

Final Report

Housing options and independent living: sustainable outcomes for older people who are homeless

authored by

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACHA	Assistance with Care and Housing for the Aged program
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
CACH	Commonwealth Advisory Committee on Homelessness
CACP	Community Aged Care Packages
CAD	Coordination and Development Committee of SAAP
CAP	Crisis Accommodation program
CDFACS	Commonwealth Department of Family and Community Services
CDHAC	Commonwealth Department of Health and Aged Care (former)
CHPA	Council to Homeless Persons Australia
COP	Community Options Program
HACC	Home and Community Care program
NDoCS	NSW Department of Community Services
NESB	Non-English speaking background
NUD*IST	Non-numeric Unstructured Data Index and Searching Technology
RSL	Returned Services League of Australia
SAAP	Supported Accommodation Assistance Program
VAHEC	Victorian Association of Health and Extended Care
VDHS	Victorian Department of Human Services
VFCD	Victorian Family and Community Development Committee
WDoH	Western Australian Department of Housing

TERMINOLOGY

Abbeyfield style accommodation: A shared, supported housing model for older people with private rooms and en-suite bathrooms for up to 10 people who share a common kitchen, living and dining rooms and have meals provided.

Ageing in place: A concept whereby older people are encouraged to remain in their homes as long as possible with appropriate home-based support.

Boarding house: A form of low-cost accommodation with a number of rooms rented to individuals, shared bathroom facilities and with meals, and in some cases, other support services provided.

Case management: An individualised approach to management of welfare assistance whereby an appropriate package of services is delivered in an integrated and holistic manner.

Community care: Services provided in the community as opposed to institutions, including in people's own homes or shared supported accommodation.

Community Housing: An alternative social housing model to public housing jointly funded and managed by a non-government not-for-profit organization.

Cooperative Housing: A generic term for housing developed and/or managed by a not-for-profit cooperative, not necessarily social housing.

Clustered Housing: A form of housing for the aged where separate units are organised into clusters to facilitate social contact

Crisis accommodation: Short-term accommodation (usually homeless shelters or hostels) for people without, or displaced from, stable housing.

Day Centres: Non-residential aged care facilities providing a range of activities for older people during the day

Early intervention: Strategies adopted to assist people at risk so as to prevent adverse social outcomes - such as homelessness.

Independent accommodation: Public housing or private rental accommodation occupied on an independent and relatively permanent basis by an individual or household.

Open Design: A form of building layout design where rooms or spaces are less compartmentalised, flowing into one another and thus engendering a feeling of openness.

Outreach services or support: Support services taken to people where they are (eg on the streets or in their homes), as opposed to those requiring clients to attend a service centre or agency.

Rent Assistance: A Commonwealth housing assistance program whereby a benefit is paid to low-income people to assist in obtaining accommodation in the private rental market.

Residential aged care: Institutional accommodation for older people including nursing homes and hostels.

Rooming house: A form of low-cost accommodation (similar to a boarding house) with a number of rooms rented to individuals, shared bathroom facilities, but without meals or other support services provided.

Supported housing: Accommodation that includes the provision or coordination with of social services to support people with high or complex needs.

Transitional accommodation: Medium-term accommodation to assist homeless people in the transition from short-term crisis accommodation to independent living.

Transportable homes: Caravans, mobile homes, and modular homes capable of transportation – usually located on rented lots in mobile home parks.

EXECUTIVE SUMMARY

Background

This research was undertaken on the premise that there is a lack of understanding about the needs of older homeless people in Australia, despite the fact that older people on fixed incomes in insecure housing are growing in number and are at particular risk of homelessness or the need for institutional care. The research was guided by four questions:

1. What housing and support options are available for older people who are homeless?
2. What housing and support options do older homeless people prefer and what factors, for example gender, culture/ethnicity and location, shape these preferences?
3. What individual and structural factors contribute to acceptance/resistance to housing and support options for older homeless people?
4. What housing and support options result in sustainable outcomes for independent living for older homeless people?

As the only national program specifically for older homeless people, the Commonwealth Government's Assistance with Care and Housing for the Aged (ACHA) Program was used to access workers, managers and clients to provide insight into housing and support for older homeless people. ACHA is a federally funded program introduced in 1992/3 that assists financially disadvantaged older people who find themselves homeless or in a vulnerable housing situation. It provides funding to 46 agencies across the country to assist in linking low income homeless and at risk clients to appropriate housing and support (CDAC, 1999).

A variety of methods were employed to address the research questions. An extensive literature and policy review was undertaken and reported on in the preceding Positioning Paper (Judd et al, 2003). A national survey of 40 ACHA agencies was then conducted, with a questionnaire completed by ACHA workers. In addition, fifteen ACHA agency managers and 59 ACHA clients in three states – New South Wales, Victoria and South Australia – were interviewed in-depth.

Most of the 59 ACHA clients interviewed had lived in private rental accommodation, public housing or with friends and relatives and moved many times in their lives due to work opportunities, eviction, unsuitability of housing or location or due to family problems. Many had experienced a health or housing crisis in later life that precipitated them into a situation where they faced the very real possibility of being without a home. The vast majority (85%) of ACHA clients interviewed reported problems with physical health or disability. Many had multiple physical health problems related to lifestyle and premature ageing, accidental injury, war experience or heavy drinking and smoking. Mental health problems were also common. Their ages ranged from 44 to 89 years with an average age of 68 years.

The key findings for each of the research questions are outlined below:

Housing and Support Options Available

Housing Options

- Most of the ACHA clients in the study had some form of accommodation on referral to ACHA but were at imminent risk of primary homelessness. Very few were without any shelter or utilising SAAP funded homeless services. Most had been in private rental accommodation but a significant number had been in public housing or staying with friends or relatives.

- A variety of housing options were utilised by agencies, however the availability of many of these was limited resulting in clients often being housed in less than ideal accommodation in the private rental market.
- Public housing was clearly identified by agencies and clients alike as the option of choice for reasons of affordability, security of tenure and, in some areas, quicker access. Age-specific public housing was particularly favoured.
- Community housing was the second most favoured option particularly if linked to support. The reasons given were similar to those for public housing, but with a greater emphasis on shorter access times and housing quality.
- Other options (eg retirement villages, boarding houses, and residential care facilities) were considered acceptable by some agencies, but were not as readily endorsed by clients. Caravan parks were considered suitable only for temporary accommodation
- Living with family and friends was not considered to be a suitable option by both clients and agencies.

Support Options

- Most clients referred to ACHA were in need of both housing and support, though support needs varied considerably and were heavily influenced by the health of clients.
- Knowledge of ACHA or any other support services by clients prior to referral was rare, and although many were actively seeking assistance, the majority of clients had had no idea how to get help.
- Referral to ACHA came from a variety of sources, often instigated by friends or neighbours, but was usually a serendipitous event triggered by a health crisis. Few had relatives who could assist them and in some instances family members contributed to their difficulties. Some clients enlisted the aid of agencies with a visible presence such as St Vincent de Paul or Centrelink that linked them to ACHA.
- The support options offered by ACHA agencies were extensive and varied. The services most commonly provided were assistance with establishing and maintaining a tenancy; including help with application forms, relocation, transport and finances, as well as advocacy and referrals to other support services; and, to a lesser extent, assistance with personal care and housework, home maintenance and health needs – a pattern different to other aged care services.
- Following intervention by ACHA, many clients were also receiving services from HACC, CACPs, day centres, respite care, aboriginal and mental health agencies.
- A considerable amount of informal support was also provided by neighbours, and to a lesser extent family and friends.
- Managers stressed the importance of seeing each individual as different while assessing support needs, and that building a relationship of trust with clients was crucial.

Housing and Support Preferences

Housing Preferences

- Establishing the housing and support needs of older homeless and marginally housed people is not straight forward, and depends to a large extent on the history and needs of the individual, their health profile and the housing options available.

- Two key themes underlie the housing preferences of clients – the need for security and the desire for independent living. The latter was expressed as a desire for privacy and freedom to do as they choose, as well as the importance of having facilities, such as private bathroom and kitchen, that enabled independent living. The majority of clients interviewed preferred to live alone.
- Location or neighbourhood factors (including being close to family and friends, a peaceful and safe environment, having friendly and helpful neighbours, and convenience of transport and shopping) enhanced feelings of security and facilitated independence and were more important than housing type and design in determining the preferences of clients.
- The overwhelming preference of clients was for public housing because it provided appropriate facilities for independent living as well as much needed security and affordability. Age-specific housing was particularly favoured.
- Community and cooperative housing were favoured by some agencies for having “good neighbours or neighbourhoods” as well as for reasons of affordability, security of tenure and appropriateness.
- Residential care (hostels and nursing homes) were generally disliked because of cost, regulations, routine and lack of privacy and were only tolerated if constant care was required. Similarly, retirement villages were tolerated if low cost.
- Housing options least preferred by clients include private rental (for reasons of lack of security of tenure, affordability, lack of control, poor maintenance and conflict with agents and landlords) and boarding houses (for reasons of exploitation, intimidation and eviction by landlords as well as the minimal facilities for independent living).

Support Needs and Preferences

- The strong desire for independence and control over daily living was also central to the support preference of clients, who preferred to do their own cooking, shopping and housework where possible to maintain a sense of dignity and purpose.
- Support needed and appreciated by clients fell into two main categories: assistance with establishing a tenancy (including finding temporary and permanent accommodation, organising rent payments, financial assistance with bonds, obtaining rent assistance, dealing with housing authorities or real estate agents, application forms, packing and moving, cleaning premises, obtaining furniture, connecting utilities and organising modifications for disability access) and support for sustaining a tenancy (including help with housework, home maintenance, shopping, meals, transport, financial management, health and medical appointments).
- Day centres¹ were seen by managers as enormously important for overcoming isolation but most clients did not want to participate. However, a number expressed a need for feeling useful or giving something back by helping out in the agency or day centre.

Gender Differences

- Over two thirds of agencies identified gender differences in housing and support needs and preferences.
- The client interviews revealed that women were more likely to place emphasis on safety, personal space, neighbourhood and proximity to family/friends, while men were more likely to stress the importance of being close to shops and transport. This was confirmed by agency workers and managers.

¹ A non-residential aged care facility providing a range of therapeutic, recreational and social activities for older people during the day

- Agencies identified additional differences including: greater emphasis by women on housing appearance and quality and greater dislike of rooming boarding houses and caravan parks than their male counterparts. Men were considered to require more care and physical support than women, who required more emotional support. However this was less evident in the client interviews.

Ethnic/Cultural Differences

- Ethnic/cultural differences were reported by two thirds of agency workers
- The main differences in housing preferences reported by agency workers and managers were the greater desire of Aboriginal or NESB clients to reside with family or in a 'cultural neighbourhood'. This was only partly confirmed in the client interviews. Some ATSI respondents preferred not to be in an indigenous community and some NESB clients preferred to be in close proximity, rather than living with relatives and chose not to associate with cultural groups.
- Perceived ethnic and cultural differences in support needs and preferences by ACHA agencies included the need for culturally specific services and workers, more support with language and communication, a greater need for cultural awareness and support amongst agency workers, and to a lesser extent different food and nutritional requirements.
- Managers identified a need for more intensive support for NESB clients, but found Caucasian clients more demanding of services.
- Few discernible ethnic/cultural differences emerged from the client interviews other than a greater emphasis on support from close family members amongst some ATSI and NESB clients.

Acceptance and Resistance to Housing and Support

Factors influencing clients' acceptance or rejection of housing or support options include preferences but are not limited thereto. They may include other individual factors (eg from physical or mental impairment) or structural factors (arising from the broader social, political, economic and institutional systems).

- Individual factors identified by Agency workers and managers that influenced the resistance or acceptance of a housing option by a client include:
 - reluctance or incapacity to cope with change, and hence moving
 - lack of trust on the part of clients;
 - pride and a strong desire for independence;
 - lack of knowledge and understanding of options available;
 - dislike of certain areas or housing options, eg. high-rise housing and boarding houses or other forms of group living accommodation;
 - being moved from an area where they had grown up or lived for a long period of time;
 - being moved away from family or friends, of particular importance to most NESB and women participants;
- Structural factors that at times prevented a resolution of an ACHA clients housing crisis include:
 - non-availability of appropriate or acceptable housing;
 - non-availability of housing in an appropriate or preferred location;
 - non-availability of support for a particular housing option;

- bureaucratic procedures, rules and expectations;
- the inability of the agency worker to develop a relationship of trust with the client.

