



Final Report

Preventing first time homelessness amongst older Australians

authored by

**Maree Petersen, Cameron Parsell,
Rhonda Phillips and Gentry White**

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Authors	Petersen, Maree	The University of Queensland
	Parsell, Cameron	The University of Queensland
	Phillips, Rhonda	The University of Queensland
	White, Gentry	The University of Queensland
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ACRONYMS

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACHA	Assistance with Care and Housing for the Aged
AHURI	Australian Housing and Urban Research Institute Limited
ARBI	Alcohol Related Brain Injury
CACP	Community Aged Care Package
CALD	Culturally and Linguistically Diverse
COP	Community Options Program
DoHA	Department of Health and Ageing
DSS	Department of Social Services
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FDA	Factorial Discriminant Analysis
FEANTSA	European Federation of National Organisations Working with the Homeless
HAAG	Housing for the Aged Action Group
HACC	Home and Community Care
HMM	Home Maintenance and Modification
ILU	Independent Living Unit
NAHA	National Affordable Housing Agreement
NGO	Non-Government Organisation
NPAH	National Partnership Agreement on Homelessness
NRAS	National Rental Affordability Scheme
NTV	Notice to Vacate
SHS	Specialist Homelessness Services
SHIP	Specialist Homelessness Information Platform
UK	United Kingdom
USA	United States of America

EXECUTIVE SUMMARY

This study examines older people's homelessness in Australia, with a particular focus on the experience of becoming homeless for the first time in later life. The study seeks to gain a national understanding of older people's homelessness and to inform prevention strategies by drawing on interventions undertaken in a range of geographically and socially diverse locations across Australia.

The research is partnered with Assistance with Care and Housing for the Aged (ACHA) agencies throughout Australia. This program, currently funded through the federal Department of Social Services (previously funded by the Department of Health and Ageing) and operating through community and government agencies, is purposively designed to assist disadvantaged older people who are at risk of homelessness or are homeless. It aims to facilitate their ongoing independence within the community by facilitating access to appropriate and affordable housing and by linking older people where appropriate to community care and support services. This practice model corresponds strongly to contemporary homelessness prevention practice. The paradigm of housing alongside appropriate supports underpins the ACHA program and thus provides not only a specialised focus on vulnerable older people but also a link with contemporary homelessness initiatives.

There has been longstanding criticism of a lack of attention to older people's homelessness. However, in Australia there has been increasing recognition of this distinctive form of social exclusion. Leading on from recommendations in the Australian Government's 'White Paper' on homelessness (FaHCSIA 2008), legislative changes to the *Aged Care Act 1997* identify older people experiencing homelessness or at risk of becoming homeless (Part 2.2, Section 11–3) as a special needs group that receive priority access to residential aged care. In addition, there has been funding of specialised aged care facilities that provide care for formerly homeless people who have complex health needs. Of particular importance is the acknowledgement of homelessness in the aged care reform package, *Living longer. Living better.* (DoHA 2012), which has resulted in increased funding for outreach services to older people in housing crisis in rural areas. This initiative signals a clear recognition that housing is an aged care issue.

Historically, with the exception of the small ACHA program, Australia's housing and ageing portfolios have operated separately. There have been consistent calls by gerontologists that housing and ageing policy need to be coupled. The homelessness policy attention has largely focused on older people who live with a range of complex care needs linked to their homeless history where independent housing is not seen as appropriate. There is also a clear need to consider older people experiencing homelessness for the first time in their later years in the policy arena. Notwithstanding the significant and growing numbers of older people experiencing either first time homelessness or housing crises in later life, there is little empirical evidence about the nature of the problem in Australia and the drivers of first time homelessness among older people nationally. In the absence of a national evidence base there are limitations in the capacity to achieve homelessness prevention objectives for this group.

Research aims

This study aims to contribute to the evidence base about homelessness prevention for older people experiencing homelessness or housing crises in later life. Building on the existing evidence drawn primarily from Australia's two largest capital cities, Sydney and Melbourne, this study examines older people's homelessness and preventive

strategies in geographically, culturally and economically diverse areas of Australia. It draws on new empirical material gathered in five Australian states and across 31 agencies working with older people in housing need. Specifically, the study undertook to:

- Review Australia's knowledge of older people's homelessness in the context of international literature. Consideration of the research literature in Australia and other western countries provides an understanding not only of the living circumstances of vulnerable older people but also the distinctive characteristics of homelessness as it is experienced by older people. In particular, the pattern of long-term and first time homelessness is highlighted as a theme in the literature.
- Consider insights from gerontology. In particular, the frameworks of life course theory—our rich knowledge of the role of home and place and their integral nature to older people's wellbeing, and agency or the purposive actions of older people in managing their lives—are discussed. This discussion seeks to build recognition of older people's homelessness within gerontology. Social gerontology is rich in understandings of older people's living environments and the circumstances of older people experiencing disadvantage and deprivation. These insights are important to homelessness scholarship and provide important conceptual guidance. This discussion is then linked to homelessness prevention. It is argued that homelessness prevention needs to be tailored to the diverse and complex nature of exclusion as it is experienced by older Australians.
- Empirically seek an understanding of older people's homelessness across a range of locales in Australia. In partnership with ACHA agencies the research involved two phases: data-mining and semi-structured interviews. Client records were mined for three months at the end of 2012 providing quantitative and qualitative data on 561 older people in housing crisis. The material gained included demographic data, housing history, critical housing incident and living arrangements. In conjunction, interviews with 20 ACHA workers and stakeholders were undertaken. The interviews sought to gain a rich understanding of the circumstances in different locales and housing market contexts, and consider issues such as culture, gender and access to services. The project was exploratory in nature. The analysis of the data was conducted utilising the gerontological and homelessness prevention frameworks outlined above.
- Provide a detailed analysis of the nature of older people's homelessness. This was an iterative process utilising the quantitative and qualitative data with the aim of outlining pathways into homelessness in later life. This provides a useful framework for policy and planning processes. In addition the empirical research involved gaining insight into the intervention strategies utilised to address older people's homelessness. Prevention was a particular focus of this analysis.

This research project, with its multiple foci, draws on a large amount of individual client case records and insights from interviews with professionals skilled in working with vulnerable older people in housing crisis. It provides a rich and illuminating understanding of homelessness for older Australians. The inclusion of urban, rural and remote areas of Australia in this study not only provides an understanding of different geographies and their respective structural contexts but also encapsulates an understanding of the interplay of gender and culture.

Key findings

Older people's homelessness in Australia is predominately about experiencing homelessness for the first time in later years. Previous research in Australia has intimated the importance of first time homelessness among older people. However,

these studies have been small exploratory studies. This study, the largest study to date in Australia on older people's homelessness, confirms this distinctive pathway.

Pathways to homelessness

The study identified three pathways into homelessness for older Australians:

1. People with a history of conventional housing.
2. People who live with ongoing housing disruption.
3. People with a transient housing history.

Each pathway has distinctive characteristics and is easily identifiable. Within each pathway there is diversity of experience. While this study is primarily concerned with first time homelessness it is considered important to outline and understand all later life homelessness events in Australia so that we can form a clear picture.

The focus of the study was people with a conventional housing history who presented to ACHA with a range of critical housing incidents. On the whole people with a conventional housing history had been renters, mainly in the private market. In order of frequency the critical incidents were grouped as:

- Being served a Notice to Vacate (NTV).
- Being unable to continue living with family.
- Lack of affordable housing options.
- Inaccessible housing design making it unsafe to continue residency.
- Breakdown in a relationship.

The impact of a breakdown in intergenerational housing arrangements and resulting homelessness risk for older people is an important finding in this study. Older people face a housing crisis when they are unable to continue living with family due to carer stress, overcrowding, tension and breakdown and, in a small number of cases, elder abuse. The inability of Australia's housing, particularly the private rental market, to facilitate older people ageing in place was another significant finding. Physical access issues were a dominant reason for older people to be in housing crisis. Notice to Vacate (NTV) and lack of affordability were also common critical housing incidents. This latter finding reinforces our understanding of the deprivation and vulnerability older people reliant on the pension experience while managing private rental payments. In addition, this finding highlights the need to consider accessibility as part of the provision of affordable housing in Australia.

The other pathways identified in the study, both with very distinct characteristics, relate to ongoing housing disruption and transience. People who lived with ongoing housing disruption, often termed the long-term or chronic homeless, lived in marginal housing including boarding houses and substandard caravan parks. Some, fewer in number, slept rough, couch surfed and utilised crisis accommodation. The second group comprised people who had led transient lives. This included people who lived for large periods of their life overseas, namely Asia, itinerant workers and people who moved to housesit. It also included people who moved between their country of origin and Australia. Both these groups represent a distinctive form of ontological security.

Resettlement intervention strategies

The study investigated the key intervention strategies used to resettle older people. The following points describe relevant models of practice.

- The model of practice within ACHA is person centred and holistic. This ensures individual's circumstances, needs and goals are assessed at initial contact. While housing is a focus it is coupled with care and support needs. An outcome of an assessment is the linking of people with community supports and resources to assist their wellbeing and thereby ensure their continued independence in the community.
- Housing interventions include investigating if an older person's residency can be maintained. Advocacy and negotiation with the landlord and brokerage may mean that the client can stay in their home.
- Sourcing housing. The focus is on seeking social housing for the client as it offers affordability and often accessibility. In many locales this was not an option and workers utilise the private rental market including caravan parks and shared houses. Residential aged care is seen as most appropriate for a small number of clients.
- Integral to the housing intervention is the consideration of the supports that will assist the older person to remain independent in the community. This encompasses formal community aged care as well as a range of other supports including legal advice, mental health support, counselling and pastoral care.
- In addition practical assistance is available to clients including accessing furniture and white goods as well as assisting with moving.

There are a range of core elements that facilitate effective intervention with older people in housing crisis. The overriding strength underpinning this service is the integration of housing and homelessness policy with community aged care policy. Housing and support is coupled from the outset. In addition there is strong service integration across the formal and informal sectors.

Key policy implications

The essential component of prevention and rapid response for older people who are homeless or at risk of homelessness is affordable appropriate housing. In many cases the most appropriate response is social housing. We know that older people will settle well, often without the need for ongoing interventions, if they are resettled in a timely manner.

In the absence of social housing, affordable private rental may be the only option. In some cases this is an appropriate option if the older person can maintain a long-term tenancy. Transitional or long-term additional rent subsidies may be an appropriate response in these circumstances.

The breakdown of intergenerational family housing arrangements and its links to older people's homelessness is an important finding in this study. There is a clear need to understand the respective roles of carer stress, overcrowding, tension, conflict and elder abuse in the development of housing crises for older people resulting from family breakdown. Consideration needs to be given to whether additional resources or the provision of alternative family housing may prevent the breakdown of relationships and risk of homelessness for older family members.

Accessible housing is crucial for older people to age in place. Older people in rental accommodation lack control over their environment and the modifications necessary to facilitate ongoing independence. Our data showed that landlords are reluctant to permit modifications to their properties despite often having little understanding of what these entail. The significant role that (often simple) modifications can play in preventing homelessness for older people means that this area requires careful consideration. We demonstrate how property modifications for older people primarily

in the private rental sector, and less often in the social housing sector, would have mitigated their housing stress and subsequent homelessness, and enabled them to age in place.

Assistance with Care and Housing for the Aged (ACHA) program

The linking of community care and support to housing is crucial. Since its inception, the ACHA program has coupled housing alongside essential community service systems. This integration is essential to homelessness prevention.

Older people are often unfamiliar and reluctant to engage with the welfare and housing sectors where they have not previously done so (Westmore & Mallet 2011). The ACHA program, which has operated for 20 years, provides examples of dedicated older people's services that engage with and assist older people in housing crisis. There is room for wider implementation of this service model in the homelessness sector.

The service model of ACHA exemplifies a contemporary homelessness prevention paradigm. The successful linking of housing and ageing paradigms within this program provides a model for wider policy coordination needed to assist vulnerable older people. ACHA is a very small program and does not engage with all older people in housing crisis. There is clearly a need for better policy coordination across the wider aged care, homelessness and housing sectors to ensure they have a holistic understanding of the experiences and needs of older people in housing crisis in order that policy and service responses can be tailored accordingly.

Policy and public discourse

This study has identified a number of issues that warrant further exploration. This includes understanding the nature and drivers of homelessness amongst older people from Indigenous and CALD communities, the role of families in protecting against and contributing to older people's homelessness, and the experiences of older people living in the private rental market and in marginal housing. It is crucial that there is an active policy and public discourse on how to prevent older people's homelessness so older people at risk of or experiencing homelessness can, like the wider population of older Australians, age in their communities.

1 INTRODUCTION

1.1 Background

There is current concern in Australia about older people's homelessness. The watershed policy document, *The road home: a national approach to reducing homelessness* (FaHCSIA 2008) demonstrated public concern and policy priority by identifying the special housing and care needs of older Australians. Historically, however, older people's housing needs and experiences of homelessness have received less policy and scholarly attention than other groups such as young people, families, the chronic or long-term homeless and Indigenous people. The contemporary policy focus on older people is premised on the need to generate a more sophisticated understanding of the important social problem of later life homelessness and, in turn, respond to a number of important contemporary challenges such as the provision of community aged care and affordable housing.

Our current understanding of these challenges is thus. First, we know that the number of older people experiencing homelessness in Australia is on the rise. While the rate of older people's homelessness was consistent at 14 per cent in 2006 and 2011 Australian Bureau of Statistics (ABS) Census of Population and Housing (ABS Census) enumerations, it is important that this is viewed in the context of the ageing of the population within Australia.

Second, we are beginning to understand that the nature of older people's homelessness is distinctive. The research that has been undertaken in Australia has identified that a growing number of older people are experiencing homelessness for the first time in their later years (Crane et al. 2005; Westmore & Mallet 2011). This phenomenon is evident also in other western countries (Shinn et al. 2007). In addition to people officially defined and thus enumerated as homeless, the service sector is also highlighting the growing number of older people in housing crisis (Fiedler 2010) who are not statistically defined as homeless. Thus current enumerations understate the level of homelessness or 'at risk' homelessness for older Australians.

In the context of what is perceived to be an important and increasing problem among older people, some advocates have argued that women are a particularly vulnerable group to homelessness and require different types of policy and practice responses (Homelessness NSW n.d.; Petersen & Parsell 2014). The growing knowledge and advocacy in this area builds on the momentum of the White Paper but extends it by challenging the traditional focus on older people who have experienced long-term homelessness without regard to other homeless or 'at risk' groups. In contemporary discourse the needs of older people who live in precarious housing and those experiencing homelessness for the first time have been highlighted and brought into policy focus.

Australia's policy direction in relation to older people's homelessness has focused in the past on the implementation of tailored approaches to meet older people's 'special needs'. Central to the emerging policy direction is the positioning of older people who are homeless or at risk of homelessness as a 'special needs group' under amendments to the *Aged Care Act* 1997. This amendment, effective in July 2009, provides a legislative mechanism for priority access in aged care planning and allocations processes.

As of May 2013 there are 20 residential aged care facilities nationally receiving specialist funding, a viability supplement, for accommodating people who had formerly been homeless (Petersen & Jones 2013). These funding mechanisms are an integral part of strategies to assist older people who have complex health needs as a

consequence of 'living rough'. In the past year, the aged care reform package, *Living Longer. Living Better*. (DoHA 2012), has added further strength to this integration by including homelessness reforms within its mandate. This is important given the longstanding criticism within Australia of aged care services and their lack of engagement with older people's housing needs (Lipmann 2009).

Health and aged care services which older people at risk of homelessness are likely to contact were not skilled in identifying and working with their clients' housing needs (Lipmann 2009). Importantly, recent federal reforms in Australia include an expansion of the Assistance with Care and Housing for the Aged (ACHA) program, a small national program working with older people who are homeless or at risk of homelessness. In addition, specific seniors housing has been funded under the federal Social Housing Initiative and National Rental Affordability Scheme (Petersen & Jones 2013). This policy direction, however, is focused primarily toward older people experiencing homelessness who have a range of complex care needs and where independent housing is not seen as the most appropriate option. The rationale for this current research project arose from the need to understand the characteristics and prevalence of first time homelessness among older Australians.

Petersen and Jones (2013) observe that contemporary understandings of homelessness among older Australians have been informed by studies centred on Melbourne and Sydney. Further, with the exception of Crane and Warne's (2005) tri-nation study of older people's homelessness, most Australian research to date has comprised small exploratory studies. These studies provide rich qualitative findings contextualised within wider structural and policy factors (McFerran 2010; Westmore & Mallet 2011) but necessarily are limited in scope. Most recently Hanover Welfare Service's research on the impact of gender and location on older people's homelessness in Victoria (Batterham et al. 2013) has added to this mix. It is clear that the experiences of older people are diverse and that the risk of homelessness accumulates over time. Existing studies do not capture this dimension.

What we do know, however, is that except for some extremely vulnerable people, homelessness is not likely to occur unless several factors co-exist usually the availability of low-cost housing and sufficient income to pay for housing (Cohen 1999). It is clear that an increasing number of older people are renting in the private market and that a decreasing proportion of older people are home owners. These trends are a subject of concern in relation to housing affordability and risk of homelessness (Petersen & Jones 2013). In addition, the nature of older people's housing crises in diverse geographies and cultural groups within Australia is not understood. There is also a lack of understanding of integral issues such as elder abuse, accessible housing design and cultural and geographical factors, including overcrowding, within research.

This lack of understanding is part of an absence of policy and practice attention internationally. While peak bodies and services developed exclusively for older homeless people do exist, there remains a policy void. Indeed, some bodies such as the United Kingdom (UK) Coalition on Older Homelessness are no longer operational. Hearth and Shelter Partnership, key organisations in the United States of America (USA), continue to lobby for resources and attention to older people's homelessness (Petersen & Parsell 2014). There is strong evidence in the USA that the homeless population is at a demographic crossroad (Culhane, Metraux & Byrne in press, p.3). Discussion of older people's homelessness is limited in Western Europe despite evidence of increasing numbers of older people accessing shelters in some countries (Busch-Geertsema et al. 2010, p.53).

An understanding of the experiences, needs and circumstances of older people who are experiencing first time homelessness or living precariously but not officially defined as homeless, is fundamental to achieving appropriate housing outcomes. Indeed, the centrality placed on preventing homelessness, as one of the three foundations that reducing the incidence of homelessness relies upon, is particularly salient to addressing first time homelessness in later life. Australia can contribute internationally by developing a rigorous evidence base and effective preventive responses to homelessness and housing crises experienced by older people.

This research project sits in the context of a threefold contemporary policy focus:

1. Achieving headline targets in reducing homelessness.
2. Preventing homelessness as a core activity.
3. Meeting the needs of older people and the necessity to respond to their unique needs with appropriately tailored responses.

1.2 Research questions and aims

This study has two interrelated aims. First, to examine the distinct circumstances surrounding first time homelessness among older Australians across a range of geographically and socially diverse locations. Second, informed by an understanding of these precipitating factors, to identify what types of prevention strategies exist and are required to respond to housing crises and homelessness for older people.

The study interrogates four key research questions:

1. What are the circumstances surrounding older Australians that put them at risk of homelessness for the first time?
2. How do pathways into homelessness differ across Australia?
3. What intervention strategies assist older people experiencing a housing crisis to achieve stable accommodation?
4. What policy and practice initiatives would strengthen Australia's prevention capacity?

This report explicitly intends to examine how, if at all, older people's homelessness is distinctive. This study, with its national focus, aims to improve our understanding of older people's homelessness, particularly first time homelessness, with a view to developing appropriate prevention policies and effective services.

Two essential elements underpin this report. First, the conceptual frame of social exclusion represents a useful means to explore the precarious housing situations experienced by older Australians in different settings and locales. Respecting the diverse and complex nature of exclusion experienced by older Australians requires tailored homelessness prevention. Chapter 2 presents a detailed discussion of the nature and extent of older people's homelessness. This includes a critical review of Australian and international literature which examines the pathways into homelessness for older people. The latter part of this chapter draws on 2006 and 2011 ABS Census data to provide a statistical and prevalence context to older peoples' homelessness in Australia.

Chapter 3 explores the project's conceptual basis. In recognition that older people's homelessness remains underexplored in gerontology, we outline a conceptual and theoretical analysis that draws on life course theory, concepts of home and place and agency. We argue that homelessness prevention needs to be tailored to the diverse and complex nature of social exclusion as it is experienced by older Australians.

Chapter 4 describes the project's research design and premise to gain a national understanding of homelessness as experienced by older Australians. A multiple methods approach for the collection of data and analysis is outlined as a means to examine first time homelessness amongst older Australians and how they are assisted in diverse Australian contexts.

Chapter 5 outlines the findings of research questions 1 and 2 (circumstances and pathways to homelessness). Accounting for housing history, culture, gender and geography, these findings provide detailed nuanced evidence of the diverse nature of older people's homelessness across Australia and describe three pathways into homelessness.

Chapter 6 reports on key intervention strategies utilised to assist older people in housing crisis, which were identified in the research, and the strengths and barriers faced by workers in the sector.

The final chapter, Chapter 7, discusses the policy and practice implications of the study. Eight issues drawn from the study findings are discussed in terms of the policy and practice implications for the prevention of homelessness amongst older Australians. The report concludes by building on these findings and suggesting areas in need of further research.

2 NATURE AND EXTENT OF OLDER PEOPLE'S HOMELESSNESS

This chapter presents an analysis of literature examining the nature and extent of older people's homelessness. It argues that understanding some of the distinct features of homelessness for older people is central in developing responses that prevent homelessness in later life. The first part of the chapter draws on Australian and international research to illustrate how older people's homelessness is conceptualised and experienced. The latter part of the chapter uses data from the ABS 2006 and 2011 Census to describe the demographic characteristics of older people's homelessness in Australia.

Before considering older people's homelessness in more detail, it is useful to consider how we describe an older person. At what age is someone 'old'? The use of a marker in years to represent older people in the context of homelessness has limitations. Is it legitimate to consider older homeless people differently from single homeless people of all ages given that all share complex and multiple disadvantages? Furthermore, the descriptor of 'old' lacks agreement in the literature. Researchers commonly define 'older' as 50 and above (Cohen & Sokolovsky 1989; Crane et al. 2005; Judd et al. 2004; McDonald et al. 2007; Rota-Bartelink & Lipmann 2007a) although 55 years was utilised in a recent Australian projects (Batterham et al. 2013; Westmore & Mallet 2011). The marker of 45 years and above was utilised for older women by McFerran (2010), respecting the norm in family and domestic violence research. Research and practice knowledge stresses that people who have experienced homelessness for much of their adult life consistently present with premature ageing and accompanying physical and mental health concerns (Rota-Bartelink & Lipmann 2007a; Crane & Warnes 2012).

On the other hand, adopting a lower age of 45 or 50 years as 'old' runs the risk that aged care accommodation is seen to be the appropriate housing response. The aged care system may not be appropriate for the larger population of older people who are homeless for the first time or at risk of homelessness in their later years. Further, older people, along with other groups who have experienced homelessness, overwhelmingly prefer to live in non-institutionalised housing (Stefanic & Tsemberis 2007). Notwithstanding this preference among the majority, residential aged care may be the most appropriate form of accommodation for people experiencing premature ageing with accompanying concerns such as depression and dementia.

How 'old' is viewed in relation to homelessness contrasts with how it is viewed in wider society. The perspectives that inform gerontology and policies of healthy ageing challenge stereotypes of older people as frail and disengaged from society. Recognition of older people's contribution to society on many levels has been responsible for a change in how we view older people, and an increasing recognition that 65 is not the age at which a person becomes 'old'. Life course theory highlights that where we are in our lives is shaped by a lifetime of experience and moves attention from understanding numeric age (Moody 2010). Social class, occupation, education and health are all determinants. Income maintenance policy reflects this with the change to 67 years for eligibility for the Age Pension. Income maintenance entitlements for people aged less than 67 years are likely to be the Disability Support Pension or Newstart Allowance. However, the reduced income attached to the Newstart Allowance will affect people's capacity to pay market rates of rent.

Arguably the focus should be on the person, their life experiences and their current circumstances and needs rather than their numeric age. Transferring this perspective

to people experiencing or at risk of homelessness in later life, the overriding concern is to account for the person's circumstances and needs in the context of their life experience rather than their chronological age. Indeed many service providers working within the homelessness sector do this and advocate for support to match their client's needs and for programs to have flexible eligibility guidelines. For practical purposes this report considers people aged 55 years and over to represent the 'older' cohort of Australians. It is acknowledged that having a marker for 'old' is contested. The marker of 55 years (as opposed to 65 years and over) captures people who are experiencing premature ageing as a result of a life of disadvantage. In addition, it is more useful to adopt a conservative stance in defining 'older' with the aim of having more reliable estimates of people who are homeless or at risk of homelessness and therefore in a position to access programs designed for older people including Assistance with Care and Housing for the Aged (ACHA), Home and Community Care (HACC) and care packages (soon to be the Home Support Program).

2.1 Later life homelessness and housing vulnerability

Internationally, research on older people's homelessness on the whole employs the pathways perspective. Scholars in the area of older people's homelessness have conceptualised two pathways into homelessness in later life: people who have been homeless for many years, referred to as the 'long term' homeless; and people who become homeless for the first time in their later life, referred to as 'first time' homeless (Crane & Warnes 2012; Shinn et al. 2007). The use of the pathways perspective draws attention to the personal and housing histories of people experiencing homelessness (Chamberlain & Johnson 2011). It is in contrast to the use of the housing career metaphor, which identifies stages leading up to becoming homeless.

The pathways analysis is seen as an improvement to the career metaphor as it recognises that there can be a pathway out of homelessness (Chamberlain & Johnson 2011). It also recognises that episodes of homelessness can be interrelated and additionally influenced by an individual's housing and personal circumstance before and after each episode (Fitzpatrick & Clapham 1999). We acknowledge in our discussion the contribution of Fopp's (2009) critique of the metaphors used in housing and homelessness research and the connotation of 'choice' in the 'pathways' metaphor. However, we note also Fitzpatrick, Bramley and Johnsen's (2013) suggestion that a general preference now exists for the more neutral expression 'pathway'. As Fopp notes, Clapham's (2003) advocacy of the pathways metaphor brings cognisance of the interplay of structural and personal factors over time, which we view as essential to our understanding of homelessness. Further, we argue that the dynamic and holistic nature of the pathways approach complements the life course approach.

Petersen and Jones (2013) write that there is a need to include older people at risk of homelessness in research, policy and practice responses to homelessness. This broadening of 'homelessness' acknowledges the fine line between someone experiencing homelessness and someone living precariously with insecure tenure paying the majority of their income on rent. On the basis of this understanding, we accept Toro's (2007) reasoning that it is more accurate to view homelessness as a continuum rather than a strict dichotomy of being homeless or not homeless at a given point in time. It additionally brings a sharper focus to the prevention of homelessness and the varying and multiple degrees of social exclusion faced by this population.

The following sections provide an overview of the two pathways into homelessness for older people, long-term homelessness and first time homelessness in later life, and an

analysis of housing vulnerability and the risk of homelessness for these groups. We demonstrate how an exploration of pathways and critical housing incidents informs our understanding of the diverse and unique ways that homelessness is experienced and conceptualised by older people.

2.1.1 Long-term homelessness

The first group, which is referred to interchangeably throughout the literature as the 'chronic', 'long-term' or 'multiple exclusion' homeless (Fitzpatrick et al. 2011), consists of individuals with complex needs including substance misuse, poor physical and mental health and possible limited insight. It is not uncommon for people in this group to have spent significant periods of their lives in institutions such as orphanages, mental health institutions and prison. The iterative homelessness that they experience also results in their use of crisis accommodation, marginal housing and day centres.

The first project dedicated to older people's homelessness conducted in New York during the 1980s provided an understanding of older men living on the streets and in crisis shelters (Cohen & Sokolovsky 1989). Our understanding of the long-term homeless continued to be informed by American studies: Kutza's (1987) study of elderly persons in Chicago; Douglass et al.'s (1988) work in Detroit; Keigher and Greenblatt's (1992) work on homelessness, also in Chicago; and Cohen et al.'s (1997) study of older women. All studies highlighted the multiple exclusion experienced by this group over many years. The most recent work out of the USA, while not exclusively focused on older people, reinforces the disruption and disadvantage experienced by the long-term homeless early in life (Shinn 2007).

The health concerns of older people experiencing homelessness are also of paramount concern. USA research has highlighted the prevalence and severity of health problems among the older homeless population and the barriers they frequently face when receiving care (Padgett et al. 2006; Shinn et al. 2007; Watson 2010; Watson, George & Walker 2008). Studies in Boston and San Francisco have shown that rates of 'geriatric conditions' amongst homeless people are two to four times higher than for the general over 50 population (Brown et al. 2012). A UK study on multiple exclusion homelessness is providing a clearer understanding of early trauma in people's lives and how this is linked to homelessness at an early age and consequent health and substance abuse concerns (Fitzpatrick et al. 2013). Further to this, the risk of violence and mental stress is considerably higher when someone is living in an unsafe and insecure environment (McFerran 2010; Westmore & Mallet 2011). Both men and women who are homeless commonly experience violence and victimisation on the streets (Bowpitt et al. 2011), and assaults amongst older women in marginal housing are common (Murray 2009).

