MA, NOWHHWG, HA) • A capital pool for specialist aged-care providers to build residential facilities (AAG) • Build on the work of Ageing on the Edge—Older Persons Homelessness 	<ul style="list-style-type: none"> • A dialogue and linkages between aged care, housing and homelessness sectors (AAG, HA) • Work across sectors and silos, fund adequately and holistically and move beyond awareness-raising and crisis responses to FDV (MA) • Develop better national datasets to inform improved policy responses and monitor outcomes (NOWHHWG, HA) • Culturally responsive service model for Indigenous people (HA) 	<ul style="list-style-type: none"> • Universal or flexible housing design and investment (SSA) • Financial education and information for women that includes challenging gendered norms and myths (W) • Training, education and employment support for women (MA)

Structural	Early intervention	Prevention or reversal	System integration	External levers
responsibilities) (NOWHHWG)	<ul style="list-style-type: none"> Housing for men who use FDV (MA) 	Prevention Project (TACSI)		
<ul style="list-style-type: none"> Australian Government needs to address the underlying causes of gendered inequality (NOWHHWG) 	<ul style="list-style-type: none"> Establish a Seniors Housing Gateway Program that includes information and support services in each capital city (NOWHHWG) Build streamlined client service pathways (HA) Rapid rehousing (HA) 	<ul style="list-style-type: none"> Non-housing supports (therapeutic and financial) (MA) Immediate relief for Australians in chronic rental stress (increase CRA) (EH, MA). And link relief to local market rents (SSA) Age pension should recognise new housing reality of older people (SSA) Lower age pension eligibility (SSA, A) Short- and medium-term accommodation (HA) 		

Key:

EH = Everybody's Home
SSA = Shelter SA
W = Wire
MA = Mission Australia
HA = Homelessness Australia

AAG = Australian Association of Gerontology
NACA = National Aged Care Alliance
HAAG = Housing for the Aged Action Group
TACSI = The Australian Centre for Social Innovation
NOWHHWG = National Older Women's Housing and Homelessness Working Group

A = Aboriginal & Torres Strait Islander
OW = older women
ACH = Assistance with Care and Housing
HCP = Home Care Package
FDV = family and domestic violence

6.2 Strategies to end homelessness among older Australians

The incidence of homelessness in Australia is influenced by structural factors including the unequal treatment of women through the life course. If unequal pay, working-life disadvantage and sexism are not addressed, older women will continue to need social housing and homelessness services in greater numbers. The same can be said for Indigenous Australians who are homeless—the broader cultural issues of racism, discrimination and marginalisation in Australian society need addressing. The homelessness services system cannot be looked at in isolation, as there is a need for more comprehensive health support and greater income support. The ‘complex causes of homelessness require complex solutions’ (Fowler, Hovmand et al. 2019) and to end homelessness, adequate funding and political will is required. As one service provider at the workshop stated homelessness strategies and programs:

... talk about older women so it's being highlighted, (its) but not enough. It talks about it. There's evidence about it. But there's no teeth. There's no funding. There's no action attached to it.

Fowler, Hovmand et al. (2019) recommend continuous investments in partnerships to end homelessness. It was clear from the workshops and yarning circle that where partnerships between actors and agents of the homelessness and aged-care services systems existed, people experiencing homelessness had better outcomes. Some of the strategies revealed through this research to address homelessness follow. The top five actions to improve the quality of life of older people who are homeless, or at risk of homelessness, put forward by participants from all tables of informants, and both morning and afternoon Melbourne workshops, were:

- More public/social, affordable, appropriate housing with more options—for example, transitional, independent living units, co-housing, co-living, and creative funding mechanisms. This action would require additional public sector funding.
- Better coordination, integration and collaboration between and within services systems. This action would not necessarily require additional public sector funding.
- More government funding; accountability; transparency; support; streamlined processes; access points; simple language; and forms in multiple languages. This set of actions calls for additional government expenditure.
- Frontline service providers who can empathise with clients, and a need to change the current culture of poverty-shaming and gratefulness for delivery of services. This action does not call for additional public sector expenditures.
- Empowerment and education for older people of their rights; this may require modest government outlays.

The online survey respondents chose similar responses as their top actions, but considered that integration of homelessness and aged-care services, and greater public awareness around the causes of homelessness in later life, is also required. Other responses to the homelessness of older people include the following:

- A long-term strategic vision for public and affordable housing and the private rental sector. This action would not necessarily require additional public sector funding.
- An urgent increase to income support such as Newstart and a review of eligibility for Disability Support. This action would require additional public sector funding.