Independent Living Outcomes and Sustainability

Sustainable Housing Options:

- Public housing was regarded by agencies as the best housing option to break the cycle of homelessness for reasons of security of tenure and affordability
- Community housing was regarded as effective by some agencies because of the greater availability of tenancy support, as well as for security of tenure, appropriateness, social opportunities and sense of belonging.
- Private rental was the most prominent among options that did not work well for clients because of the lack of security of tenure, poor or slow access, landlord-tenant conflict, maintenance problems and poor disabled access.
- Boarding and rooming houses, transportable homes, living with friends and relatives and homeless shelters were other housing options that agency workers regarded as not working well for their clients.
- Caravan parks and boarding houses were seen by agencies as reasonable options only for short-term accommodation.
- Retirement villages with flexible rules or those developed specifically for older homeless people were seen as effective by some managers, but were generally in short supply
- There were mixed views amongst managers as to the effectiveness of clustering older previously homeless or marginalised people together in communal housing, some regarding it beneficial in encouraging social contact, others regarding it as reinforcing negative behaviours. However those few clients housed in age-specific clustered public housing were overwhelmingly positive.
- Dwelling design was considered important by managers with accessibility, the amount of private open space, building height and dwelling size and layout being the key design issues. These were also important to clients if they impacted on independent living, particularly for those who were old and frail

Support to Maintain Independence:

- Support services considered by Agency workers as most necessary to maintain independent living were those providing assistance with obtaining services from other agencies (eg. help with application forms, advocacy and referrals).
- Of secondary importance were those providing assistance with relocation, transport, medical services and tenancy matters.
- Services of less importance were assistance with housework and shopping, personal care, home maintenance and meal preparation.
- Managers regarded sustainable living as being enhanced by:
 - Tailoring of services to individual needs
 - Provision of a suitable level of support according to needs
 - Social contact (eg. via day centres) to overcome isolation
 - A relationship of trust between agency worker and
 - Provision of essential household furniture and equipment
 - Financial monitoring

- Support services were most successful when they were flexible and when there was trust and fairly regular contact between the ACHA worker and their client

Future Expectations

- Despite some uncertainty amongst clients about assistance they might need to maintain independent living in the future, most expressed the need to have someone to contact if help was needed. Close to half felt they might need some additional assistance such as help with housework, gardening, shopping, transport, personal care, cooking and finance.
- Most clients intended to stay in their current accommodation as long as possible, particularly those housed in public and community housing whereas private tenants did not expect to stay long term.
- Clients in secure housing who were involved in community day centres or other social activities were the most positive about their future.

Policy Implications

Barriers and Gaps in the Provision of Housing and Support

- The primary barriers to obtaining suitable housing for older homeless people identified by agency managers and workers were structural – namely a shortage in the supply of social housing and the bureaucratic processes associated with gaining access.
- Although secondary, the most important individual barriers to obtaining suitable housing were poor tenancy history and lifestyle choices/behaviour.
- The main gaps in housing provision identified by agency workers and managers were the lack of a range of age-specific housing types including boarding/rooming houses, supported housing and group homes as well as community and public housing. This suggests that housing type may be less important than increasing the supply of a range of housing options for older homeless people.
- Barriers to receiving support identified by managers and workers were also primarily structural, mostly related to lack of capacity or resources within agencies. Again, individual factors, such as clients' lifestyles and behaviours were secondary.
- The major gaps in support services concerned those older people who have low-level needs but require case management or specialist NESB or ATSI services.
- Appropriate day centre services and respite/convalescent care for older homeless people were identified as in short supply as well as a need for quicker access to services and access to transport services as priority areas for ACHA agencies.

Policy issues and Dilemmas

The research findings demonstrate the need for a variety of housing options for financially disadvantaged older people who are not homeowners and at risk of homelessness due to the unreliability of the private rental market to provide adequate, secure, well-maintained and affordable accommodation. However broadening the range and improving access to secure and adequate housing is not straightforward and raises a number of policy issues and dilemmas.

- **Public Housing:** While highly preferred by agencies and clients, it is unrealistic in the current policy environment to expect that growth in this sector will occur to be able to accommodate an increased demand from older disadvantaged people. Lowering the age for priority access and increasing the amount of age-specific housing stock would increase access but also impact adversely on other groups seeking public housing and only accelerate the already ageing public housing clientele.

- **Community Housing:** While also preferred by some agencies and clients, and well positioned to manage combined accommodation and support, this is still a relatively small sector of social housing that has itself grown largely at the expense of public housing and has limited capacity to accommodate growing numbers of older people who are homeless or marginally housed
- **Private Rental Housing:** Affordability, accessibility and choice in the high cost rental markets of the larger cities is reinforced by the lack of regional variation in Commonwealth Rent Assistance (CRA). However, developing an equitable model has proved difficult and would result in a redistribution of rent assistance in favour of the more populous, eastern seaboard states (Burgess, 2003). Head leasing by public housing authorities or community housing can help to improve security of tenure but is a management intensive option. Moreover, there are limitations on what housing modifications may be undertaken on a private rental property.
- **Boarding and Rooming Houses:** While a traditional, albeit declining, source of accommodation for low-income people, this sector is not generally favoured by older clients and many agencies because of low standards with inadequate facilities and appropriate support. However, licensing in some states has helped to address these problems and there are some excellent examples of age-specific supported boarding house accommodation.
- **Residential Aged Care:** While not favoured by most clients and agencies because of lack of independence, there is a need for more residential aged care facilities to cater for the specific lifestyle needs and preferences of older homeless people who have higher care needs and cannot live independently in the community. This option is precluded by the heavy reliance of the industry on resident bonds and the lack of capital funding by government for new development.
- **Alternative Housing Options:** Given the difficulties of increasing access to the above options, alternatives that might be expanded include various forms of supported communal or cluster housing (eg. 'Abbeyfield' style) or independent living units (eg. supported retirement villages) for low-income people. Although some private rental retirement villages offer support services, these are fee based and can further impact on affordability as well as raising concerns about tenants rights, quality of support services, and institutional management styles (Jones et al, 2004).

The findings also demonstrate the need for a variety of specialised support options for older homeless people to address the acute health and disability problems arising from premature ageing, lack of employment prospects and vulnerability to abuse and exploitation by family, landlords and others. Some key areas for specific targeting of support services include:

- Increased funding for outreach and advocacy services, such as ACHA, specifically for older people who are homeless or at risk of homelessness, because of their inability access appropriate housing and care services.
- The expansion of community care services specifically for older homeless people (eg CACP and HACC services) to ensure quicker access to such services.
- The development of services that provide ongoing monitoring and support for homeless older people with lower level needs after they have been rehoused to prevent recurrence of homelessness.
- Funding for innovative day centre services specifically for older people who are homeless or at risk of homelessness to provide meaningful activities that alleviate social isolation and facilitate integration into the wider community through the development of life skills.

- The expansion of residential aged care facilities specifically to meet the lifestyle needs and preferences of older homeless people who have higher care needs and cannot live independently in the community.

While official homelessness statistics (SAAPCAD 2002, CDFACS, 2003) indicate that the 8,600 older (over 50 years of age) homeless people who access SAAP services annually represent only around 9% of all SAAP clients, other estimates suggest that the number of older people at risk may be in excess of 250,000. This hidden dimension of older homelessness is not currently addressed by SAAP services and requires further policy development. The ageing of Australian population, increasing social polarisation, increasing housing costs, a reducing supply of social housing and affordable private rental housing and limited funding for support services means that without an expansion of appropriate housing and support services the problem of older homelessness will increase.

1 INTRODUCTION

This research was undertaken on the premise that there is a lack of understanding about the needs of homeless or marginally housed older people in Australia, despite the fact that older people on fixed incomes in insecure housing are at particular risk of homelessness or the need for institutional care. Given the complex interaction of structural and personal factors, it is reasonable to assume that the circumstances, needs and remedies for older people are likely to be different from other homeless groups. Anecdotal information from service providers and earlier research of a member of the research team also support this view (Kavanagh, 1997).

This introduction is a brief summary of the Positioning Paper (Judd et al, 2003) which contains a more detailed discussion of definitions of homelessness, age thresholds, pathways in and out of homelessness, and housing options available for older homeless people.

1.1 Definitions

Homelessness

While there is considerable debate in the literature concerning definitions of homelessness, Chamberlain and Mackenzie's (1992) cultural definition with its primary, secondary, tertiary and marginally housed categories is widely accepted in Australia as the official operational definition of homelessness and is used by the Supported Accommodation Assistance Program (SAAP) and the Australian Bureau of Statistics (ABS). It is therefore used for purposes of this study.

Figure 1: A model of homelessness for the 1990s based on shared community cultural standards embodied in current housing practices.

Institutional settings where it is inappropriate to apply the minimum standard – seminaries, gaols, university halls of residence	'Marginally housed' or 'inadequately housed' - people living in a housing situation close to the minimum standard	Inadequately housed
	Tertiary homelessness: people living permanently in single rooms in private boarding houses - without own bathroom or kitchen and without security of tenure	Area of dispute (may be homeless but not houseless)
	Secondary homelessness: people moving between various forms of temporary shelter including friends, emergency accommodation, youth refugees, hostels and boarding houses	Homeless
	Primary homelessness: people without conventional accommodation living in streets, in deserted buildings, in cars, railway carriages, under bridges, in improvised dwellings, etc	

(Chamberlain and Mackenzie, 1992: 291 and Chamberlain and Johnson, 2000a)

'Older' Homelessness

In relation to defining the age classifications for 'older' homeless people, the literature indicates less support for conventional chronological age classifications (60 or 65 years and over) and greater support for 50 years as a benchmark (and 45 years for indigenous people) (Crane and Warnes, 2001; Cohen and Sokolovsky, 1989; Hecht and Coyte, 2001; SAAP CAD, 2002). For this project the threshold ages of 50 for the general population and 45 for indigenous people are accepted, taking into account lifestyle related disabilities and premature ageing due to marginal living.

Also relevant to understanding patterns of older homelessness is Chamberlain and Johnson's (2000b) later conceptualisation of the older homeless career. They argue that in contrast to the 'career process' of youth homelessness, the adult homeless career has three 'stages' and two 'biographical transitions'.

Figure 2: Ideal typical model of the adult homeless career

Loss of accommodation		Transition to chronicity
Stage 1: At risk	Stage 2: homeless	Stage 3: chronic homelessness
Sharp break		Significant variation

(Chamberlain and Johnson, 2000b:2)

While the transition from stage 1 to 2 is unambiguously recognisable, the "significant variation" in the transition from stage 2 to 3 is dependent on the manner in which an adult becomes accustomed to homelessness as a way of life and the obstacles encountered in finding secure accommodation such as lack of money and affordable housing.

1.2 Research Aims

This research project has five main objectives:

1. to understand the interaction of individual and structural factors leading to homelessness amongst older people;
2. to identify the range of housing options (market based and subsidized) available to older homeless people;
3. to understand which housing options homeless older people do, or do not, desire and prefer, and to identify any gender, cultural and locational differences;
4. to identify which housing assistance options are succeeding in assisting to break the cycle of homelessness for older people and why these are working; and
5. to identify policy options to improve the effectiveness of combining housing and other services for homeless older people to achieving sustainable outcomes.

1.3 Policy Context

The Positioning Paper for this project (Judd et al, 2003) also includes a lengthy discussion of the policy context of this study. This includes a review of policy for older homelessness in three overseas countries (USA, UK and Denmark) and at both national and state levels in Australia. The findings of this policy review are summarised below.

International Policy on Housing and Older Homeless People

The review of homelessness policy in the USA, UK and Denmark found that there were very few programs in place specifically for older homeless people. What innovative programs exist are generally a product of local initiatives involving local government or private welfare agencies, although in the UK and Denmark central government has in recent years become a lot more involved in funding accommodation and support services for older people in vulnerable accommodation situations (Crane, 1999; Lipmann, 1995; Denmark Government, 2001; Morse, 1992)

National Policy on Ageing and Homelessness

In Australia, income support has long been provided for low-income people as a safety net to prevent poverty and homelessness. In the post war period public housing and later rent assistance and community housing have also played a significant role in assisting older, low-income people. A coordinated national approach to homelessness emerged in the mid 1980s with the advent of the Supported Accommodation Assistance Program (SAAP) and Crisis Accommodation Programs (CAP) which provide funding to

state and local governments and not-for-profit agencies for the provision of accommodation and support services for homeless people. Recent emphasis has been on early intervention, case management, transitional accommodation and support to enable self-reliance and independent living (Bisset et al, 1998; AIHW, 1999a; CDFACS, 1999 and 2002). At the same time aged care policy has moved away from a high dependency on residential care to ageing in place and community care via the introduction of the Home and Community Care (HACC) Program with other programs (Community Options Program (COP) and Community Aged Care Packages (CACPs)) providing additional support for older people with complex and high support needs (AIHW, 1999c).

The Assistance with Care and Housing for the Aged (ACHA) program that commenced in 1993, has been the only national policy initiative specifically addressing the needs of older homeless people. However, the recently initiated National Homelessness Strategy notes a growing problem with older homelessness due to the ageing of the population, recognises them as a distinct group and leaves no doubt as to the need to reform policies and programs for older homeless people (CACH, 2001).

State and Territory Policy Frameworks

All State Governments participate in the above national programs, but also have developed their own policies and programs to combat homelessness, some of which include specific reference to older homeless or at risk people. These include:

1. in NSW – The Inner City Homelessness Strategic Plan, which identifies older homeless people as a special needs group for whom service gaps exist (NDoCS, 2001);
2. in Victoria – the Victorian Homelessness Strategy: Action Plan and Strategic Framework (VDHS, 2002) which recognises the vulnerability of older low income people in private rental housing; the Housing Support for the Aged Program (ibid) which provides case management outreach support and care packages for the older homeless or at risk people entering public housing; the Older Persons High Rise Support Program (VDHS, 2000a) which provides packages of services for older people with complex needs in high-rise public housing; the Aged Persons Mental Health Service which provides 24 hour support for older people with mental illness and the Moveable Units Program (VFCDC, 1997) which provides prefabricated back yard accommodation for older low income people with family or friends;
3. in SA – the Inner City Aged Care Program which provides support for older homeless people in temporary accommodation (Anglicare, 1999);
4. in WA – the State Homelessness Strategy which recommended an increase in nursing home beds for the frail aged homeless, and an increase in aged care options for low-income indigenous people (WDoH, 2002).