Most of what is known in Australia about older people who have experienced long-term homelessness at different points in their lives, including as older people, has been gathered from the Wicking Project. This action research project, conducted at Wintringham, Melbourne, focused primarily on models of care for older people with complex needs. The project outlined the challenging behaviours and dementia like symptoms that can occur as a result of excessive alcohol consumption, Alcohol Related Brain Injury (ARBI) (Rota-Bartelink 2006). Findings from the project suggest that the older people in this group of chronically homeless individuals were more resigned to their homelessness than those who had not had prior experience of homelessness (Rota-Bartelink 2007). Kavanagh's (1997) qualitative study of men living in boarding houses in inner Sydney also identified trauma in early life alongside chronic problems with alcohol, cognitive and physical disabilities and multiple deprivation. The Wicking project recommended that appropriate housing models for this group should comprise supported accommodation and residential care—now a

well-established form of service provision by agencies such as Wintringham and Mission Australia.

2.1.2 First time homelessness in later life

In contrast with the life trajectories of older people with experiences of long-term homelessness, an emerging body of research has identified a distinctive pathway for older people who become homeless for the first time in later life (Cohen 1999; Crane et al. 2005; McDonald et al. 2007; Shinn et al. 2007). Shinn et al. (2007) used the descriptor 'conventional lives' to describe participants' life histories in the latter group. A tri-nation study investigating the causes of homelessness amongst older people in four English cities, Boston and Melbourne showed that close to 70 per cent of the total sample (n=377) had not previously been homeless (Crane & Warnes 2010), with two-thirds (60%) of participants at the Melbourne site similarly homeless for the first time (Rota-Bartelink & Lipmann 2007a). The breakup of a marriage, death of a spouse, financial trouble brought on by retirement and the onset of mental illness were found to be triggers for homelessness amongst this group (Crane et al. 2005).

Three subsequent Australian studies have drawn similar conclusions (Judd et al. 2004; McFerran 2010; Westmore & Mallet 2011), observing that people experiencing homelessness for the first time in later years have lived what Shinn et al. (2007) termed 'conventional lives', including histories of independence, employment and family. However, most had not accumulated the financial reserves required in later life because their working lives were characterised by low paid and often insecure employment. Batterham et al. (2013) extend this proposition to suggest that financial insecurity in later life may be more the experience of older women, who often occupy lower paid roles and more precarious employment. For the women in McFerran's (2010) study who were living alone in their fifties and sixties, health crises or age discrimination could put their jobs at risk and, in turn, throw them into a housing crisis.

Studies in the USA have revealed similar findings with conventional living, including long periods of employment and residential stability, as the situation of over half the older homeless cohort studied prior to their first homelessness event (Krogh et al. 2008; Shinn et al. 2007). In addition, approximately 40 per cent of these individuals were willing and able to work but were unable to obtain employment. Being homeless or facing a potential housing crisis resulted in poor physical and emotional health for all participants in McFerran's (2010) study of older homeless women, with anxiety and depression being particularly prevalent. Each of the three authors emphasised that at the time of crisis, the most important need of older people was to regain housing. From a policy and service provision perspective, however, there remains an underutilisation of homelessness and support services by this group. It is understood that older people are unlikely to access welfare and housing assistance when faced with a housing crisis (Gonyea et al. 2010). This may be due to a lack of familiarity with relevant services and supports or other factors.

Recently more attention has been paid to gender and homelessness, in particular, how disadvantage is experienced by men and women throughout the life course and may result in later life homelessness. For example, a study by Crane et al. (2005) of older people experiencing homelessness found that previous experiences of homelessness were more common amongst men than women, and that men were significantly more likely than women to have been homeless for periods of more than three years. Women were considered to be more likely to have first become homeless after the age of 50 years (Crane & Warnes 2012). Indeed, agencies such as Wintringham house predominately male clients, who usually present with a history of multiple disadvantage. In contrast, other agencies in Melbourne have reported that women make up more than 60 per cent of their referrals (HAAG 2012). Detailed

research is required to develop a deeper understanding of the relationships between age, gender, housing history, homelessness and geography.

Research findings in recent years suggest that risk factors faced by men and women can differ, resulting in different pathways to, and experiences of, homelessness. For example, in the UK and Canada factors such as eviction, loss of a spouse and loss of income are commonly cited as reasons for older people's homelessness but are experienced differently by men and women. While homelessness for women is more likely to stem from family crises such as separation, widowhood or family/domestic violence (Bowpitt et al. 2011), research suggests that for men it is often due to work-related challenges such as loss of employment (McDonald et al. 2004). Indeed, even when a family event is cited as triggering homelessness, the underlying circumstance for men and women may differ. For example, a UK study Bowpitt et al. (2011) found that men were more likely to abandon their accommodation due to complex family issues which they found intolerable, whereas women were more likely to flee for their or their children's safety due to such issues as domestic violence.

In line with the findings of McFerran's (2010) study of older women, a study of homeless women in Germany (Enders-Dragasser 2010) found that poverty, violence, limited education and addiction in their immediate family and relatives were the main causes of homelessness for this cohort. While it is clear that a feminist perspective and women's life histories highlight the structural disadvantages experienced by women, feminist scholars emphasise the hidden nature of women's homelessness and suggest that estimates may be a poor (under)representation of reality (McFerran 2010; Sharam 2008). There remains a need for studies to closely examine issues of gender across different geographies within Australia. Two studies underway, a project concerned with rural older women and housing insecurity as well as the national longitudinal study on homelessness will assist with this gap (Darab & Hartman 2012; Scutella & Johnson 2012).

2.1.3 Housing vulnerability—at risk of homelessness in later years

It is important to include in a discussion of later life homelessness older people who are at risk of becoming homeless. This group is composed of older people who are housed but due to insecure tenure and poverty, are considered to be at risk of homelessness. We know that homelessness is a component of living marginally and, consequently, people living precariously must be included if an understanding of homelessness among the ageing population in Australia is to be garnered. Temporal factors faced by older people living precariously, such as insecure housing tenure, poverty, high rates of social isolation and exclusion and health concerns, render this particularly salient. Whilst such factors have been foreground as possible causes of homelessness, it is important to note that research has shown that poor health, for example, can result also from the threat of eviction and emotional and financial abuse, and thus could be viewed as a consequence of precarious living in this circumstance.

The work of researchers concerned with social exclusion and deprivation draw attention to the precarious living circumstances of older people both in the UK and Australia (Saunders 2011; Scharf et al. 2003). The poor condition of lower cost private rental housing in Australia not only compromises older people's circumstances but results in maintenance and amenity issues for older tenants reluctant to complain for fear of rent increases (Jones et al. 2007; Fiedler 2010). Morris (2011) found that the ability to live well of older people on fixed low incomes in the private rental market was compromised by their living costs (namely rent), insecurity of tenure and anxiety linked to this tenure (see also Olsberg & Winters 2005). A number of studies have highlighted the frugal lives of many older people, who live without basic necessities including heating (Morris 2006; Saunders 2011). We know that family assistance and

financial and in-kind support such as meals assist people to manage week by week paying rent and living on the Age Pension (Morris 2009b). Some undertake part-time work; service providers relate of older people delivering advertising material and babysitting (Morris 2009b). There is only a partial understanding of the coping strategies of older people and why the associated risk factors of low income and high rent do not necessarily predict homelessness.

Family can be protective for homelessness (Gonyea et al. 2010). A consistent finding in homelessness research is that older homeless people have either no contact with family or contact is very limited (Faulkner 2007; Kavanagh 1997). This lack of familial support is consistent across western countries (Crane et al. 2005; Gonyea et al. 2007; Mills-Dick & Bachman 2010). The loss of a spouse through death or separation is widely accepted as an event that can potentially trigger a housing crisis, particularly because the resulting loss of income can impact upon the remaining partner's ability to pay their rent (Crane et al. 2005; Judd et al. 2004; McFerran 2010; Westmore & Mallet 2011). A common experience shared by many vulnerable older people is that of social isolation, particularly due to financial difficulties that make it difficult for them to get involved in social activities. However, not all individuals want, or are able, to seek assistance from family and friends, (Westmore & Mallet 2011; Rota-Bartelink & Lipmann 2007b).

We also recognise that older people at risk of homelessness are not officially defined as homeless or enumerated as homeless in the ABS Census. However, the ABS has recently published a statistical definition of homelessness that focuses on 'home'lessness, as opposed to 'roof'lessness (ABS 2012). Under this definition being homeless does not occur only when a person does not have a roof over their head. Individuals are also considered homeless if they do not have suitable accommodation alternatives; if their current dwelling is deemed 'inadequate'; if their accommodation has no tenure or if their initial tenure is short or cannot be extended; or if they do not have control of and access to space for social relations (ABS 2012, p.11). The meaning of 'home' as a place to enable stability, security, safety, privacy and the ability to control one's living space (Mallett 2004; Parsell 2011) is central to Australia's formal definition of homelessness (ABS 2012). While the 'at risk' group are not included in this definition it does provide a broad and meaningful understanding of the fundamental features of home and homelessness that resonate with the experiences and needs of older people.

2.1.4 Vulnerable older people and the service sector

Both Australian and international advocacy highlight the importance of retaining or enabling a quick return to housing for older people. Results from a longitudinal study in the UK (Crane & Warnes 2007) clearly indicate that individuals with stable backgrounds are much more likely to retain housing after resettlement intervention than those with a long history of homelessness. In-home support programs such as community aged care are also stressed as being key to maintaining housing. While it is widely recognised that homelessness is not purely a housing problem (Somerville et al. 2011), housing provision is key. Housing security provides older people with a base upon which they are able to stabilise other areas of their life. A secure home also ensures that an older person can build and maintain social networks, health care and other long-term supports around their home. This is in contrast to the physical and mental health consequences for older people facing or at risk of homelessness. Prevention, in the first instance, or rapid subsequent re-housing, can effectively avert such issues.

A number of writers have argued that ageing and homeless service systems have consistently overlooked the older homeless population (Cohen 1999; Gonyea et al.

2010). A study undertaken in Chicago found that agencies working with the homeless reported significant growth in the number of older homeless people presenting at their agencies (Krogh et al. 2008). The prevalence of older people posed significant challenges for the staff who were only just beginning to identify their specific circumstance and requirements. The researchers pinpointed areas in which agency staff needed to be educated to better assist the increasing numbers of older homeless people they were seeing. These areas included life stage issues and general issues around ageing, social isolation, grief and ways in which their clients' dignity could be maintained as they aged. It is also reported that older people fail to contact mainstream housing support or Specialist Homelessness Services for housing assistance in Australia. Older people represent less than 6 per cent of clients of Specialist Homelessness Services (AIHW 2012, p.46).

Similarly, studies in Australia have noted that 'at risk' older people will generally turn to health and aged care services when faced with housing problems, but that staff within these agencies lack the skills required to identify and work to overcome their client's housing needs (Lipmann 2009). Additionally, aged care services in Australia have been criticised strongly in recent years for failing to engage with the issue of older people's housing needs. Further, navigating the complex system of policy and service areas, including housing, residential and community aged care, health care and Specialist Homelessness Services, is difficult for older service users and professionals alike (Westmore & Mallet 2011). The location of an individual can impact also upon their experience of homelessness and homelessness risk, with research suggesting that formal crisis accommodation and accommodation for single tenants are scarce in regional areas (Batterham et al. 2013).

However, there is evidence that the needs of financially disadvantaged older people are becoming recognised increasingly by the aged care sector. In recent years a number of policy and funding initiatives have partially addressed the historical neglect of homeless people in Australia's aged care sector. This paradigm shift is evidenced in the inclusion of older people who are homeless or at risk of homelessness as a 'special needs' group under the *Aged Care Act 1997* (Arbib 2011); their clear acknowledgement in the *Living Longer. Living Better* aged care reform package (DoHA 2012); and their inclusion in wider health and aged care portfolios.

2.2 Official count of older people's homelessness in Australia

Some scholars have argued that homelessness is at a demographic crossroad (Culhane et al. 2013). This assertion is linked to the ageing of the homeless population, in particular those experiencing iterative homelessness, as well as to the increase in people in the older cohort born after World War II. It is difficult to draw out these assertions in the Australian context as, at the time of writing, we did not have available data about the age distributions of the homeless population from successive Census enumerations. Due to the change in methodology of how homelessness is estimated by the ABS only two successive enumerations, 2006 and 2011, were available with age distributions. As the age distributions data does not include all individual characteristics we could not determine trends beyond the two Census waves. On the basis of the available data, however, housing and homelessness patterns for older people could be determined across the two Census waves, providing an important context to this study.

As seen in Table 1, of the 105 237 people enumerated as homeless on Census night in August 2011, there were 14 851 people aged over 55 years. In 2006, there were 12 461 people considered homeless in this age group. This increase of 2390 persons

represents a slight drop in the rate per 10 000 of the homeless population from 15.4 in 2006 to 14.6 in 2011.

Table 1: Older homeless people, by age group and gender, 2006 and 2011

	2006	2011	Change
Men 55 years and over	7,688	9,521	1,833 ↑
Women 55 years and over	4,772	5,330	558 ↑
Total 55 years and over	12,461	14,851	2,390 ↑
Total homeless (all age groups)	89,728	105,237	15,509 ↑

Source: ABS 2012. *Census of Population and Housing: estimating homelessness, 2011*, Cat. No. 2049.0.

Note: Cells in this table have been randomly adjusted to avoid the release of confidential data. As a result cells may not add up to the totals.

2.2.1 Gender

Baptista (2010) has stated that the dynamics of gender are under-examined in relation to homelessness. Scholars have long argued that women's homelessness, for example, assumes numerous hidden forms and therefore is largely excluded from official enumerations and service records (Wardhaugh 1999; Watson & Austerberry 1986). Prompted by claims of growing numbers of women in housing crisis presenting to services and the calls of advocates, the Mercy Foundation commissioned research to examine the most effective pathways out of homelessness for older women (Petersen & Parsell 2014).

However, the official figures do not support the claims. Examination of the Assistance for Care and Housing for the Aged data collection over three years, for example, shows that the rate of women presenting to services has remained static (Petersen & Jones 2013, p.85). The Census figures do, however, show us that homelessness is experienced differently by men and women at the time of the official count. As seen in Table 2, men largely make up the numbers of older people rough sleeping and staying in boarding houses. Women, on the other hand, do not generally live in boarding houses and according to the Census enumeration are decreasing in numbers in this accommodation. There is evidence from Australian research of the violence (further violence) that women experience in boarding houses. Recent research from Chamberlain (2012) has highlighted the number of illegal boarding houses in Melbourne and other parts of Victoria most of which are likely to be recorded as private dwellings and not boarding houses (non-private dwellings) in the Census count. There remains a need to further understand the hidden nature of homelessness both for older women and for the population of homeless older people more broadly to inform future policy and practice directions.

Table 2: Change in homeless dwelling category, by gender, 2006–2011

	Men over 55 years			Women over 55 years		
	2006	2011	Change	2006	2011	Change
Improvised dwellings, tents or sleeping out	908	1,039	131 ↑	408	372	-36 ↓
Supported accom. for the homeless	748	1,137	389 ↑	571	781	210 ↑
Staying temporarily with other households	1,649	2,150	501 ↑	1,588	1,708	120 ↑
Staying in boarding houses	3,358	3,886	528 ↑	935	874	-61 ↓
Other temp. lodging	81	110	29 ↑	66	90	24 ↑
Persons in severely crowded dwellings	946	1,192	246 ↑	1,196	1,519	323 ↑
<i>All homeless 55 years and over</i>	<i>7,688</i>	<i>9,521</i>	<i>1,833 ↑</i>	<i>4,772</i>	<i>5,330</i>	<i>558 ↑</i>

Source: ABS 2012. *Census of Population and Housing: estimating homelessness, 2011*, Cat. No. 2049.0.

Note: Cells in this table have been randomly adjusted to avoid the release of confidential data. As a result cells may not add up to the totals.

2.2.2 *The living circumstances of older homeless people*

A scaled down demography of older Australians enumerated as homeless is possible through the linkage of ABS data on gender, accommodation and state of residence with age. Many of the variables which describe selected characteristics of the homeless population, such as Indigenous heritage, educational attendance, labour force status, need for assistance with core activities, country of birth, proficiency in English and location by state, are not linked to age.

As evident in Table 3 there has been an increase in the number and proportion of older people in all categories of living circumstance, with the exception of the proportion of older people living in boarding houses. Nevertheless, boarding houses and other temporary accommodation remain the living circumstance of a high proportion of older homeless people. While the total number of people sleeping rough and in improvised dwellings decreased between Censuses, the proportion of older people was higher with a fifth of older homeless people living in harsh conditions.

Table 3: Proportion of older people aged 55 years and over of total homeless population, by dwelling category, 2006 and 2011

	2006			2011		
	55 years and over	Total homeless	%	55 years and over	Total homeless	%
Improvised dwellings—Tents or sleeping out	1,316	7,247	18	1,411	6,813	21
Supported accom. for the homeless	1,319	17,329	8	1,916	21,258	9
Staying temporarily with other households	3,237	17,663	18	3,858	17,369	22
Boarding houses	4,293	15,460	28	4,759	17,721	27
Other temp. lodging	147	500	29	198	686	29
Severely overcrowded dwellings	2,142	31,531	7	2,709	41,390	7
Total	12,460	89,728	14	14,851	105,237	14

Source: ABS, 2011 *Census of Population and Housing: Estimating Homelessness*, 2049.0.

Table 4 sets out the type of housing utilised by older homeless people in each Australian state and territory at Census night 2011.

Table 4: Older people's homelessness, by dwelling category and state and territory, 2011

	Improvised dwellings, tents or sleeping out	Supported accom. for the homeless	Staying temporarily with other households	Boarding houses	Other temporary lodging	Severely overcrowded dwellings
New South Wales	387	498	931	1,928	55	736
Victoria	170	587	563	1,058	26	311
Queensland	412	287	1,287	1,030	76	356
South Australia	64	130	255	251	8	117
Western Australia	189	158	545	333	20	252
Tasmania	28	50	101	54	10	8
Northern Territory	158	92	136	104	5	924
Australian Capital Territory	4	114	42	4	0	6
Australia	1,411	1,916	3,858	4,759	198	2,709

Source: ABS 2012. *Census of Population and Housing: estimating homelessness, 2011*, Cat. No. 2049.0.

Table 5 shows the rates of homelessness per 10 000 of the total homeless population by age group, state and territory and homeless dwelling type. It highlights the quantum difference between the Northern Territory (NT) and other states. The table

shows that the rate of older people in the NT living in improvised dwellings, tents or sleeping out was 43.2 per 10 000 for the 65–74 cohort, with the equivalent rate in other states ranging from 1.3 to 4.2. This rate decreased with age, with a rate of 31.2 per 10 000 for the NT cohort aged 75 years and over, with other states and territories ranging from 0 to 1.6. The rate for every category of homelessness was many times higher in the NT. The category that stands out is the rate for severe overcrowding, with a rate of 288 per 10 000 in the 65–74 cohort, and 448 per 10 000 for those aged 75 years and over. The equivalent rate in other states and territories ranged from 0 to 3.7 per 10 000 for the older people aged over 75 years.

Table 5: Rate of homelessness per 10 000, by age group and state and territory and homeless dwelling category, 2011

Age group (years)	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	Aust.
<i>Persons in improvised dwellings, tents or sleeping out</i>									
55–64	3.1	1.6	4.7	2.1	4.5	2.8	53.0	1.0	3.5
65–74	1.9	1.3	4.2	1.4	3.9	1.3	43.2	0.0	2.6
75 and over	0.7	0.6	1.6	0.3	1.1	0.8	31.2	0.0	0.9
<i>Persons in supported accommodation for the homeless</i>									
55–64	3.1	5.3	3.9	4.7	2.1	4.5	22.7	19.6	4.3
65–74	2.3	3.9	1.8	1.6	2.6	2.2	39.7	12.0	2.9
75 and over	2.5	2.9	1.3	1.2	5.3	2.8	31.2	7.3	2.7
<i>Persons staying temporarily with other households</i>									
55–64	6.3	5.5	15.2	7.6	13.8	8.8	38.1	7.5	9.1
65–74	5.6	4.1	12.0	5.6	10.9	7.8	61.9	4.2	7.3
75 and over	2.5	1.6	5.6	2.4	2.1	1.9	11.3	2.4	2.8
<i>Persons staying in boarding houses</i>									
55–64	13.6	10.5	11.0	8.1	7.4	4.9	39.1	0.0	11.0
65–74	10.8	7.3	9.7	5.6	5.9	3.4	26.9	1.8	8.6
75 and over	5.1	3.5	6.7	1.2	4.5	1.7	0.0	0.0	4.4
<i>Persons in other temporary lodgings</i>									
55–64	0.4	0.2	1.0	0.3	0.4	1.0	0.0	0.0	0.5
65–74	0.3	0.3	0.6	0.2	0.7	0.7	5.8	0.0	0.4
75 and over	0.1	0.1	0.3	0.0	0.0	0.0	0.0	0.0	0.1
<i>Persons living in severely crowded dwellings</i>									
55–64	5.1	2.9	4.5	3.1	5.9	0.4	250.7	1.5	6.2
65–74	2.7	1.9	2.4	2.0	4.1	1.1	287.5	0.0	3.9
75 and over	3.7	1.7	2.2	2.4	3.3	0.0	447.6	0.0	3.7

Source: ABS 2012. *Census of Population and Housing: estimating homelessness, 2011*, Cat. No. 2049.0.

The tables in this section highlight the types of homeless dwellings utilised by older homeless people and suggest areas in which intervention and support services need to be directed. The findings additionally draw attention to the lack of basic shelter for a significant number of older Australians and the need for the provision of appropriate housing. As emphasised throughout this report, older people enumerated as homeless need to be considered alongside the growing numbers of older people living precariously.

2.2.3 Older people living marginally enumerated in the Census

The ABS also publishes estimates of people living in marginal housing, which is considered to sit just outside the definition of homelessness. This includes people living in a crowded dwelling (as distinct from severely crowded dwellings enumerated as homeless), in other improvised dwellings (e.g. tent not classified as homeless as it is considered adequate) and living long term in caravan parks. This definition of 'marginal' is limited. The ABS acknowledge their inability to capture people living in unsafe housing (encompassing living conditions and threats of physical, emotional or other harms) in Census enumerations (ABS 2012, p.55).

The ABS figures of those living in marginal housing at the time of the 2001, 2006 and 2011 Censuses enables consideration of patterns over a longer period. As illustrated in Table 6 there was an increase in the number and proportion of older people living in marginal housing from 2001 to 2011. The greatest change was in the number of older people living marginally in caravan parks, which rose from 25 per cent of total persons in 2001 to 44 per cent of total persons in this form of accommodation in 2011.

Table 6: Older people aged 55 years and over living in Other Marginal Housing, 2001, 2006 and 2011

	2001		2006		2011	
	n	%	n	%	n	%
Persons Living in Other Crowded Dwellings	2,803	6	2,702	6	4,041	7
Persons in Other Improvised Dwellings	920	18	1,846	24	1,173	26
Persons who are Marginally Housed in Caravan Parks	4,869	25	4,782	38	5,695	44

Source: ABS 2012. *Census of Population and Housing: estimating homelessness, 2011*, Cat. No. 2049.0.

As Table 7 demonstrates, more older women live in other crowded dwellings than older men. However, older men live in improvised dwellings and caravan parks than older women. The number and proportion, however, changed between Census periods. The proportion of older men and women living in other crowded dwellings increased but remained proportional for 2006 and 2011 relative to the total homeless population for each period. Both the number and proportion of older men and women in other improvised dwellings and marginal caravan parks also decreased. From 2006 to 2011 the proportion of older men in the other improvised dwellings rose from 15 to 17 per cent (2% increase), while the proportion of older women increased from 3 to 9 per cent (6% increase). It is apparent that caravan parks continue to house a substantive proportion of marginally housed older men. In 2011 older men comprised nearly a third of all marginally housed people living in caravan parks. The living circumstances for older women in marginal housing differ. The number of older women living in other crowded dwellings increased from 1444 in 2006 to 2168 in

2011. Fewer older women than older men live in other improvised dwellings and in marginal caravan parks.

Table 7: Older people aged 55 years and over living in Other Marginal Housing, by gender and dwelling category, 2006 and 2011

	Men		Women		Total marginally housed	
	55 years and over		55 years and over			
	2006	2011	2006	2011	2006	2011
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Persons in Other Crowded Dwellings	1,258 (3%)	1,870 (3%)	1,444 (3%)	2,168 (4%)	43,149	60,875
Persons in Other Improvised Dwellings	1,156 (15%)	780 (17%)	688 (3%)	394 (9%)	7,724	4,504
Persons who are marginally housed in Caravan Parks	3,130 (25%)	3,808 (29%)	1,648 (13%)	1,885 (15%)	12,444	12,963

Source: ABS 2012. *Census of Population and Housing: estimating homelessness, 2011*, Cat. No. 2049.0.

The steps undertaken by the ABS Census to enumerate people living marginally in different dwelling types is a positive undertaking. This count not only permits tracking changes in the use of these forms of substandard accommodation but also draws attention to the lack of security and poor living conditions that are experienced by many people. By considering conditions that sit just outside the definition of homelessness we focus attention more fully on the precarious lives of an increasing number of older people rather than whether a person is 'homeless' or 'not homeless'.

However, the gathering of empirical data on older people and homelessness in general poses significant challenges (ABS 2011; Judd et al. 2004; Kliger et al. 2010; McFerran 2010; Sharam 2008). We recognise that older homeless people, and particularly women, tend to remain hidden and are thus not included in counts. It is widely acknowledged by the ABS, academics and service providers that counts in the Census data do not necessarily represent an accurate picture of insecurely housed individuals. It is a challenging task to try and accurately ascertain the number of older people living in insecure housing such as boarding houses and unregistered rooming houses (Chamberlain 2012), the laundries and garages of others' homes and substandard caravan parks. It is similarly challenging to identify and enumerate people living in overcrowded dwellings across Australia.

2.2.4 Conclusion

Informed by both Australian and international literature, our understanding of the contemporary issues surrounding homelessness for older people is limited with the vast majority of research comprising small exploratory studies. Most research undertaken in Australia has been undertaken by, or closely linked to, the service sectors in Melbourne and Sydney. While the focus in most literature is on the causes of older people's homelessness, conclusions of causal relationships are not appropriate in the Australian context given the design and scale of the studies. It is not possible in these studies to exclude other explanations. However, the existing studies do provide rich qualitative findings contextualised within wider structural and policy factors (McFerran 2010; Westmore & Mallet 2011). The larger study by Crane and

Warnes (2005) is an exception, although it is important to recognise that participants were predominately male. Despite such limitations, the research evidence consistently demonstrates that the experiences of older homeless people are diverse and that homelessness risk accumulates over time (Gonyea et al. 2010).

We have argued that the pathways into homelessness for older people are distinctive. This is due in part to events and circumstances that can be linked to an older person's life stage, such as death of a spouse and other life events. We have argued that understanding the pathways and living circumstances of older people is fundamental to designing and implementing effective prevention strategies that address homelessness events and risk among this population. The interplay of considerations such as geography and culture, family (including elder abuse), housing accessibility and overcrowding on homelessness requires further investigation. The impact or threat of first time homelessness in later life on older people's mental and physical health also mandates our attention. This study aims to address these gaps in knowledge.

3 PREVENTING FIRST TIME HOMELESSNESS: OLDER PEOPLE

In this chapter we outline a conceptual and theoretical analysis of the social exclusion of older people by drawing on key areas in gerontology. These include the life course perspective, concepts of home and place, and agency. These are considered imperative to a framework for examining older people and homelessness. We argue that interventions need to be tailored to address the particular needs of older people in order to reduce the incidence and risk of homelessness and inform an effective prevention strategy. In the prevention framework outlined in the latter part of this chapter we acknowledge the diverse and complex nature of exclusion experienced by many older Australians.

3.1 Social exclusion and ageing

Traditionally, research on older people's homelessness has focused on the health of people living in shelters and on the streets. This focus is important both for policy and program design as well as for highlighting the particular needs of this vulnerable group. However, the consequence of this focus is a narrowing of the gerontological aspects of the social problem and how key concepts from this discipline can contribute to understanding and advocating for older people who live precariously. In particular, social exclusion as it relates to older people is invaluable in incorporating the multiple and complex nature of disadvantage of which precarious housing is central. In addition, concepts such as life course, home and place and agency are instrumental in both ageing research and policy design but largely absent in research on older people's homelessness (McDonald 2011 is an exception).

The social inclusion framework underpins social policy within Australia. This frame brings a focus on concerns, which can be multiple and cumulative, that characterise the circumstances of older people living precariously in Australia. Addressing social exclusion is a core agenda for health, education, welfare and housing services. Strongly linked to concepts of disadvantage, social exclusion accounts for poverty, exclusion from services and community activities, social isolation and discrimination. As such the social inclusion framework recognises the complex nature of disadvantage. Social inclusion is defined as a process that ensures that everyone, regardless of their life experiences or circumstances, can achieve their potential in life (Social Exclusion Unit 2006). This, in turn, requires a clear understanding of the complex relationships that create and sustain exclusion throughout the life course. The notion of time is explicit and cumulative disadvantage must be acknowledged in concepts of social inclusion and exclusion.