- Housing in the regions is more affordable, but sometimes employment is difficult. There should be no negative impact, such as withdrawal of Newstart, if a person moves to a region to access cheaper housing options. This action would not necessarily require additional public sector funding.
- Development of a specialist aged homelessness system—for example, policies that prioritise allocations to older Australians and appear to have a positive impact:
 - The Wintringham Housing and Support model has proved an effective service over a number of years with housing linked with long-term support. They also have an established nursing home (Crane and Joly 2014).
 - Housing for the Aged Action Group (HAAG) operates a unique early intervention specialist older persons homelessness service called Home at Last that obtains long-term housing outcomes for older people at risk of homelessness. There is interest across all states for a Home at Last-type statewide information service, and a proposal for the Seniors Housing Gateway has been developed. This action would not necessarily require additional public sector funding.
- More secure funding, and more flexible funding, so that additional services are created. This action would not necessarily require additional public sector funding.
- Accommodation that is adequate and appropriate for older people, and crisis services or emergency accommodation, including medium-term providers. This action would require additional public sector funding.
- For older men and women who are homeless, the priority for them remains access to affordable and appropriate housing. *Full stop.* And many prefer government-provided accommodation over housing association housing as it costs a lower proportion of their income. We should never forget that older homeless Australians seek a *home*, not a house.
- Divorce and marital separation remain important triggers for homelessness for many older people. Better models of home ownership support post-separation, such as shared ownership or capital-indexed home ownership (Beer, Faulkner et al. 2011) could keep many out of homelessness.

This research was undertaken within the context of a larger Evidence-based Policy Inquiry into an effective homelessness service system in Australia and adopted a 'systems thinking' perspective. It also acknowledges that although earlier research and policy advocacy documents were well developed and thought through, the take-up of their recommendations has been slow. The systems thinking approach that lies at the core of this study and the wider Inquiry possibly provides a fresh perspective on how to bring about change. The systems approach highlighted the need to address the following questions:

- Who are the actors/agents (people or organisations) in the homelessness system who can be allies or advocates to address and progress action on homelessness ... and who are those who can block change or progress?
- What levers/actions/interventions could create potential change in the way the homelessness system operates?
- Once levers/actions/interventions are activated, what types of feedback loops emerge? (Feedback loops are circular relationships within a system and can be positive, negative or neutral.) We need to understand the ways in which negative feedback loops create social problems or act to block the changes needed to deliver better outcomes.

Through this research, we can conclude that the following agents are central to bringing about change in the delivery of services to older homeless people:

- The broader Australian population needs to be better informed and better engaged with homelessness among older Australians, and this change is needed to secure ongoing support for appropriate policy interventions.
- The Australian Government is a key actor, and needs to take on a leadership role in shaping and coordinating a national plan of action on this topic.
- Centrelink is a key actor as a gatekeeper for access to income support, and better-trained and more empathetic staff would assist older people secure the support they need, and map pathways out of homelessness.
- The aged-care sector is a key actor, and they need to reach out to both governments and the homelessness sector to better explore opportunities to contribute to the identification of solutions.
- The homelessness sector itself is a key actor. It needs to evolve to provide more support to this growing area of demand, and it needs to find ways to work with the aged-care sector to secure better outcomes for mutual clients.
- The healthcare sector is a key actor, and one that needs to acknowledge the importance of addressing homelessness among older people as a determinant of significant demands upon its resources.

With respect to levers and actions, South (2018a) has argued that fundamental social and institutional changes are needed to reduce the risk and impact of homelessness on older people, and long-term commitments by governments are needed to deliver this change. Affordable, secure and appropriate housing must be central to any solution (South 2018a). This call for additional housing supply is evident in both the literature and the outcomes of the online survey, workshops and yarning circle. South (2018b) argued there is a need for:

- a federal government commitment to the supply of adequate housing for older Australians.
- a public policy emphasis on addressing family violence.
- including questions focussed on housing and homelessness in the aged-care assessment process.
- establishing a capital pool to enable aged-care providers to build specialist facilities for this client group.
- reviewing, increasing and indexing the Homelessness Supplement for aged-care providers.
- establishing a dialogue between homelessness and aged-care providers.
- supporting specialist homelessness services network with aged-care providers and extending that capacity for interchange to the disability and social services sector.
- exempting older homeless people from the need to apply to the NDIS for funding.
- requiring providers of homelessness services to older women to use more assertive methods to contact those at risk.
- including outreach facilities for persons at risk of homelessness in face-to-face hubs within the aged-care system.