1.4 Literature Review

The literature review for this project (Judd et al, 2003) revealed that while the literature on homelessness is voluminous, there is little recognition of older homeless people as a distinct group within it and relatively few investigations endeavouring to identify and understand the unmet needs of older homeless people. Key findings from the literature are as follows.

Pathways into Older Homelessness

There is general agreement that pathways into homelessness are heterogenous, that they are the culmination of a multiplicity of interacting factors and need to be understood by examining individual circumstances and the broader socio-economic structural factors. (Bottomley, 2001; CHPA, 2002; Cohen, 1999; Crane 2001; Kavanagh, 1997; Thomson Goodall and Associates, 1998). Older homeless people are

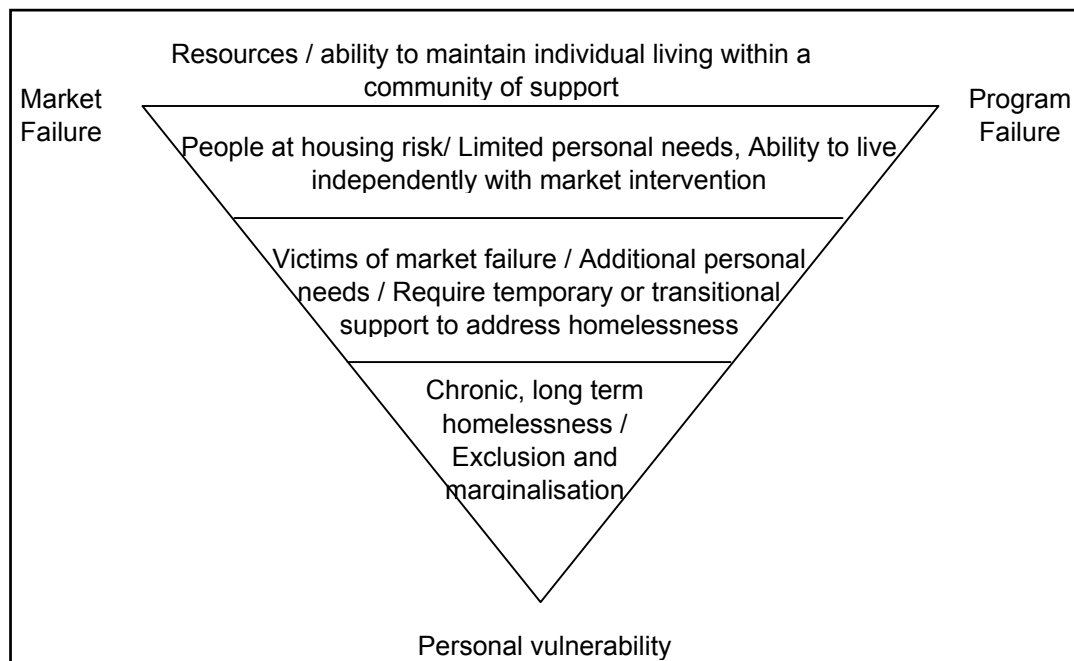
often further disadvantaged by the increasing effects of frailty and age-related disabilities and behavioural problems such as social isolation or disaffiliation; residential instability or transience; and service under-utilisation or unawareness.

Australian research on veterans at risk of homelessness has highlighted the failure of three interacting dimensions leading to homelessness (Thomson Goodall Associates, 1998):

1. Failure in critical markets such as the housing and labour market in providing employment and an adequate supply of affordable housing.
2. Failure in important government programs notably poor access to services, insufficient coverage of services, inadequacy of service models and cultural barriers.
3. Personal vulnerability to market and program failure potentially linked to the experience and status of veterans.

A veteran's risk of homelessness was seen to be dependent on the level of market and program failure and the degree of personal vulnerability to these failures as illustrated below in Fig. 3.

Figure 3: Degrees of homelessness and risk



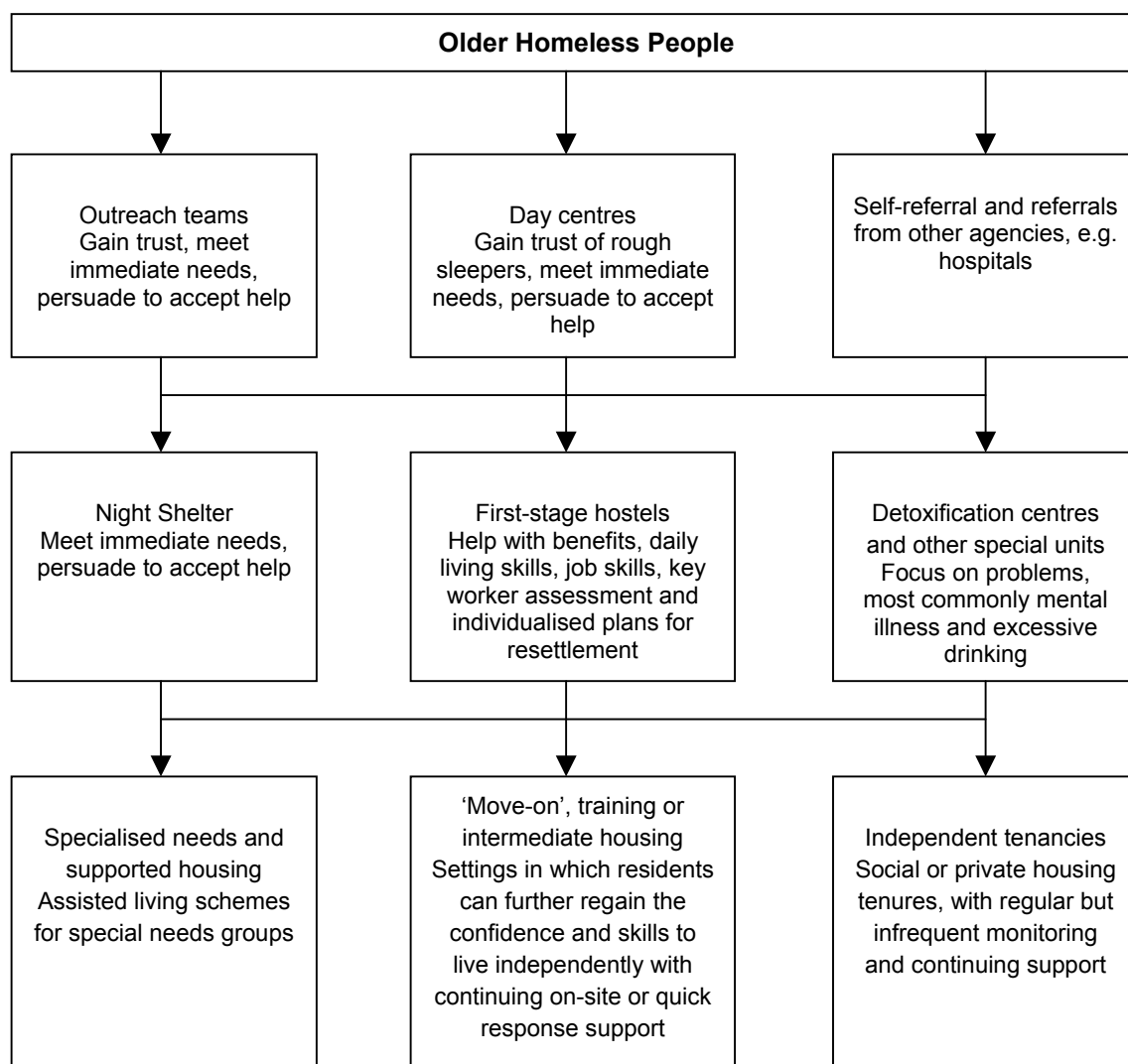
Thomson Goodall Associates (1998)

The categorisation of degrees of risk is analogous to Chamberlain's definition of homelessness. Each level of risk is equated to a particular set of causal factors and description of life conditions that calls for distinct needs.

Pathways Out of Older Homelessness

In terms of pathways out of homelessness for older people, appropriate support has been identified as a predictor of successful resettlement for older people with complex needs. Two distinct, yet complementary approaches are revealed in the literature: one stressing the importance of a multi-service 'linked pathway' for progressive resettlement (Warnes & Crane, 2000 – see Fig. 4 below) and the other advocating normalisation via equitable access to aged care accommodation and support options (Lipmann, 1996)

Figure 4: Pathways from homelessness to permanent accommodation



Warnes and Crane (2000)

Housing Options for Older Homeless People

Literature on housing choices for older people is sparse, but what does exist suggests that options are extremely limited for the socially and economically disadvantaged due to long waiting lists for public housing and a shortage of affordable, adequate private rental accommodation leading to an increasing number of older people living in unsatisfactory and substandard accommodation or homeless shelters (Kendig, 1990b; Lipmann, 1999). The need for sensitivity to lifestyle preferences is also raised, emphasising again that this is not a homogenous group and needs and preferences differ requiring flexibility in housing and support responses – including consideration for cultural differences (Sargent, 1996).

In summary, it is evident from the literature that homelessness for older people is more than just a lack of housing. However, access to affordable and stable housing is fundamental to both preventing and addressing homelessness. To be sustainable for people who have aged care needs, housing must be linked to appropriate support. What type of housing and support best meets the needs and preferences of homeless older people remains largely unanswered.

2 METHODOLOGY

2.1 Research Design

The research was guided by four research questions:

1. What housing and support options are available for older people who are homeless?
2. What housing support options do older homeless people prefer and what factors, for example gender, culture/ethnicity and location, shape these preferences?
3. What individual and structural factors contribute to acceptance/resistance to housing and support options for older homeless people?
4. What housing and support options are resulting in sustainable outcomes for independent living for older homeless people?

Housing options and related support services for older homeless people were investigated via ACHA agencies and their clients, as this is the only national program for older homeless people. Three states (NSW, Victoria and SA) were researched in more depth. Both quantitative and qualitative methods were used in a complementary way. Where possible, indigenous agencies or those with specialised indigenous services and their clients were included in the research.

The research was undertaken in four stages:

1. Literature and policy review – international and local (reported on in Positioning Paper for this project) (Judd et al, 2003).
2. Questionnaire survey (self administered) of ACHA workers of 40 national agencies to elicit information about ACHA's client profile, the housing and support options available and used and their experience as to what works and what does not.
3. Semi-structured interviews of managers of 15 ACHA agencies (5 each in NSW, Vic and SA) to obtain in-depth information on structural and policy issues.
4. Semi-structured interviews of 59 ACHA clients spread across New South Wales, Victoria and South Australia.

Interviews in Victoria and South Australia were undertaken by local research associates from AHURI Research Centres together with the project's Research Associate in order to ensure continuity in interview approach. The NSW interviews were undertaken by the Research Associate with the assistance of the Chief Investigators.

A more complete discussion of the methodology including selection criteria for the states and agencies is included in the Positioning Paper (Judd et al, 2003). A list of ACHA agencies in Australia and copies of the survey instrument and question schedules for semi-structured interviews are included in Appendices 1, 2, 3 and 4 respectively.

Methodological issues arising during the research process and relevant to understanding the findings outlined in this report are discussed below:

2.2 Sample Selection

ACHA Agencies

Nationally there are 46 ACHA agencies (10 are in NSW, 13 in Victoria, 6 in Queensland, 6 in South Australia, 4 in West Australia, 3 in the ACT, 3 in the NT and 1 in Tasmania. All were invited to participate in the survey. Most (82.6%) of the ACHA agencies are located in major urban areas. In these locations just over half are situated in inner-city areas and the remainder are in middle or outer suburbs. Only 8 of the 46

ACHA agencies are located in regional areas – 5 in coastal regional areas and 3 in regional urban, semi-rural, rural and remote areas. This focus on urban areas reflects the targeting of the ACHA program in 1993 to areas with high proportions of at risk older people in insecure housing (CDHAC, 1999).

ACHA Managers

Fifteen managers were interviewed - 5 in each of the 3 selected states (NSW, Victoria and South Australia). The managers interviewed were from the same ACHA agencies as the client sample. The intention was to select agencies representative of inner urban, outer urban and rural/regional services to reflect the distribution of agencies in each state. The final breakdown for NSW was two inner urban, one outer urban and two coastal-regional; in South Australia two inner-urban and three outer-urban (no regional service in SA); and in Victoria three inner urban, one outer urban and one rural regional. Where possible indigenous agencies were included in the sample, one being exclusively for indigenous clients and one mixed service outlet with a specialised ATSI worker.