Writing over 30 years ago, leading gerontologist Peter Townsend made the point that poverty was not having the means to enjoy a 'customary' standard of living within one's society:

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or at least are widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities. (Townsend 1979, p.31)

The poverty of older people along with associated multiple deprivations including inappropriate housing are core elements of social exclusion. There is now

international recognition of the risks of social exclusion faced by older people. This work is firmly embedded within the European experience and is being recognised increasingly in China (Du 2013). In Australia, authors are seeking to redress what they consider a lack of recognition in Australian policy frameworks of the social exclusion of older people (Lui et al. 2011; Winterton & Warburton 2012).

Social exclusion in relation to older people is seen to be particularly evident for three main reasons. First, people who are socially excluded early in life will usually experience further exclusion as they age. Second, key transitions often associated with later life, including retirement and widowhood, can be linked to social exclusion. Third, ageism can intensify the exclusion of older people (Lui et al. 2011).

A number of authors point decisively to how older people are excluded in socially deprived urban communities from material resources, social relations, civic activities, basic services and their neighbourhood due to less council maintenance and rising crime (Scharf et al. 2005b). This focus, the locale of socially excluded older people, is important for this study and highlights the need to capture disadvantaged communities and neighbourhoods. However, in addition to understanding how wellbeing and disadvantage are linked to locale, there is a need to account for so called 'hidden' disadvantage. As noted in the previous chapter, the hidden nature of homelessness amongst older people is consistently emphasised by researchers and service providers alike (McFerran 2010; Sharam 2008). These points are discussed in greater detail below.

The framework of social inclusion emphasises the life course—the temporal nature of disadvantage and the accumulation of disadvantage over a person's life. This is seen to be particularly evident for women and those living in disadvantaged areas (Warburton et al. 2013). In turn, this highlights the need to prevent the emergence of social problems earlier in the life course and to enhance the life outcomes of older people (Walker et al. 2006). Life course theory acknowledges that shifting social contexts shape people and people, in turn, shape themselves (McDaniel & Bernard 2011). Features such as poverty in childhood may be linked to a person's low socio-economic status over the life course. Housing, or more accurately a lack of secure housing, is a strong feature in considerations of deprivation over the life course and within evidence on older people's social exclusion (Warburton et al. 2013).

Evidence from the first wave of the English Longitudinal Study of Ageing suggests that circumstances such as living in rented accommodation, having a low income, living alone and having few transport options have the strongest statistical association with multiple exclusion in later life (Barnes et al. 2006). In Australia, older renters are seen to be particularly vulnerable to deprivation (Jones et al. 2007; Morris 2009b). There has been a longstanding recognition of the adverse circumstances of older renters in Australia (Kendig 1981; Kendig 1984; Howe 2003; Russell, Hill & Bassar 1998). Key to this body of research is the link to an accumulation of disadvantage through the life cycle by not attaining home ownership and remaining in the private rental market. Indeed, Howe (2003, p.16) describes this as the great divide in the housing situation of older Australians: those who have achieved home ownership and those who rent.

An inability to secure home ownership in Australia places older people reliant on the Age Pension vulnerable to the insecurities of the private rental market. Furthermore, one-off life events such as the loss of a partner may result in an inability to afford rental or mortgage payments; similarly, financial abuse (elder abuse) can result in the loss of the family home. The Social Inclusion Board in Australia has noted that close to 20 per cent of people aged over 65 living alone have a low income and little savings (Australian Government 2011a, p.42). The latest Census data (2011) indicated a steady increase in the number of older renters in the private market with a concurrent

decrease in people aged 55 years and over owning or mortgaging their home. The Census showed that 10.8 per cent of people aged 55 and over were renting privately, compared to 8.6 per cent in 2006 (Petersen & Jones 2013). This affirms the modelling carried out from the 2001 Census where it was estimated that Australia would continue to see an increase in the number of older people reliant on a fixed low income who rent in the private market (Jones et al. 2007).

A complementary consideration linked to housing is the role of place and community in the social inclusion of older people, highlighted in influential research by Scharf, Phillipson and Smith (2005a) and Warburton, Ng and Shardlow (2013). This focus is strengthened with an acknowledgement of the clear connection between where older people live and their wellbeing (Petersen & Minnery 2013). A focus on home and place drawn from the diverse geographical gerontology discipline (Andrews et al. 2009) is considered imperative to this study on older people's homelessness. This gerontological material provides important ideological and conceptual links to wider housing and homelessness scholarship.

Environmental gerontology broadly is concerned with the description, explanation and modification or optimisation of the relationship between older people and their socio-spatial surroundings (Wahl & Weisman 2003). This work has played an important part not only conceptually but also in terms of improving the living environments of older people. This has been done through the application of evidence-based design for accessibility in housing, commercial buildings and institutions, such as nursing homes and hospitals, as well as macro level recommendations for 'age friendly' communities. It has informed social policies such as community care, health prevention and healthy ageing. Environmental gerontology continues to examine the 'interplay between individuals and their environments' (Nahemow 2000, cited in Golant 2003, p.640), in particular the congruence between what the environment demands (environmental press) and the capabilities of the person (competence).

In Australia, this framework informs policies concerned with people ageing in place and is responsible for the design and modifications of dwellings to enhance independence and lifestyle. In addition it has given core recognition to space as a facilitator or restrictor of older people managing their living environment. Environmental gerontology contributes to understanding why some residences are a better fit with the needs and abilities of older people. It also highlights the importance of understanding how place is linked to diverse experiences and meanings. This is clearly seen where a dwelling's design can enhance or restrain people's routines of daily life; indeed it can be responsible for unsafe living conditions. There is growing recognition of these issues for older people living in substandard accommodation and in the private rental market (Means 2007; Weeks & LeBlanc 2010). Writers ask how older renters can age in place. Furthermore, Jones et al. (2007) noted that older people living in private rental housing faced considerable barriers in accessing home modifications compared to home owners and social housing tenants.

A rich body of literature has considered a range of locales in relation to older people's wellbeing, including homes, neighbourhoods and age-specific environments such as retirement villages and nursing homes. The work is largely concerned with the experience and meaning of ageing in these specific places. Geography and housing scholars, in particular, have contributed to issues of identity and belonging in the context of where older people live through emphasis on place and space (Andrews et al. 2007; Peace et al. 2006). 'Place', at once a geographical term and an everyday word, underpins a great deal of literature on older people and their living environments. The literature on place is vast and is not uniformly understood as it is used by a number of disciplines and often with different conceptions. Geographical

contribution to thinking of place cannot be covered fairly here; we provide only a broad outline. Suffice it to say, geography's scholarship on place, the subjective and emotional attachment people have to place, underpins a considerable amount of humanist gerontological work on older people's living environments.

Humanist gerontology concerned with the living environments of older people has consistently found meaning, identity and sense of control to be central characteristics (Kontos 1998; Peace, Holland & Kellaheer 2006; Rowles 1978; Rubinstein 1989, 1990). Peace, Holland and Kellaheer (2006, p.1), in their research on environment and identity in community and supported settings, explore the central question: 'does where you are affect who you are?'. There is a popular understanding reflected in this literature that 'home' is the appropriate place for older people and an accompanying expectation that we will spend more time there as we age (Rowles & Watkins 2003). The assertion also is made that home is additionally a place of resistance to ageing, a place where independence can be maintained despite disability or ill health. Interestingly, a person's attachment to their local area seems to increase with age, and this relationship is unaffected by the area's socio-economic status (Buffel et al. 2012). Pain et al. (2001) make the argument, however, that age identities of spaces and their implications are never static.

Place is also a locality and environment. There is increasing attention to the dynamics between older people and their social environment, in particular the impact of neighbourhood on wellbeing (Buffel et al. 2012) and the impediments that places such as institutions and unsafe neighbourhoods (Scharf et al. 2007) can have on an older person's sense of self. Studies in socially deprived inner-city neighbourhoods in the UK outlined areas where services and amenities have closed and where poor housing exists alongside social polarisation (Smith 2009; Scharf et al. 2005b). In addition, social gerontology highlights the constraints and environmental pressures which may prevent people from developing a sense of home, and the meaning of transnational ties for the experience of place (Buffel & Phillipson 2011). Older people, particularly older migrants, have been found to create the idea of 'home' in a variety of ways. This research highlights how an older person's relationship with the environment is a two-directional construct. People are not only shaped by exchanges with places; people also shape and create the environment in everyday interaction (Buffel et al. 2012).

It is important that conceptualisations of human agency are considered in relation to older people and their housing transitions. Respecting agency must account for the micro agency of older people; for some older people with limited resources whether that is limited financial means, isolation from services, or frailty agency may take on a 'tailored' form. In the context of this study, older people and homelessness, we contend that older people can only have an active and continued involvement in society when they have appropriate housing. The means available to older people to shape their environment is an important context in considering agency and choice. The traditional and emerging definitions of agency are imperative in considering older people in housing crisis.

The social critique associated with critical gerontology also highlights the structural mechanisms that contribute to social problems. The framework of social inclusion includes the need to account for diversity not only in individual values but in wider structural factors such as a lack of access to economic resources and housing. Attention is given to disadvantage that is not the result of ageing or people's unfortunate decisions, but is constructed through social institutions and the operation of economic and political forces (Baars & Dohmen 2013, p.2). Insufficient income and poor housing are two key issues within this discussion and are part of a wider

approach that examines the cultural practices, economic conditions and public policy relating to ageing alongside a cognisance of societal power.

Although the work outlined above is rich and provides conceptual pointers, further consideration is needed to identify the ways in which social exclusion, particularly as it relates to precarious housing and homelessness, is experienced within the Australian context. There is little known about the nature of exclusion in the diverse geographies of Australia. Phillipson (2010) argues that while increasing attention is being paid to the social exclusion of older people living in particular environments, there remains less exploration of the interconnections between place, urbanisation and social exclusion in social gerontology, especially as it relates to change in major urban centres. In the Australian context most of our knowledge is drawn from studies of populations in Melbourne and Sydney. It is imperative that this critique is widened to capture the many and diverse manifestations of social exclusion and later life homelessness in urban, rural, regional and remote geographies across Australia. Consequently it is important that this study explores common and diverse themes of exclusion as they exist in different locales in Australia. In line with the above point, the complexity of disadvantage also needs to be recognised; many older people experience a set of interconnecting disadvantages reflecting not only the location, but also the person's life course and the macro structures.

The concept of social exclusion provides a means to explore the varied and often hidden nature of homelessness and precarious housing experienced by older people across different geographies in Australia. This is an important point given the persistent tendency in research and policy to homogenise older people with the result that pronounced differences in older people's living circumstances and agency are overlooked. Our approach is underpinned by concepts utilised in gerontology in particular life course which recognises the cumulative impact of disadvantage faced by different groups of older people in different locales in Australia.

A limitation of the social inclusion framework, as it applies to older people, is that it does not capture the diversity or complexity of their lives in contemporary society (Lui et al. 2011). An 'older person' is a wide-ranging descriptor that implies homogeneity among what is, in fact, a highly diverse and complex group. As such the framework presents challenges to policy makers and service providers alike.

3.2 Prevention

The Australian Government's 2008 White Paper on homelessness (FaHCSIA 2008) constitutes a watershed initiative for Australian homelessness policy that places explicit emphasis on prevention. A prevention focused strategy referred to as 'Turning off the tap' has been put forward as one of three priorities necessary to achieve headline targets of permanently reducing the incidence of homelessness. Parsell and Marston (2012) observe that Australia's contemporary homelessness preventive focus reflects similar directions adopted by legislators in the UK, Europe and the USA, where preventive strategies have been attributed to reductions in homelessness (Busch-Geertsema & Fitzpatrick 2008; Pawson et al. 2007). In Australia, Parsell and Marston (2012) point out that the homelessness prevention agenda is consistent also with recent government priorities of promoting prevention strategies in other policy areas, such as youth crime and disadvantage, public health and alcohol and illicit substance use.

Policy aimed at preventing social problems such as homelessness are premised on normative assumptions about the causes of the problem, including confidence to predict the causes in advance, and the capacity to intervene early. Researchers writing in the homelessness field note that prevention policy is based often on

assumptions from the medical paradigm. Prevention from this perspective has been conceptualised on a three-way continuum: primary prevention—preventing new cases; secondary prevention—identifying and addressing a problem at an early stage; and tertiary prevention—to slow and reduce a problem (Culhane et al. 2011; Parsell & Marston 2012; Shinn et al. 2001).

Recognising that the three conceptualisations of prevention are not discrete categories but rather points on a continuum where opportunities for practical intervention can be identified (Culhane et al. 2011), the international literature highlights important differences in, and debates about, the adoption of homelessness prevention. First, preventing homelessness, just like defining it and enacting responses, will be shaped and mediated by a nation's vastly different social, political and welfare contexts (Benjaminsen et al. 2009). Busch-Geertsema and Fitzpatrick's (2008) cross country analysis of Germany and England highlights how conceptual and institutional differences in welfare entitlements and accepted norms shape the way that homelessness prevention is constructed. Pawson et al.'s (2007) important UK research illustrates how homelessness prevention is embedded closely within an ethos of a proactive rather than reactive approach to housing problems. Similarly, homelessness prevention in the UK is constituted within the statutory 'right to housing' for prescribed groups and is part of the role of broader mainstream service systems.

In the USA there is an established tradition in examining and scrutinising homelessness preventive strategies. Culhane, Metraux and Byrne (2011, p.297) acknowledge that primary prevention strategies such as addressing the affordable housing crisis, reducing and eradicating poverty, or even increasing access to subsidised housing vouchers, would have significant positive homelessness prevention impacts upon the USA's six million individuals in worst case housing need. Acknowledgement of the effectiveness of this type of preventive approach notwithstanding, they concede that '[c]learly, such initiatives are beyond the scope of the resources currently available for homeless assistance' (Culhane et al. 2011, p.297). Their comments reflect the policy focus in the USA that seeks to target homelessness prevention strategies only to those people identified at imminent risk of homelessness. Imminent risk of homeless is defined as people who would become homeless in the absence of any assistance. The tight targeting of prevention to the imminent risk of homelessness group aims to promote efficiencies and acknowledges that the 'savings realized through averting a case of homelessness could become washed out by the cost of assisting many "false positive" cases' (Culhane et al. 2011, p.297).

Shinn, Baumohl and Hopper (2001) contrast prevention in the medical and health paradigms to illustrate with great clarity the significant challenges of successfully targeting and achieving homelessness prevention. They attribute the challenges to achieving homelessness prevention to the ambiguously defined (and politically contested) problem, the multiple and interacting predictive factors, the questionable validity of often used measures of success, and the difficulties inherent in establishing whether participants of preventive programs would have become homeless in the absence of the program (see effectiveness above Culhane et al. 2011). Despite the conceptual and theoretical challenges in designing homelessness prevention strategies and evaluating effectiveness, Shinn et al. (2013) have developed a sophisticated practice framework. Their model aims to target prevention strategies as closely as possible to those families that are assessed to be the most likely to enter a shelter. Their prevention design is premised on research which highlights the difficulties in predicting which vulnerable people will in fact become homelessness (Phinney et al. 2007). The Shinn et al. risk assessment model is based on the analysis of a large database of families who applied for services; interviews with

caseworkers; and an analysis of administrative records over three years. They found that if the model was applied retrospectively (based on an analysis of administrative data sets) the correct identification of families entering shelter would have improved by 26 per cent and misses reduced by almost two thirds (Shinn et al. 2013).

In Australia, there has not nearly been the level of precision or sophistication given to homelessness prevention policy or practice compared to the USA. Parsell and Marston (2012, pp.34–35) argue that Australia's:

Dominant means to prevent homelessness are enacted through early intervention strategies (secondary and tertiary prevention). Early intervention aims to assist people in housing stress or at vulnerable life transitions to sustain or obtain a housing tenancy. Models of early intervention vary, but they are largely premised on ideas that people present with risk factors, vulnerabilities or have common pathways into homelessness.

Building on similar cost-effective arguments used internationally (Pawson et al. 2007), contemporary Australian prevention initiatives aim to intervene 'early' for identified groups of people at vulnerable life transitions. The practice and policy direction is referred to as 'no exits into homelessness' and specifically includes young people exiting state care, people upon release from correctional institutions and people discharging from hospitals (FaHCSIA 2008, pp.27–28). Similar to calls from Culhane, Metraux and Byrne (2011) in regard to the necessity for homelessness prevention in the USA to involve a whole and coordinated community effort, Australia's policy focus on prevention and 'no exits into homelessness' explicitly recognises the importance of mainstream institutions, including health care providers, schools and Centrelink (Parsell & Marston 2012). Unlike the recent work in the USA (Shinn et al. 2013), however, Australia's prevention strategies are more broadly directed toward certain groups or people at vulnerable life transitions. One of the central arguments the Australian Government put forward when commissioning the study *Journeys Home: Longitudinal Study of Factors Affecting Housing Stability* (managed by the Melbourne Institute of Applied Economic and Social Research) was the necessity to increase the capacity of Australia to have a rigorous evidence base to predict and prevent homelessness (Wooden et al. 2012).

Apicello (2010) argues that the most effective way to achieve homelessness prevention is to focus on the population/high-risk prevention approach. She notes that the primary/secondary/tertiary continuum of prevention, while addressing important aspects of prevention, has fundamental limitations. Apicello (2010, p.45) advocates for the population/high-risk prevention framework as it 'concentrates on identifying and eliminating the causes of homelessness for society as a whole *and* for the most vulnerable subpopulations'. The primary/secondary/tertiary approach, on the other hand, is limited because its focus is on timing (crisis points) and specific targeting (at risk individuals). Parsell and Marston (2012) similarly argued that addressing the structural causes of homelessness such as poverty and the inadequate supply of affordable housing was the most effective way of achieving homelessness prevention at the population level. They went further, however, to argue that:

The focus on the 'at risk' individual has the consequence of individualising the social problem of homelessness. This, in turn, reifies the dominance of early intervention, thereby making the move toward the necessary broader structural reform more difficult to achieve. (Parsell & Marston 2012, p.41)

Preventing homelessness can be justified on the basis of a proactive approach to eliminate the individual and societal suffering that homelessness constitutes. Similarly, as many post-industrialised states have articulated, homelessness prevention

represents an effective and cost-effective approach. As will be demonstrated in this report, preventing homelessness for older people in Australia requires a range of interventions that respond to personal situations, life histories and social, cultural and geographical determinants. Consistent with the assertions of Parsell and Marston (2012), we illustrate how some types of early intervention strategies both for older people at particular life stages and older people experiencing critical housing incidents can constitute an appropriate and indeed effective intervention. Nevertheless, we argue that a narrow focus on 'risky' older people as a 'risky' cohort not only individualises the social problem of homelessness but glosses over the diversity of their individuality.

4 RESEARCH DESIGN

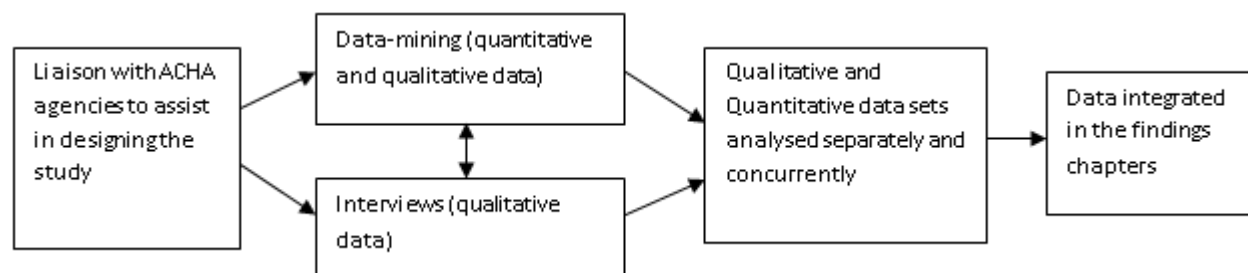
This national empirical research study aims to improve our understanding of older people's homelessness, particularly first time homelessness in later life, across a range of geographically and socially diverse locales in Australia. A key aim is to identify the types of prevention strategies and services which exist currently and are required to respond to housing crises and homelessness for older people.

4.1 Process

A multiple methods approach was adopted for data collection and analysis. This included analysing over a three-month period the client records of older people experiencing homelessness or at risk of homelessness who sought assistance from ACHA service providers, and interviews with stakeholders. The multiple methods approach facilitated a national understanding of older people's homelessness and the strategies undertaken by service providers to prevent homelessness. This understanding was informed by quantitative and qualitative data on older people in housing crisis, and in-depth qualitative understandings of practice issues and interventions.

Figure 1 sets out the process of the study and the data sources involved. The study was designed to be an exploratory sequential design (Creswell & Plano Clark 2011) as the information from the data-mining phase was to inform the qualitative interviewing with service providers and stakeholders. During the recruitment process it became apparent that a number of agencies were not able to participate in the data-mining phase but valued the aims of the research project and expressed support. A number of service providers contributed to the study through the conduct of an interview. This resulted in a merging of the phases as the interviewees talked in detail of the nature of their work, patterns and anomalies in their clients and their circumstances. The process of the research and rationale for the use of mixed methods is detailed in turn.

Figure 1: Process of design, data collection and analysis



4.1.1 Partnership with Assistance with Care and Housing for the Aged

This project partnered with Assistance with Care and Housing for the Aged (ACHA). ACHA is a national specialist program which has operated since 1993 and funds agencies assisting older people experiencing or at risk of homelessness with suitable accommodation and care services. The ACHA program, while relatively small, has services in urban, rural and remote Australia. It is regarded as having a close working relationship with older people at housing risk. ACHA services undertake to assist financially disadvantaged older people with locating suitable accommodation, advice on housing applications, advocacy, coordinating removals and assisting access to accommodation related legal and financial services. ACHA services also link clients, where needed, to aged care and welfare services. Most ACHA agencies are outreach

services, though a small number support vulnerable older people 'on site' in accommodation such as hostels. The services are commonly located within larger not-for-profit homeless or aged care provider agencies.

Liaison was conducted with a number of rural and urban ACHA services during the design of the study largely to seek support and to understand client reporting. At the time of the research design there was very limited data available on the nature of older people's critical housing incidents and the work of ACHA agencies. This was an important rationale for the project. In the past year, however, this has changed with Program Activity Reports released for 2009–10, 2010–11 and 2011–12. In addition, a meeting was conducted with the national AHCA office based in the federal Department of Health and Ageing (DoHA). Initial engagement with ACHA workers greatly informed the research design and assisted in planning processes around the data-mining and in-depth interviewing.

4.1.2 Data-mining

Data-mining is considered an appropriate means to understand the nature of older people's critical housing incidents. Data-mining is commonly used in practice research in the disciplines of health, education and social work (Epstein 2010). It is often termed clinical data-mining, where 'clinical' is defined broadly and refers to a range of human service settings where data such as an intake form or case files are routinely collected. These records are generated in the course of a practitioner's work and are often intended for record keeping and accountability. As such data-mining involves collecting available material that was not originally intended for research and using it for research purposes. In these respects data-mining is distinct from secondary analysis which is the subsequent analysis of data collected for one research purpose in order to address a new research purpose. The benefits of data-mining are that the use of available data is both relatively inexpensive and an efficient research method. It is also not intrusive.

Client data is commonly collected in a quantitative and qualitative form and includes client intake forms, number of treatments, or outcome data such as a client satisfaction survey. In data-mining, either original client records or a data abstraction instrument is used. Some studies convert qualitative data such as client case notes into quantitative data and analyse it as such. Qualitative data can also be part of the analysis and can be highly informative depending on the richness and thickness of the detail on the client records. At the very least data-mining can produce highly valuable information like client profiles, interventions and outcomes achieved.

Data-mining has been criticised as being unscientific (Lalayants et al. 2012). This critique is based on perceived limitations in the validity of data that was not collected for the purposes of research. While conscious of these limitations we see the benefit of data-mining as an appropriate method to mitigate the ethical challenges of directly gathering new empirical material from vulnerable populations such as homeless older people. Data-mining also negates the significant costs and challenges of gathering new empirical material with a large sample on a national scale. The main limitation of data-mining is that it is reliant on the data sources and, as such, absent variables, missing data and issues around reliability can be present (Giles et al. 2011). In addition, there is no temporal understanding in relation to the intervention—in this study we were unable to account for the time it took for clients to be housed.

Initial consultation with approximately six of the ACHA agencies during the design of the proposal revealed that many agencies kept detailed client records which, in addition to demographic information, included the critical housing incident that brought clients to the agency for assistance, a health profile, details of referrals made and, for

some agencies, a housing history of the client. Many agencies within the aged care sector used the Ongoing Needs Identification (ONI) form, a standardised intake form, while homeless organisations used the Specialist Homelessness Information Platform (SHIP) intake form. Some independent agencies used agency specific forms. Consultation with a number of agencies validated this form of data collection as an appropriate means of gaining an understanding of a large sample of older Australians in need of assistance due to a housing crisis. This was substantiated by the very limited data about ACHA clients publicly available at that time.

4.1.3 In-depth interviews

In addition to data-mining, in-depth interviews with stakeholders were considered appropriate to understand client and practice issues in greater detail. Interviews provided a means to gain a rich understanding of the living circumstances of agencies' clients, and also stakeholders' views on local contexts including the housing market, access to support services and the nature of their practice. They also provided the flexibility to engage with and gain a greater understanding of issues flagged as important or of interest from the data-mining, such as the influence of family, culture or local availability of social housing and community supports (Padgett 2008). Stakeholders included ACHA workers and managers within the aged care, health and community sectors working with older people experiencing housing crises. Acknowledging the stakeholders' varying roles, all interviews were semi-structured. An interview guide was used (refer Appendix 1) which comprised a list of topic questions to be covered. The interviews were structured to the degree that the same topics formed a base from which the interview was conducted. The order and wording of the questions varied as the participant's conversational flow was respected (Mason 2002).

4.1.4 Recruitment

Assistance with Care and Housing for the Aged agencies are largely located in urban centres. Saturation sampling was undertaken to engage with regional, rural and remote agencies and recruit as many agencies as possible to the project. Contact was made both with the ACHA workers and senior management within the agency to seek their participation in the study. This contact included a support letter from DoHA office of ACHA. Of the 42 provider organisations receiving funding for ACHA agencies in mid-2012: 27 agencies agreed to participate in the data-mining; six agencies did not respond; seven agencies declined to participate; and four agencies supported the research but stated that they were not in a position to supply deidentified client records. Organisation specific ethical clearances were required by two agencies. Two agencies which agreed initially to participate did not in the end participate. This appeared to be linked to staff changes. The four supportive agencies that did not supply client records contributed to the research project with in-depth interviews.

Some participating agencies were concerned about the quality of their client records in supplying sufficient detail sought in the study. In response to this a form (see Appendix 2) was designed in consultation with these agencies and circulated to all participating agencies. As a consequence a high number of agencies, 18 of the 25 participating agencies, utilised this form. The high uptake of the bespoke form, in effect a data abstraction instrument, assisted in consistency of sources. The data abstraction instrument included all the variables and open categories of interest to the study.

4.1.5 Nature of data received

The data for this project included demographic, housing and living circumstance and interventions from 561 client records and detailed practice and service knowledge from 20 in-depth interviews.

Participating agencies collected client records from the period 1 September 2012 to 30 November 2012. This included records of current clients as of 1 September. Client records were photocopied and deidentified with a black marker ensuring that date of birth was removed with the client's age then noted by hand. All other identifying material, including first names and other personal information, was concealed by the ACHA agencies. Agencies using the data abstraction tool transcribed client records onto the form. Five hundred and ninety-six client record forms were received, of which 561 were used in the analysis (35 records were treated as incomplete). Of these 561 records, the data for 439 individuals were recorded with the use of the data abstraction form developed for the project; data for the other 122 individuals was recorded on the agencies form.

Data-mining requires pragmatism and considerable time in liaising on an individual basis with participating agencies. Constructive working relationships with the 31 agencies which participated in the study (agencies that contributed client records and/or participated in the interviews) were integral to the conduct and subsequent outcomes of the study. ACHA agencies were in every sense working partners in the research project. Their significant in-kind support involved: liaising with the research team to clarify processes and timelines; seeking in-house ethics approvals; liaising with senior management; and preparing client records for submission to the research team. The familiarity with client cases of the ACHA workers and their completion of the data abstraction form maximised the reliability of the data.

The client forms included both quantitative data, namely demographic information, and qualitative data, such as housing history, critical housing incident and health concerns. Questions relating to housing history, critical housing incident, health, living circumstances, family and relationship details were qualitative questions on the Data Abstraction Form. The details given provided richer material than was anticipated. However, the open questions were not uniformly filled out by all participants, with no housing information completed for a large number of client records. Consequently, detailed information about clients' life experiences, potential patterns of critical housing incidents, the local housing and service context and interventions available were gained from in-depth interviews with AHCA workers and stakeholders. The interviews enabled exploration in greater detail of themes and points of interest in the material on the data abstraction forms.

We conducted 20 semi-structured interviews with stakeholders working in ACHA organisations: 14 ACHA case workers; five ACHA managers; and a manager from the homeless sector. Given the limited number of agencies in non-urban areas, purposive sampling was undertaken to include all rural and remote agencies in the interview phase. Each of the participants for the interviews was purposively sampled in order to understand issues such as local housing availability, rural locales, cultural issues, support services and structural issues. Program workers and managers were contacted by email to seek an interview. Interviews were conducted by telephone with a digital recording of the conversation. A manager from the homeless sector was contacted to gain an understanding of issues in far North Queensland. Of the total 20 participants: 11 were based in large urban areas; four operated in regional areas; one was based in a rural area; and four were based in remote areas.