While acknowledging that a 'Housing First' approach is central to all successful policies and programs focussed on homelessness, there appears to be a pressing need for early intervention and prevention programs focussed on older people who are homeless. Our primary data collection reinforces other work showing that many come to homelessness late in life, and these people experience both grief for their past life, and shock at their new circumstances. They may also lack the skills and knowledge they need to navigate a successful transition to a

stable life. Early intervention and prevention policies are likely to be effective for this group and will deliver long-term benefits for the Australian economy and society. This includes lower overall expenditures on government services.

Feedback loops are a critical part of the homelessness journey. Currently older people who are homeless are confronted by feedback loops that have a negative impact because they reinforce a sense of disempowerment, make it difficult to establish social networks, push income-support recipients to find employment in a labour market for which the individual may lack appropriate skills, and erode their health through poor quality housing.

These feedback loops can be reversed through the following:

- 1 Wraparound supports and an emphasis on building and mobilising social networks.
- 2 Access to good quality housing that contributes to, rather than diminishes, health.
- 3 Proximity to employment and services.
- 4 Appropriate training and skills acquisition to ready people for re-employment.

These insights and policy approaches can also be applied directly to specific groups within the older homeless population, and these are discussed below.

6.2.1 Strategies to end homelessness among older women

There is a growing cohort of older women who are homeless. They have never previously had experience of homelessness, and often have no prior exposure to the social security system. Homelessness and the processes they are then exposed to through the social security system are a rude shock to them. They often find it hard to believe they ended up this way, and they cannot comprehend the uncaring nature of the income-support and other governmental systems. Exacerbating the shock of homelessness and an uncaring system is older women's lack of confidence while going through strong hormonal changes brought on by menopause. This leads to anxiety at a time they consider they need to be on 'top form' in order to comply with Newstart, and to convince landlords that they are viable tenants. The role of feeling confident and on top of things may play a large part in women's ability to gain rehousing and income. Strategies to end homelessness among older women include:

- a more integrated cross-referral system to assist women age safely, securely and successfully in private rental housing
- more and better gender-specific data to inform policy development and service delivery
- strategies and education programs to strengthen relationships
- financial literacy programs for women, starting from a young age
- programs that will assist women to more effectively contribute to superannuation
- mentoring and networking for women at risk
- networks and relationships with other services, such as allied health, gerontology, etc.
- innovative new forms of housing—for example, TACSI has undertaken co-design workshops with older women to ascertain housing preferences and innovation in design, including co-housing and share-housing options (TACSI).
- New models of women-only boarding houses (Senior 2011) and opportunities to access a female-only space and staff members (Hutchinson, Page et al. 2018: 21). This recommendation acknowledges that boarding houses are considered unsafe for single women but also accepts the pressing need for workable and affordable housing solutions in the short term (Australian Human Rights Commission 2017).

- effective retraining for employment in the contemporary economy, with meaningful actions taken against age discrimination in the workplace. To quote one source, ‘The potential for meaningful occupation, training and employment to boost self-esteem and help women’s recovery from homelessness cannot be underestimated’ (Hutchinson, Page et al. 2018: 18).

6.2.2 Specific strategies to end homelessness among older Indigenous people

Indigenous homelessness in older age remains an outcome of colonisation, as well as of longer-term social and economic disadvantage. Providing culturally appropriate housing for Aboriginal and Torres Strait Islander people is an important step, as would be an enhanced program of Aboriginal-led service provision and economic development. Older Aboriginal people are at risk of eviction from public and private rental housing because of their family and cultural obligations. In the public and community sectors, agencies should change their policies and procedures to work with older Aboriginal people to assist with these responsibilities—for example, payments for fostering their grandchildren on a temporary or longer-term basis—rather than responding to a crisis in the management of an asset.

Habibis’ (2011) research found that unless the homelessness of young Aboriginal men is curtailed, as they become older they become the hardest to serve, and most chronically homeless, of all population groups.

When online survey respondents were asked which services older Aboriginal and Torres Strait Islander people who are at risk of homelessness require, the top three responses were:

- culturally appropriate housing
- specialist homelessness services for Aboriginal and Torres Strait Islander people
- language and cultural support.