ACHA Clients

The original aim was to obtain 5 ACHA clients from each of the 12 agencies where the manager was also to be interviewed. This was achieved in most cases except for one agency in Victoria and three in Adelaide where the required number of suitable candidates could not be recruited. The additional client interviewees were obtained from other local ACHA agencies who had responded to the survey and whose managers were subsequently also interviewed. Selection of clients was made according to agency specific age and gender criteria developed by the research team to reflect the profile of the agency's clients revealed in the survey of ACHA workers.

2.3 Implementation

Survey of ACHA Agency Workers

Given that ACHA is auspiced through agencies that provide other services, the survey was to be completed by the ACHA worker (or supervisor, if more than one). Permission to conduct the surveys was sought from Agency managers. Only three ACHA agencies (one each from Victoria, Queensland and Northern Territory) chose not to be involved in the study due to time constraints and staff shortages. A further three agreed to complete the questionnaire but failed to do so in the time available. This resulted in a total of 40 responses, a response rate of 87%.

ACHA Agency Manager Interviews

In some larger agencies, where the senior managers did not consider themselves to be adequately familiar with the ACHA program, sub-managers, supervisors or ACHA workers were delegated to participate in the interviews. In some cases the interviews were carried out jointly with the Manager and ACHA worker to ensure that the range of questions could be answered. One manager in regional Victoria who was absent at the time of the visit, was interviewed by telephone. In this report, all of these respondents are referred to as ACHA managers.

A detailed schedule of interview themes/questions including instructions to interviewers was used for the interviews (See Appendix 3) which, with 2 exceptions, were tape recorded and later transcribed. A handwritten record was made of the remaining two.

ACHA Client Interviews

A total of 59 clients were eventually interviewed (21 from NSW, 17 from SA and 21 from Victoria). Slightly more males (N=31) than females (N=28) were interviewed. The age range of interviewees was 44 to 89 years with an average age of 68 years. A range of origins were represented in the sample - 17% of clients interviewed were from European backgrounds, 10% were from UK/Ireland, 10% were from Asia, 8% were from

Africa countries and 2% were from Oceania. Just over half (53%) of the clients interviewed were Australian born. Seven of the 31 Australian born interviewees were indigenous.

Where possible, client interviews were undertaken in their home, however for some interviews it was considered more acceptable to the client to undertake the interviews on the agency premises. A detailed schedule of interview themes/questions and instructions was provided to interviewers (See Appendix 4). Except for six refusals, permission was obtained to tape record the interviews. Where refused, interviewers took notes that were used for the analysis. ACHA workers were generally not present during the interview unless required for translation or other reasons. External translation services were required for three clients in one Victorian agency.

2.4 Coding and Analysis

Analysis of the 40 self-administered surveys completed by ACHA workers was undertaken using SPSS. A number of the questions were analysed as multiple response questions, in which case the frequency of response is based on the number of respondents and therefore exceeds 100%.

The manager and client interviews were analysed using NUD*IST version N6 qualitative data management package. The topics covered in the interviews were used to categorise the data into a set of thematic nodes.

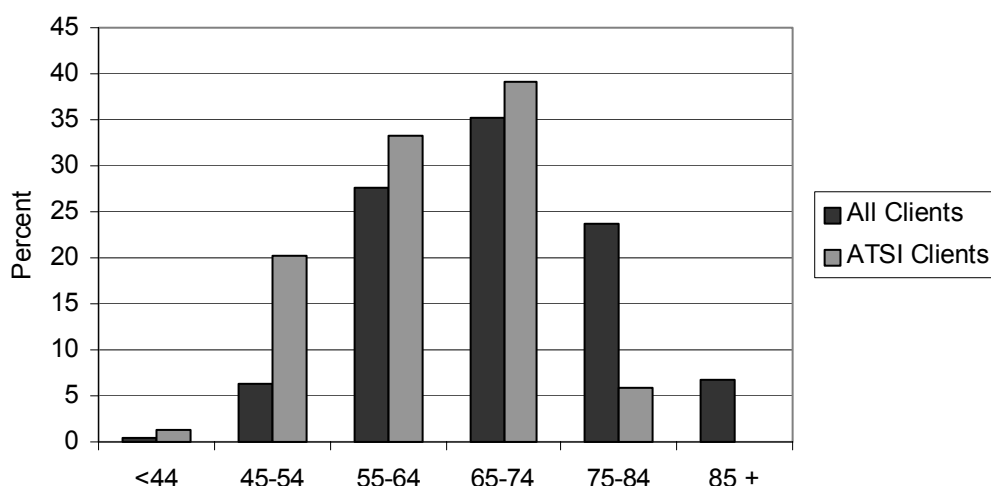
2.5 ACHA Client Profile

To provide a context for the research findings the following ACHA client characteristics are drawn from the responses of ACHA agency workers to the questionnaire that sought to collect age, gender and ethnicity data for each of their current clients. The total number of current clients of participating agencies was 960.

Demographics

The following table compares the age distribution of all clients with ATSI clients. For both groups, frequencies peak in the 65-74 age group with a strong representation also from 55-64 year olds. Indigenous clients are three times more prevalent in the younger age groups and correspondingly under-represented in the 75 years and older age groups. This reflects the premature ageing and lower life expectancy amongst homeless indigenous people. (SAAP CAD, 2002; Stracey, 2003)

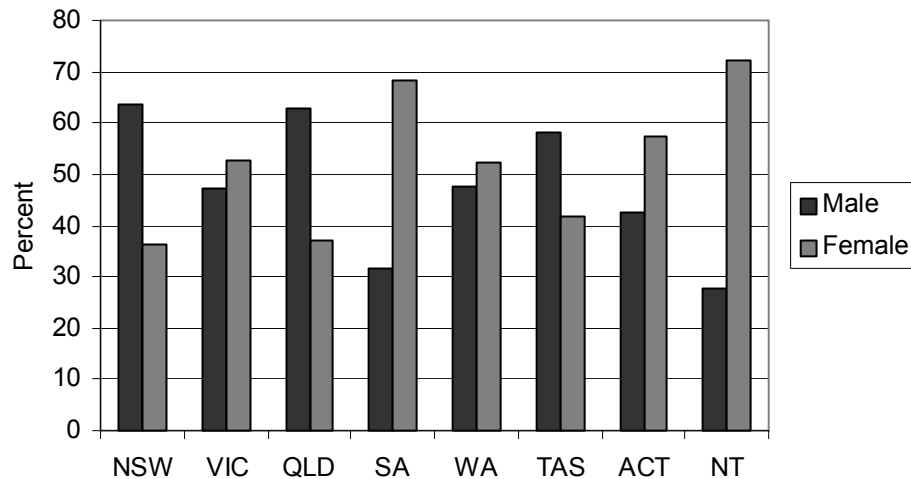
Figure 5: Age distribution of all clients and ATSI clients



(n=958) Client Profile Tables, ACHA Workers Survey

While the overall percentage of males (51.5%), females (48.4%)² was almost equivalent, there was considerable variation in the gender split of ACHA clients at state level (see Fig. 6). Explanations of variations between states are uncertain – other than anecdotal evidence that in some agencies services were targeted more toward particular types of clientele – eg indigenous people and women.

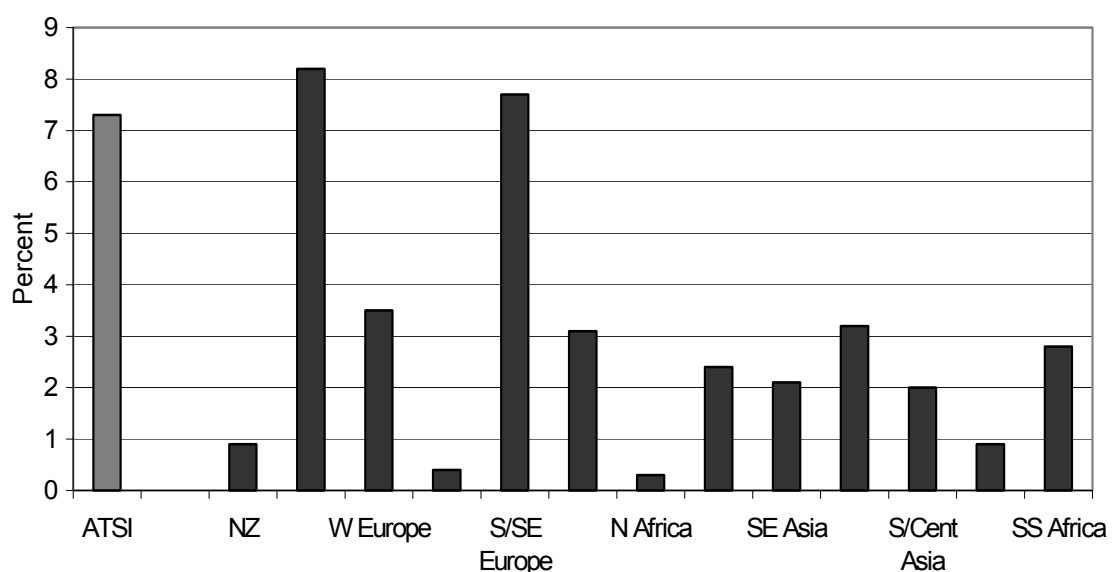
Figure 6: Gender of clients by State



(n=959) Client Profile Tables, ACHA Workers Survey

According to the responses of the ACHA workers, a little over half (55%) of all the clients of the ACHA agencies surveyed were non-ATSI Australian born, and a further 7% were ATSI Australian born – over represented by three times compared to the general population (2.2% in 2001) (ABS, 2002). Based on ABS classifications, the distribution for other international regions is shown on Fig. 7 below with clients of UK/Ireland and Southern/South-Eastern Europe background also representing 8.2 and 7.7 percent respectively. Other cultural groups representing around three percent include Western Europe, Eastern Europe, the Middle East, NE Asia and Sub-Saharan Africa.

Figure 7: Cultural/ethnic background – ATSI and non-Australian born



(n=941) Client Profile Tables, ACHA Workers Survey

² Does not include 0.1% transgender.

The clients interviewed for the research were a reasonable representation of ACHA demographics overall as reported in the survey. The gender split was 52.5% (31) male and 47.5% (28) female. Age range was 44 to 89 years with an average age of 68 years. The ethnic mix of interview participants also reflected the survey results with 41% non-ATSI Australian born, 17% of European background, 10% from UK/Ireland, 10% Asian background, 8% from African countries and 2% from Oceania. ATSI clients were well represented at 12% of the interview sample.

2.6 Presentation of the Findings

Data from the three sources are compared, contrasted and presented in a triangulated format wherever possible. However, in some instances, data are not directly comparable because of the necessity to formulate questions appropriate to the understanding and abilities of the client interviewees and because additional information was sought from the managers that was not sought from the survey of workers (eg. broader policy issues). Never-the-less, a major purpose of the manager and client interviews was to provide a deeper understanding of the quantitative data derived from the ACHA workers survey pertinent to the research aims and questions.

Where qualitative data is reported, general and descriptive terms (such as 'many', 'some' and 'few') are used to indicate the relative number of respondents or comments and themes have been substantiated with examples where relevant. While the qualitative data has been de-identified, code numbering is used for cross referencing and validation purposes.

3 HOUSING AND SUPPORT OPTIONS AVAILABLE

In addressing the question of what housing and support options are available for older people who are homeless, the analysis drew not only on ACHA survey and manager interview data but also on client interview data. The interviews with the clients sought to identify the needs of older people who are at risk of homelessness and their experiences of seeking appropriate housing and support. It was considered important to ask the clients how and why they came into contact with ACHA services, their housing histories, their health problems and support needs, and their satisfaction with options provided by ACHA. In particular, how they had become homeless provides an important context for the research questions and adds depth to an understanding of what is available and how this relates to their circumstances. Three main themes emerged from the data:

1. Housing insecurity;
2. Limited housing choices;
3. Need for support.

3.1 Housing Insecurity

Pathways to Homelessness

Unraveling the housing histories of client interview participants and how they came to be in need of housing assistance was difficult, however, their trajectories to homelessness could be broadly categorised into two distinct pathways:

- Disruptive life events such as family, health or housing crisis; and
- Long-term itinerant/transient lifestyle patterns.

Central to housing insecurity and risk of homelessness as highlighted by the participants stories was the inability to achieve or retain home ownership and financial disadvantage in later life.

Most of the participants had lived in private rental housing and moved many times in their lives, although a number had had periods of relative stability with some staying for long periods (up to 39 years) in the one residence. Relocation in the past was most often associated with work opportunities or evictions due to the sale or development of the property. Other reasons given for moving were the unsuitability of the accommodation, affordability, and problems with landlords. For some, finding and retaining affordable and appropriate rental housing only became an issue when they retired, could not find work or became ill or unfit for work. Rent increases were a major reason for losing accommodation in these circumstances. Problems in finding suitable accommodation were exacerbated for refugees and migrants by language difficulties.

Finding affordable and suitable accommodation on the private rental market had been almost impossible for most participants on a pension. Some had had to stay temporarily with friends or family, or in substandard accommodation such as a caravan, share accommodation, cheap hotel or motel, even camping in a tent, because they were unable to find private rental housing they could afford. Other problems were lack of transport to inspect properties, particularly an issue when unwell or disabled, and language problems for NESB participants when negotiating a tenancy. Some had experienced discrimination by real estate agents, particularly ATSI and NESB participants, in the words of one aboriginal client when asked: *“probably because I’m a woman and because I’m black”*.