The quantitative component of the study, in particular the client profiles, was of less importance as DoHA released the annual ACHA Activity Reports soon after this research project commenced. The detailed DoHA material was inclusive of all agencies in Australia, whereas the data gathered as part of this study was limited to information from participating agencies. However, the advantage of the latter was its relationship to, and subsequent enrichment of, the qualitative data.

4.1.6 Research questions

Data-mining and in-depth interviews formed the pool of data to address the research questions. Both the quantitative and qualitative from the client records and qualitative data from the interviews provide material to understand the housing histories, critical housing incidents and living circumstances of clients, as well as the interventions conducted by ACHA agencies. This, in turn, informs the discussion of policy and practice initiatives. The research questions interrogated in this study were:

1. What are the circumstances surrounding older Australians that put them at risk of homelessness for the first time?
2. How do pathways into homelessness differ across Australia?
3. What intervention strategies assist older people experiencing a housing crisis to achieve stable accommodation?
4. What policy and practice initiatives would strengthen Australia's prevention capacity?

4.1.7 Data analysis

There were three phases in the iterative process of analysis:

1. Data from the individual client records (561 in total) were inputted into the software package SPSS. Concurrently, a code book was developed outlining the quantitative variables including: age; gender; marital status; cultural background; self-reported health status; housing type; and tenure type. In addition, categorical variables were developed from qualitative information on the forms provided by the ACHA workers including: critical housing incident; health problems; care and support; location; interventions; and housing outcome.

All client records and interview transcripts were imported into the qualitative software program NVivo. Initial coding of the qualitative material centred around clients' presenting issues, current tenure, housing history and interventions undertaken.

2. The quantitative and qualitative data were analysed in a number of iterative stages. Descriptive statistics were generated to give an understanding of the demographic information, housing circumstances and critical housing incidents. The descriptive statistics included frequency tables and bivariate analysis of variables of interest in this study, including first time homelessness, long-term homelessness, tenure, culture, gender and location.

Our understanding of older people's homelessness from existing research and practice knowledge in Australia (outlined in Chapter 2), combined with descriptive statistics and the detailed qualitative data, informed the initial formation of two pathways: first time and long-term homelessness. An emergent category of 'transient people' was coded to include the significant number of older people who relocated to seek housing; moved between Australia and other countries; or moved around in seeking work.

The transient group has a distinctive ontological security and life course. Conceptual pointers including life course and agency (see Chapter 3) assisted

with further detailed analysis of clients' circumstances within each pathway. Within each of the pathways other themes were coded including the presenting critical housing incident; living circumstances; health; housing history; culture; and location. This enabled the building of a thorough understanding of the circumstances leading up to the older person's critical housing incident.

The coding of the interventions undertaken by the ACHA workers followed a similar iterative process. Categorical variables describing interventions were complemented by detailed information from the client forms and qualitative interviews. This included consideration of local structural issues, culture and service networks. The categories and themes were refined progressively in an iterative process through repeated examination of the data.

3. Further analysis was undertaken with the three pathways identified. The mixed method nature of this study enabled the drawing together of quantitative data and qualitative accounts of older people's pathways into housing crises. As noted above, this analysis was informed by theoretical frameworks and existing research on older people's homelessness. Factorial Discriminant Analysis (FDA) was then carried out. FDA is the qualitative analogue to Principle Components Analysis or Linear Discriminant Analysis. The goal of all these methods is to identify either quantitative variables or qualitative factors, or combinations thereof, that can be used to construct rules for classifying individuals into pre-determined groups.

Given the pathways identified via the initial analyses, the research question addressed by using FDA was: is it possible to identify individuals in a given pathway by using easily observed factors? This question was addressed using FDA to attempt to identify the relevant factors that associated with pathway membership. In this study the variables used as factors (in FDA termed 'discriminators') included: current housing; income source; current housing tenure; health; location; family breakdown; and marital status.

Homelessness scholars have highlighted the limitations of using risk factors in relation to older people's homelessness. Shinn et al. (2007) found that quantitative measures are sometimes too specific to capture the complexity of vulnerable older people's lives on an individual level. Shinn has since gone on to conduct sophisticated work on predicting homelessness, although not specifically related to older people (Shinn et al. 2013). On one hand, homelessness amongst older people can be seen more as an outcome of circumstance rather than a predictable fate for certain people (Shinn et al. 2001). On the other hand, the focus of this study is prevention, and the identification of critical life incident factors in relation to older people's homelessness is an area that requires concerted attention.

This study was interested in considering these issues given the scale of the social problem of older people's homelessness and to inform the effective targeting of public resources. By using FDA we can determine how well the factors discriminate in relation to the respective pathways into homelessness identified in this study (Greenacre & Balsius 2006).

4.1.8 Rigour and limitations

Assistance with Care and Housing for the Aged (ACHA) is a major provider of tailored services to older people in housing crisis but is not the only agency with the capacity to intervene to assist older people experiencing homelessness or housing crises. The Specialist Homelessness Services assisted close to 14 000 people aged 55 years and over in 2011 (Petersen & Jones 2013, p.65). Therefore, the partnering of this research project exclusively with ACHA means that the results are not generalisable and do not represent the broader population of older homeless people in Australia. However, the

study is large, with 561 case records over a three-month period collected and analysed, and covers a wide range of geographical locales across Australia. In addition, it provides a detailed understanding of the nature of older people's homelessness in a number of purposively selected sites to add to Australia's knowledge base.

This study rests on the accurate input of data by approximately 30 ACHA workers. Most of the data represents a summary of information the client has given to the ACHA worker. Documentation including medical records may be part of their referral; however, the information on the whole is self-reported by the client and then recorded by the worker. Data-mining requires pragmatism (Lalayants et al. 2012). Despite many participating agencies using the data abstraction sheet, many other agencies did not. This resulted in a lack of uniformity in the data received, which posed challenges in respect to incomplete and inconsistent data. Some agencies' reporting of client data was very limited with omissions such as the critical housing incident. The commitment required by agencies in time and resources to complete the forms, or indeed participate in the study, was an important constraint in respect to the scope and quality of the research. Notwithstanding these points, the research contributes significantly on our current understanding of older people's homelessness in Australia and associated issues.

The research team was jointly involved in refining and verifying the overall themes and exceptions, in order to ensure rigour in the findings. The study involved quantitative coding of qualitative information and considerable discussion was undertaken by the team in assigning variables. As an exploratory study with a large amount of quantitative and qualitative data required, intensive iterative processes were required to the pathways and nuances of older people's life experiences and critical housing incidents.

5 THE DIVERSE EXPERIENCES OF OLDER AUSTRALIANS IN HOUSING CRISIS

Chapters 5 and 6 explore the nature of older people's homelessness in Australia. The chapters draw on quantitative and qualitative data obtained from data-mining and the indepth interviews with stakeholders. This evidence is integrated in a discussion of policy initiatives to strengthen Australia's prevention capacity in Chapter 7.

Chapter 5 addresses the following two research questions:

1. What are the circumstances surrounding older Australians that put them at risk of homelessness for the first time?
2. How do pathways into homelessness differ across Australia?

The examination of individuals' circumstances and pathways into first time homelessness, a core focus of this research project, is viewed distinctly from the circumstances of older people who have a history of tenuous links to housing. The pathways approach to homelessness analysis used as a metaphor in this report allows for an exploration of the circumstances of older people over their life course and the possibility of a pathway out of homelessness (Chamberlain & Johnson 2011).

The literature review put forward two broad pathways evident in research on older people's homelessness. The first comprised older people who had experienced iterative homelessness over many years. This includes people who live in temporary accommodation, very overcrowded dwellings, marginal housing such as boarding houses or who sleep rough. This group commonly experience serious health concerns including mental illness and substance misuse (drugs and/or alcohol).

The second pathway, one arising from people who are defined broadly as having experienced 'conventional' lives, relates to older people who are homeless or at risk of homelessness for the first time in their later years. This group have worked, often raised a family, have a history of private rental and/or home ownership and, in their later years, face a critical housing incident. At this time, or in the period leading up to the housing crisis, a major life event such as the loss of a partner or serious illness is likely to have occurred. This binary, long-term and first time homelessness, formed the starting point for the analysis of the data for this project.

It is evident from this simple description that the life courses of these two groups are distinct. Arguably, the social exclusion of the first group runs deeper and is linked to life-long insecure housing and iterative homelessness. This is not to infer, however, that those in housing crisis for the first time in their later years have not also experienced significant and multiple disadvantage. The integration of the qualitative and quantitative data from the client records and interviews revealed that further development of this grouping of long-term and first time homelessness was required. The binary set out in the literature review did not capture the diverse experiences and characteristics of older Australians in housing crisis identified through our data.

Drawing on the theoretical and the conceptual frames outlined in Chapter 3 assisted in constructing the pathways and included a range of iterative questions:

- How can we summarise the life course of this participant?
- Have they worked? Raised a family?
- What is their housing history?

- Have their lives been characterised by instability or stability? What factors are linked to that?—work, health, housing, domestic violence, mental health concerns, agency—deliberate decision making?
- What is their health status? Are they experiencing a chronic illness or disability? Is this health or disability description linked to a history of homelessness (e.g. ABI from assault while sleeping rough)? Is their disability, such as increased frailty, linked to their inability to remain in their home?
- Consider affective notion of home and ontological security. Have participants had long-term links to a place, neighbourhood? Is 'home' in a number of places? What is their locale—inner city, remote, rural?
- Consider agency. Has the participant chosen to live a particular lifestyle? Travelling as a retiree? A person who has a history of undertaking itinerant work throughout various parts of Australia? And overseas?
- Consider cultural background.
- Consider family networks and family responsibilities. Have people lived with family for a long period? Are they staying temporarily? Do they move between family members? Is the family a source of support or exploitation?

From the systematic analysis we identified three broad groups:

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

The first group, a key focus of the study, comprised people who throughout their life course had 'conventional' links to housing and were experiencing housing disruption for the first time in their lives. Most people in this group had rented privately; some had secured home ownership or a mortgage in the past; all found themselves in a housing crisis for a variety of reasons late in life. This group included people presenting as homeless or at risk of homelessness. Older people who were living with family for whom the arrangement was unsustainable also largely had a conventional housing history and were likely to be from a CALD background. People in housing crisis due to family or domestic violence were included in this group where they presented as having a conventional housing history. Also included were older Indigenous people who had lived long term in rented housing within Indigenous community settings and were forced to seek alternate accommodation due to poor health, disability, frailty, family violence or the stresses of living in multi-generational crowded housing. These people were often forced to leave their communities because of a lack of suitable housing and relocate to larger centres.

The second broad group comprised people who lived with ongoing housing disruption. These included people who had lived for lengthy periods in shelters or marginal housing (including boarding houses) or had slept rough. This group included Indigenous people who had experienced high levels of social exclusion and dislocation from kin and home communities associated with issues such as colonisation, poverty, poor access to housing and mainstream services, mental illness, intellectual disability, child protection interventions, alcohol and drug misuse, incarceration or chronic health problems requiring regular hospitalisation.

The third broad group comprised people who had led mobile or transient lives both in Australia and elsewhere (particularly Asia and Europe). They may have secured work and temporary housing in different places, and thereby have a tenuous link to a 'home', a community or have a regular circular mobility. Some of this group had

family. People in this group were active agents and moved for employment, family and lifestyle reasons, but consequently did not present with ontological security. Some had family. Some had tenuous links to a 'home' and/or community. Some Indigenous people in this group included people whose regular mobility involved travel to meet kinship responsibilities and cultural obligations, such as family visits, attendance at funerals and cultural gatherings, or to maintain traditions as land custodians. For some this involved significant absences and housing dislocation. For other Indigenous people transience was associated with the pursuit of seasonal work, education or employment opportunities or access to mainstream health services.

The three pathways provide a useful mechanism for considering older people's homelessness. While there is diversity within these pathways they share important attributes that are useful for policy and planning purposes (Chamberlain & Johnson 2011). This chapter looks in detail at these three pathways. An analysis of the quantitative and qualitative evidence collected through the data mining of client service data and the research interviews is presented, followed by the findings of the Factorial Discriminant Analysis (FDA) used to identify factors that are indicators of membership of a particular 'pathway' group.

The formation of the three pathways was an iterative process which involved exploration of the qualitative data (from client records and interviews with service providers and stakeholders) and an analysis of frequency tables of key demographic variables, critical housing incidents and housing tenure at the time of crisis. It is important to note that this study does not aim to generalise from describing the frequency of different forms of homelessness as experienced by older people or to seek a causal understanding of specific life events. Rather, the grouping of people into pathways provides a structure to the research findings.

It is acknowledged that the focus of this project on first time homelessness amongst older Australians results in more detailed findings for this group. Indeed, the majority of our sample (69.2%) fitted within the conventional housing group (Table 8). However, they form one of the groups outlined below. The data in this study was rich and by drawing on diverse services working with older people in housing crisis across Australia, our data reflects the diversity of people's housing and life experiences. It is by outlining and understanding all homelessness and housing crises amongst older Australians that we can form a clear picture of people experiencing first time homelessness. Table 8 details the relative numbers of people in each pathway group who were ACHA clients in the period September–November 2012.

Table 8: Pathways into homelessness

	Frequency	Percentage
Conventional housing history	388	69.2
Ongoing housing disruption	125	22.3
Transient housing history	48	8.6
Total <i>n</i>	561	100.0

Slightly more men than women were recorded in the sample (Table 9). Older men made up 55.1 per cent of the total referrals to ACHA with a critical housing incident. These figures closely relate to the even distribution by gender for all ACHA clients as reported in the 2011/2012 Program Activity Report (ACHA 2013). It is evident, however, that a gendered analysis is needed when considering older people's homelessness. While the representation of men and women with a conventional housing history seeking assistance was roughly equal, the gender breakdown differs

markedly for older people in the other two pathways. Less than a third of older people who had lived with ongoing housing disruption or had lived a transient life were women.

Table 9: Pathways into homelessness, by gender

	n	Male %	Female %
Conventional housing history	388	48.5	51.5
Ongoing housing disruption	125	69.6	30.4
Transient housing history	48	70.8	29.2
Total <i>n</i>	561	309	252

5.1 A history of conventional links to housing

I can't believe this is happening to me. (M, 72 years)

Australia shares with other countries, particularly the USA, a pattern of older people who have led conventional lives and are experiencing homelessness for the first time in their later years (see Shinn et al. 2007). Crane and Warnes (2012) assert that women are more likely to experience first time homelessness after the age of 50 years. In this project 388 people presented to ACHA with a conventional housing history. Just over half (51.5%) of referrals were older women with a history of conventional links to housing.

Table 10: Gender breakdown of conventional links to housing

	n (388)	Conventional links to housing (%)
Female	200	51.5
Male	188	48.5

As Table 11 illustrates, the gender distribution of older people with a conventional history of housing did not differ markedly by location. The numbers in inner regional, outer regional and remote areas were quite small relative to urban cities, with the proportion of women seeking assistance slightly higher in the latter.

Table 11: Location by gender, respondents with a history of conventional housing

Location*	n	Male %	Female %
Major cities	297	47.5	52.5
Inner regional	59	50.8	49.2
Outer regional	31	54.8	45.2
Remote	1		100.0
Total <i>n</i>	388	188	200

* ABS Australian Standard Geographical Classifications (ASGC)

This group, referred to as 'the conventionally housed', held key distinctive patterns which enabled their differentiation from other older people seeking assistance from ACHA agencies. The overriding consideration in classifying this group was their housing history and assessment notes by the ACHA workers. The client record files

included explanations such as: 'first time homeless'; 'former home owners, sold and went into private rental'; 'long-term [public] housing tenant'; 'long-term private renter'; 'always rented, no previous housing issues'. As such, the conventionally housed group includes older people who were experiencing first time homelessness and people who were at risk of first time homelessness at the time they presented to the ACHA agency.

The sections below discuss the critical housing incidents for the conventionally housed as detailed on their client records: inaccessible housing; unaffordable housing; notice to vacate; and unable to continue living with family. In addition, the importance of cultural background and gender to the critical housing incident are discussed. Table 12 illustrates the proportion of people from a CALD background with a conventional housing history presented to ACHA in housing crisis. It is interesting to note the high proportion of older people from a CALD background who are unable to continue living with family (74.3%). Indeed, across all categories of the conventionally housed, older people from CALD backgrounds form a large proportion of clients experiencing a critical housing incident.

Table 12: Conventional housing history, by country of birth

Disruption to conventional housing	n	Australia %	Other countries %
Notice to vacate	76	64.5	35.5
Unable to live with family	74	25.7	74.3
Unaffordable	70	47.1	52.9
Inaccessible	66	60.6	39.4
Relationship breakdown	30	60.0	40.0
Other	58	46.6	53.4
Total n	374	186	188

Note: There are 14 records missing from this table, as cultural background was not recorded on all client record forms

Table 13 shows that, of the conventionally housed, slightly more women than men presented with a critical housing incident for the first time in later years. Older women were more likely than men to report issues related to living with family; inaccessible housing was the dominant reason reported by men.

Table 13: Conventional housing history, by gender

	n	Male %	Female %
Notice to Vacate	78	50.0	50.0
Unable to live with family	76	38.2	61.8
Unaffordable	71	46.5	53.5
Inaccessible	68	57.4	42.6
Relationship breakdown	31	51.6	48.4
Other	64	50.0	50.0
Total n	388	188	200

5.1.1 Evicted: the fine line between being housed and homeless

As detailed in Table 13, 20.1 per cent of ACHA clients with a conventional housing history seeking assistance had been served a Notice to Vacate (NTV). Australia's tenancy laws differ across the different states and territories and there are differences in the mandatory times required by both landlord and tenant to end a tenancy. Importantly, within some states and territories a NTV can be served without reason. The records of many clients served with a NTV did not indicate a reason for the cessation of tenancy. Information was included on the client record only when supporting information, such as property sold or rent arrears, was provided to the agency. The following section reviews the situation of clients renting in the private market.

Private rental

The temporal issues associated with the NTV do not permit knowing, in some cases, whether the client was at imminent risk of homelessness. The type of detail provided on the client form included: 'client received a 60 day NTV from landlord'; 'Evicted. Rented same property 7 years'; 'NTV 60 days—20 years at current address F 75 years'. There is no reason cited on the client record form. As the following section highlights, a NTV could be linked to landlord concerns ranging from access issues with elderly tenants, property redevelopment and rent arrears. (Note: The brackets provide information from the client record including gender, age and cultural background; or the stakeholders interview number).

Client is being evicted from his unit as owner wishes to renovate. (M, 71 yrs, Greece)

[client] is currently living in a poorly maintained flat. The building is due for demolition and the residents have been placed on short term lease which constantly gets extended. (F, 79 yrs)

Rent arrears are also linked to the notification of a NTV. Arguably for some of rent arrears is linked to affordability issues, with the client form stating:

Rented same property for 10 years, fallen behind in rent—eviction (M, 68 yrs paying rent of \$320 per week).

\$5000 rent arrears. HAC Tenancy service assisting. (M, 75 yrs)

Assistance with Care and Housing for the Aged (ACHA) workers commonly noted that the NTV was not legal and referred clients to tenancy advocacy services for information and advice.

Histories of home ownership preceding private rental and subsequent eviction were provided for some clients:

Former home owners that had sold and lived in private rental accommodation.

Had own home. Divorced and rented. Business going bust and lived in back of shop. Being evicted from shop. Offered a bed by a friend until family came from overseas. (F, 60 years)

It was evident also that a NTV had an impact on an older person's health and wellbeing.

[Client] states that she feels very anxious and distressed about having been evicted as this makes her feel very insecure. She further states that she is on the aged pension and has no savings therefore she is unable to get a private rental property. (F, 73 yrs)

There is a fine line between someone experiencing homelessness and someone having received a NTV. The required notice period ranges from 14 days in a number of states (if tenant is in breach) to 90 days in South Australia (where no reason is given). The consideration of ontological security of living on a low fixed income with a NTV and little prospect of finding local affordable housing highlights the precarious situation of these groups of older clients.

5.1.2 *Unable to continue living with family*

The data from this research demonstrates the diverse role of family in older people's housing and how a breakdown in family relationships can be linked to a critical housing incident for older ACHA clients. Our understanding of the role of family in older people's homelessness is limited, however, by a lack of contextual information including the family's resources and composition. In this project, 19.6 per cent of the referrals of older people with a conventional housing history detailed that they had been living with family and friends at the time of the critical housing incident.

As a social institution the family performs important functions including support and care of elderly members. But it is also a source of conflict and abuse. The inherent complexity of family relationships was evident in this study's findings. The discussion below outlines the diverse family experiences of vulnerable older people presenting to ACHA. In many cases an intention to assist older family members was demonstrated, but the living arrangement was unsustainable due to overcrowding or stressful circumstances. Some of these cases involved carer stress resulting in relationships breaking down. In others there was evidence in the referrals of exploitation and elder abuse perpetrated by family members. Underlying these referrals was a very stressed or estranged relationship with family culminating in the older person seeking assistance from ACHA workers.

The findings in this section relate to a housing history of living with family members. This is distinct from older people who were identified as staying temporarily with family: these latter cases were coded according to the critical housing incident, for example, NTV, relationship breakdown and so on. In most cases there was a clear explanation that distinguished older people who had stayed temporarily with family from older people who had lived with family over an extended period of time. As noted previously, cultural background was an important part of this story. As Table 14 demonstrates, 74.3 per cent of older people with a conventional housing history and living with family were identified as being from a CALD background.

Table 14: Unable to live with family, by Australian born or CALD

	N	Identified as Australian born %	Identified as CALD background %
Unable to live with family	74	25.7	74.3

Two records did not specify country of origin.

Table 15 provides detail of the diverse cultural heritage of the older people who had previously lived with family but were no longer able to do so. Most noted their country of origin as Asia (28.4%), followed closely by Australia (25.7%), Europe (18.9%) and North Africa or the Middle East (16.2%). It is acknowledged that the numbers in this study make conclusions difficult and highlight the need to investigate the role of family in triggering housing crises for older people of a CALD background.

Table 15: Unable to live with family, by country of origin

	N	Asia	Aust.	Europe	North Africa/ Middle East	Oceania	Sub Saharan Africa	Americas
Unable to live with family	74	21 28.4%	19 25.7%	14 18.9%	12 16.2%	4 5.4%	3 4.1%	1 1.4%

Two records did not specify country of origin.

The simple format of the client records does not reflect the complex nature of family life. For some clients the history was unclear due to a lack of detail or ambiguity in the recording of the notes. This study draws attention to the limits of our understanding of the links between risk of homelessness and family relationships. Further research is needed to understand how risk of family breakdown could be mediated. It is important to acknowledge that many older clients sought to maintain their independence and were in contact with ACHA so as not to 'burden' family. This is consistent with findings in the gerontology literature. Some older people will choose to enter a nursing home rather than place further responsibility on family members (Petersen & Minnery 2013). The following excerpt relates to a former property owner who had travelled and worked for many years prior to retirement.

... it's very often that the older person themselves don't want that family member to intervene and help with their housing. It's a little weird but like this old guy in [town] his family rang me and said 'Can you talk to dad?' in the nicest possible way. (ACHA 12)

The following section discusses four critical incidents involved in the breakdown of long-term living arrangements that culminated in the older person seeking assistance from ACHA. Whilst there is insufficient in-depth data to make definitive conclusions about the family relationships there is enough information to suggest that culture and patterns of intergenerational households were part of client's living circumstance. A number of referrals showed that older clients of ACHA had been living with family for many years, for example: 'Renting with extended family for 10 years.' (F, 79 yrs)

Carer stress

It was evident that in some cases older family members had been living with family but that the family had not been able to sustain the care required. Evidence from the interviews with ACHA workers and stakeholders identified issues associated with carer stress consistent with other gerontological research.

Yes and if there's been mostly daughters in a caring role for a period of time there can be that tension within the relationship. I've seen that a fair bit. Even though they want the best for their family member there can be that tension particularly if there's been a caring role for some time and the older person is 'I can do this myself' and the daughter or son saying 'Well, yes mum but you haven't' or whatever. (ACHA 12)

Separated from husband. Not coping with living alone—moved in with family into demountable on property. Family unable to cope due to her care needs, deteriorating cognition and behaviour. (F, 68 yrs)

Client had lived with husband who was her carer, husband developed dementia—went to live with family but family not willing to have this client. (F, 80 yrs, Vietnamese)

[Client] is currently living with daughter. This arrangement occurred after he was living in a caravan park and required support to live independently. His ex-wife also lives in the same house however due to separation many years ago the relationship is strained and puts [Daughter] under significant pressure. [Daughter] also has two children living with her that require support and regular medical appointments. [Daughter] advises she is finding this situation difficult to manage. (M, 75 yrs)

Needs intensive assistance due to health issues, family unable to provide care. Had lived with extended family. Patterns of abusive/exploitative behaviour described. Moved in with relative who is now unable to care for her due to own health issues. (F, 45 yrs, Indigenous)

The prevalence of generations of families living together, particularly in Indigenous and CALD families, poses concerns when caring responsibilities change due to an older parent becoming increasingly frail, experiencing cognitive changes or exhibiting declining health. The care literature acknowledges the important role of informal care to and by older people, and suggests that it is the mainstay of Australia's aged care sector. Implicitly, community aged care policy rests on the contribution of family care. The evidence in this study affirms this role and the ways in which carer stress in families with few resources can be linked to a housing crisis for older people. It is unknown whether housing crises triggered by family breakdown result in irretrievable breakdown in family relationships or whether family relationships may benefit and recover from appropriate housing and supports.

Overcrowding

Closely linked to the sustainability of living with family are the family's housing and economic resources. The client records data did not provide insight into the housing situation or material resources of the family with whom clients stayed. It was unknown in most cases whether people had a private room or were sleeping on a couch or in the garage. Indeed, the size of the house (number of bedrooms) and the number of people who usually resided in the house were not established for most clients. Nonetheless, overcrowding presents commonly in the literature and in client reports as a critical housing incident resulting from living circumstances being deemed unsustainable.

Migrated to Australia in 2010. Was living with relatives in an overcrowded house on the floor. (F51 yrs, Iran)

Was living with her daughter and caring for her but due to house fire they had to move. (F, 80 yrs)

For some families the overcrowding was linked to care responsibilities.

Moved in with daughter, son-in-law and several of their children due to health issues after diagnosis of terminal cancer. Daughter is carer for client. In public housing—house too small and has accessibility issues due to care needs/mobility limitations. Client long-term [public] housing tenant of another property. (F, 68 yrs, Indigenous)

Client moved to Australia from Papua New Guinea to access health services following a stroke and was living at sister until asked to leave due to overcrowding. Currently with a friend but cannot stay much longer. (M, 69 yrs)

The stakeholder interviews assisted in forming an understanding of the movement of Indigenous people from community housing in order to access health services.

They're coming down for care, for health and then once they're in a hospital so they're discharged and they've got nowhere to go. They are maybe living with other families who are actually overcrowded and this is what's happened ... so they're referred to me or they're referred to [hostel] ... they don't want to go back to the communities and I guess it's because of the health issue. It's closer to the hospital and the issue was once they get here that they don't want to go back up and so they have to then stay around close to where they have better access to the hospitals for their illnesses. (ACHA 3)

The pattern of older people moving for health reasons was characteristic also of non-Indigenous Australians.

[client] moved from [city] to live with her daughter following an open heart surgery. She stated that her daughter's house is too small for three of them and also too far from major hospitals, therefore would like to apply for housing in [suburb] area. (F, 73 yrs)

The issue of overcrowding within Indigenous families requires specialised consideration. Recent research in Australia argues that crowding should not continue to be conceptualised as simply high-density, nor assume that stress and annoyance will automatically arise in high-density situations (Memmott et al. 2012 p.2). The need to reconceptualise overcrowding was confirmed by interviews with stakeholders.

Aboriginal people are very tolerant of their living circumstances. They just accept it really. Things that we would never accept they're very resilient and you probably already know all this but they're incredibly resilient and they just accept their lot and think that's okay and the family, the connection to family, and land is so significant and important for Aboriginal people that it's again something that we underestimate. I think about that connection because people don't want to move away from country even for respite, even if they are having such as appalling time that family are humbugging them or doing whatever. (Manager 1)

Other stakeholders viewed overcrowding as an issue that impacts negatively on older Indigenous people.

Of course one of the major housing issues in an Aboriginal community and I'm sure someone's already told you this is overcrowding. You can have 20 people in a family in one house here, one three bedroom house. So the old person is often just sleeping on the floor in the lounge room or the kitchen. The [older person] are the tenant but sometimes the tenancy might be their children's but in that house there's themselves, their children and their grandchildren and because of that you will find often those older people are left with the care of the young grandchildren so they have the stress and pressure of looking after young grandchildren during the day and then at night they've got their children and the older grandchildren hooning around in the cars at night, playing loud music, etcetera so they're getting very little sleep and then they're trying to care for the youngest grandchildren during the day and they've also got alcohol and drug use happening in those homes which is causing violence and also elder abuse. Elder abuse includes verbal abuse, emotional abuse, physical abuse but the main one I find is financial abuse and what we've had to do with a number of clients here is go with them to Centrelink or arrange for them to get so much money put on their basic card each week so at least they

have enough money for food because the family has got their bank card and are taking all the rest. (ACHA 4)

Overcrowding can impact also on what is otherwise a positive family situation.