When asked how mainstream homelessness services could be made easily accessible and culturally safe for older people from different cultural backgrounds—including Aboriginal and Torres Strait Islander Australians—the yarning circle participants ranked the following actions important (note: * represents agreement):

- Have somewhere for people who are one payslip away from losing their accommodation to go to, or someone they can speak to. Help them stay where they are—for example, short-term micro loan or support?
- Points of referral linked to aged and seniors’ specific services across the social services system.
- A one-stop shopfront in Darwin with wraparound services. No leaving the shop without a safe place to stay for one month. * *
- A central point for crisis housing and appropriate and safe housing. *
- Granny flats in backyards. * *
- Improve consultation and engagement for planning and services—from seniors’ representative bodies and communities. * *

The participants were asked to consider a system to support older people who are living in insecure housing or at risk of homelessness, and how the system would operate. The responses included the following:

- Actually having a ‘system’; connectedness; breaking down stigma. *
- Access to superannuation; coordinated services; *respect*.
- Better alignment of social and affordable housing stock to the needs of older households; affordable housing that is safe and secure; access to appropriate housing. * * *

- Awareness-raising about seniors' rights in society—for example, safety, income and shelter; housing advocacy; a nationally consistent legislative review of 'seniors' rights'. *
- Easier access to housing and services. * *
- Consistency with age and policy, etc. *
- A central-intake centre with case coordination; dormitory housing for respite; inter-agency communications.

It was also noted that the design of responses to Indigenous people's homelessness must be driven by Aboriginal people to ensure the responses are accessible and culturally appropriate.

6.3 Without affordable and social-housing provision, homeless numbers will grow

Faulkner and Fiedler (2018) have suggested that demographic, housing market and other changes could have a profound impact on the incidence of homelessness among older Australians in coming decades. They considered a scenario where home ownership continues to decline for those aged 65 and over and where the social-housing sector does not grow. Under this set of circumstances, almost 1 million older households will need to be accommodated in the private rental sector in four decades—approximately 20 per cent of all older households. Many within this future generation of older Australians will be vulnerable, with 120,000 low-income older households across Australia already paying more than 30 per cent of their income in rent (Faulkner and Fiedler 2018). While homelessness continues to grow throughout the Western world, the experience of Finland shows that a Housing First homelessness system works for most people.

Critically, research and policy discussion that addresses homelessness among older people cannot ignore the fact that more affordable and appropriate housing is needed. For this group of individuals, this means—given their extremely limited incomes and low probability of finding full-time work—additional social housing. There are, however, additional steps that can be taken. The ACH model, which embraces a range of providers including local governments, was seen as a potential lever with the capacity to bring about very positive change for older people who are homeless. The current program was reported to have a substantial impact, with this view held by both service providers and individuals who are homeless. They reported, however, that the program is both an underfunded and understaffed system. Crane and Joly (2014) note that ACH is a relatively small program with geographically patchy service delivery. Many participants argued that governments seeking to make a positive change for older people who are homeless should expand the funding and geographical spread of the ACH program to provide comprehensive support.

Collaboration between governments was seen to be central to finding suitable homes for people at risk of homelessness. The workshop participants observed that there was a need to involve local government, state housing providers and the local Centrelink office. In one example, a local government service provider received a list of available properties from the state housing provider. They spoke about older people needing appropriate housing so they could continue to age in the community where they have connections and access. Often community housing units were not suitably located, and there is discrimination in the private rental market. Ties to community and the supports they provide remain critical for older people who are homeless. State government agencies should work with local governments and their communities to identify ways in which older people who are homeless can both connect locally and contribute to their communities as volunteers, or in paid employment and in other roles.

One service provider observed that the homelessness system treats people as if they brought homelessness upon themselves, and this is simply not true nor helpful. For older women in particular there is simply a need for housing assistance. As older people, often at some distance from the labour market, it takes much longer to find housing, and even then it may not be affordable or appropriate. The Australian Government estimates that spending on homelessness equates to \$30,000 per person per year, but there are few studies quantifying the loss of productivity and wellbeing (Fowler, Hovmand et al. 2019). Many of the workshop participants with lived experience of homelessness were, and are, talented people, who through circumstance have found themselves without a home. As Fowler, Hovmand et al. (2019) asserted, 'prevention-oriented policies that ensure timely responses to housing insecurity extend the Housing First philosophy and leverage the considerable capacity of homeless services'. We would add that prevention of homelessness also leverages the considerable capacity of people who are homeless.