A few of the clients interviewed had been in public housing at some time in their lives but either moved out when a family member died (an ATSI client), or because they were unhappy with the area (too far from family or a rough neighbourhood), or had experienced accommodation problems related to health issues (e.g. stairs). One

participant had managed to get into a retirement village but had not stayed because of problems with neighbours. Another had moved into Abbeyfield style supported accommodation but left because she disliked the routine of meals and found it too expensive. Several participants had been home owners in the past but had sold for various reasons such as divorce settlement or financial difficulties. However, most had never been in a position to purchase a home:

Well one of the reasons that I didn't own my own home was because I took, not inferior jobs but I took jobs I'd rather have than have money, you know what I mean. I worked for [a welfare agency] for 7 years and they paid you a fair wage and everything but I was putting the kids through private schools and that sort of thing and found it difficult to do everything at once. (Australian born male, 76 yrs, 5-c05)

For older migrants, housing problems were often associated with the temporary nature of the accommodation offered on their arrival in Australia or problems living with family if they arrived under the family reunion scheme. Family problems, such as alcoholism or gambling and family breakdown had contributed to the housing difficulties of other participants. In later life, some of the clients (6) interviewed had moved in with family (sons or daughters) but this had proved unsustainable due to family conflict, overcrowding or the inadequacy of the accommodation (e.g. living in a 'sleep-out').

My son built me a little place under his house. I loved the little place but the atmosphere wasn't good because they had problems. They had one child with a disability. The marriage split up. And that left me in mid-air, so ... I didn't know where I was going to move. I didn't know where I was going to end up. I didn't know, I'd been around to try and find rented houses, But you can't touch anything less than \$200 you know. No way could I do that. I put my name down at two or three retirement villages, but you need money behind you for them too. So I really didn't know what I was going to do. (UK born female, 80 yrs, 8-c01)

Although few of the interview participants had been in a primary homeless state when referred to ACHA, it was clear that they were at immanent risk. Approximately 40% had experienced a personal crisis that had precipitated housing problems. For some, this was a sudden crisis such as an accident, illness, death of spouse, divorce/separation or family conflict.

I was tipped out of the workforce as being unfit to work at three hours notice ... the [Insurance company's] medico ... she said ... I'm going to recommend that you be retired today. So not only was I retired but I was also at that point deprived of any income except a pension. So I couldn't keep my little flat. (Aboriginal female, 78 yrs, 34-c02)

For others the process was more gradual. For these participants, homelessness was the end result of a downward slide due to a lack of finances.

We had a unit and we sell it. She took half, I took half and with that I survive nine and a half year with this money but after the money finish I am broke ... what you can do on \$200 a week ... you pay rent and you don't eat. (Divorced North African Male, 75 yrs, 9-c02)

For a few participants, transience as a way of life had contributed to their homeless state. The interviews suggested that transience could be triggered by a traumatic event earlier in life, such as a bitter divorce or the death of a loved one, or chronic mental health problems. For some, transience was also linked to work opportunities. Several participants indicated that they liked the freedom of a transience lifestyle and had no wish to settle. These participants were more likely to be male and from rural areas.

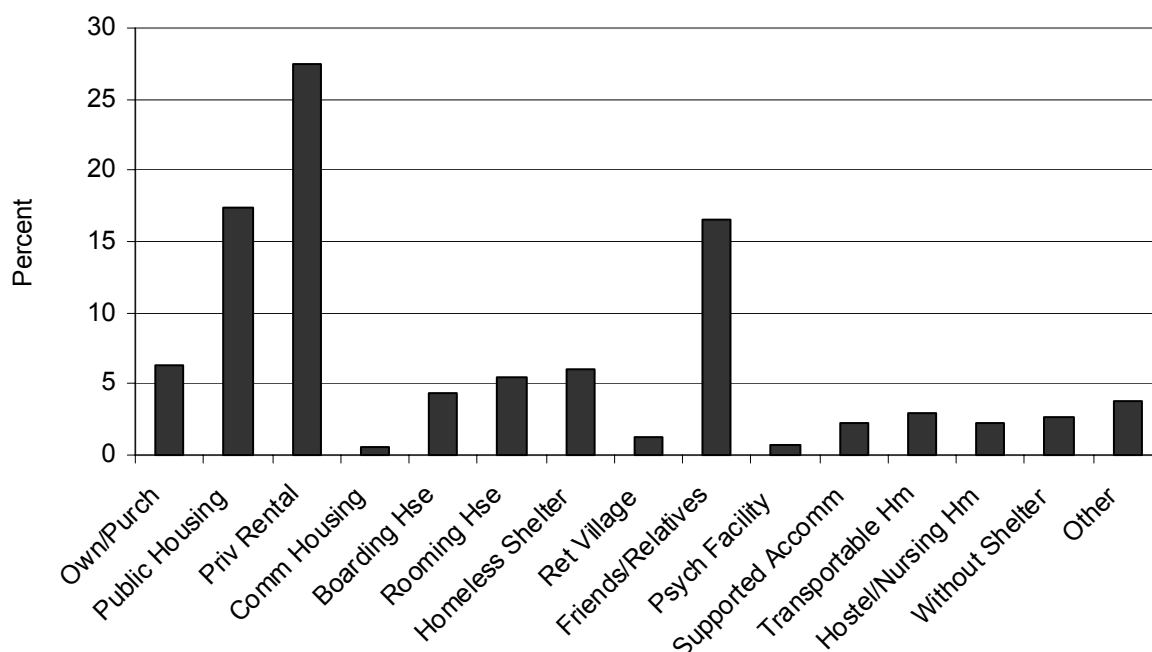
I don't know. I just like it. See when I was travelling around, I couldn't stay in one place more than three nights. I had to move on. (UK Male 64, 22-c01)

For women, transience was more likely to be triggered by abusive relationships, although this was generally implied rather than explicitly stated. Participants with a transient background of moving from place to place with no fixed place of abode and no community or locational connections, were more likely to have lived in a variety of boarding/rooming houses or in caravans and camps, interspersed with periods staying with friends/relatives.

Housing Needs

The ACHA worker survey data reflect the varied housing situations of the clients interviewed at referral. The majority were living in some form of housing with only a small percentage without shelter or utilising SAAP accommodation (homeless shelters). Fig. 8 shows the frequency distribution of ACHA clients according to their housing situation at the point of referral. This indicates that the private rental market was the most common form of accommodation (27.5%), followed by public housing (17.4%) and living with friends and relatives (16.5%). Interestingly, 6.3% had been home owner/purchasers - a little more than those who had been in homeless shelters and boarding and rooming houses. The reasons why older people living in relatively secure housing such as public housing or home owners were referred to ACHA could not be identified from the survey data, however it can be surmised from the client interviews that support needs, financial difficulties, family problems or appropriateness of accommodation are issues that affect sustainability of tenancy for older people regardless of tenure.

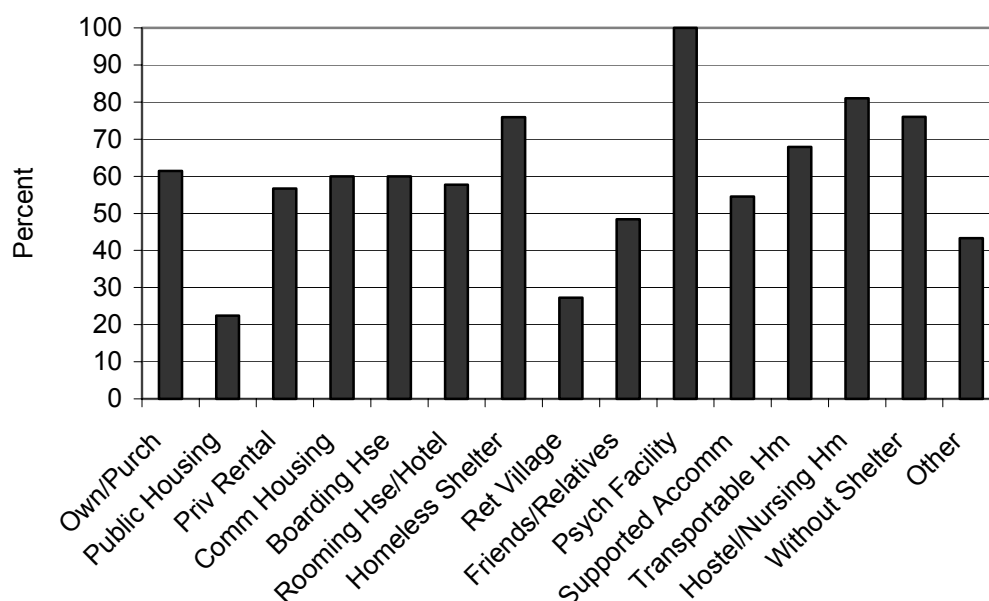
Figure 8: Housing situation on referral to ACHA



(n=960) Client Profile Tables, ACHA Workers Survey

At the time of the survey, close to half of the clients (47.5%) had been rehoused since their referral to ACHA. Fig. 9 indicates the percentage rehoused according to their housing situation at referral.

Figure 9: Percentage of clients rehoused by housing situation on referral



(n=909, multiple response) Client Profile Tables, ACHA Workers Survey

This shows the highest rehousing rates for the relatively small numbers previously housed in psychiatric facilities (100%); hostel/nursing homes (81%); homeless shetlers (75.9%); without conventional shelter (76%) and transportable homes (67.9%). Others with more than 50% rehousing rates include people previously living as owner/purchasers (61.4%); those in private rental (56.7%); community housing (60%); boarding and rooming houses (60%); other supported accommodation (54.5%) and those previously living with friends and relatives (48.4%). Why such a high percentage of hostel/nursing home residents referred to ACHA needed to be rehoused could not be deduced from the survey data, although it could be speculated that these older people had been inappropriately placed in residential aged care due to a lack of alternative accommodation or, as demonstrated by the client interviews, disliked this type of supported accommodation. Likewise, the rehousing of clients who had been living in public or community housing suggests that the accommodation was unsuitable or inappropriate for their needs.

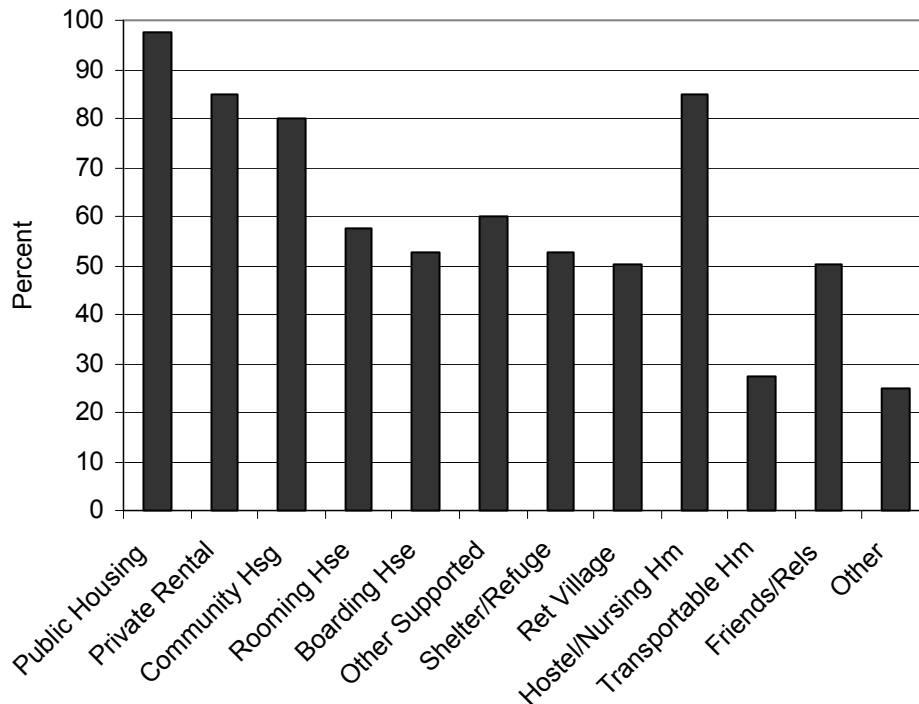
The question on time taken to rehouse was answered for only 53% of ACHA clients due, in part, to many clients still being on waiting lists for rehousing. However, of those for whom responses were given, 62% were rehoused within 3 months, a further 18% (total 80%) within 6 months and most of those remaining (98% total) within 18 months of referral. These figures indicate the urgency of the housing need for older people who are homeless or at risk of homelessness.

3.2 Limited Housing Choices

Housing Options Offered by ACHA Agencies

Fig. 10 shows what housing options are offered to clients by the ACHA agencies responding to the questionnaire.