[Client] has a very supportive husband and three daughters. They have been living with their youngest daughter and her family in [suburb]. She stated that it has been great living with her daughter as they were able to offer support to each other, however house is very crowded for them and to continue living with their daughter. (F, 67 yrs)

Unable to stay in small 3 bedroom unit due to 12 others staying at property. (M, 54 yrs)

The issue of overcrowding where an older person presents for assistance is not distinct from wider care issues discussed in the previous section. Overcrowding is strongly linked to familial responsibilities around care and the health needs of older family members. The above material related to people living in the private rental and social housing sectors. Given the comments on client record forms about the difficult environments the older person was living in with their family we suggest many of the families did not have the resources to manage care responsibilities.

Family breakdown and conflict

The qualitative data extracted from client records suggest that relationships between older people and their families are frequently strained and culminate in assistance being sought from agencies for alternative housing.

Unsustainable due to family tensions. (M, 64 yrs)

Living with daughter long term but now relationship has broken down. (F, 81 yrs)

Previous [city] resident moved to M to be cared for by daughter. Relationship broken down. Living condition overcrowded in daughter's house. (F, 73 yrs)

The strained relationship is seen to have health impacts on the older client.

Client own[ed] home with husband but lost when business failed. Moved to private rental until husband died 3 years ago and went to live with son and daughter-in-law and grandson. Relationship with family broken down. Living situation making client ill. (F, 72 yrs)

Bought [public] housing in which she and husband were previous tenants. Bought jointly with [adult child] who defaulted on payments. House sold, alternative accommodation needs to be found prior to settlement. Emotional distress and depression. (F, 76 yrs East Timor)

Assistance with Care and Housing for the Aged (ACHA) workers with a background in working with CALD communities identified particular family tensions that arise with the migration of older parents.

Now I have the issue for someone like the new migrant. The son sponsors the father and mother, the parents, to come to Australia or maybe assist them to look after the children however and no matter which cultural background they come from having the same issue. Once when they migrated to Australia, it's a different story. They have to face the reality and particularly the in-law relationship issue. So in-law relationship issue can be very, very difficult and sometimes maybe they threaten, 'So the parents have to move out otherwise I will commit suicide', or threatening words. So make their old parents into a

very, very difficult situation. I could see a lot of cases similar like that and also sometimes like the son and the parents. The parents sold their house, their previous old house, and the son say, 'Okay, we want to move into a bigger mansion or a bigger house but we need the parents support', maybe to combine the mortgage together however when they live together and the son may have a new partner, a partner to move in, and the issue happen and then they couldn't live together or maybe the son because of unemployment they can't pay for their home mortgage repayments and the bank had to recover the house and the older people end up in homelessness. We came across that issue and because of that also affecting their mental health and physical wellbeing. So it can be very, very hard. (ACHA 1)

Some cases of family tension that the ACHA workers were concerned about involve abuse within the family.

Client and his wife live with their daughter. The situation has become very difficult, bordering on abuse. Clients require help with securing private rental accommodation. Client's wife has Parkinson's Disease. Had been owners however they couldn't afford mortgage repayments and daughter took over mortgage and then wanted her parents out of the home. (M, 65 yrs)

It was evident from the client records that there was a fine line between tension and conflict within a family and elder abuse—particularly emotional abuse. This issue is discussed in further detail in the next section.

Table 16: Case study: client who has experienced family breakdown

Gender	Country of birth	Age
Male	Australia	65
Living and financial circumstances on presentation to ACHA		
Client was living in a house with family on the north coast of NSW. They received the aged pension, but had no savings or assets and experienced difficulty with both paying bills and buying food.		
History and critical housing incident		
The client and his wife lived with their daughter. They had been home owners, however when they could no longer afford their mortgage repayments and their daughter took over the mortgage, she wanted her parents to leave. The situation was described as 'difficult' and 'bordering on abuse'.		
Health status		
Client's health was described as fair, however his wife had Parkinson's disease.		
ACHA intervention		
The client requested help with finding private rental accommodation. ACHA assisted with providing real estate brochures and completing applications, and maintained contact so that healthcare referrals could be made on their behalf, once they had relocated further north.		

Elder Abuse

There has been increasing awareness of elder abuse within the wider community. As noted in the interviews below, the management and appropriate responses to elder abuse is not widely recognised, particularly where the older client has self-

determination. Elder abuse is a complex phenomenon. Historically there has been a tendency for a child protection model to be practiced with older people experiencing abuse. This is inappropriate for older people with their own views on how the situation should (or not) be managed. The most common form of elder abuse in Australia is financial abuse. This was evident in this study, particularly in relation to housing assets.

... what we're seeing as well is that much older people whose kids are ripping them off. We've had a number of clients with that. Generally property. They'll get them to sell their home and invest it in the kid's home with the view of there being a granny flat and then of course that doesn't eventuate and/or they get them to invest in businesses and things like that or into rental properties and that just falls over and they lose all their money. (ACHA 13)

I had a beautiful old lady out at [town] and her husband had cancer and they went down to [city] and they had a house down in [city], that's right, and the daughter said 'Look mum, you sell the place and come and live with us' this is after dad died 'Come and live with us and we'll look after you' and so she did and she gave them a certain amount of money and then three months later they said 'Bugger off. We don't want you no more'. So this poor old lady had nothing. (ACHA 12)

There were 21 referrals to ACHA relating to elder abuse or potential elder abuse. Exploitation relating to finances and property were the dominant issues. Abuses ranged from the failure of family members to contribute to weekly living expenses to fraud by adult children seeking to gain their parent's house.

Renting unit for 7 years following divorce. Step son lives with him but does not contribute monies for rent and food. Emotionally abusive to his father. (M, 69 yrs)

Living with son who has addiction and is abusive. Lived in public housing long term. (F, 69 yrs Egypt)

Living with son and daughter-in-law in abusive relationship. Has lived with family since divorce 10 years ago. (F, 55 yrs Turkey)

We haven't had a lot of cases where we've suspected elder abuse but we have had some and it's horrid. It's horrid that they've been kept in a room with a mattress on the floor. (ACHA 10)

Some are financial and emotional abuse. Yeah, because it's not only one case. There are several cases like that and the older parents have like daughter-in-law or son-in-law at home and I have to walk out. I don't want to see them. So every time when they talk about the family relationship and they are in tears. It's very obviously causing the psychological and also emotional impact on them. (ACHA 1)

But then it does boil down to an elder abuse issue because they turn into slaves, they feel trapped there sometimes if they've stayed there and they burn through their cash they turn them into slaves basically. Well, we've seen some that do that. (ACHA 14)

And the kids just don't care and don't help them. They maybe are living underneath their house but they're not doing anything to assist them and I've got people at the moment that the kids are in a rental and they're living underneath them in the rental and they're all moving but the kids are doing

nothing to help them move. They want to split ways with mum and dad but they don't want to do anything to assist them. (ACHA 13)

Usually it gets quite nasty. I found that they are not able to remain there but if it doesn't get too bad with the financial conflict then once they get their own place there is a hope that they will be able to have that communication back. I had a case where this gentleman was living with his daughter but his daughter was after whatever savings he had and he wasn't prepared to give. She even pushed him out on the street and tried to get the money off him and stuff like that. Sometimes it's really bad. (ACHA 11)

The decision to seek legal representation or to remedy the abuse rests with the older client (if they have legal capacity).

Yes and, look, for the most part they don't go down that [Legal Services] track. They don't. You talk to them about it, you arrange interviews for them to tell folk about it but they just don't go down there. They let it happen, well, they don't let it happen but they accept that it's happened. (ACHA 12)

Many older people do not want to proceed with a legal remedy as they fear a family estrangement will result.

Absolutely. Yes and, look, for the most part they don't go down that track. They don't. You talk to them about it, you arrange interviews for them to tell folk about it but they just don't go down there. They let it happen, well, they don't let it happen but they accept that it's happened ... that daughter that did that is now up here in [place] staying with her mum, caring for her. So in the end it worked for [client] because she has her daughter back and that's what she wanted. So she's happy. It's hard to believe and as hard as it is to believe that that happened. (ACHA 12)

The ACHA workers and stakeholders who worked with Indigenous clients made particular note of elder abuse and its interplay with culture and familial responsibilities.

In Aboriginal culture any money that comes in people see that that's for general distribution. So if an older person has some money a younger person might come and say they want some money and the older person will just give it to them. Those sorts of things where it's such a rich culture then to have things like that happen and it's hard because we would see that as abuse but the Aboriginal people or older people who are quite able to make decisions for themselves about giving their money away will do that because that's the thing you do but then it leaves them with nothing really. They just see it as part of life. (Manager 1)

Yes, but the important thing around identifying those things if you've got the capacity to make that decision and you want to name that as abuse it is from our perspective and you think this is just not on and from looking afar and looking into it that's not right but that is the culture and certainly if there was someone that wasn't able to make that decision and we would be then following that through. (ACHA 1)

... particularly older Aboriginal people they'll accept their lot really that we would never accept. I know that's difficult for us to understand. (Manager 1)

Humbugging is quite normal. That's a normal part of living in the [region] and it would be anywhere where Aboriginal people will come up and try and get something from you but that's from a white's perspective. From an Aboriginal person in [town] for instance they would maybe just ignore them. So not

everyone's going to be giving away everything. It does happen but it's a bit hard to say what the norm would be. The truth is that a lot of old people give away their food because a younger will come and say they're hungry and they'll give away their food and we can't control that. It's a fine balance around intruding culturally into people's lives and our main purpose is to support people to live at home and we will do what we have to do but it's never going to be pristine. It's never going to be white middle-class. I mean the difficulty is for us and ACHAs probably a bit more attuned to what homelessness is around Aboriginal people but all our programs are mainstream programs. They are programs for a person in a little white picket fence and we've got the same program guidelines as everyone else. (Manager 1)

These findings bring considerable clarity to a largely unrecognised phenomenon—how elder abuse is related to homelessness and risk of homelessness for older people. Social housing and private housing constitute a major asset and are implicated commonly in financial exploitation and abuse. Emotional abuse is also of significant concern.

In conclusion, the role of the family, in particular the stresses faced by older people within their family unit, is an important part of the housing crisis for older Australians. The study demonstrated that a breakdown in the family living arrangement was a dominant critical housing incident that culminated in older Australians seeking assistance from ACHA agencies.

5.1.3 Unaffordable: the high price of renting in the private market

The cost of renting in the private rental market has long been considered the major underlying factor for housing stress and risk of homelessness for older Australians. The plight of older renters in Australia has been consistently highlighted in research studies (Jones et al. 2007; Morris 2009a). Seventy-one people in this study, or just fewer than 18.3 per cent of people with a conventional housing history, were experiencing issues with housing affordability. Unaffordability was not identified as an issue for social housing tenants seeking assistance from ACHA. Advocates within the service sector, primarily in larger cities, have stressed that older renters are living in substandard accommodation and not seeking repairs or maintenance for fear of being charged extra rent or being evicted (Fiedler 2010).

Even in some private rentals they're dangerous too because they want cheap-end ones and some cheap-end ones are pretty disgraceful. They've got the wind blowing through, cracks in the wall, faulty wiring but then you get the client in there who doesn't want you to say anything because they're thinking they'll get a without grounds notice to leave at the end of the lease and then where do they go then? (ACHA 9)

I certainly did see places where people had more or less thrown up a few rooms under their elevated house. So you can whack in a few rooms underneath and charge a couple hundred dollars a week for them. (ACHA 7)

... live in what is called a picker's hut here which is just a very basic shed accommodation, very, very basic toileting and cooking facilities. (ACHA 6)

High rents traditionally have been associated with inner city areas, often in association with gentrification. Indeed, while this situation still exists, older people living in outer suburbs are now reporting a lack of affordability resulting in housing stress.

It was more back in the old days was gentrification. I mean what I found was gentrification of and that but they've been pushed so far out now ... well, I

don't do [inner suburb] I don't get referrals. They're not there. They've all been pushed out. (ACHA 14)

The high price of private rental was identified in all of the capital cities by participating stakeholders. In most of Australia's large cities, ACHA workers were not able to access private rental for their clients. One manager noted that social housing availability was positively impacted as a result of the Social Housing Initiative but that in their city social housing availability had reached saturation point (Manager 6). Added to this context was the lack of crisis accommodation for older people and waiting lists for public housing. Workers commonly accessed community websites such as Gumtree for share house vacancies.

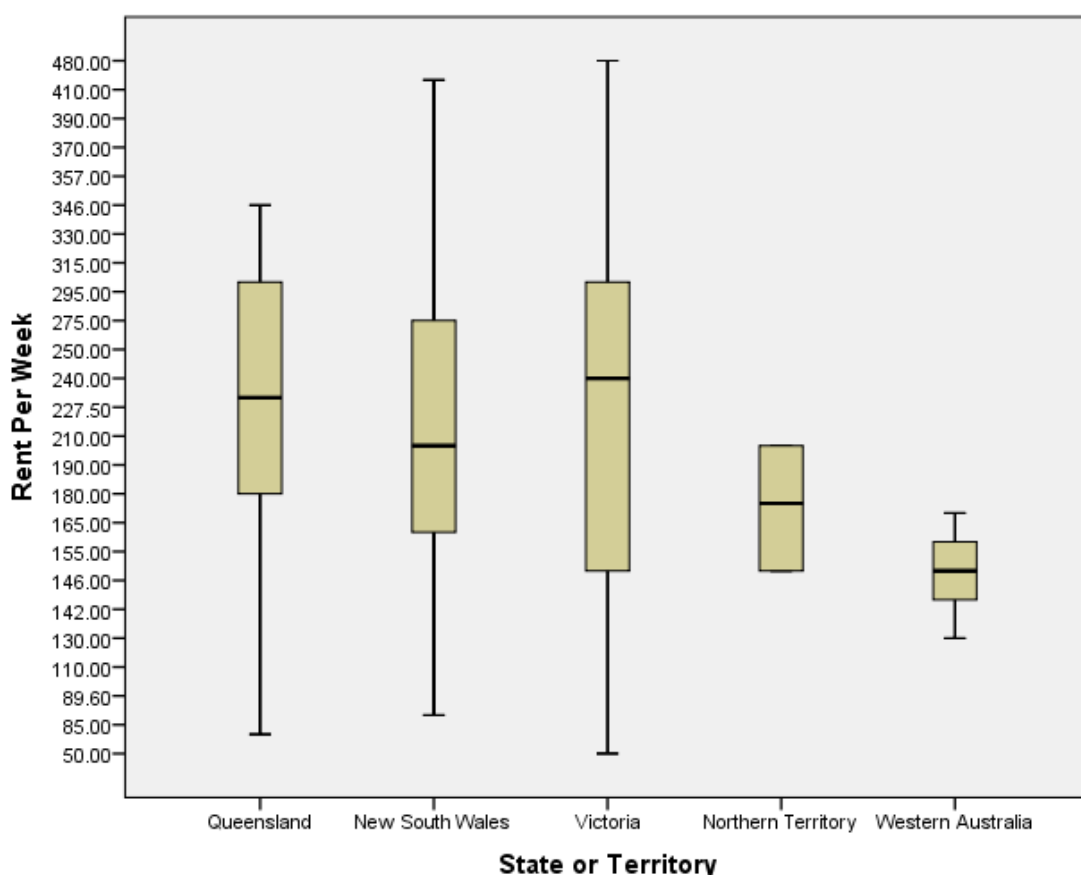
But I do try and make sure that we fully explore as much as we can with private rentals and room shares 'Is there any chance you can stay with family and friends?', even caravan parks, onsite vans. I have a client in one who was paying \$350 a week just for an onsite van and that's not with an ensuite. So \$350 a week and once he's vacated the park are looking at putting it up to \$400 a week. (AHCA 9)

Other workers identified coastal areas of Australia as unaffordable. In the example below, a coastal area popular with holiday makers, the ACHA worker found it increasingly difficult to locate affordable housing for their clients.

So you just got to the point that there are areas you just couldn't work any more and so I just said 'I'm calling it quits' basically. ... There's not really any boarding houses or supported accommodation up there. And what are there are atrocious. You wouldn't even put your dog in as they say. (ACHA 13)

Figure 2 sets out the rents recorded on the client forms. Not all participating agencies included this information on their forms so rental figures do not reflect the full sample. Hence the rental figures on the box plot for Western Australia are not a true representation as this information was not consistently provided. The interview data from Western Australia outlined below expand on the difficulties relating to rental affordability in that state. South Australian data did not include rent figures. Tasmania and the Australian Capital Territory (ACT) are not detailed on the box plot as they were unable to participate in the study. On the box plot below the rectangle box represents 50 per cent of rent amounts, whereas the whiskers represent the smallest and largest amount of the rent paid in that state.

Figure 2: Rent paid by state and territory



Added to the high cost of renting privately in Western Australia are option fees, a fee of \$50.00 to lodge an application for a rental property.

So if you're unsuccessful in the application you've got the money returned to you but if you're successful then obviously they use that towards paying the bond and all that sort of stuff but some of the issues we had are the real estate agent wanted the option fee in cash but it's not returned to the clients in cash. They get a cheque or a bank cheque. It's not like Thursday they ring and say you've been declined for the property and Friday you've got the money. It's still a week or so later. (ACHA 9)

The client records commonly pointed to 'financial difficulty from current rent—cannot afford another rent increase'. The workers noted that 'this vulnerable couple are in housing stress and at risk of homelessness'. Older people who become homeless for the first time later in life have often been long-term tenants in the private rental market.

Current housing—private rental—approx. two years. Previously private rental eight years—Owner wanted to refurbish. Before that—private rental 11 years—Owner wanted to sell. (M, 78 yrs)

Some people have faced continual rent increases in the one property.

Cannot afford rent any longer. Rent increases every six months. Long-term renter since divorce many decades ago. (F, 71 yrs, rent \$215 per week)

It was also apparent that some referrals to ACHA were linked to an inability to continue paying rent after the loss of a partner or family member due to bereavement or separation.

Been renting house for 15 years with son, who died recently. Can't rent. (R, age unknown, rent \$340 per week)

Husband died and struggling to pay rent. (F, 73 yrs, rent \$380.00 per week)

Rented with granddaughter but she moved out and can't afford rent on her own. (F, 62 yrs, rent \$300 per week)

Evidently, older people renting do without essential services such as health and community care.

Unaffordability of rent. Needs care services but can't afford them. (F, 75 yrs, rent \$400.00 per week)

Main concern from their point of view is that they feel they cannot afford to live—rent is \$300 per week, lease may end in two months. Not buying food as they feel they cannot afford it. Needing more secure housing, have been on [public housing] waitlist for many years. (F, 80 yrs lives with husband)

Such circumstances bring anxiety on top of existing health concerns. Client records commonly noted that the older person was experiencing depression and anxiety associated with their housing crisis; one referral noted risk of homelessness due to unaffordability and that the client was depressed and suicidal.

Housing situation is causing her severe anxiety and stress, in particular the worry of not being able to get an affordable and secure home and the possibility of becoming homeless. [Client] hopes to remain living independently as long as possible in safe and affordable housing in [suburb] where she is familiar with the area. (F, 74 yrs)

Unaffordable rent of \$320.00 per week. Client and his wife live in 1st floor flat. Have been renting flat for past 11.5 years. Having difficulty paying bills, buying food, and significant financial hardship. Client has increasing problems with his mobility, stress and is finding it difficult to climb the stairs to his 1st floor flat. Client has a major health condition and regularly visits hospital. He doesn't want to disclose his health condition. (M, 70 yrs)

Had been residing at the back of a property in a self-contained bungalow in [suburb] paying \$250 per week in rent. Reported she had been residing in bungalow for nine years but was being pressured to move. Advised that for the most part the rent was affordable but in recent years had risen to \$250 per week and she found herself unable to manage financially, falling behind ... advised that the children of the owner of the home had wanted her to move out and the environment was quite uncomfortable and difficult ... was unable to maintain her housing due to cost of rent and threat of eviction due to family wanting to move in to the home. (F, 65 yrs)

A number of clients had migrated in recent years and were not eligible for the Age Pension. They were largely in receipt of the Centrelink Special Benefit payment which can be paid if new migrants have Permanent Resident visas but have not yet met the residency test needed to receive the Age Pension. This payment is considerably less than the Age Pension and is insufficient for meeting the costs of private rental.

Clients receive Special Benefit and private rental is \$230 per week and most of payment goes on rent. Clients very stressed about their situation and this is impacting on their health. (Couple 70, China)

Rent too high. Landlord has car repair business in the backyard and uses client's electricity. Client complained and violence ensued. (Married couple 75, 68, rent \$300 per week)

It is interesting to note that there are a group of older people (current or former private rental tenants) who state they are not interested in seeking private rental properties.

The client will not entertain the thought of private rental due to affordability issues and lack of secure long-term tenure. (F, age unknown)

The client does not want private rental as he fears he cannot afford it. (M, age unknown)

While unaffordability was identified as a definitive critical housing incident for older people at the time of referral, NTVs were similarly implicated. The following section looks at issues concerned with housing accessibility.

Table 17: Case study: client living in the private rental market long term

Gender	Country of birth	Age
Female	Australia	51
Living and financial circumstances on presentation to ACHA		
Client was living in a privately rented apartment in Melbourne, paying \$320/week. Received Disability Support Pension, experienced difficulty paying bills and buying food.		
History and critical housing incident		
Client had lived in the private rental market for their entire life, however came to require adaptable housing due to bone cancer. Additionally, their rent became unaffordable.		
Health status		
Poor and prematurely aged. Was receiving treatment for bone cancer and experiencing lung deterioration at the time that they came into contact with ACHA.		
ACHA intervention		
Client did not want public housing due to a bad experience living next door to a family estate. ACHA assisted with social housing applications, which was successful. HAL paid two weeks rent in advance along with removal costs for the client.		

5.1.4 Renting and access issues: does not permit ageing in place

Access issues were recorded by 17.5 per cent (n=68) of the sample as the reason for people with a conventional housing history (n=388) seeking assistance from ACHA agencies. Access issues were found to be prevalent in all forms of tenure including private rental and social housing. These circumstances are looked at in turn.

Home maintenance and modification (HMM) has been clearly identified as having a role in achieving safety, independence and positive lifestyle outcomes for older people, yet there remains a lack of public understanding of HMM services in Australia (Jones et al. 2008). The findings from this study definitively identify access as a pivotal reason underlying housing crises for older people renting in the private market

or social housing. As such HMM have a major role in the prevention of housing crises for older people.

Private rental

Older people renting in the private market presented as the dominant group to ACHA agencies with access issues as a critical housing incident. The predominant access issues related to stairs and bathroom designs. These issues are identified in the HMM literature as limiting older people's independence and safety in mainstream housing.

Some clients were in hospital and unable to find accessible rental accommodation at the time of referral. For others the risk of homelessness was flagged by ACHA workers because of a lack of accessible rental properties.

... the other first timers are also those ones who have had a stroke or some health issue that drives them out of wherever they're living. They might be upstairs in a block of units and they can no longer walk up the stairs. It's things like that that cause amazing drama in people's lives and then they have no clue of how to move, what to move. (ACHA 12)

The responses below are indicative of the circumstances of older people accessing ACHA.

Always rented. No previous housing issues. No longer able to manage the 20 stairs to access her unit. Client has had a stroke. The property is on the market. (F, 73 yrs)

Current property on two levels. Client unable to negotiate stairs due to health issues. Long-term renter. (M 77 yrs)

Unable to be showered due to poor bathroom design and limited mobility. (M, 70 yrs)

Can no longer cope with stairs—knee replacement. (F, 62 yrs)

Many referrals record that housing was below community standards, with some older people living in garages, sheds and run down caravans. For some ACHA workers in rural areas the critical incidents associated with very old run down houses tended to be access issues.

... in very old houses and they would probably be okay but these people that I deal with have mobility issues so they're having a shower over the bath, those sorts of things and toilets outside. (ACHA 6)

Similar issues were also experienced by older people living in caravan parks and mobile home parks. For older people living in caravan parks accessing the ablution block posed distinctive challenges, particularly in difficult weather.

Has always rented but had to move to caravan when her husband died due to financial hardship. Due to ongoing health problems she is no longer able to manage in the caravan. (F, 70 yrs)

Rents in old caravan. Walk to ablution block long distance. Long-term renter. (M, 67 yrs)

The finding that older people are living in substandard and unsafe housing reinforces the argument of Toro (2007) that it is often more helpful to view homelessness as a continuum rather than a strict dichotomy of homeless or not homeless. The findings indicate that some tenants are given a NTV when the design of the housing is seen as a potential safety risk by the landlord.

Has lived in private rental for approximately seven years with daughter and grandchildren. Elevated house not appropriate to return to (will not be able to manage stairs). Given notice to vacate approx. one week ago (6 weeks' notice). (F, 50 yrs)

ACHA workers attempt to advocate on behalf of clients' for modifications to be undertaken arguing that older tenants are often the most reliable tenants. However, on the whole landlords were not willing to modify accommodation.

Landlord reluctant to attend to repairs and will not do modifications for mobility issues. (F, 65 yrs)

However, in one case ACHA workers successfully secured home modifications to a mobile home owned by a client who renting a lot in a caravan park. This enabled the client to continue living in his home.

It was also common that referrals came through to ACHA on behalf of older people who were in hospital and unable to return to their former residence because of access issues and were considered homeless for the first time in their life.

Fall at home hospitalised. Owner advised she cannot return to the property. Personal items still at house. Ready for discharge from property. Approved for CAPS—can commence on discharge from hospital. Hospital staff have attempted to discuss situation with landlord, as has client's friend/support person. No resolution reached. (F, 83 years, \$200 week renting room)

Has rented privately for lengthy period. Live upstairs with owner downstairs. In hospital for lengthy period due to amputation and now uses wheelchair and previous accommodation inaccessible. (M, 66 yrs)

The lack of affordable, accessible housing provided challenges for the AHCA workers, particularly in rural areas.

The biggest issue I have is getting ACHA clients who have mobility issues there's just nothing, absolutely nothing available quickly. You can't even place them in caravan parks because most of them don't have disability access. So a motel is usually the only thing that we have for emergency situations that is. (ACHA 6)

The above clients were considered to be at risk of homelessness due to access issues. With their limited resources and, in some cases, poor health and mobility, they all presented with very limited options. These findings are an important reflection on the difficulties faced by older private renters in finding accessible affordable housing and accommodation in both rural and urban areas of Australia. Our data shows that access issues are linked to older people being at risk of homelessness. In addition it is evident that older people face discrimination by some landlords when their physical abilities are no longer compatible with the design of their accommodation and they subsequently are served a NTV.

Social housing

All state and territory housing authorities across Australia are involved in maintaining and modifying social housing to meet the needs of their older tenants (Jones et al. 2008). Despite the involvement of public housing providers in housing modifications and the design of accommodation that is appropriate to tenants with disabilities and special needs, access is a presenting issue for ACHA agencies. There were 13 referrals related to social housing tenants with access as a critical housing incident. In some cases the source of the referral was the public housing or community housing provider.

Long-term public housing tenant. House too small and has accessibility issues due to care needs and mobility limitations. (F, 68 yrs)

His public housing has many stairs, unsuitable for his health. Was sharing with family/friends but became unsuitable. (M, 50 yrs)

Current housing unsuitable for physical needs. At risk of injury. (F, 85 yrs)

Current housing has stairs making it difficult to access. Current unit 7 yrs. (F, 68 yrs)

Long-term residents of community housing were also at risk due to safety concerns by health professionals.

CACP coordinator made referral due to concerns regarding clients deteriorating mobility and difficulty managing in the unmodified bathroom. Moved into current accommodation in 1999—group house managed by mental health service. Client reluctant to leave—describes can manage adequately at least in the short term. CACP provider indicates there are issues with accessibility and length of stay. (M, 76 yrs)

In one location the ACHA agency had a number of referrals from long-term residents of a community housing provider.

Referred by hostel ... not managing stairs safely in their facility. (M, 48 yrs)

Long-term resident of [Community Housing]—now struggling to manage the stairs—uses a walking frame. (M, 76 yrs)

The wish of clients to remain in what has been their home for a lengthy period is evident also.

Problems negotiating stairs—carries his wheelie walker on his back. (M, 70yrs)

Client and his wife live in first floor flat. Have been renting flat for past 11.5 years. Having difficulty paying bills buying food and significant financial hardship. Client has increasing problems with his mobility, stress and is finding it difficult to climb the stairs to the unit. Client has a major health condition and regularly visits hospital—doesn't want to disclose this health condition. (M, 70 yrs)

Requires assistance to find alternative accommodation suitable for reduced mobility and within finances. (M, 74 yrs)

Older Indigenous people who had lived long term in community housing but were no longer able to remain on country due to health and disability reasons were also forced to seek alternate accommodation. Indigenous people staying or moving to larger cities from community housing face barriers in gaining accessible housing. There were 11 referrals from people in hospital with a community housing history who were unable to return to their former home due to access issues.

Wheelchair accessible housing is needed. In hospital ready to be discharged but no accommodation suitable. (M, 50 yrs Indigenous)

Lived in remote community renting accommodation from community council. Wheelchair user since adolescence. Now needs dialysis—wheelchair accommodation needed. In hospital. Ready for discharge but no accommodation found. (M, 50 yrs, Indigenous)

Access issues present as a major issue for older Australians renting in the private market. Private rental properties do not on the whole permit older Australians to age in place. For some older renters access issues were coupled with a NTV as the landlord

feared injury and subsequent liability. Frequently older renters were flagged by ACHA workers as being at risk of homelessness due to inaccessible housing design, often related to stairs and bathrooms. Stairs, however, remain the biggest barrier in referrals for older renters. Access issues, while not as prevalent for social housing tenants, were also evident.