6.4 Conclusion

Finally, it is important to acknowledge that the apparently inexorable increase in homelessness in Australian society is *not* inevitable. As the recent experiences of Finland and Norway have shown, and as the policy settings of Scotland indicate—an appropriate focus on housing as a critical issue in society, and the development of appropriate policies and programs, can bring homelessness to an end for all groups, including older persons. The solutions to the challenge of homelessness will not be found in the short term. However, without concerted action the incidence of homelessness in Australia will rise, and it is likely it will grow most rapidly among our older citizens.

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Appendix 1: Online survey responses

Table A1: Responses to ‘Is there anything else you would like to add that we have not covered?’

No.	Response
1	Specialist homelessness services do have success in housing older customers, but affordability means that options are limited to public or community housing. The My Aged Care (MAC) system is hard to navigate. To ensure supports are in place to support the person once housed or to support at-risk tenancies, especially in the space of hoarding and squalor, where mental health supports are crucial in creating change and sustaining the tenancy.
2	Greater access to mental health diagnosis and supports is a critical prevention strategy. Development of a targeted and specifically designed education program for workers to raise awareness and knowledge around the issues. Changing community perception and increased education of the public. Vast majority of referrals to ACH work, but exceptional cases where networks break down. Hoarding is still a critical issue that impacts on a person’s housing situation. Can address the cleaning, but not the longer-term psychosocial health aspect. There really is not much interface between service providers in the older homelessness specialty area. There is a program Intensive Tenancy Support from AC Care; we sometimes see clients who have had this support in place for two years, and the home is squalid. We struggle to get MAC referrals for ACH; and although we go ahead and deliver the service anyway, what does this lack of referral pathway say to this group of clients who are already marginalised? We also struggle to get MAC referrals for the mainstream CHSP program for this group of clients (domestic assistance, home maintenance), which would assist them with their tenancy issues. There is limited access to emergency accommodation. There is an expectation that ACH providers will ‘solve’ the problem. We do get some referrals from council and public health, but often the situation has gone on for years, and there is no early discussion to ensure the homeowner is aware of concerns and likely repercussions if the issues are not addressed. Same goes for public housing; we have seen numbers of clients who have not appropriately cared for their rental property, and there has been no straight talk about their failure to meet expectations, and what will happen if this continues. Clients often say to us, ‘They won’t do anything, they never have before.’ Clients may be aware of services, but do not have knowledge or skills to access them. Often individuals present long before CDC (if they have an ACAT, they are well into the system).
3	I think older people require a housing and aged-care response by virtue of their age and life experience. We advocate for housing-led solutions to homelessness and so my bias must be considered. That said, there are no crisis services and only a couple of medium-term providers in this jurisdiction that offer accommodation close to appropriate for older people. The majority of our members would agree homelessness accommodation is inadequate and inappropriate for older people. We need to see retirement villages enter into affordable rental, ILUs [independent living units] for people with low-care needs and pathways to stepped care for people with no home to sell to fund the entry contribution bond. The most common pathway into aged care at the moment for older renters and people experiencing homelessness is the ED [emergency department] following a serious fall or other major health event. I would also add changes to the Aged Care Funding Instrument (ACFI) in 2014–15 and 2016–17 had a detrimental impact on access to aged care by people with the kind of neurological conditions that often follow long periods of housing instability that include sleeping outside which has—anecdotally—