Figure 10: Percentage of agencies offering housing options

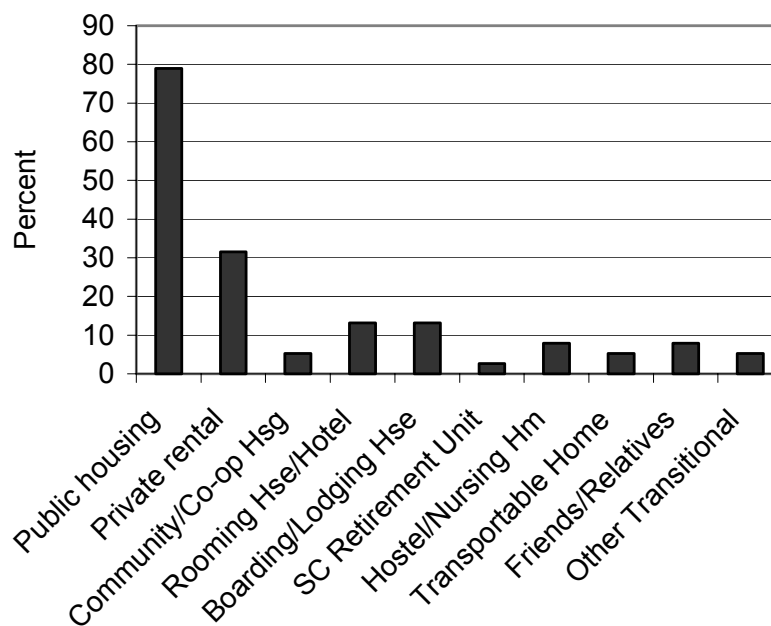


(n=40, multiple response) Question 2, ACHA Workers Survey

Nearly all agencies nominated public housing as an option offered, with nursing home/hostel, private rental and community housing options also being offered by a very high percentage of agencies. Around 50 to 60 percent of agencies offered rooming and boarding house, other supported accommodation, shelter/refuge, retirement village and accommodation with family and friends as housing options.

When asked which of the available options they used most often (Fig. 11) public housing stands out by far, followed by private rental. Rooming house/hotel and Boarding House were the only two others used by more than 10% of agencies.

Figure 11: Housing options used most often

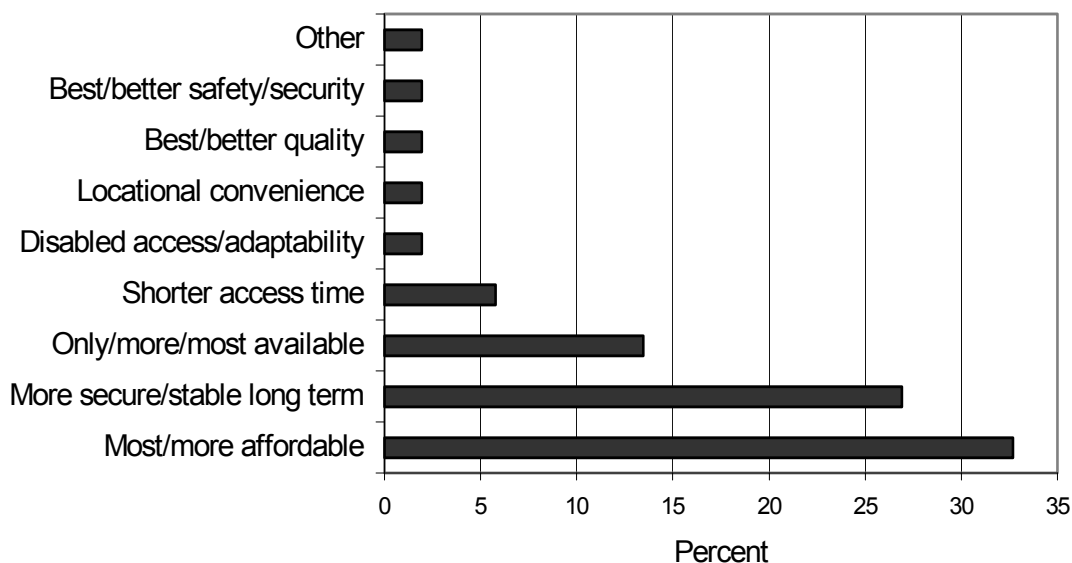


(n=40, multiple response) Question 4, ACHA Workers Survey

Despite the variety of housing options offered, all of the ACHA managers interviewed commented that there are not enough housing options available for older people. In particular, accessibility to appropriate and well-located public housing was often difficult due to limited public housing stock. They indicated that although older people may not get the housing option that is ideal, when they do make contact with an agency they will be invariably be placed. The only manager interviewed in a regional location (Victoria) also acknowledged a lack of options for their mostly indigenous clients.

Fig. 12 shows that the main reasons given by surveyed ACHA workers for using public housing are affordability and security of tenure - and to a lesser extent availability and shorter access time.

Figure 12: Reasons for using public housing



(n=38, multiple responses)

Agency managers' views were similar to the reasons given by ACHA workers for choosing public housing as the option of choice for their clients: *"Department of housing is more secure. It's more affordable. And there is probably a little bit more sense of community there ..."* (ACHA Manager, 8m). Housing authorities were also seen as more likely to undertake necessary modifications for older people with disabilities.

Reasons given by ACHA workers for using community/cooperative housing were similar to those for public housing, but with a greater emphasis on shorter access time and housing quality. Community housing was also identified by managers as a sought after option, particularly if linked to support. An example given was a community housing facility in Sydney run by a charity that the ACHA agency used to place about three-quarters of its clients. The facility was described as a "permanent facility for older men with alcohol-related issues" and was seen by the agency as very effective because it had a cook and other staff on site the whole day and had a communal aspect.

In the view of agency managers, for most ACHA clients private rental was not affordable even with rent assistance:

I think the private rental market is very hard for older people because of the insecurity. A lot of rental properties are sold without notice and that sort of thing and so then people are stuck in the same position of having to find housing again. ... The cost, is prohibitive ...these people are all on a pension and being on a pension it's \$200 a week and you're looking at private rental for a single person particularly, it's very hard because you're looking at \$140 at the very least to spend on rent per week. (ACHA Manager, 37m)

In all three capital cities represented, managers commented that private rental for older people is becoming more and more difficult because of the high rents. Properties that are reasonably priced are in enormous demand. However, the lack of alternatives often forces agencies to utilise private rental (as evident in Fig. 11). It is viewed as a reasonable potential option only if the cost can be kept down. Some ACHA managers avoid private renting at all costs. They feel it is too unpredictable in terms of rent increases and maintenance:

Usually they will move out of private rental back into either [public housing] or not for profit. I just don't like doing it [putting older people in private rental]. I actually encourage people not to take that option because every year the rent goes up. The landlords do not maintain like the [Housing Authority] or the not for profit sector. They won't do maintenance on units. The elderly person...[is] not going to keep ringing the landlord asking for repairs to be done. It comes to me. (ACHA Manager, 23m)

The ACHA managers interviewed had varying perceptions of boarding houses as a viable option. Some saw them as a good option for older, homeless people but others were vehemently opposed to using them.

Yes. We do, yes. They're all right. They're basic. They used to be worse, but with the inspections and the...regulation of boarding houses going more, you know, supervised, ...[they're okay]. (ACHA Manager, 21m)

No. I won't put people in them. ... The people are living in a separate room with shared kitchen and they spend most of the day out walking the streets... There are some of those in [place name]. But I mean two-thirds of the people in that boarding house...are mental health clients. And I mean they're in a terrible state. There's no control. There's no supervision. The two chaps that I moved out of the

boarding house, the elderly one was beaten up and hospitalised. In 15 years he said he probably was hospitalised...five or six times, because the drug addicts would move into these places, take a room, run out of money...beat him up, take his money. Leave him on the floor. You know, nobody finds him for a couple of days (ACHA Manager, 23m).

In NSW the implementation of stricter controls has made the placing of older people in boarding houses a viable option. An ACHA manager in Sydney explains the role of the Central Sydney Area Health Service Boarding House Team,

And really their brief was to go in and close those that weren't acceptable. And to link people into mainstream medical services and link them with GPs and psychiatrists and things like that. That's made a big difference. (ACHA Manager, 9m)

In some areas boarding houses can fill an important gap, particularly if combined with appropriate support.

I'd like to see more good licensed boarding houses with high-level care where people who aren't particularly frail, but want to be somewhere where they will be looked after to some degree can be placed. (ACHA Manager, 5m)

Some agencies found independent living units in retirement villages a very useful option. The structure of these can vary. Some combine independent living units with residential aged care facilities (hostel and/or nursing home) on the one site. There are also some highly successful non-profit residential aged care facilities. The ones that appear to work best are those that have minimal regulations but at the same time provide food, care and a supportive environment. One ACHA manager had the following view:

And then the environment like [place name] which is extremely successful, because it provides the same care as everybody else gets in aged care, regardless of the fact these people come from where they come from and it's accepting of their lifestyle. It doesn't try to change people. ... So often ... in supported housing and aged care facilities ...they get told when to eat and when not to eat, and what you can and can't do and you can't drink any more and you can't smoke any more. And [agency name] doesn't do that. It just accepts them. This is the choice that people have made. Which is what we all like. I think it's silly if they tell me I can't have a glass of wine, or I can't do what I want to do. (ACHA Manager, 9m)

One ACHA manager felt that aged hostels where individuals have their own private space but also have some communal contact are an excellent option. This type of facility is, however, in very short supply. Managers also reported that many retirement villages will not take an older person if their English is poor.

...retirement villages won't take them because they have to be able to express their health care needs. If they collapse or if they feel sick or if they have something, they have to be able to communicate. So that causes a major problem. (ACHA Manager, 5m)

This has been overcome to some extent by clustering ethnic groups in retirement homes:

...what they do is in aged care facilities they put in clusters of an ethnic group. A cluster means they have two or three workers that speak the language, they provide ...specific types of food, and some...social activities that make it culturally acceptable for them. (ACHA Manager, 5m)

The issue of age mix is a complex issue and can also limit options. Some older people want to be with older people, others clearly do not:

“There’s a lot of people who simply don’t want to...live in that sort of contained retirement thing. Yes. They want to be out in the wider community and not with the old people.” (ACHA manager, 22m)

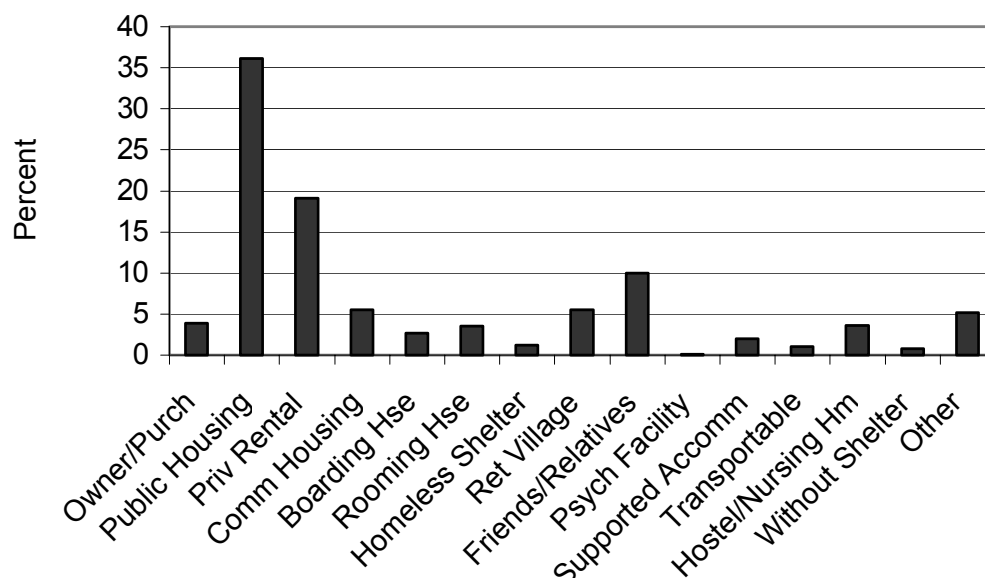
Availability of housing options is not only determined by supply, but also factors such as health and ethnicity and personal preferences of clients. As an ACHA manager in Sydney stated, *“I mean if they’re particularly frail, then it may be residential care at a hostel or a nursing home, that may be the most appropriate place. (5m)”* For men who have been chronically homeless and sleeping on the street the housing option required will be quite specific and the support needed is intense. If an older person is ill, the housing option requires that somebody keep an eye on them. Older clients want this as they often have a terrible fear of dying, *“...being alone and not being found for days, which happens” (ACHA Manager, 5m)*. Finally, ACHA managers interviewed emphasised that housing options only work when the support is adequate:

Everything works, depending on the person and depending on how it’s presented. It’s not so much that caravan parks don’t work, or maybe boarding houses don’t work, or Department housing doesn’t work. It’s how people are introduced and how they’re supported in those [options]. (ACHA manager, 8m)

Housing After ACHA Intervention

The current housing situation of the ACHA clients identified from the survey of ACHA workers is shown in Fig. 13 and reflects the strong reliance on public housing with 36.1% of clients housed therein after ACHA intervention. Despite this preference, private rental remained the second most common current housing type after intervention (19.1%), representing a reduction of around 30% on housing type at referral (see also Fig. 11). The continued use of private rental was most probably due to the lack of other suitable options. Likewise, living with friends and families (also not considered a very good option by ACHA workers) remained in 10% of cases – but with a reduction of nearly 40% on housing at referral.