These findings also present as a major barrier to the implementation of Australia's aged care reforms with its increased focus on community aged care for older people. A significant portion of the older population who are private renters, and to a lesser extent social housing tenants, are unable to age in place. They do not have the same control over their environment as home owners and are not in a position to make either minor or substantial modifications to enable continued independence in their home. A lack of recognition of the importance of design for access for older people in Australia is evident:

One of the things that we have tried to advocate really strongly with and sometimes have not been particularly successful either because the Department of Housing have done these refurbishments but they haven't put in disability access. They will put it in if it's identified with the client but we say 'They all need disability access'. It just seems so ridiculous to be doing the work and not. (ACHA 1)

5.1.5 Relationship breakdown

Thirty-one older people (8.0%) were unable to continue living in their housing due to a housing crisis caused by relationship breakdown. This group stayed temporarily with friends or family. The group included 16 men and 15 women. The circumstances for this group were varied. The majority (19 people) had recently separated from their husband or partner. Of these, nine were women. Seven of these women identified domestic violence as the critical incident:

Client, 69 years, has left husband due to domestic violence, she has been living in a friend's home with five other people (two adults and three teenagers) for the past two months. She has been sleeping on a couch in the kitchen at this property and appears to have no other family to assist her. She contributes \$120 per week for utilities. (F, 69, Greece)

Some women were staying 'illegally' with family who were social housing tenants with a ceiling on the number of occupants.

Client has lived in Australia with her husband for 10 years and went to the [South East Asian country] to visit family to come back and be told she was no longer welcome. She is not eligible for the Australian pension and could only get similar to Newstart to support herself. Client was staying with her sister who lived in a public housing studio room at night and sitting in shopping centres during the day so she did not jeopardise her sister's accommodation. (ACHA 13)

In addition to people staying temporarily with family, others were living in motels, caravan parks and crisis accommodation. Four cases related to a breakdown in their relationship with their landlord, one person relating they felt victimised. While the majority of separated people lived in private rental and social housing, there were cases of people who had been home owners and sought assistance from family while legal proceedings were under way. The death of a partner and a breakdown in a relationship with a housemate were identified as the incidents that culminated in an inability to manage the rent on a single income.

5.1.6 Other issues

Sixty-four older people sought assistance from ACHA for a range of reasons. The largest group, 38 people, was seeking assistance to move. These were largely social housing tenants requiring assistance with advocacy and the completion of forms to enable a transfer. Often these requests were linked to a wish to be closer to family as they aged. There were also examples of older people acting in a preventive way seeking assistance to move in the near future:

Concern with change in relationship with landlord since cancer diagnosis. Has lived in current one bedroom private rental unit for 25 years. Previously had a very friendly relationship with the landlord with regular contact. This contact has ceased since diagnosis. Client concerned of the security of his tenure. (M, 69 yrs)

Fourteen clients seeking support and advice discussed alternative housing options. People also sought assistance for isolation and, in a small number of cases, mental health issues. Three people sought assistance with the process of accessing community aged care to enable them to remain independent in their rental property. Three people, residents of residential aged care, sought assistance to return to living in the community. A number of people sought assistance after a flood and bushfire.

5.1.7 Factorial Discriminant Analysis (FDA) for people with a history of conventional links to housing

The establishment of the groups and themes in the preceding sections was gained from descriptive statistics and the rich qualitative data from the details on the client records. In this section the analysis is taken a step further with a FDA. FDA identifies the discriminators that indicate what is important and most useful in identifying older people as belonging to the pathway of a history of conventional links to housing. The discriminators used in the FDA are drawn from the literature on homelessness and deprivation amongst older people set out in Chapter 2. The discriminators include: age¹; current housing; income source; current housing tenure; health; location (state or territory); family breakdown; and marital status. The results of the FDA classification versus the original classifications set out in the preceding analysis are shown in Table 18.

¹ Note that the indicators used vary slightly from group to group. A master set of indicators was chosen based on the literature and theoretical understandings of homelessness. In specific cases age and/or gender were excluded to improve the discriminatory power of the FDA analysis.

Table 18: Classification of ‘conventionally housed’ pathway

Original classification						
	Notice to Vacate	Unaffordable	Inaccessible	Were living with family	Relationship breakdown	Other
<i>n</i>	78	71	68	76	31	64
Predicted Group						
Notice to Vacate	2	0	0	1	1	0
Unaffordable	48	61	28	15	9	24
Inaccessible	20	9	34	13	7	28
Were living with family	7	0	1	45	2	8
Relationship breakdown	1	0	0	2	11	0
Other	0	1	5	0	1	4

Table 19 sets out the classification error rates for the original classification in relation to the predicted group. FDA classifies most individuals as being homeless due to either financial (86% of the time) or accessibility (50% of the time) issues. Only in the case of financial issues does the FDA correctly classify individuals a substantial number of times. The failure to correctly identify individuals in the other categories is understandable as it is clear from the literature and from this project’s findings that older people commonly experience a number of circumstances concurrently while in private rental housing, such as change in marital status or poor health, that puts them at risk of homelessness. The FDA highlights that, for older people with a conventional housing history, making assertions that one discriminator, such as poor health or marital status, is rarely helpful in indicating who is likely to experience homelessness.

Table 19: Classification error rates for ‘conventionally housed’

Notice to Vacate	Unaffordable	Inaccessible	Were living with family	Relationship Breakdown	Other
0.974	0.141	0.500	0.408	0.645	0.937

The FDA analysis supports our understanding from the literature that the level of rent they pay is linked to their risk of homelessness. The FDA also highlights that other discriminators, including health, marital status and family breakdown, are not able to be used as single indicators for homelessness amongst people with a conventional housing history. Rather, they are more likely to be part of a group of circumstances which together place older people at risk of homelessness.

5.2 Ongoing housing disruption throughout life

This section outlines the circumstances of older people who have tenuous links to housing and whose lives are affected by multiple forms of social exclusion. Aptly described as ‘deep social exclusion’ there is a very high degree of overlap between a

range of experiences—namely homelessness, substance misuse, chronic physical and mental health concern, and for many few or no supportive family or friends. Many have experienced iterative homelessness throughout their life. The living circumstances of this group parallel the categories of homelessness outlined by the ABS and the Homelessness Statistics Reference Group and include sleeping rough, staying in crisis accommodation and living in rooming and boarding houses with no tenure and where the accommodation does not permit control of or access to space for social relations.

The pathway for people in this group is distinctive. Whilst this study did not gain a detailed understanding of people's lives, the qualitative notes of the ACHA workers provided a range of information that allowed the piecing together an understanding of longstanding social exclusion for some clients of ACHA. As seen in Table 20, there were 125 people in the study who had experienced ongoing housing disruption: 70 per cent of these were older men.

Table 20: Gender breakdown of ongoing housing disruption throughout life

	n (125)	Ongoing housing disruption (%)
Male	87	69.6
Female	38	30.4

As demonstrated in Table 21, this pathway includes 65 people living in boarding and rooming houses. Some of these temporary forms of accommodation were illegal and of very poor standards. The client records for some people indicated that they resided in substandard caravan parks. This includes caravan parks which were run down and also parks clearly identifiable by ACHA workers as being unsafe and places where assaults were common. As seen in Table 21, just over half (52%) of the sample were living in these circumstances. As noted in the 2011 Census most of the older homeless population live in marginal housing such as boarding houses and substandard caravan parks. The other group of people with ongoing housing disruption includes people sleeping rough, couch surfing or living in cars and moving around various towns and cities. This group of 60 people represented 48 per cent of the older people considered to have experienced ongoing housing disruption throughout their life.

Table 21: Living circumstances of older people with ongoing housing disruption

	n	Ongoing housing disruption %
Boarding house, rooming house, substandard caravan park.	65	52.0
Sleeping rough, moving around, couch surfing	60	48.0
Total <i>n</i>	125	100.0

This group were not limited to our largest cities. ACHA workers in regional and remote places also assisted older people who had experienced deep exclusion. The group also included Indigenous people who had experienced dislocation from kin and home communities as well as the serious health concerns noted above.

Table 22: Location of older people with ongoing housing disruption

Location*	n	Ongoing housing disruption %
Major cities	98	78.4
Inner regional	16	12.8
Outer regional	10	8.0
Remote	1	0.8
Total <i>n</i>	125	100.0

*ABS Australian Standard Geographical Classifications (ASGC)

The living circumstances of the older men and women are discussed in further detail in the following sections where ongoing housing disruption is set out in two groups: people who live in marginal housing and substandard housing; and people sleeping rough or on the move, couch surfing or sleeping in cars.

5.2.1 *Living in marginal and substandard housing*

The client records indicated that many clients were living in marginal housing on a long-term basis.

Lived in boarding house 28 years. (M, 53 yrs)

Substandard boarding house for seven years. (M, 84 yrs)

There is evidence that older people are 'paying \$170, \$90 per week in a boarding house'. As evident in Table 23, 73.8 per cent of the sample living in boarding houses and substandard accommodation were men. This is broadly consistent with the ABS homelessness enumeration in 2011, which showed that approximately 80 per cent of older people living in boarding houses were older men.

Table 23: Gender breakdown of older people in marginal and substandard accommodation

	n (65)	Marginal and substandard accommodation (%)
Male	48	73.8
Female	17	26.2

ACHA workers, particularly in the larger cities, work closely with older people living in boarding houses in a preventive capacity to ensure their tenancy is maintained.

They've had a history usually of homelessness going maybe from rooming house to rooming house or on the street or whatever. (ACHA 5)

A focus of their work is building a relationship with older tenants in boarding houses and, when appropriate, putting in place supports such as community aged care to ensure their continued independence. One ACHA worker explained that building this relationship can take considerable time, citing her continued meeting with a rooming house tenant for 12 months before he agreed to community aged care services.

The client records highlight the grim reality of life in some of the boarding houses.

Private rooming house ... was a health risk as the resident across from [client's] room was defecating and urinating in his bin. (M, 54 yrs)

Dilapidated rooming house. (M, 79 yrs)

It is substandard but it is a roof. No and I visited some clients in their boarding houses and with some of them that I've entered I just can't believe what's in front of my eyes. You wouldn't put anyone or anything in some of them I've seen. It's just utterly disgusting. I don't know how some of those landlords sleep at night to be honest. It's just cruel. (ACHA 10)

There were referrals of people with a long history of housing disruption experiencing access issues in their boarding house or experiencing eviction.

Landlord wants client to move due to the risk of her having a fall. Boarding house unlicensed. (F, 73 yrs)

Evicted from boarding house after living there for over 30 years. (M, 73 yrs)

People did without everyday facilities because the accommodation was accessible.

[client] limited mobility so few options—no laundry and limited cooking facilities but accessible. (M, age unknown)

The issue of accessibility also relates to people who were unable to stay in transitional housing.

On second floor of [agency] hostel. CACP service reports history of falls, declining mobility, issues exacerbated by alcohol use. No lift access. (M, 73 yrs)

It is well understood that people are subject to assault while living in marginal housing, particularly boarding and rooming houses (Murray 2009).

Subject to a number of violent episodes. (M, 61 yrs)

Boarding house has had a number of violent episodes. (M, 61 yrs)

Living in rooming houses past 25 years—violence and wants to live alone. (M, 68 yrs)

Violence was also evident in some caravan parks. In the example below community aged care workers face occupational health and safety issues supporting elder residents in a particular caravan park.

Well there's one person there that's still likes it but it's normally just the violence or more the drugs. (ACHA 14)

The other reason I had a chap at [caravan park], [agency] would not send their girls in because of what it costed and they had to send two so it was costing them a fortune. So they put it onto me 'Get him out. Get him out'. So we got him safely out. You can't get services into there. (ACHA 13)

There are exceptions with residents of boarding houses who do not have a long history of homelessness. There are examples of ACHA agencies assisting people living in boarding houses who as a result of financial abuse by family or experiencing dementia do not have the resources to manage.

Boarding house for last 7 years since separating from wife. (M, 56 yrs)

Health descriptions were not entered on the client record forms for all clients living in substandard accommodation. As seen in Table 24, of the 52 records with health details, 34.6 per cent reported their health to be poor while half related their health to be fair.

Table 24: Self-reported health of older people living in marginal and substandard housing

Description of Health Status	n	Substandard housing
		%
Poor	18	34.6
Fair	26	50.0
Good	8	15.4
Very Good	0	0
Total <i>n</i>	52	100.0

The health details relating to the clients living in substandard accommodation are characterised by the descriptors ‘problematic alcohol use’ and ‘mental health issues’. As noted in the literature premature ageing is a consequence of this history.

Heavy use of alcohol. Used drugs for 27 years but left drugs for good 3 years ago. Hepatitis A, B and C. Liver malfunction. Poor mobility and frailty. (M, 57 yrs)

Drug and alcohol misuse. Past substance abuse—heroin. Prematurely aged. (F, 52 yrs)

This group of people who are or have been living in marginal housing, while not the focus of this study, provide a contrast to the older people who have a conventional housing history. Their lives are characterised by deep exclusion living in substandard and unsafe accommodation with few supports. In addition their health is poor.

5.2.2 Sleeping rough, moving around and couch surfing

The material on the client data forms provides information on their life course that includes experiences of long periods of iterative homelessness.

No permanent home for over 15 years. (M, 69 yrs)

Long period of homelessness on off 10 years. (M, 51 yrs)

Client has chronic mental health problems and has ongoing homelessness for many years. (M, 76 yrs)

Many of the clients had acquired disabilities including brain injuries from assaults.

Sleeping rough. Has cognitive impairment linked to previous assault. Has stayed in range of crisis accommodation services—problematic—incidents have occurred involving aggressive behaviour. (M, 67 yrs)

History of repeated periods sleeping on the streets. Assaulted while homeless and now hospitalised—some evidence of cognitive impairment—further investigation planned ... would like to move into aged care. (M, 67 yrs)

The linking of the most complex forms of multiple exclusion homelessness is associated with childhood trauma (Fitzpatrick et al. 2013). This was also evident in this study.

Living on the streets for a period of time. He was sexually assaulted when a child had never had trauma counselling. (M age unknown)

As seen in Table 25, 65 per cent of older people sleeping rough, moving around or couch surfing were men. While there were some women sleeping rough, women largely presented as staying with friends or couch surfing.

Table 25: Gender breakdown of older people in sleeping rough, moving around and couch surfing

	n (60)	Sleeping rough and moving around (%)
Male	39	65.0
Female	21	35.0

As seen in Table 26, of the 31 records with health details just fewer than 39 per cent reported their health to be poor, while just under a quarter (22.6%) related their health to be fair.

Table 26: Self-reported health of older people living in substandard housing

Description of Health Status	n	Marginal and substandard housing %
Poor	12	38.7
Fair	7	22.6
Good	11	35.5
Very Good	1	3.2
Total <i>n</i>	31	100.0

As with the previous group living in marginal housing, this group of people sleeping rough and moving around provide evidence of deep social exclusion. Premature ageing and ongoing health consequences concurrent with alcohol and drug use characterise this group.

5.2.3 Factorial Discriminant Analysis (FDA) for people with a history of ongoing housing disruption

This group is drawn from the descriptive statistics and the patterns in the qualitative data on the client records. In this section the analysis is considered with a FDA. FDA identifies the discriminators that give an indication of what is important and most useful in identifying older people as belonging to this group. The discriminators drawn from the literature on homelessness and deprivation amongst older people, as identified for older people with a conventional housing history, are used with the addition of gender. This includes: age; gender; current housing; income source; current housing tenure; health; location; family breakdown; and marital status. The results from the FDA classification versus the original classifications for older people with a history of ongoing housing disruption are shown in Table 27.

Table 27: Classification for ongoing housing disruption

	Original Classifications	
	Substandard, marginal housing	Sleeping rough, moving around
<i>n</i>	65	60
Predicted Group		
Substandard, Marginal Housing	51	14
Sleeping rough, moving around	14	45

An examination of Table 28 reveals that those with a history of ongoing housing disruption are well identified by the risk factors.

Table 28: Classification error rates for history of ongoing disruption

Substandard, Marginal	Sleeping rough, Moving around
0.215	0.237

The FDA correctly classifies individuals with a rate of between 78 and 76 per cent. These results are encouraging and indicate that the identifiers drawn from the literature on homelessness and deprivation among older people listed in the preceding paragraph above are aligned strongly with cases of ongoing housing disruption.

Table 29: Case study: Client who is long-term homeless

Gender	Country of birth	Age
Male	Australia	74
Living and financial circumstances on presentation to ACHA		
Homeless and experiencing financial hardship		
History and critical housing incident		
Client lived in community housing for 10 years, but had to leave due to difficulties with hoarding. They then lived in a park for three months.		
Health status		
Described as 'good'.		
ACHA intervention		
The ACHA worker engaged with the client at a mission, as he was a regular for the meal service, and discovered his situation. The client was encouraged to move into an aged care hostel for health and safety reasons and because it was winter. ACHA also assisted the client with receiving an ACAT assessment and with family reunification (he was reunited with his brother after 28 years, and reunited with a sister with regards to a legal matter).		

5.3 Transient lives

The third distinctive pathway for older people who were homeless or at risk of homelessness concerns transient pathways. While small in number, people in this group did not share characteristics either with people who had a conventional housing history or people with a history of housing disruption. For the purposes of this study this diverse group (n=48) is separated into three subgroups which are discussed separately (see Table 30): moving within Australia; moving between Australia and other countries; and moving for employment or housesitting within Australia. While this group is disparate, those who lead transient lives share important characteristics which centre around expressing agency. All had decisively made lifestyle decisions in the past to live a transient lifestyle and did not appear to have a traditional ontological security to housing. However, changes in their health in later years had impacted on their lifestyle choice, and at the time of contact with ACHA these older people were seeking secure accommodation as a means of accessing or managing their healthcare.

Table 30: Transient pathways

	Frequency	Percentage
Moving within Australia	19	39.6
Moving between Australia and other countries	17	35.4
Moving for work or housesitting in Australia	12	25.0
Total	48	100.0

5.3.1 *Moving within Australia*

The first group includes people who move around Australia. There were 19 people in this group, 13 men and six women. This included Indigenous people who regularly moved to meet kinship responsibilities and cultural obligations, including family visits and attendance at funerals.

They give up their house but there is other families who are living in it. So maybe when they want to go back up there when their health issues improve or to go back up there at least they've got the family living in that house. ... Yeah, that's how they see it. They view it as a family thing. It's a family house. It's been given to them and they are living in it. Like I don't know how many people are living in there but that's what happens. (ACHA 3)

Through the years with people who've I've got in contact with I have people who come down from the Torres Strait due to health issues like if there's diabetes or their ongoing treatment like diabetes or, you know. They're coming down for care, for health and then once they're in a hospital so they're discharged and they've got nowhere to go. They are maybe living with other families who are actually overcrowded and this is what's happened ... so they're referred to me or they're referred to [other agency] They don't want to go back to the communities and I guess it's because of the health issue. It's closer to the hospital and the issue was once they get here that they don't want to go back up and so they have to then stay around close to where they have better access to the hospitals for their illnesses. If they are well they can go back home. (AHCA 3)

5.3.2 *Moving between Australia and other countries*

Seventeen people in the group (12 men and five women) lived and moved between Australia and other countries. It was evident from the data that there were two clear groups which differed in relation to their lifestyle and gender. The following discussion looks at those who had worked and lived in Asia; and those who had cultural links to other countries.

Lived in Asia

Distinctive life patterns were evident for people who had led transient lifestyles, particularly in rural and remote areas and in the far north of Australia. The people in this client group were largely from the far north of Australia and had lived and worked in Asia. There were a few cases from Sydney and Melbourne. This group, all Australian men, had lived for large parts of their lives in other countries and had worked and raised a family. It is reported that they returned to Australia for health care and income maintenance reasons. Many had a partner or spouse and children in Asia.

Some did have a de facto relationship over there, some didn't. So there was a bit of a split on that but it was certainly common to find out that the person had a 'wife' in Asia. Usually I only say quote unquote because often it seemed the relationships were hard to pin down in some ways. (ACHA 7)

Lived in Australia in 1950s and for other period approx. 10 years ago. Otherwise lived in variety of locations including [Oceania 1]; [Oceania 2]; [Oceania 3]; [South East Asia 1] on and off 10 years; [South East Asia 2] approx. 7 years. Bought house in [South East Asia 1] but not in his name as a foreigner—is in step daughter and ex-wife's names; step daughter and her husband live there. Previously owned unit in Australia sold this and lived on proceeds for approx. 6 years when he retired. Proceeds exhausted. Come to Australia seeking medical assistance. (M, 84 yrs)

Described by one ACHA worker as 'global citizens', these older men had lived in a number of Asian countries and did not present as having an attachment to any one place. They had Australian citizenship either by birth or as a result of migrating in their younger years.

I had many men mainly who had a similar kind of profile I suppose and he was an older fellow originally from England but then he had Australian citizenship. Actually that wasn't that uncommon for these guys to have borderline citizenship in any country ... had lived a loose, all over the place kind of life ... he lived in south-east Asia for 20+ years, was living in a little room in [Asian Country] where he could afford to live with a woman who also lived in the same house helping him day-to-day because he had his declining health. So I guess many of these men would have been living that kind of lifestyle. They were living on the cheap in Asia, their health started to go downhill. (ACHA 7)

Centrelink had changed the requirements in terms of the amount of time you can spend outside the country for you to get a pension and that was having a dramatic impact several men with this background had arrived basically saying 'We wouldn't have come back apart from we'd heard from Centrelink saying they're about to cut off our pension unless we set foot in Australia again'. (ACHA 7)

The transient group undertook to travel to Australia to fulfil income maintenance requirements and to access health care.

Client moved to Australia from [Oceania] to access health services following a stroke; and was living with sister until asked to leave due to overcrowding. Currently with a friend, yet cannot stay much longer. (M, 59 yrs)

Has been living in [South East Asia] for a lengthy period. Has a wife in [South East Asia] who plans to apply for visa. Returned to Australia as health issues. (M, 64 yrs)

It's that expectation rightly or wrongly that you've lived in Australia for a certain length of time so basically you'll be able to access the Australian health system. As I said this fellow thought that he'd be able to even without an Australian passport just because he'd lived here for a good slab of this life so when the wheels came off basically he landed at [city] airport and there's a lot of guys I've met who are like that and many of them had de factos in south-east Asia. (ACHA 7)

Cultural links with other countries

The group with cultural links to other countries also presented with a different ontological security. This group included older men but largely comprised older women with Australian citizenship who had family and cultural ties to another country—often their country of birth. These people had given up their tenancy in the private rental market or social housing to visit extended family overseas. Upon their return to Australia they found they were unable to secure a new tenancy. As one ACHA worker noted, the difference in tenancy laws between Europe and Australia might have contributed to their situation.

She returned to her country of birth and two weeks later was arriving back in [city] having relinquished her social housing property and her assumptions were—She did the correct thing. She gave back the keys and went off to [Middle East country] and then came back thinking that it would just be as simple as walking into the Housing office and going 'Actually I've changed my mind. I'm back. Can I have my keys back?'. If you look at Australia we're a very multi-cultural country so that is a contributing factor and of course with different cultures come different understandings so it could be a common trend amongst those who have English as a second language to take these journeys that they do which in turn lead to homelessness. (ACHA 10)

We do get a few that sit there and say they've been in social housing and then they've given it up and you think 'Oh no. Why?' They move. They decide that they want to move so they move from Townsville or somewhere down and then have to go back on the waiting list again. (ACHA 14)

This group of older people who had travelled between Australia and overseas in many ways presented as having a conventional housing history. They were, however, included in this grouping because of their distinctive ontological security.

Living in [Middle East country] for last 5 years. Returned to Australia without any money and homeless. Been away, in and out of [Middle East country] many times. (ACHA 5)

Was living in public housing and left to go overseas to care for a family member. Returned and has been homeless ever since. (F, 74 yrs)

A large part of Australia's population has cultural and family ties with other countries. The movement of older people to family in their country of origin is further evidence of the link between homelessness amongst older people and family relationships.

5.3.3 *Moving for work and housesitting in Australia*

Within the group of older people who had led transient lives there were also people whose lives had been shaped by working and living in usually rural and remote locations in Australia which, for a variety of reasons, had become difficult to maintain in later life. Their working lives were characterised by employment-related transience with employer-provided housing typically provided in communities in remote Australia. The group included Indigenous people for whom transience was associated with following seasonal work or relocating in pursuit of employment or health services. There were 12 people in this group: nine men and three women.

Jackaroo. We've got those. We do have them come to us but we don't necessarily identify them by what occupation they would have had. It's a bit of a shame so we might just start doing that because it would probably give us a better idea of what's going on. But, yes, we have had and continually have people that come to us. But they come by very strange, well not strange means, I guess they can come from anywhere but primarily the itinerant workers are a mixed bag, a lot of white people in that area. So primarily they are white Australians that have been that group that we've tackled. (Manager 4)

A range of people had worked in a number of locales in their life—housing was often attached to their position on a community or station.

There were quite a few men often working in an Indigenous community, that kind of handyman and moved from place to place working on properties or for Indigenous corporations. So that was another 'profile'. We had clients that had quite troubled backgrounds. ... People move up here to escape. (ACHA 7)

Long working history for a range of organisations in caretaker handyman type roles, including several indigenous cooperatives Injured in motor vehicle accident. Homeless after hospitalisation. (M, 64 yrs)

Transient throughout Australia living in car and camping. (M, 76 yrs)

Again with this group, health needs are a trigger for needing stable accommodation.

The client suffered a crush injury in 2007 and had treatment until 2009 when funds ran out. He has attempted to work in [state] in the past 3 years but is unable to hold a job due to health. He has returned to [state] but is having difficulty obtaining housing due to affordability. (M, 64 yrs)

Had major stroke and was unable to return to living in a campervan or do housesitting on previous property. (F, 78 yrs)

Client has been living in a bus for many of years. He now has a terminal health diagnosis and cannot manage in his accommodation. (M, 56 yrs)

We do and it's quite common that it is the transient population that we do come across. I just wish I could give you percentages on that. (Manager 4)

For some women, domestic violence was implicated in their transitory life.

Moved to NT with ex-husband. History of domestic violence. Left husband in 2006 due to DV. Moved into women's shelter. Moved around as a house minder. Moved in with a friend but friend lost job and had to move out. Now staying with friend in extremely overcrowded unit—1 bedroom with 3 children and 3 adults. (F, 68 yrs Indonesia)

Itinerant workers have also been a part of Australian rural life. It appears health concerns alongside few resources and a lack of affordable housing results in a housing crisis.

5.3.4 Factorial Discriminant Analysis (FDA) for people with a history of transient lives

As noted in previous sections in respect to the use of FDA, the group identified as having lived transient lives is drawn from the descriptive statistics and the patterns in the qualitative data on the client records. In this section the analysis is considered with a FDA. The discriminators drawn from the literature on homelessness and deprivation amongst older people include: current housing; income source; current housing tenure; health; location; family breakdown; and marital status. These were consistent with the FDA undertaken for people with a conventional housing history and people who had lived with ongoing housing disruption. However, age was excluded. The results from the FDA classification versus the original classifications are shown in Table 31.

Table 31: Classification for transient lives

	Original Classifications		
	Moving within Australia	Moving overseas	Itinerant workers, housesitting
<i>n</i>	19	17	12
Predicted Group			
Moving within Aust.	12	1	4
Moving overseas	4	15	5
Itinerant housesitting	3	1	3

Table 32 reveals that individuals who were homeless after returning from overseas were identified in 88 per cent of the cases; those who were homeless after moving within Australia were correctly identified in 63 per cent of cases. Itinerant workers and housesitters are not as well defined and were correctly identified in only 25 per cent of cases.

Table 32: Classification error rates for transient lives

Moving within Australia	Moving overseas	Itinerant workers, housesitting
0.368	0.118	0.750

The evidence on first time homelessness for older people whose lives were characterised by transience with associations to employment, family and cultural ties is new knowledge. There is a growing literature of 'grey nomads' in Australia (see Hillman 2013), but it is not concerned with the range of people in housing crisis as presented here. The people outlined above are a disparate group and pose conceptual challenges. On one hand, they present as dynamic and resilient; on the other, they are vulnerable. Our lack of understanding of this group is partially explained by the use of traditional predictors of income, family breakdown, health and housing tenure in discriminating this group. Our study was not able to capture

temporal aspects in relation to the life course of this group. This is an important point given that this group of older people present as having a dynamic life course. There remains a need to undertake further research to determine factors which are linked to their vulnerability and to explore of an appropriate policy response.

Table 33: Case study: Transient client

Gender	Country of birth	Age
Male	Turkey	64
Living and financial circumstances on presentation to ACHA		
Residing in a motel in Darwin, received Disability Support Pension, client had no savings or assets and experienced difficulty paying bills.		
History and critical housing incident		
Client had been living in Indonesia for a lengthy period, had a wife in Indonesia who planned to apply for an Australian visa. Client returned to Australia due to health issues and was residing in a motel, which he could only sustain short term.		
Health status		
Poor, seeking medical advice at the time of approaching ACHA.		
ACHA intervention		
Client wished to apply for public housing, and in the meantime find rental on the private market—client stated they did not wish to stay in a group house. ACHA provided assistance with looking for appropriate rental property, also noted that they would assist with Territory Housing application once client eligible—client did not at the time meet the three month NT residency requirement.		