No.	Response
	increased the number of older people being accommodated by family members, including young carers.
4	The key issue is access and support for safe, secure and affordable housing.
5	I might suggest that looking at successful models, such as Norway's and Finland's, to inform our approach would be worthwhile. It should be a federally funded model to ensure equity of access. For Aboriginal and Torres Strait Islander people, design should be driven by those consumers so that it is culturally appropriate and accessible. From our experience, women—especially older women—are increasingly at risk of homelessness, a number living in their cars due to a lack of access to housing. With limited to no superannuation, their capacity to afford rents in the current market are limited at best. In my opinion, investment in social housing, which goes further than emergency and crisis accommodation, is required.
6	Increased effort in preventing homelessness, which doesn't just include policies directly on housing but with more structural issues—superannuation, employment of older workers, etc.
7	It is a specialised area of support and should be treated that way. Homelessness is a complex area of support. However, when you add health issues, ageing and disability the situation becomes increasingly difficult.
8	Support services are key, particularly support services that work around both the issues associated with homelessness and the issues associated with ageing and cognitive decline.
9	In my opinion, the current aged-care system does not take into account the additional needs and complexities of older people experiencing, or at risk of, homelessness. For example, we know that people who have experienced poverty and/or homelessness also experience premature ageing (and the co-morbidities that go along with it), yet to access services, the chronological age of eligibility is still 65. This means people who fall into the age range 50–64 years old potentially miss out on additional services that are offered at a CHSP level and cannot have a comprehensive ACAT assessment that qualifies them for Home Care Packages, respite and residential care. Another barrier to accessing aged-care services is that often our clients have a mistrust of institutionalised services and are reluctant to enter into residential care. Often, our clients also lack the financial means to pay for services they require. This makes referring on to mainstream services extremely difficult. More affordable housing options for older people that adequately cater to their environmental needs would also be beneficial, e.g. flat throughout (no steps or stairs), bathrooms with grab rails in shower and beside toilet, handheld shower hose; walk-in shower alcove, adequate circulation space for mobility equipment such as 4-wheel walkers etc.
10	The Wintringham Housing and Support model has proved an effective service over a number of years. Housing linked with long-term support is effective.
11	Housing for the Aged Action Group (HAAG) has a unique early intervention homelessness specialist older persons' homelessness service called Home at Last that is obtaining long-term housing outcomes for older people at risk of homelessness. In a national project called Ageing on the Edge—Older Persons Homelessness Prevention Project, investigating the service systems for older people at risk of homelessness in every state. There is considerable interest across all states for a Home at Last-type statewide information service and a proposal called the Seniors Housing Gateway that is a generic model for each state has been developed. In NSW a not-for-profit (NFP)

No.	Response
	partner is offering \$600,000 pa to set up a service there and a 50 per cent contribution from the NSW Government is being sought. HAAG is also leading a project for federal Aged Care Minister Ken Wyatt to develop a homelessness action plan as part of the Aged Care Diversity Framework. This will be completed by June 2019.
12	It is vital that a strategy addresses both accommodation and services and there is recognition of the need for individuals to make independent decisions about their accommodation (landlord) and service relationships.
13	In the northern Adelaide region there are few housing options for people at risk of homelessness. Local services struggle to support people into secure and affordable rental housing because of this. We have a situation where there is growing demand but limited supply to meet this demand. The divestment of public housing stock to the community housing sector has not helped this situation.
14	Recognising how many older Australians are at-risk or are experiencing elder abuse from family or close friends.
15	Need to be responsive to older women experiencing FDV.
16	Homelessness among older Australians requires a flexible service response depending on the pathway into homelessness. For those for whom income and housing costs are the only issue (e.g. can't access private rental on a pension), increasing the available seniors' public housing will address the issue, although in the ACT the age to access this should be lowered to 60. For people with complex needs such as mental illness or substance use, specialised older persons' supported accommodation would be better. Our homelessness service manages transitional housing, but it is high-density and is not always safe for elderly, vulnerable people.
17	Increase in stock of appropriate social and community housing property options to meet the need of this cohort at affordable rents with funded support in place.
18	A specialist service for older people to assist with information on options. A higher asset allowance for people over 60 to be eligible for Office of Housing (OOH) properties.
19	Assumptions cannot be made about the ability of older people who are homeless to access phone and online services. Older people who are homeless or at risk of homelessness may have no carer or family to help or advocate for them, and may not think to engage with the aged-care system at all. Providers (housing/homelessness/aged care) dealing with older people who are homeless or at risk of homelessness are often themselves not well informed (e.g. about homelessness, housing or aged-care services available—including definitions of homelessness and age criteria for eligibility—and providers in their area who deliver ACH). Early detection/intervention for older people experiencing or at risk of homelessness must be prioritised. Assessments of housing situations should be included as routine, e.g. during ACATs or other service interventions. Providers should be advised of early 'flags' to homelessness or inappropriate housing, e.g. poor health and abuse. This is particularly relevant for older people experiencing homelessness or at risk of homelessness for the first time, as they may be ashamed of their situation and not be explicit in their concerns. Without full access to information, the ability to make an informed choice is reduced. Even if in the position to make choices, being homeless or at risk of homelessness does not necessarily mean they will have the ability to enact those choices. The diversity of experiences, histories, health conditions and future desires of older people who are homeless or at risk of homelessness must be recognised—they will not be one homogenous group with a singular experience that has led to their current situation.

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