Figure 13: Housing situation of clients after ACHA intervention



Client Profile Table, ACHA Workers Survey (n=932)

The current housing situation of the 59 ACHA clients that were interviewed also varied and reasonably representative of ACHA clients identified in the survey, providing a context for views on housing options. Thirty-three of the 59 participants (55.9%) were accommodated in public housing with three of these being in age-specific accommodation. Of the remaining 26 interviewed, 8 were in private rental with rent assistance, 7 were in community housing, 4 were in retirement villages or independent living units, 3 were in residential aged care facilities, 3 were in boarding/rooming houses, 2 were in aboriginal housing, 2 were in 'transitional housing' and 2 were accommodated with family.

Most of the participants expressed great satisfaction with their current housing. In keeping with the opinions of ACHA service managers, those who were less satisfied were mainly in private rental or had been re-housed in accommodation that did not meet all their physical and social needs, including cultural inappropriateness and distance from support networks. However, even for participants who viewed their accommodation as less than perfect, those in secure housing (e.g. public or community housing and retirement villages) expressed a sense of relief at having affordable accommodation where they could stay long-term:

... and when they took me to this place you know where I'm at ... I just cried you know. I was so happy just to know that I could stay here at least until hopefully I died, you know. (Australian born female, 58 yrs - in public housing, 34-c01)

Interestingly, this woman's story typified the downward spiral experienced by many low income older people who are marginally housed in private rental. She had become a single parent, tried to buy her own home but could not make the payments, had been on the Department of Housing's waiting list for 10 years and had been evicted twice from private rental because the sale of the buildings.

The most positive comments were from clients who had been re-housed in public and community housing, particularly in aged-specific public housing (over 55 years) or in low-density public/community housing such as cottages, villas and semi-detached residences. In addition to security and affordability, cleanliness and comfort were also factors that influenced participants' views of their accommodation. Generally male participants, particularly those with a history of residing in substandard accommodation such as rooming/boarding houses, seemed to be most appreciative of the quality of their new accommodation.

Private rental was mostly considered unsatisfactory by the clients because of lack of security, cost and poor maintenance by landlords, supporting the views of ACHA agencies and managers. However, only a few male interview participants endorsed the view of some ACHA managers that boarding/rooming houses were an acceptable option. These participants only liked this type of housing if it was of good quality and 'cheap', with no additional bills to pay, and only one room to maintain.

In contrast to the views of some ACHA service managers, retirement villages were generally regarded less positively, but considered better than boarding houses. Likewise, residential aged care facilities were just 'OK' if staff were 'good' and they were well looked after.

Well, when you're desperate.... But it's fairly good. (UK born female, 80 yrs - in a retirement village unit, 37-c05)

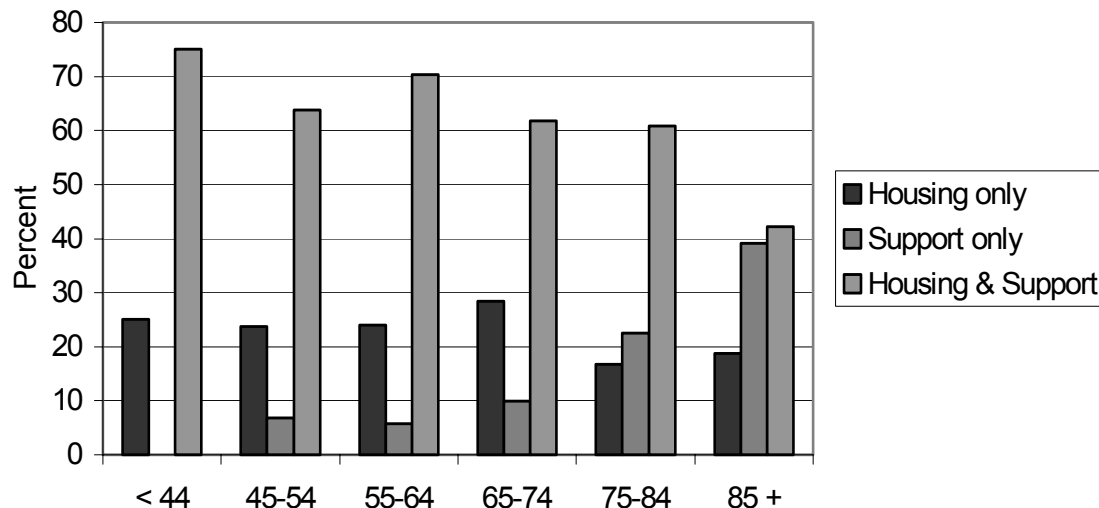
3.3 Need for Support

Situation of Clients on Referral

The survey of ACHA agencies established that the majority (63%) of clients were referred for both housing and support, emphasising the importance of support in responding to the needs of older homeless people. Referrals for housing or support

represented 24% and 13% respectively with little difference between men and women. When analysed by age group (Fig. 14 below) it is clear that clients referred for 'support only' increases with age, consistent with an increased need for support services for the older population generally as they become frail, to assist them to remain living in their own homes.

Figure 14: Reasons for referral



(n=960) Client Profile Tables, ACHA Workers Survey

Referral sources were not elicited in ACHA survey data but the client interview data indicated that referrals to ACHA had come from a wide variety of sources, including Seniors Information Line, General Practitioners, Centrelink, Department of Housing, Mental Health service, local councils, crisis accommodation, the RSL, ACAT and, for refugees and recent immigrants, Migrant Resource Centres.

Health and Addiction Problems

The need for support was particularly evident from data collected in the client interviews. The majority of client participants (85%) reported physical health problems that impaired their ability to function to some degree. Most reported multiple health problems, often related to lifestyle, such as poor diet, inadequate medical care, heavy smoking and drinking.

The most common health problems reported by participants were cardiovascular, particularly hypertension, myocardial infarction and peripheral vascular disease. Diabetes also figured prominently (11 participants), particularly for ATSI clients, and was frequently associated with cardiovascular disease and other complications such as renal and visual impairment due to admitted poor management of the disorder. Other frequently reported health disorders were arthritis, respiratory disease (emphysema and asthma), renal and gastrointestinal problems. Six clients reported having had cerebrovascular accidents that had left them with impaired mobility and/or visual problems. Several other participants were severely visually impaired and/or had a hearing loss that impacted on their ability to live independently. Other reported health problems were anaemia, gout, spinal cord disease, urinary problems and ulceration of the feet.

Trauma associated with work occupation, accidents or war experience also featured in elicited health histories. Trauma had resulted in back injuries (4), fractured hips (3), shoulder injuries (2), brain injury (1) and fractured hands (1). One participant continued to be restricted by gun shot wounds to the legs sustained in war service. Several participants used mobility aids such as walking frames or sticks, even a wheelchair, in order to get about.

Although often not readily admitted during interviews, a number of participants had a history of mental health problems that impacted on their ability to function effectively. Most common of these disorders was depression, although it was difficult to determine from the participants if this was a predisposing cause for their difficulties or a consequence of their homeless state. Other disorders identified by the participants included schizophrenia, anxiety disorders (e.g. panic attacks and agoraphobia) and Post Traumatic Stress Disorder. Vague reports of 'nervous breakdowns', 'insanity' or delusional states from others also suggested mental health problems. Only one participant said that he was an alcoholic, however several participants admitted to heavy drinking in the past and some also admitted heavy tobacco use had impacted on their health.

Support Availability

Few of the clients interviewed had been receiving any support services before referral to ACHA. Many had been actively seeking assistance but had no idea where to go for help. Their referral to ACHA was often a serendipitous event, with friends and neighbours, even a shop owner, playing a major role in advising and assisting them to find help. A few had sought assistance from charities or social services and, in one instance, a church minister:

I've found out about these fellows here through St Vinnies. St Vincent de Paul. When I first phoned up someone said ... because I didn't have any housing, they said go and see ... [ACHA service]. So that's how I found out about them. I didn't even know these fellows existed.
(Aboriginal female, 49 yrs, 21-c03)

Sometimes getting assistance was a series of progressive steps. For example, one participant who went to Centrelink for help on the advice of a friend was referred to the Department of Housing which in turn referred him to ACHA. A few were unsure who eventually contacted ACHA:

Others were referred only when a health crisis occurred. In many of these instances contact with ACHA was initiated by hospitals; however, even when acutely ill, referral to support services was not guaranteed.

I was five times in the hospital. I was er, had er, heart attack ... I came home, I was home for a week and I had another attack. And the caretaker he says, "you need help." And he got in touch with ... [ACHA worker]. (Lithuanian, female, 69 yrs - previously living in a boarding house, 9-c03)

Only two clients interviewed had any knowledge of community services prior to contact with ACHA. Both had been carers for family members and had received or tried to receive help in the past through HACC or respite services. Only two interviewees had heard of the ACHA service prior to referral. One was a woman who noticed a brochure in council offices, took it home to read and then contacted the ACHA service directly. The other was a man who had received help from ACHA on a previous occasion.

The survey revealed that the support provided by ACHA was extensive and varied. This included not only assistance with establishing or maintaining a tenancy, such as help with filling out application forms, dealing with tenancy matters, finances, relocation and home maintenance, but also assistance with daily living and health needs, such as personal care, housework, shopping, meal preparation, transport and help accessing medical services. Advocacy and referrals to other agencies were identified as an important aspect of ACHA service provision. More than half the clients interviewed acknowledged that they were now receiving help from a variety of sources other than ACHA. Some were receiving services from Home Care, CACPs, day centres, carer respite services, aboriginal cooperatives and mental health.

The support services most commonly provided to ACHA clients were assistance with application forms, advocacy, referrals, relocation and transport, finance and tenancy matters. Some agencies only rarely provided assistance with minor home maintenance, meal preparation, personal care and assistance with shopping. A few agencies reported additional support services to those listed in the questionnaire, including assistance with counselling/education, multicultural needs, social support and mental health (others may have included this in 'medical'). This pattern of service is different from that usually associated with aged care where domestic assistance and personal care receive a high priority.

The Manager interviews revealed that in some areas support availability can be greater than accommodation availability. For example, one ACHA manager who bemoaned the paucity of accommodation options, responded in the following way when asked about the support options available:

That's extremely good. We've got good numbers of community care, the age care packages in the region. We've got extensive HACC services. And we've got some innovation around assessment and coordinated care in the region as well. (ACHA Manager, 22m)

Managers constantly emphasised that each individual case was different and that each person had to be carefully assessed in order to establish what support was required. Therefore, the support provided by ACHA agencies could take a variety of forms. A number of the managers indicated that the needs of some clients did not easily fit into mainstream service provision. An example of this was the need for help in dealing with bureaucracy and managing finances:

Some of the homeless people that are eligible for a pension don't get it because they don't know how to access social security. And then once they get it ... they don't know how to manage the money. Because they may not have the skills to ... depending on their circumstances and how long they were homeless, have the skills to live. How do they cash the cheque, ... how do they know what to spend it on. You know. (ACHA manager, 8m)

In addition to the support provided or organised by ACHA,—a majority of clients interviewed were also receiving some form of informal support from family, friends and neighbours. For some ATSI and NESB clients especially, close family members, mainly sons and daughters, were an important source of support, particularly for shopping. However, few others had family that could provide regular help as their support was limited by the demands of work and other commitments.

You see I have no family of my own and my niece has been looking after me, but she's got to look after her mother too. (Australian born female, 84 yrs, 5-c04)

Significantly, neighbours provided the main support in the absence of family and actually undertook a wider role than many family members. Assistance received from neighbours included cleaning, laundry, shopping, home maintenance, mail delivery, paying bills, writing letters and even acting as an advocate in times of need.

In the absence of family and friends, contact with ACHA provided a much-needed sense of safety and security, and a source of emotional and social support. They viewed the ACHA worker as someone they could rely on to help when needed. Their contact with ACHA also provided them with companionship, especially if the agency provided other services, such as day centre activities and ongoing care.

For some clients, an ongoing relationship with their ACHA worker was viewed as a 'friendship' or they described the service in terms of a family relationship that could be counted on to take care of anything that may come up in the future.

We keep in contact by phone. Ah yeah, if I got problems, all I got to do is get on the phone [and] ring [ACHA worker]. (Australian born male, 67 yrs, 5-c02)

[The ACHA worker] helped me. She's been my best friend in town. (Aboriginal male, 48 yrs, 35-c01)

If I do [need help], I've got this angel out here, because she's been an angel, I'll tell you, this woman here [ACHA worker]. (Southern European born male, 65 yrs, 32-c03)

Others were surprised that the ACHA worker had maintained contact with them after they had been housed but acknowledged the sense of safety and security it gave them:

I'm still surprised that she still rings up and asks how I'm going. (Australian born male, 44 yrs, 22-c04)

I don't need anything at the moment – I just feel safer knowing that [the ACHA worker's there], you know. (Australian born male, 58 yrs, 9-c05)

A number of clients described the intervention of ACHA as a “life-changing” or “life-saving” event and expressed profound gratitude and admiration for the speed of service response and the support received. As one 77 year old male expressed, without ACHA intervention he would have been “*a bum living on the street or something*” (9,c06). In the words of two others:

I think it was five weeks or something. She [ACHA worker] said “ I think we've got you a place” and she took me in and she said “do you like it?” I said, “are you kidding?” Life changing, absolutely life changing. It's something that I never thought would have happened, ever. (Australian born male, 58 yrs - following heart surgery who had previously lived in a boarding house for many years, 9-c05)

She [the ACHA worker] saved my life, as far as I'm concerned, because I really had had it. You know, things started to turn a bit better for me then because [she] looked after me. Then I had a stroke. And ah, she'd visit [my husband]. And through her actually, meeting her, it was the turning point in my life, in as much as, she was a complete stranger, but she is just so good to us. And I've come to my senses since meeting [her]. As I said I think she probably saved my life, in more ways than one. (Australian born female, 66 yrs - with gambling problem, carer for husband now in a hostel, had been living in a caravan park, 8-c04)

3.4 Conclusions

The survey results and client interviews suggest that few older people referred to ACHA were without some form of housing, but it was clear that they were at immanent risk of primary homelessness due to financial difficulties, health problems and the inappropriateness of their accommodation. This suggests that the ACHA service may play a preventative role by providing housing and support to many at risk older people before they come to the attention of conventional SAAP homeless services.