5.3.5 Conclusion

The experiences of older people who are homeless are diverse. By considering issues such as life course, ontological security and agency, three distinct pathways were identified for older people presenting with a critical housing incident to ACHA. Previous research in Australia has drawn attention to first time homelessness amongst people in their later years. However, these studies were largely small exploratory studies in large urban cities. While this study is not a random sample and not generalisable, the sample of 561 older people in housing crisis nonetheless provides clear confirmation of the predominance of first time homelessness amongst older Australians. This study illustrates the diversity of older people's homelessness and provides new knowledge of the role of family in housing crises for older people. It also provides evidence that is consistent with other studies and reports by service providers, in regard to unaffordability and access problems associated with private rental for many older people, including issues linked to evictions. The fine line that exists between being precariously housed and homeless is evident in these findings for older people in Australia whose housing in later life is characterised by substandard accommodation which lacks security of tenure and amenities appropriate to their life stage.

6 INTERVENING TO ADDRESS OLDER PEOPLE'S HOMELESSNESS

This chapter considers how older people are assisted to exit homelessness and achieve housing stability. It is drawn from the views and practice of ACHA workers and program managers across Australia. The ACHA program, operating across Australia since the 1992–93 fiscal year, is funded through DSS (formerly through DoHA) and is implemented by community agencies, local government, state government and aged care providers working within the community. It is a relatively small program in comparison to the network of almost 1500 Specialist Homelessness Services funded under the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH). ACHA's focus, however, is exclusively older people, whereas the Specialist Homelessness Services see a wide range of clients and deliver an array of services. The ACHA program in 2013 increased the number of outlets across Australia from 45 to 58. The 13 newly funded agencies operate in outer regional, remote and very remote areas. The ACHA program as designed assists older people who are at risk of becoming homeless or are homeless to remain in the community through accessing appropriate, sustainable and affordable housing and linking them to community care where appropriate (DoHA 2012).

This program and its staff are in the position to provide important information on addressing homelessness amongst older Australians. The ACHA program works under a set of guidelines. It is not the intent of this chapter to critique the program specifications and service design models but to document how older people are assisted when they present with a housing crisis. This information will be critically drawn on in the discussion of policy initiatives to strengthen a homelessness prevention strategy for older people in Chapter 7. The avenues available to assist older people with housing are locale specific. Each locale has different resources and constraints, all affecting the housing outcomes for clients. In addition, the practice is based on an assessment and is linked to the goals of each presenting client. The material in this chapter does not represent the views and practice of all service providers engaged in assisting older people in housing crisis. Not all ACHA agencies participated in the study and notable organisations such as Specialist Homelessness Services were outside this study's scope.

This chapter addresses the research question:

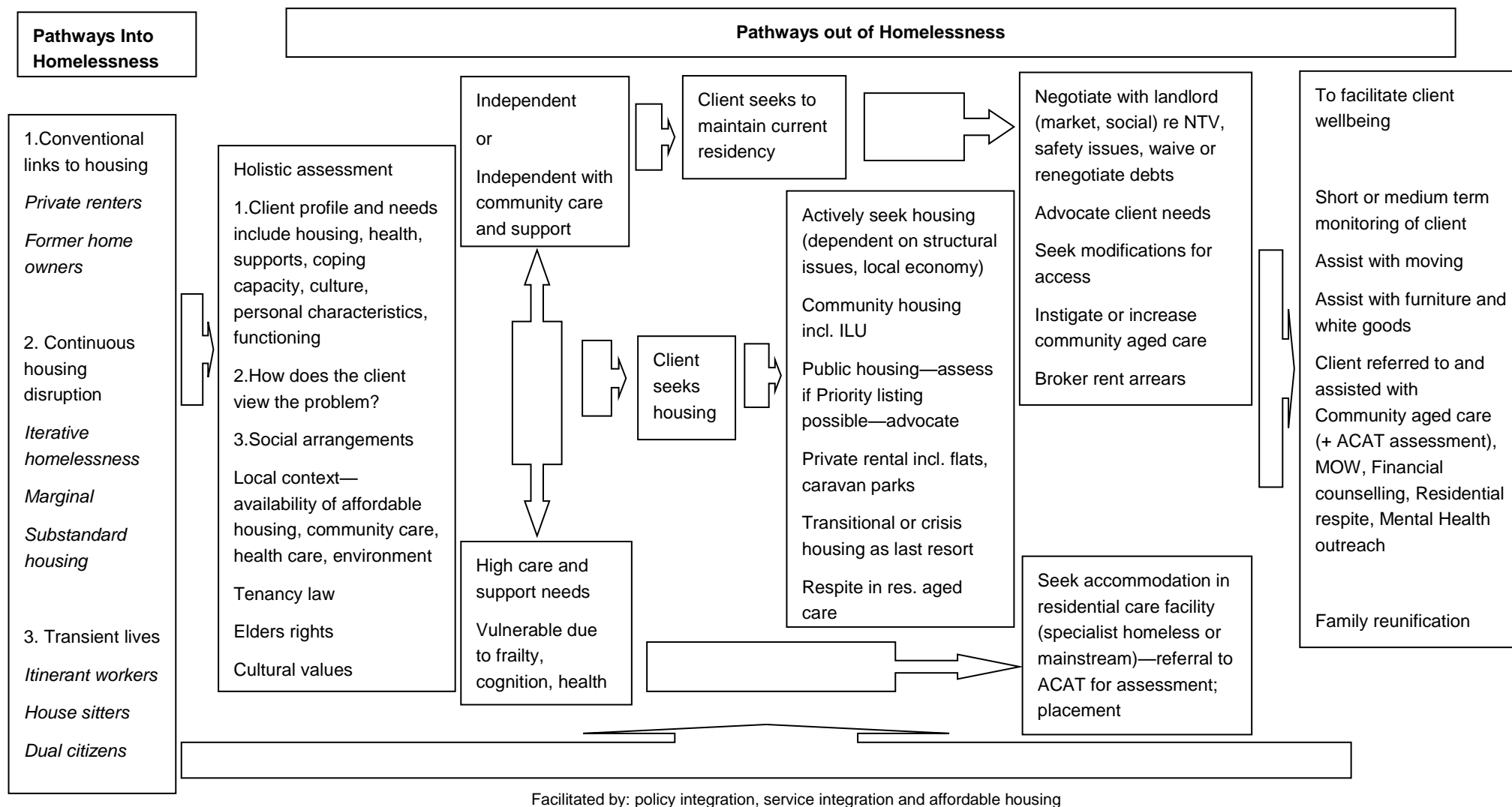
3. What intervention strategies assist older people experiencing a housing crisis to achieve stable accommodation?

Since its inception the program has consisted of a number of project types: outreach projects, on-site projects and combination projects. The majority of ACHA programs are outreach in nature. The program covers a geographical locale which can include a 'shop front' such as a community centre or migrant resource centre alongside the core outreach role of the worker: identifying clients who need assistance. This assistance includes accessing appropriate accommodation as well as linking older people to other services. The overall aim is to support older people to continue to live in the community. For some clients it is, however, a safer and more appropriate alternative for them to live in residential aged care. There are also onsite projects which assist within a designated area of housing. An example of this type of project is an area characterised by privately run boarding houses. The group of older people this ACHA worker assists may share many concerns: not least, insecure tenure in a disadvantaged urban area alongside complex health concerns. In addition, some

projects have an onsite worker and an outreach worker. The onsite worker may be responsible for intake and telephone assistance, whereas the outreach worker engages with older people at risk in the community. The respective program type outlined above is linked to the purpose of the program in that site.

Irrespective of the nature of the ACHA service, an outreach or an onsite program, there is uniformity in the intervention process by workers. This uniformity arises out of the person centred and holistic approach that underpins the ACHA program. In Figure 3, the three groups identified in the previous chapter are traced through the intervention process to present a concise representation of the pathways in and out of homelessness for older Australians. This figure is a summary expanded in the following discussion that accounts for the process of assessment and intervention in a complex array of agencies with a range of older people with diverse histories and needs. As will be outlined, there are core elements in relation to the intent and nature of practice with vulnerable older people irrespective of their history and needs.

Figure 3: Older Australians pathways in and out of homelessness



6.1 Process of Intervention

6.1.1 Assessment

The previous chapter outlined the diverse experiences of older Australians experiencing homelessness or at risk of homelessness. Irrespective of the trajectory an assessment provides the understanding of the client's situation from which workers then seek to intervene.

Everyone that comes in here we try to work out who they are, where they live and what their issues are. (Manager 2)

This approach accounts for the person in his or her environment and considers the critical factors as well as the strengths and constraints with which they live. It definitely needs to be holistic (ACHA 10). Holistic practice involves understanding the multiple systems that interact around and with a client. Some agencies utilise standardised assessment tools—a universal feature of aged care organisations. The knowledge base centred on ageing and the common issues that arise for older people form an important platform for this assessment. This includes an understanding of changes both in functioning and health associated with ageing (and premature ageing), as well as picking up things such as a 'weariness' in dealing with the service sector, or indeed understanding passive behaviour in relation to people who have not engaged with the welfare sector previously.

Seeing the assessment and intervention as distinct phases is somewhat arbitrary.

Everything contributes to everything so you have to look at that bigger picture and focus on the priorities but in turn also ensuring that you don't overwhelm the clients. They've already experienced enough and some of them are at their wits end so it's just about knowing how to communicate that in a way that will be receptive to them and enable them to not be overwhelmed by their experience but ensure the support. (Manager 6)

In addition, at this point it is important to link in with multicultural services.

So when I have had a CALD client I've always tried to link them in with community services of their own background, their language and so they can just identify with others in the community that speak their language and make that recognition. I am quite passionate about that side of things. (ACHA 10)

Establishing a relationship with the client, whilst an integral part of an assessment, is also an important intervention to facilitate working with the client. An important part of this process is developing an understanding of how the client views the problem.

... I never use the word homeless. They don't see themselves as homeless or at risk of homelessness. I just say to them 'I help older people find appropriate housing' because they certainly do not identify as homeless or at risk of. (ACHA 12)

On the other hand, building a relationship with the client, in particular people living in marginal housing, may take a considerable period of time. Assisting the client may also necessitate referrals and discussions with other organisations including psychiatric hospitals and community health. These partnerships are utilised to 'provide slightly more specialised services for those at risk of being homeless' (Manager 2), and are appropriate for people who have 'had a history usually of homelessness going maybe from rooming house to rooming house or on the street or whatever' (ACHA 5).

One of the first things we look at is there a preventative role for us? So is the person, for instance, in some cases in private rental but the landlord's put up

the rent by \$100 per month and they're not going to be able to stay. There are people in rooming houses who are behind in their rent. They might have developed a chronic illness, Parkinson's or whatever and again there's a role for prevention there. It's something that of [ACHA worker's name] constantly mindful of. (Manager 2)

Some long-term ACHA workers noted that their client base is changing. They explained that they were receiving more referrals for clients with complex issues including serious health issues.

I think our demographics have really shifted. We used to before get really high numbers 55 to 65. It's more 70–80 now. I've just noticed that over the years too. (AHCA 14)

The complexity and range of clients presenting to ACHA reinforces the need to individually assess each person, their concerns, strengths and needs. A person-centred holistic assessment underpins effective intervention and practice within the ACHA program.

Maintaining residency

The ACHA workers consistently seek to continue their client's current tenancy if this is a safe and viable option. In situations where clients have received a NTV, are at risk of eviction or require structural modifications to the dwelling to enable accessibility, prevention is a priority. Advocacy is seen by the ACHA workers as key to their role.

Yeah, you just mainly advocate for the client to prevent him or her being evicted and usually it works out okay With other places, housing places, they mightn't even consult the worker. They might just evict the person without even thinking about it but whereas with [name] Community Housing we have a very good relationship and I have this house where the housing manager usually elects who goes in there and if he's got somebody in mind he'll run it by me. So we try to make that house as safe and secure as possible. It works well and if he feels that the resident needs maybe some support at home or they're not coping they will ring me and suss it out. (ACHA 11)

The nature of preventive work differs in pockets of inner city neighbourhoods characterised by boarding houses and rooming houses. In inner city locales outreach is undertaken by the ACHA workers with the operators as a means of ensuring the older person's tenancy is maintained.

And one of the things we talk about is preventing a relapse into homelessness. It's a little bit like the recovery model with mental illness. If we house someone we know there are early signs where perhaps that tenancy's at risk and so we'll provide ongoing work to make sure the client doesn't lose that accommodation. [ACHA worker] would liaise with managers of rooming house groups and would say 'Look, how's client X going?' They also know to ring her when there are signs that things aren't going well. It might be about rent, it might be about behaviour, it might be about health and so they'll say 'Look, this client if they persist in this manner they're probably going to be evicted. What can you put in place?' and [AHCA worker] will go in. (Manager 2 and ACHA 5)

In addition, the ACHA workers seek to build relationships with the older tenants living in the boarding houses to prevent homelessness or premature entry into residential aged care. By building trust the workers seek to implement community aged care and support services to ensure the older tenant's ongoing independence and continued

residency in the community. In some cases, the implementation of community aged care is dependent on maintaining a lengthy relationship with the older person.

It took one client I can remember 12 months to convince him to go onto a Community Care package. He was in his own place and he still is but he just needed some support with finance, hygiene, cleaning and all that. It just took him a while to understand that his independence wasn't going to be taken away because this is where they think when they get offered support in the home that that's it. So it takes a while for them to really understand that the Community Care package is to keep them in their home for as long as possible. He's still on a CACPs package now. (ACHA 5)

Sourcing housing

Seeking housing is the paramount need for the majority of older people presenting to ACHA agencies. Access to secure and affordable housing is the cornerstone to an older person's quality of life and the core work of ACHA agencies. The form of housing also determines the nature of support that can be attached. As the findings highlight in Chapter 5, being reliant on a fixed low income and seeking affordable housing extremely limits the avenues available for older people. Coupled with the need for the housing to be accessible further restricts the pool of housing from which to draw. From the case file data ACHA agencies overwhelmingly listed their clients on housing waiting lists with multiple providers including public housing and local community housing providers, aged care providers which managed Independent Living Units (ILU) and the private rental market.

Table 34: Intervention plans

	Frequency	Percentage
Social housing*	253	64.9
Applications submitted for social housing and private rental	44	11.3
Private rental	36	9.2
Aged care	25	6.4
Other	32	8.2
Total	390	100.0

* includes combinations of applications for: social, public, community and ILU housing

We do get people into public housing. We certainly do a lot of applications but it's several years before you get in. Sponsorship arrangements, I actually had a lot to do with that initially where local councils have a number of properties run by the Office of Housing that they have access to and we used to be able to fast track ACHA applications into those properties but that's dead now. There are just no vacancies. It's been like that for a long time. (Manager 6)

A number of ACHA agencies have nomination rights with both community housing and public housing providers and speak favourably of the streamlined processes this brings.

It's a community partnership with a local community rooming house. Nomination rights simply means that we have a number of rooms that when they become vacant we have first dibs on that room—it's just a partnership with X Community Housing. (ACHA 5)

While this differs across locales, the social housing application process is seen to be complex—a process that many older people (and people generally) find very difficult to navigate. Many ACHA workers identified that the application process surrounding public and community housing, including the amount of detail required and the size of the forms, was very onerous.

The application procedures are really complex. Segment two applications are about 30 pages long. It really isn't a user friendly system any longer. People do need advocates to navigate their way through. (Manager 6)

In particular, the priority listing system within the public housing system is difficult to understand and manage and rests on advocacy by housing and health advocates to ensure appropriate priority placement.

So they're on the public housing waiting list but just being on the general waiting list means you could be waiting up to 15–20 years to get housed and again because there isn't an age component to the waiting list someone in their 80s would be told 'You could be waiting 15–20 years as well as that younger person'. So that's why it's really critical to get advocacy, to get the extra assistance and it's not just an agency that can sponsor or fill in the forms. Another important aspect of our service is very proactive advocacy. So it's spending a lot of time ringing area offices, speaking to managers, talking to housing officers about someone's case, really from a humanistic perspective I suppose pushing their particular case with services and trying to get them to prioritise someone with a situation. (Manager 6)

ACHA workers also carry out a lobbying role to ensure that the needs of their older clients are understood and that appropriate housing is matched to their needs. The social housing systems differed across states and territories in Australia and ACHA workers in different locales adjusted their practice to manage the complex social housing system.

We might have to make three different applications to each of those organisations to get someone housed. It's a completely individual idiosyncratic process in how you make applications to those sorts of groups. (Manager 6)

However, in some locales social housing was not an option for housing older people.

The shortage of independent living up here, affordable ones, is just dire. X, they have units entirely for purchase and when I last looked into it they were all over \$400 000 and then you've got [not for profit provider] have some. So they're the ones that have 12 rental properties and that's it, 12. They're all very nice and they've got a whole bunch for sale as well all over \$400 000 but the only rental ones, as I say, there is 12 and of course they're full and they have a waiting list a mile long with half of the ACHA clients on it. (ACHA 7)

In the areas that I go through the priority waitlist for senior's housing is still about two years long. The regular wait time is about seven to eight years. (ACHA13)

Assistance with Care and Housing for the Aged (ACHA) workers spoke about locales where social housing was considered expensive.

But even still in that area there are some of the housing providers who do have social housing but even that's too expensive. Social housing is too expensive for our people and they won't even consider them. (ACHA 13)

The private rental market was in some locales the only possible avenue given the shortage of social housing. Having knowledge of appropriate

neighbourhoods and locale is also important part of the ACHA's role. They commonly have an understanding of locales that are unsafe. (ACHA 11)

Even in some private rentals they're dangerous too because they want cheap-end ones and some cheap-end ones are pretty disgraceful. They've got the wind blowing through, cracks in the wall, faulty wiring but then you get the client in there who doesn't want you to say anything because they're thinking they'll get a without grounds notice to leave at the end of the lease and then where do they go then? (AHCA 13)

Some caravan parks were also identified as being unsafe and clients were at risk of violence if housed there.

... but it's normally just the violence or more the drugs. I've just had a few that live in caravans that actually have holes in the floor and anything like that. I also remember [client]. He cut himself there. And ended up losing a leg because of it. (ACHA 14)

As noted in the previous chapter, older people are living in substandard accommodation. The material below highlights distinct pockets of marginal housing, particularly in the larger cities, and the precariousness of older people's tenancies.

... I visited some clients in their boarding houses and with some of them that I've entered I just can't believe what's in front of my eyes. You wouldn't put anyone or anything in some of them I've seen. It's just utterly disgusting. I don't know how some of those landlords sleep at night to be honest. It's just cruel. (ACHA 10)

Some of them have bedsits, so they have their own kitchenette. They're usually Victorian houses that have been converted, come with a bar fridge and high standards of cleaning and maintenance compared to privately run. We've also had some notoriously privately run rooming houses as well. They're pretty shonky but they manage to operate within the law. (Manager 2)

So Sydney and especially inner Sydney and the inner west is riddled with boarding houses and substandard accommodation. A lot of people think that they have rights and then at the last minute find out that they don't. It's everywhere and I'm sure as you've realised just recently the Boarding House reform that was strongly driven through Housing and Homelessness New South Wales as well as the team at [agency] who have a boarding house service and outreach service there. So it's getting on track in terms of a lot more boarding houses becoming licenced and/or registered but it's so common here in Sydney and even as well for those that had the experience of the private rental in speaking with some clients or becoming aware of certain client's stories out there even the private rental conditions are sometimes substandard because the landlord just thinks 'Well they're paying their rent and why should I spend any money?' and in turn the person living there is not wanting to say anything because they fear that if they say something the landlord will turn around and say 'Oh well then get out if you're not happy with it'. It's just everywhere. (ACHA 10)

Some areas that were affordable towns historically but are now developed for coastal living do not offer any housing for ACHA clients. This is also an issue for regional and country towns that are now experiencing the impact of mining development.

You've got to look at where you can be most effective because you actually couldn't find private rentals in [town] which were very, very hard then you were

flogging a dead horse so you may as well be putting your efforts into people that you actually could help. (ACHA 13)

This was also reported as an issue in large cities.

So sometimes we have a client that's sleeping in a car or I've had clients that are basically sleeping rough and it's so hard knowing that they're doing that and not having anywhere to put them and trying and trying to get them a private rental and not having success for a while. We've been at the point that we've put them up in caravan parks. Taking your own tent in and setting your own tent up. We were paying \$30 a night or something to put a tent up for them on a site in a caravan park on the foreshore there so at least they had a bit of a break. But it's bad when you've got nowhere to put people, when you know they're living in cars and you've just go nowhere to put them. (ACHA 14)

Residential aged care

For a small number of people who were referred to ACHA, high level care in a facility was seen to be the most appropriate avenue for the client.

(name) not suited to stay in private rental. She's been there four years. She's not coping, the real estate want her out. She won't get another private rental because naturally the real estate won't give her a very positive referral. She really does need to go into care....there are people that we come across and we think they're not suited to private rental but we wouldn't be able to get them anything. If we do get them anything we're doing the wrong thing by them and also by the real estate. (ACHA 13)

Indeed a number of clients identified that they would prefer to move to residential aged care and seek assistance from ACHA to facilitate that process.

Linking support to housing

There is widespread understanding that community care and support are integral to the wellbeing of older people and their continued independence within the community (DoHA 2012). This focus has been reinforced in the aged care reform package, *Living Longer. Living Better*. The connection of housing and community care for older people not only aligns with older people's preference to remain living in the community but lessens premature entry into residential aged care and contributes to the health and wellbeing of older people (Australian Government 2011b).

Once when they settle down and then I find that it's very obvious their wellbeing, the quality of life has been improved. (ACHA 12)

The linking of clients with community aged care and support has underpinned the ACHA program since its inception. As noted in the literature review, older people living in the private rental market, particularly in substandard housing, face specific challenges—challenges that are linked to the nature of their tenure, the quality of their accommodation and the unsafe characteristics of the neighbourhood.

So the benefit of having ACHA sitting in our list of teams is apart from the housing issue like for some the presenting problem is housing but later we discover a lot of other issues as well and ACHA is the navigator to the aged care system. (ACHA 14)

In some locales, with changes in the community aged care sector there are long waiting times for clients to access support to enable them to continue to live in the community.

... trying to get the care services in. If it takes weeks and weeks and weeks again we're engaged with them or we just have to basically walk and say 'Well, good luck if you can manage with this for as long' but that then becomes a huge responsibility to us and we're meant to go back and keep documenting for somebody or keep doing their washing and things like that and you think 'This is just getting ridiculous.' (ACHA 13)

Linking allied services for wellness and independence

The holistic framework ensures that in addition to addressing housing issues wider wellbeing factors are considered. This has a preventive role as the ancillary factors are seen as essential to the continued independence of the client. This includes issues such as income maintenance and abuse or exploitation and involves mental health services, counselling and family support services, financial counselling services, pastoral care, alcohol and drug counselling and occupational therapists in assisting people with issues around housing accessibility and managing their living environment. The linking of services to address all the client's needs results in a continuity of care.

Practical assistance

In recognition of the few resources that many clients have, ancillary furnishings and white goods are accessed to enable people to reside in their home.

How can we find them accommodation when they're coming out of a caravan and say 'Good luck but by the way there's no furniture, there's no whitegoods, there's nothing. You're on your own'. (AHCA 14)

In addition, many ACHA agencies assist their clients to relocate. This involves helping them to pack, leave their accommodation and move into their new housing.

We've got furniture, a removalist on tap now basically and he's brilliant because if he gets excess furniture from anywhere he stores it at his place and he'll ring us and say 'I've got a dining table. I've got this and I've got that'. So we've developed some good networks of people around us that are like minded I suppose and are willing to help out but we have had a win. We've actually managed after, I think I've been asking since I got here for two years, for us to have a storage facility. So we've finally got a storage facility so we're renting one up at [town]. It's only a 3x3 but it will enable us that when we do get donations or any excess furniture that clients can't take with them and want to leave with us we can store it there and then go and grab from there whenever we need it for other clients. (ACHA 13)

The core practice elements of the ACHA, which include a person-centred and holistic approach, enables both the housing and support needs of the client to be addressed. The tying in of support, whether community aged care, welfare and legal services or practical assistance, stabilises the client and respects the fact that many factors, of which housing is central, are linked to wellbeing and independence for older people.

6.2 Facilitated by ...

This section outlines the underlying principles considered integral to the service model and accompanying interventions practiced by ACHA workers outlined above.

6.2.1 Policy integration

The overriding strength underpinning the intervention strategies that assist older people in housing crisis is the integration of housing and homelessness policy with community aged care policy within the ACHA program. This important feature cannot

be overemphasised. The bringing together of housing and community care as an issue for socially excluded older Australians brings together not only a dual policy focus but also facilitates the client-centred and flexible nature of the program. Implicit within this dual focus is recognition of the specialised nature of working with vulnerable older people in a housing crisis. The program and workers hold specialist expertise in working with older people—a knowledge base that not only assists older people to access appropriate housing but also attends to other aspects of their life including health, activities of daily living, isolation and material resources. These are all factors that ensure that older people can continue to be independent in the community. This aim, to achieve safe and secure housing and support, thereby avoids premature entry into residential aged care. This policy integration has been a core element in the program since its inception and is strengthened in the current aged care reform package, *Living Longer. Living Better.* (DoHA 2012), which explicitly acknowledges both the housing and care needs of vulnerable older Australians experiencing or at risk of homelessness.

While increases to funding of the ACHA program have occurred alongside funding additional services in rural areas, the program is small and reaches only a small proportion of older homeless people. The Specialist Homelessness Services also provide assistance to older people. It is widely recognised, however, that older people are reluctant to access the mainstream homelessness services.

Older people are frightened to attend because of the type of clientele. They also less likely to have a history of IV drug use. They're quite scared of that. I think that's part of the reason they've avoided interacting with those services.
(Manager 2)

The interlocking of housing and community care portfolios and their respective knowledge bases, and tailoring them for socially excluded older people in recognition of the structural barriers they face, is considered paramount to any intervention strategies to assist older people in a housing crisis. Having a specialised program for older people also addresses the difficulties they experience in engaging with the wider homelessness sector. In addition, a specialised program enables a continuous improvement model, inherent to the management of programs in the aged care sector, to be pursued. It also facilitates the building of a specialised knowledge base in relation to the design and implementation of services for vulnerable older people.

6.2.2 Service integration: formal and informal strategies

The findings emphasise the diverse range of strategies and resources utilised by ACHA programs to access appropriate housing and services to enable people to age in their community. Whilst the ACHA agencies do not provide direct care or ongoing support, their role of effectively accessing a range of housing and community care services rests on both formal and informal integration strategies. The nature of the service integration is locale dependent but it is clear from the findings that ACHA programs collaborate with specialist aged care and health care providers (including hospitals) as well as a range of community agencies within the legal, income maintenance and welfare sectors. This encompasses both formal programs, such as nomination rights with community housing providers, but also informal collaboration with real estate agents, managers of caravan parks, and local volunteer and charity programs.

Yeah, the service integration here is fantastic. So as I'm sure you're aware the other part of the ACHA program is the linkage for clients to essential supports for them whilst they're in transition or when they have secured the social housing to remain independent in the community. So I guess being in the inner

city as well there are a lot of those services within the local area so the accessibility is a lot greater and I guess in just building your networks you establish relationships and working partnerships with other organisations. So I have a good relationship with the ACAT team. So that's really, really handy especially when I identify that someone may need a CACPS or even just a low level HACC once they've moved in. Also the local health services are really fantastic to us as well. We've got [agency] Mental Health and [agency] Health. [Name] Hospital they have the [name] unit there which is specifically for mental health and we have a good relationship with them. So it's sort of hand-in-hand. It's like all the people that refer the clients to us are those that we seek additional supports for our clients though so it's really positive and I couldn't imagine not having those networks and having to almost start from scratch each time and not having to build that rapport and relationship and identity. (ACHA 10)

The relationship with local hospitals requires special attention. It is evident that ACHA agencies work with health care providers and hospitals closely to provide care and support for their clients.

We also have partnerships with [name] Hospital Psychiatry and the [name] Community Health and ACHA's able to utilise who are here on site. So [ACHA worker's] position is able to utilise those partnerships to provide slightly more specialised services for those at risk of being homeless. (ACHA 5)

We co-case manage quite a number of clients with [name] Hospital Psychiatry. That was part of a partnership we developed probably about eight years ago and it's vital because this clientele doesn't engage with mental health services. So if the services can come to the clients it's much better. (Manager 2)

It is clear from the client records that 16 clients had just been discharged from hospital immediately prior to presenting to ACHA for assistance. Most of these referrals were for people in urban areas with a history of ongoing housing disruption. In addition, however, there were 12 referrals from people with a conventional housing history or people who had experienced transient lives who were in hospital awaiting discharge but had no appropriate accommodation to return to. It is also important to note that ACHA receives a considerable number of referrals for people while they are in hospital. These figures do not include a large number of clients who have recent hospitalisations in the months preceding their housing crisis. As noted in the previous chapter, this includes Indigenous people who come into regional centres to access health services. All these referrals are directly linked to the program's aim to avoid premature entry into residential aged care; the restraint is a structural one, a lack of affordable accessible housing. Recent or current hospitalisation is a clear turning point linked to the client's critical housing incident and one that requires consideration in discussions of homelessness prevention.

A number of ACHA agencies are part of a wider aged care organisation. This is seen by many workers as advantageous to clients and streamlines the referral process.

We do internally refer a lot and I think that's also a really good strength and good practice. So from our office here in [suburb] there's the ACHA program, we have CACPS so CACP Homeless, Community Options Homeless, Community Options Hoarding and Squalor and HACC COPS X as well as basic HACC. So one example would be I've assisted an ACHA client and realised that they need high level care so we get an ACAT together and I refer them to the CACP Homeless coordinator and then likewise if someone needs low level care I refer them to the HACC coordinator. So we have that really

strong integration within our own office as well which really benefits and I think too that their familiarity with the organisation. So although they're receiving a new coordinator or case manager they're still familiar that it's the same organisation and similarly because we have our day centre downstairs a lot of the clients in individual programs are also clients of the X Centre. So all the employees in the office become familiar with each other's clients and as they transfer from program to program there's already that familiarity established so the change isn't so strong for the clients. (ACHA 10)

Contemporary homelessness policy promotes integrated services as a means of tackling complex social problems such as homelessness (Phillips 2013). It is evident from the interviews with stakeholders and the client record forms that a wider range of services, often services that are local, have a role in assisting vulnerable older people. This research project did not aim to evaluate the service integration but it is suggested that the initial ACHA program design with its focus on addressing housing, health, community aged care alongside welfare and practical needs has instilled service integration from the outset.

6.2.3 Affordable accessible housing

At the core of all referrals to the ACHA program is the supply of affordable housing that is accessible to enable older people to continue to live independently in the community. Overwhelmingly this study has found that the private rental market does not facilitate ageing in place. Of the entire critical incidents reported for people with a conventional housing history, the vast majority related to a NTV (20%), unaffordability (18%) and inaccessibility (18%) in the private rental market. Indeed, some older people appear to be evicted as their physical abilities changed and their housing restrained their independence. In addition, our data demonstrated that on occasions social housing did not permit ageing in place. Older people's access issues in social housing may be due to residing in older non-accessible stock. On the whole, however, social housing is responsible for the provision of innovative affordable housing for financially disadvantaged older people (Petersen & Jones 2013). Both community housing providers and state and territory public housing have stocks of well-designed affordable housing that permits ageing in place. In addition, social housing providers have provided innovative housing tailored to the needs of their local people and environment (see details in Petersen & Jones 2013).

It remains problematic given there is a clear undersupply of seniors housing within the social housing sector to meet the needs of Australia's financially disadvantaged older people. A number of workers pointed to the increased stock of seniors housing due to the Social Housing Initiative and National Rental Affordability Scheme. This stock was observed to be affordable, accessible and attractive housing for facilitating wellbeing and ageing in place. The client records repeatedly noted successful relocation of clients to these properties.

There's been a big push out here over the last little while, the last year, maybe 18 months of refurbishing of houses and that's been huge. It can't be underestimated but there's still not enough housing for people to actually live in. (Manager 1)

However, it was observed by the ACHA workers that the available stock enabled through these initiatives has reached saturation point. Further, some areas did not receive additional social housing stock as a result of the above initiatives.

The ACHA program, established 20 years ago, has a distinctive service model linking the homelessness and ageing sectors along with the wider community sector. This model exemplifies a contemporary homelessness prevention paradigm. At its core is

the provision of housing but this is not seen as distinct from support provided by community services. This connection with community services is not restricted to specialist community aged care but includes generic welfare, mental health and legal services. The linking of the older client with these services assists in them being able to maintain their independence as well as contributing to their wellbeing.

7 CONCLUSIONS AND PREVENTIVE POLICY IMPLICATIONS

This chapter addresses the research question:

4. What policy and practice initiatives would strengthen Australia's prevention capacity?

The chapter draws on the findings presented throughout the report to identify policy and practice responses that prevent and respond to homelessness amongst older Australians, with a particular focus on those experiencing first time homelessness. We begin by summarising the findings about the prevalence and nature of homelessness amongst older people in Australia. The chapter then highlights older people's critical housing incidents and their pathways into homelessness, together with evidence documenting effective interventions, as a framework for enhancing homelessness prevention and rapid rehousing for older people experiencing housing crises.

7.1 Summary of key findings

The findings from this project provide rich insights about the pathways into homelessness for older Australians. The research has provided a comprehensive understanding of how older people's homelessness is experienced within a range of geographies, cultures and economies across Australia. This group is both diverse and highly distinctive. Importantly, this study, the largest study of older people's homelessness to date in Australia, provides confirmation of what has been intimated in smaller exploratory studies: the predominance of first time homelessness amongst older people.

This study highlights the need to understand older people's homelessness in terms of the significant number of people who experience homelessness for the first time in their later years. In addition, this study has provided an insight into how location and culture shape the circumstances leading to older people's critical housing incidents and associated risk of homelessness. The findings are valuable for policy makers and service providers alike. In addition, the depth of practice knowledge garnered from a large number of services in varied locations identified the kinds of interventions and services that are effective in preventing older people's homelessness. The data obtained from service providers also illustrated the care and support that assists older people to exit from homelessness, as well as identifying the barriers that older people face sustaining their tenancies and accessing secure housing.

The study distinguished between three pathways of homeless for older people within Australia: those with a relatively conventional housing history; those who have led transitory lifestyles; and those who have experienced ongoing housing disruption. The latter can be characterised as those experiencing deep social exclusion, including chronic homelessness and extended time living in marginal housing circumstances. Those with a conventional housing history represented close to 70 per cent of the sample. While the sample was not representative, with 561 client records of older people in housing crisis across a large range of locations in Australia, a clear picture is developing that older people's homelessness is predominately about first time homelessness in later life. This was experienced roughly equally by older men and older women, with only slightly more women (51.5%), having had a conventional housing history prior to being at risk of homelessness. Those with conventional housing histories were pre-dominantly long time renters in the private market and were seeking assistance from ACHA agencies due to: being served a NTV; being unable to continue living with family; unaffordability; inaccessible housing; and a

breakdown in a relationship. Other reasons included seeking support either to remain independent in their current housing or to move closer to family and thereby prevent admission to residential aged care. For this broad cohort of people who had experienced conventional housing histories, their later life housing crises were mediated and exacerbated by their limited income, limited access to assets and challenges drawing upon appropriate supports to avoid first time homelessness.

Whilst the clear focus in this study was on first time homelessness amongst older Australians, detail was also presented of other pathways. This not only provides a wider understanding of how homelessness is experienced by older people across Australia, but also provides a clear contrast to those experiencing homelessness for the first time in their later years. This is valuable information in the consideration of the design of services and policy. Just fewer than 9 per cent of the sample (48 people), had a transient housing history. This was largely linked to transitory lifestyles with frequent moves, including considerable periods of time living overseas. Others had experienced unconventional housing histories linked to employment-related accommodation and housesitting. Housing crises typically were associated with changes in housing availability, relationship status, income and health problems that meant previous housing became unaffordable, unsafe, unsuitable or unavailable. The third pathway, which represented close to 23 per cent of the sample, was the long-term homeless. These older people had lived for many years with ongoing housing disruption. This group, largely older men (just under 70%) lived in marginal housing including boarding houses, substandard caravan parks and sleeping rough.

The project also sought to understand how older people are assisted to exit homelessness and achieve housing stability. The analysis of ACHA service responses detailed in Chapter 6 demonstrated the importance of specialised services that focus solely on older person's homelessness and combine expertise and networks in both housing and ageing. This is important both for client access and appropriate service responses. The evidence showed that older people facing housing crises who are at imminent risk of first time homelessness are unlikely to identify as homeless and access traditional homelessness services. Rather, they are likely to be referred either through housing, health or aged care service systems. Further, interventions to address their circumstances are likely to require housing and/or aged care support responses.

7.2 Policy implications

This study demonstrates the importance and urgency of better understanding and developing policy responses to older people's homelessness. At 14 per cent of the homeless population in Australia older people are a significant group. The numbers of older people experiencing homelessness needs to be viewed within the context of the demographic changes under way with the cohort of people aged 55 and over within Australia (Petersen & Jones 2013). In particular, the increases in the number of older people renting in the private rental market while reliant on a fixed low income is of concern (Petersen & Jones 2013). The policy review highlights some recognition of the problem in Australian aged care policy and positive responses such as a recent increase in the number of funded ACHA outlets.

Arguably there has been less attention worldwide to older people's homelessness. In parts of Europe, however, limited attention toward older people's homelessness can be understood because of the robust social housing sector. In the USA and the UK dedicated peak bodies advocating for older homeless people highlight a lack of recognition of older people's homelessness with few tailored policy responses (Petersen & Parsell 2014). In Australia there is significant work to be done to link aged

care and housing policy and programs effectively and to implement strategies capable of responding adequately to this growing problem. The findings of this study point to implications across a number of policy domains as detailed below.

Prior to outlining the policy implications that relate to effective ways to prevent first time homelessness for older people it is important to briefly consider the notion of prevention, particularly homelessness prevention, canvassed in detail in Chapter 3. Homelessness prevention can be thought about on a continuum. At one end of the continuum, prevention is focused on preventing people from returning to homelessness. This can take the form of supporting people with experiences of homelessness to sustain their tenancies. At the other end of the continuum, prevention is conceptualised at the broader structural or population level and may include the supply of affordable housing or the level of income support—including rental allowances and subsidies. Somewhere in the middle of the continuum homelessness prevention works with certain groups of people on the basis of their risk status or risk life transition/stage, or people who are identified as experiencing a housing crisis or imminent risk of homelessness. This type of homelessness prevention is often thought about and practiced as early intervention or specific assistance to address an immediate and, importantly, observable problem. It is easy to think about homelessness prevention in this manner and, indeed, it can be easy to measure its effectiveness: for example, did the person or group of people that received the early intervention sustain their housing and avoid homelessness?

As demonstrated in Chapter 3, scholars recognise that the most effective means of preventing homelessness require structural and population strategies. Indeed, often the most effective means of preventing homelessness would not be thought about as homelessness prevention. For older people reliant on the Age Pension, for example, we could argue that the most reliable means of preventing their homelessness would entail a higher level of income support and the supply of appropriately designed affordable housing. In the UK and parts of Europe, particularly in Nordic States, we can suggest that homelessness among older people, and in turn homelessness prevention strategies, are not a dominant issue or area of public concern because broader structural factors and the welfare state mean that older people's homelessness (and the need to prevent it) do not present as large problems. Recognising this, the policy implications that follow draw on our empirical material with older people in housing crisis and the data from service providers working 'on the ground' to respond to the immediate needs of older people. As such, our discussion on effective means to prevent first time homelessness for older people also considers early intervention type strategies that focus on older people at the individual level.

7.2.1 Supply of affordable and appropriate housing options

Overwhelmingly, older people experiencing first time homelessness or at risk of homelessness for the first time have low incomes, are highly vulnerable and, due to their exclusive reliance on the Age Pension, their financial circumstances are unlikely to improve. Many will require accessible housing or home modifications immediately or in the near future. Therefore an essential component of prevention and rapid response is provision of housing that is both affordable and accessible and, in most cases, the most appropriate response is social housing. We know from previous research that older people settle well often without the need for ongoing supports if they are resettled in a timely manner (Crane & Warnes 2002, 2007). For people experiencing homelessness for the first time in later life who have limited histories with welfare agencies, rapid rehousing or immediately responding to their housing problem will enable them to continue independent living.

The experience of ACHA services points to the importance of close relationships with social housing providers in gaining access, often through nomination rights. The shortage of available and modified social housing in many locations is a significant barrier to achieving suitable outcomes and may result in marginal housing, homelessness or premature entry to residential aged care. Suitable housing options, such as dedicated and accessible seniors housing on Indigenous communities, emerged from the study as important for older people remaining in their communities, especially when ill health, limited mobility or unsafe or crowded conditions mean that their housing is untenable. The evidence also points to the importance of greater attention being paid to expanding the affordable housing options for low income and vulnerable older people. These issues are also canvassed in detail in Jones et al. (2007), who argued that in addition to an expansion of the social housing system the market sector needed to be drawn on for housing stock. Since then, with the increased investment in social housing through the Social Housing Initiative and incentives to market and not-for-profit providers through the National Rental Affordability Scheme, a positive blue print exists for affordable seniors housing. The housing stock set aside for seniors from both those initiatives are reviewed very positively by the stakeholders interviewed in this study.

7.2.2 Affordability for older renters

In the absence of social housing, private rental may be the only feasible housing option available in some cases and may be the most appropriate option in other cases, such as where remaining in an existing long-term tenancy is possible. Many ACHA workers participating in the study identified a lack of social housing in their locale; private rental was the only housing option for their clients. This places a priority on stabilising the person in their home and community. The biggest barrier to private rental is affordability, especially where the death of a partner has significantly reduced the tenant's income. Just fewer than 19 per cent of clients with a conventional housing history in the study were experiencing a housing crisis due to unaffordability. However, the significance of unaffordability is stronger than this figure, and unaffordability is part of the critical housing incident of NTVs, inaccessibility and relationship breakdown.

Transitional or long-term additional rent subsidies could be an appropriate response where affordability is the primary barrier to sustaining private rental housing and the housing meets the other needs of the tenant. Some British social housing providers have introduced early warning systems when delays in rent payments occur (Crane & Warnes 2012). Some ACHA workers based in specific neighbourhoods in effect do this by liaising with boarding houses in both the community housing and private sectors. As noted above, a strong welfare safety net can protect from homelessness due to unaffordability.

7.2.3 The role of family

The role of intergenerational households in housing security for older people in Australia is an important finding in this study. Alongside being served an eviction notice and affordability issues, an older person unable to continue to live with family was a predominate circumstance behind being in housing crisis. Of the 388 people with a conventional housing history, 76 older people were unable to continue living with family. The majority of participants, 74.3 per cent, who were unable to live with family were identified as having a CALD background.

The data relating to this group identified carer stress, overcrowding, family breakdown and conflict and elder abuse as being the underlying themes for the older people seeking alternative housing. The issue of carer stress and tension resulting in a

breakdown in the intergenerational household is an important area to consider in relation to homelessness prevention. Furthermore, supporting carers is a core aim in aged care policy and practice as it is integral to ensuring older people can continue living in the community. Carer stress is an issue at the intersection of aged care and housing policy. Community aged care professionals are in a position to identify these issues and put in place appropriate referrals for carer support and social work intervention.

Overcrowding was also identified as a critical housing incident for older people who had resided with family. While the project's data does not give clear details of the family's housing and economic resources, it is clear that overcrowding was often associated with caring responsibilities and the family did not have the resources to manage. The project also clearly set out that overcrowding was an issue for Indigenous families. Interviews with stakeholders working in Indigenous communities clearly note the complexity of the issue. Some identify that overcrowding should not be framed as high-density or that automatic assumptions are made of stress in the living situation. On the other hand, there are also examples where overcrowding is associated with abuse—particularly financial abuse. Culturally respectful practice is integral to interventions in relation to overcrowding and requires a thorough assessment of individual circumstances and an understanding of the views of older clients.

Conflict and breakdown in the family unit, including elder abuse, is also a critical housing incident for older people. In some instances (and again a thorough assessment of the family unit is stressed), appropriate supports and alternative family housing may prevent relationships from breaking down and an older person being at risk of homelessness. One innovation is the allocation of modular units by public housing authorities for use as an older person's residence in a family's back garden.

The data from this study highlights the clear need to understand the intergenerational family, the place of the older person in the family unit and the factors that are linked to family breakdown. There is a need for future research to be undertaken in relation to older people's homelessness and the inability of older people to continue living with family. It is imperative that this research is culturally sensitive.

7.2.4 Home maintenance and modifications

Home maintenance and modifications are crucial to enabling older people to remain in their homes. For renters, home maintenance assistance may be essential to meeting their tenancy obligations and home modifications to enabling them to maintain independent living. The circumstances of older people in the private rental market were identified as salient as, unlike older home owners, they do not have the control or resources to make modifications to their (rented) home to enable their continued independence. Of the older people with a conventional housing history, 56 per cent were at risk of homelessness due to inaccessible rental accommodation. The findings are a reflection on the difficulties faced by older people seeking affordable, accessible housing in the private rental market. This was found to be an issue in both urban and rural areas.

Adding to the challenge of securing affordable housing is the evidence that some clients were subject to a NTV from their private rental accommodation as their health and mobility declined. Further, some landlords were reluctant to allow modifications where they perceived they may have a negative impact on their property. Older tenants in social housing were also not able to secure the modifications they needed to live safely. The findings highlighted that the absence of suitable modifications may

force older residents to relocate, delay their discharge from hospital or force premature entry into residential aged care.

Policy responses to this issue are canvassed in Jones, De Jonge and Phillips (2008) and include re-engineering HMM as a national program with national benchmarks. Some funding for minor modifications for renters is available in some states. Often landlords do not have a clear understanding of what HMM entails and how simple modifications such as handrails and open showers can make an important difference to an older person's independence. Given that home modifications are to be reviewed under the *Living Longer. Living Better.* reform (DoHA 2012), it is opportune to consider these issues in relation to older people living in the private rental market. This, as noted above, is concerned with stabilising the older person in their home and community. There remains a need for further consideration of how private renters can have access to home modifications to enable their continued independence.

7.2.5 Community aged care support

Affordable and appropriate housing is essential, but may not be sufficient to prevent or respond to older peoples' homelessness without suitable support services. It is clear from the client records that ACHA workers were facilitating community aged care and supports to ensure the older person could remain independent in the community. It is important to note that the successful conduct of community aged care for some older people relies on accessible housing. This is problematic for older people living in rental accommodation and is particularly difficult for residents of caravan parks and other forms of marginal housing.

The study points to areas where the delivery of community aged care could be enhanced to better meet the needs of those at risk of homelessness. Person centred care and support enables the services to be tailored to the needs of a group of people that is both very diverse and very distinctive. The delivery of care and support needs to be flexible in both role and time. These services need to be able to deliver services sensitively in a range of conventional and marginal accommodation settings including social and private rental dwellings, boarding and rooming houses and caravans. This may mean establishing relationships with landlords or managers to advocate for modifications or improved amenity. Often additional funding and resources is needed to provide services to people in marginal boarding houses, for example. Higher staff ratios are needed to ensure worker safety and staff roles have to be more flexible by necessity. The findings show that long-term relationships between workers and older people with complex needs are essential to the timely provision of community care and to thereby avoiding premature entry into residential aged care. In other circumstances intervention may entail proactive interventions or referrals where the housing is unsustainable or inappropriate to the needs of the older resident.

These recommendations complement the strong focus on community aged care within Australia evident in The *Living Longer. Living Better.* policy reform document. Community aged care is seen to be imperative not only as it aligns to older peoples' wishes to age in their home and community but also as a means to prevent or delay entry into residential aged care.

7.2.6 Accessible information, case management and advocacy services

Older people facing first time homelessness are unlikely to be familiar with or able to easily access the welfare, housing or aged care service systems. This has implications for the accessibility and pathways to assistance when facing a housing crisis as well as the sort of services provided. The ACHA program provides examples of dedicated services that are establishing a track record as accessible and appropriate for older people who are homeless or at risk of homelessness. These

services work across and understand the housing and aged care systems. They provide holistic assessments, information about options, case management and advocacy with the explicit goal of addressing the housing and care needs of clients.

This service design, forming partnerships with a range of community organisations and resources and managing referrals, whilst longstanding in the ACHA program is now clearly recognised by leading scholars as essential to addressing homelessness (Culhane et al. 2011). During the previous administration in the UK, The Coalition on Older Homelessness (a lobby group that is no longer operational) supported a local approach to addressing older people's homelessness. This resulted in a highly developed framework for working with older homeless people, which covered assessment protocols, descriptions of skills and expertise needed, and resettlement options (including referrals to other services). The integration of homelessness services with community service systems as full partners with mutual responsibilities is seen as pivotal to addressing homelessness.

7.2.7 Integrated preventive responses

The research findings indicate that ACHA services on the ground play an important role in spanning homelessness, housing, health and aged care sectors and coordinating integrated responses for service users in diverse settings. Australia has in place policies and services across these sectors that provide a good foundation for preventing and responding to homelessness amongst older Australians. However, the ACHA program is a small program that does not engage with all older people in housing crisis.

In Australia, housing and ageing portfolios have historically operated as different portfolios with housing as part of the states and territories administration and ageing responsibilities with the Commonwealth. As a result they are conceptualised separately (Petersen & Jones 2013). There has been consistent advocacy by gerontologists of the need to couple housing and ageing policy (Howe 2003; Jones et al. 2010). The aged care reforms come part of the way in acknowledging the large body of evidence that appropriate housing is integral to wellbeing, health and social participation, as well as avoiding premature entry into residential aged care. There remains a need for housing to be at the centre of ageing policy and the preventive role of affordable housing connects ageing policy with homelessness policy (Petersen & Jones 2013). The Housing First strategy, whilst open to different interpretations and at times used as a rhetorical device (Johnson et al. 2012), fits well with older people. Housing First encompasses a form of housing that is suited to older people accompanied by additional services as needed. In relation to older people support can take a range of forms with independence on one end and higher level of care at the other.

In addition, there is clearly a need for better policy coordination across these sectors to ensure that all service sectors have a holistic understanding of the experiences and needs of older people who are homeless or at risk of first time homelessness and can tailor integrated policy and service responses accordingly. All sectors have roles to play in identifying those at risk of homelessness: intervening early, making appropriate referrals to other service systems and working together to ensure appropriate and coordinated housing and support responses. Community care workers, domiciliary nurses and allied health professionals are all in a position to identify older, socially isolated people who live in poverty in rental accommodation. The exchange of information or referrals at high risk times by community workers can play a vital role in the prevention of homelessness. Furthermore, greater attention to older people in national and state housing and homelessness strategies, continued recognition of preventing homeless as a priority in aged care policy and greater attention to the role

of the health and home modification systems in preventing homelessness all have a role to play in addressing the growing problem of older people and homelessness.

7.2.8 Improving and disseminating the evidence base

This study, along with the publication of ACHA program service data and other recent reports (ACHA 2013; Batterham et al. 2013; Petersen & Jones 2013; Westmore & Mallet 2011), significantly adds to the relatively small existing evidence base available to inform policy and practice regarding homelessness and older people in Australia. This study has identified a number of issues that warrant further investigation including the nature and drivers of homelessness amongst older people from Indigenous and migrant communities; the role of families in protecting against and contributing to homelessness amongst older people; and the experiences of older people living in the private rental market and in marginal housing.

This study's recommendations, given the methodological limitations of the project, are focused toward general statements. To enable the tailoring of prevention strategies and policy implications to particular groups of older people there is a need for a large study that permits generalisable findings and the conduct of inferential statistics.

While research has an important role to play in understanding these phenomena and how best to respond, dissemination of research findings amongst policy makers, service providers and the wider community is crucial to encouraging an active policy and public discourse on how best to prevent the escalation of older people's homelessness in the context of our diverse ageing population, increasing longevity and reducing levels of home ownership.

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APPENDICES

Appendix 1: Interview Guide

Interview Guide

Preventing first time homelessness amongst older Australians

The interviews will be undertaken with senior managers in Assistance with Care and Housing for the Aged (ACHA) agencies and other stakeholders identified by the ACHA workers who have expert knowledge in a particular locale. This may include Managers from the Department of Housing, Aboriginal Housing, Specialist Homelessness Services and Aged Care Providers. These agencies also provide services and support to older people experiencing or at risk of homelessness. As such the interview questions will vary slightly in line with the role and source of funding of the respective agencies. The interview will be semi-structured to enable participants to provide new or unexpected information. Interviews are designed to take approximately thirty minutes to one hour. Topics discussed include:

1. Outline project, its aims, and what hope to gain from the interview. Discuss confidentiality and right to withdraw.
2. Explore participant's roles in the provision of housing support for vulnerable older people.
3. Explore the local context that facilitate or constrain the provision of housing and/or services for older people e.g. population increases due to mining or tourism, effects of wet season, lack of infrastructure, availability of support services.
4. Explore the range of people they have as clients. What are their circumstances? Seek to understand their client's life experiences, housing history, experiences precipitating homelessness.
5. Do they see patterns in the profile of older people they have housed or supported?
6. What strategies are available in the local area to address client's circumstances e.g. availability of social housing, aged community care.
7. What are views on prevention of homelessness in their local area?
8. Discuss good practice and valuable service models in the sector. Discuss integration of care and support.
9. Other points of interest.

Appendix 2: Client record form

ACHA CLIENT FORM		01. Client ID: _____ 02. Date of Assessment dd/mm/yyyy ____/____/____ Caseworker: _____	
If information is not known to answer the question, leave blank.		Numbers 01-18, ②–⑩ are for coding only	
Title _____ Family Name _____ Given Name/s _____ 03. Gender ② <input type="checkbox"/> Female ③ <input type="checkbox"/> Male 04. Date of birth dd/mm/yyyy ____/____/____ 05. Marital Status ② <input type="checkbox"/> Married ⑤ <input type="checkbox"/> Partnered ③ <input type="checkbox"/> Widowed ⑥ <input type="checkbox"/> Divorced ④ <input type="checkbox"/> Single		08. Current Housing type ② <input type="checkbox"/> Flat, unit, apartment ③ <input type="checkbox"/> House ④ <input type="checkbox"/> Boarding/Rooming house ⑤ <input type="checkbox"/> Caravan ⑥ <input type="checkbox"/> Crisis SHS Accommodation ⑦ <input type="checkbox"/> Homeless ⑧ <input type="checkbox"/> Other	
06. Source of Referral ② <input type="checkbox"/> Self ③ <input type="checkbox"/> Family, friend ④ <input type="checkbox"/> GP ⑤ <input type="checkbox"/> Health Service/Hospital ⑥ <input type="checkbox"/> Aged Care Service ⑦ <input type="checkbox"/> Centrelink ⑧ <input type="checkbox"/> Local Government Agency ⑨ <input type="checkbox"/> State Government Agency ⑩ <input type="checkbox"/> Senior's Organisation <input type="checkbox"/> Legal Service ⑪ <input type="checkbox"/> Other _____		11. Current Housing Tenure ② <input type="checkbox"/> Private Rent ⑨ Rent per week \$____/____ ③ <input type="checkbox"/> Public Rent ④ <input type="checkbox"/> Home owner ⑤ <input type="checkbox"/> Shared tenancy ⑥ <input type="checkbox"/> Staying with friends or family ⑦ <input type="checkbox"/> Other ⑧ Rent increase per week \$____/____	
07. Country of Birth ② <input type="checkbox"/> Australia ③ <input type="checkbox"/> Other ④ Please Specify <input type="checkbox"/> _____		09. Income ② <input type="checkbox"/> Wages ③ <input type="checkbox"/> Aged Pension; No. _____ ④ <input type="checkbox"/> Veteran's Affairs Pension ⑤ <input type="checkbox"/> Carer Payment ⑥ <input type="checkbox"/> Unemployment Benefits ⑦ <input type="checkbox"/> Disability Support Pension Savings/Assets (\$value): ⑧ <input type="checkbox"/> Yes \$ _____ ⑨ <input type="checkbox"/> No _____ ⑩ <input type="checkbox"/> Real Estate \$ _____ Medicare Number _____	
		12. Financial situation ② <input type="checkbox"/> Difficult to pay bills ③ <input type="checkbox"/> Difficult to buy food ④ <input type="checkbox"/> Do you experience hardship? 13. Do you need help to communicate? (to understand or be understood by others) ② <input type="checkbox"/> No ③ <input type="checkbox"/> Yes, sometimes ④ <input type="checkbox"/> Yes, always	
		10. Indigenous Status ② <input type="checkbox"/> Aboriginal or Torres St Islander ③ <input type="checkbox"/> Not stated or adequately described Interpreter Required ⑤ <input type="checkbox"/> Interpreter not needed ⑥ <input type="checkbox"/> Interpreter needed	

ACHA CLIENT FORM		Client ID: _____
Client Action Plan		
14. Critical Housing Incident ② <input type="checkbox"/> Notice to vacant If yes, ③ Time frame dd <input type="checkbox"/> <input type="checkbox"/> ④ <input type="checkbox"/> Rent increase ⑤ Amount \$_____/____per week ⑥ <input type="checkbox"/> Unsustainable ⑦ <input type="checkbox"/> Sustainable ⑧ <input type="checkbox"/> Unsuitable housing including 8 Unsafe, inaccessible, health risk ⑨ <input type="checkbox"/> Other reason for wanting to move _____ _____ _____	15. Details incl. previous services, description, reasons, negotiations with landlord _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	16. Action/s: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Description of Health Status 17. How would you describe your health status? ② <input type="checkbox"/> Poor ③ <input type="checkbox"/> Fair ④ <input type="checkbox"/> Good ⑤ <input type="checkbox"/> Very good ⑥ Action/s: _____ _____ _____ _____ _____ _____	18. Brief Housing History _____ _____ _____ _____ _____ _____ _____ _____ _____	19. Transition Plan (on successful rehousing) Housing Outcome: ② <input type="checkbox"/> Public Housing ③ <input type="checkbox"/> Social Housing ④ <input type="checkbox"/> ILU ⑤ <input type="checkbox"/> Moveable Unit ⑥ <input type="checkbox"/> Private Rental ⑦ <input type="checkbox"/> Other _____

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Australian Housing and Urban Research Institute

Level 1, 114 Flinders Street, Melbourne Victoria 3000

Phone +61 3 9660 2300 Fax +61 3 9663 5488

Email information@ahuri.edu.au

Web www.ahuri.edu.au