The data indicated that a variety of housing options were utilised by agencies for housing older homeless people. However, it was also evident that the availability of many of these options was limited, resulting in clients being housed in accommodation that was often less than ideal. This included a heavy reliance on private rental accommodation, despite identified problems with lack of security, high rents/rent increases and maintenance issues which were highlighted by the client interviews.

The housing option of choice identified by agencies, and which was supported by the ACHA clients interviewed, was public housing. Public housing and, to a lesser extent community housing, was regarded as providing affordable and secure accommodation suitable for meeting the needs of older people. In particular, there was a decided liking for aged-specific public housing by clients who had been re-housed in that type of accommodation. Client satisfaction with housing was also linked to low-density accommodation.

Other housing options nominated by agencies as suitable for older homeless people were not as readily endorsed by clients. For example, retirement villages were considered very suitable by agency managers but clients who had experience of this type of accommodation were less enthusiastic, despite valuing the security of tenure provided. Likewise, boarding houses were considered a suitable option by some agency managers but only a few male clients considered them satisfactory. Those clients who had moved from boarding houses to public housing were particularly appreciative of their improved accommodation, supporting the general consensus by clients that they were not a preferred option. The expressed need by some agency managers for residential aged care facilities (hostels and nursing homes) as an option for older homeless people was similarly not reflected in the client interviews, with most disliking this type of accommodation.

Significantly, living with family/friends was not generally considered a good option by either agencies or clients. Indeed, the client interviews demonstrated that lack of family support or problems with family members had, in some instances, contributed to their difficulties in finding and retaining accommodation and was not a viable option for most in the long term. Other housing options, such as caravans parks, were also only utilised as temporary accommodation.

It was apparent from the survey and interviews that clients referred to ACHA were in need of support as well as housing. Almost all of the clients interviewed had significant health problems as well as housing difficulties but had no idea how to access services. The support options utilised by homeless older people prior to intervention by ACHA were mainly limited to informal networks of friends or neighbours with the majority unaware of what community services were available. Referral to ACHA was mostly a serendipitous event unless a health crisis occurred.

The support provided by ACHA agencies to older homeless people was extensive and varied and incorporated help with daily living tasks as well as help with establishing a tenancy. This included a strong component of advocacy to access housing and other services such as HACC, aged care and medical services. Although the managers stressed that support provided varied according to the needs of the individual, the variety and type of support provided by ACHA agencies indicates that the assistance needed by older homeless people is highly complex and does not always easily correlate with that provided by mainstream community service models. This will be explored in a later section. It was also obvious that intervention by ACHA services had made a significant impact on participants lives and provided a much needed sense of security and safety by providing them with someone they could rely on in times of need, particularly as few had family or friends able to help them. Significantly, neighbours were the other main source of support for many.

The reasons for similarities and differences between agencies' and clients' perspectives on housing and support options will be explored in the next section, however, it was clear from the data that choosing the most appropriate housing and support option is dependent on a number of factors, the most important of which is meeting the needs of the individual. It could also be surmised that a variety of options are needed and that their appropriateness depends on the preferences of the individual and the support available to meet their needs.

4 HOUSING AND SUPPORT PREFERENCES

The findings on housing and support preferences of older homeless people was mainly derived from the client interviews. However, the survey of ACHA agency workers and manager interview also provided useful data. Client preferences were explored in a number of ways including asking them about their ideal housing, their concept of 'home', what influenced their desire to remain or leave accommodation and their opinions on their current housing and support. This section thus explores not only what type of housing and support is preferred by clients but also the factors underlying these preferences. Two strong themes emerged from the data - the need for security and the desire for independent living. These two themes were evident in both housing and support preferences as well as being shaped by interrelated factors.

The theme of security encompassed security of tenure or permanency of accommodation, financial security in the form of housing affordability, as well as personal safety. Safety aspects included a safe, peaceful neighbourhood with friendly and compatible neighbours that provided support and companionship, and closeness to family or friends or access to services that provided help when needed. The theme of independence encompassed living alone with privacy and freedom in everyday activities, having facilities that allowed for independent living and lifestyle choices, easy access to accommodation and closeness to known amenities in a familiar location. These two themes and underlying factors are examined in relation to first housing and then support preferences. Gender and cultural differences are then explored.

4.1 Housing Preferences

Factors Shaping Housing Preferences

The manager interviews revealed that establishing the housing preferences of older people is not straight forward. It depends to a large extent on the history and needs of the individual concerned and particularly their health profile. Housing preferences are also shaped by the options available. The number of housing and support options an agency will have access to will depend to a large extent on their networks. This, however, does not guarantee that the options available are adequate:

I think we, we encourage the client to make choices for themselves. We give them the options that are available to them, and those options are often few. What we can do this week or next week, this is all that we could find, and to choose from that, and if neither of those options are really a...preference, for them, we will then follow that up, when we can find that preference. (ACHA Manager, 7m)

A common problem also is that older clients are often not aware of what the options are. In these cases the agency will show their client the different options available.

I'd say, it's amazing how many people don't know what they want, because if they don't know what it is that's out there, they don't even know what their own problems are. So you just work with them and see what works, what makes them happy. (ACHA Manager, 21m)

Managers did, however, identify some common issues underlying their clients preferences for housing options. The key ones were the desire to retain ones independence, privacy and access to facilities such as shops and public transport. However, as one ACHA manager commented, often the notion of options is an abstract one because *"if someone is in housing need they will accept anything."*

Many of the ACHA managers interviewed mentioned that the desire for privacy amongst their clients was strong. However, while older people often desire accommodation which gives them privacy they also require a mechanism whereby they can notify somebody if they become incapacitated. This strong desire for privacy was endorsed

by the client interviews. When asked to describe their 'ideal' housing, the majority of participants, both male and female, did not nominate any particular housing option but all preferred to live alone.

I like to be by myself. I don't like people, you know, to fuss about me. I'd rather do it myself (Australian Male, 76 yrs, 5-c05)

I would be happy to be alone ... Privacy ... My own furniture. My own bed. Nobody in the house, in there. No one. Just me ... My own place (UK Male, 55 yrs, 7-c04)

A few NESB and ATSI participants wanted to live with family members but even for these groups most preferred to live close to family rather than with them. Independence was a critical factor in how they viewed their ideal housing.

I like my freedom. I like my independence. And if I moved in with them (family) that would mean that I have to more or less live by their rules ... that wouldn't suit me ... I don't like to be restricted. I want to do when I want to do it, if I want to go out I'll go out. If I don't want to go out, I won't go out. I like my own company. (Australian Female, 69 yrs, 9-c03)

Ideal housing also had to be in a location of their choice. Although preferences for location differed, with some liking the idea of being near water or living in the bush, they generally preferred an area that was familiar, close to family/friends and convenient for transport, shopping, doctors, etc. All the ACHA managers mentioned the importance of locality. One ACHA manager had the following comment about what their clients say about location:

Location is really important. People really, really want to be near the services that they're familiar with because as they get older their sight deteriorates, their mobility deteriorates, if they have to relocate to an area that they don't know, that they're not familiar with, their health goes down very dramatically as well. (ACHA Manager, 34m)

The client interviews confirmed this comment. When asked what things they had liked or disliked about their previous accommodation and what things made them want to stay or leave a place, participants were much more likely to nominate locational and neighbourhood factors rather than housing type or housing design in shaping their preferences. Wanting to remain in an area or accommodation was primarily linked to:

1. friendly and helpful neighbours;
2. closeness to family or friends;
3. quiet, peaceful environment;
4. convenience of the area;
5. amenities for independent living; and
6. feeling secure.

Accordingly, the main reasons given for leaving accommodation in the past, with the exception of affordability issues, were the converse of the above:

1. Unfriendly or disruptive neighbours
2. Noisy or dangerous neighbourhood
3. Inconvenience or inadequacies of transport, shopping, etc
4. Lack of independence

The location of the housing figured prominently in almost all responses and strongly impacted on their sense of security. The clients interviewed disliked accommodation if it was located in a neighbourhood which they perceived to be unsafe due to crime, drunks, inadequate lighting, etc. They did not want to live in areas that they felt were inconvenient or lacked amenities such as shops, doctors or transport. For many, environmental noise or noisy neighbours were major concerns. In this respect boarding/rooming houses and their locations were a particular problem for some older people.

...you get people living there that, ...[use] booze or drugs or whatever, you know. I didn't like it there. Because...you never got a good night's sleep. There were police sirens going every night, ambulances, fire brigades ... and you get people fighting in the streets, and you can't walk to the railway station without being accosted. (North African born female, 69 yrs – on living in an inner city boarding house, 9-c02)

Having nothing in common with the neighbours or no one to talk to was a deterrent to staying in accommodation. Companionship and having "nice neighbours" was often associated with increased feelings of security, particularly if they had neighbours they could ask to do things or help in time of need. Support from landlords also provided a sense of security. Conversely, harassment or exploitation by landlords had a major impact on feelings of safety and stability. These preferences were confirmed when asked what they liked or disliked about their current accommodation. Again, the location and neighbourhood were more significant than the type of accommodation. Public housing specifically for older people appeared to be particularly good at providing all these elements. Proximity to parks and other recreational spaces were also mentioned by a few clients but transport and shopping seemed to be of major importance:

It's got everything I need. It's close to shops, close to trains and plus I like the suburb. (Southern European born male 51, yrs, 32-c02)

You couldn't find something bad about this flat. Quiet, nice people, transport near your door (North African born male, 75 yrs, 9-c02)

It's very friendly. It's good. Convenient to the shops, and the doctors, and...you can walk to them if you're able to walk. (UK born female, 80 yrs, 8-c01)

Conversely, problems with the location and neighbours were issues for those participants who were less than happy with their accommodation and would consider moving.

For some clients, preferences were strongly linked to specific familiar localities where they had lived for some time and knew people in the community. Familiarity of the location was less important to participants with a history of transience but knowing people in an area gave many participants a sense of 'feeling at home'. Being in a location close to family was particularly important for many NESB participants of both genders as well as the majority of other female participants. Moving to another location had disrupted social connections for some or led to a feeling of dislocation.

I'd like to be back in [place name] with all my friends and things I do over there. When I was in [place name] I used to go and have lunch but I'm missing out ... I'm missing a lot of things living over here. (Australian born female, 83 yrs, 9-c01)

Housing Design Preferences

In terms of size of accommodation, managers commented that clients preferred two-bedroomed to one-bedroomed units and that bed-sitters are generally not viewed as an acceptable option. One interviewee explains: *"...they live on their own, but they need two bedroom unit instead of one bedroom unit. Because they say that they want one spare room for their friend or relative to come overnight and stay with them."*

However, according to managers two bedroom units are very difficult for older people to obtain because of cost and discrimination against people 65 and over.

These design preferences were not entirely endorsed by the clients interviewed. For some NESB participants, additional bedrooms were wanted so that family could live with them. Female participants were more likely than males to want an extra bedroom or separate bedroom (if in a bedsitter) so that they could have guests to stay or visit without crowding or embarrassment. However, this was not universal, with many participants (including females and NESB participants) liking their smaller and more compact accommodation as it was easier to maintain.

I'm quite happy to be on my own. Yeah. Bed-sitter, yeah. No it suits me down to the ground, and ... I think a lot of fellows about my age, 67, would like about the same. You know what I mean? Like it's sort of independence, and stuff like that. (Australian born male, 67 yrs, 5-c02)

The actual design of the accommodation was a secondary consideration to most participants. Ideal housing for them was housing that accommodated lifestyle preferences and met their needs without impacting on their independence. For this reason housing with poor facilities that created obstacles to independent living, such as shared kitchen and bathrooms and no laundry, were disliked. However, control over their living environment and freedom to do as they choose was more important than design factors, particularly privacy and being able to have visitors or family stay if desired.

Access issues concerning rules and routines that impacted on their freedom, such as meal times or control of finances, were particularly disliked by male participants who had lived in hostels or boarding houses. The importance of control over daily living and independence was manifest in many of the reasons given for staying or not staying in accommodation.

"Comfort", defined in terms of having everything one needed for independent living, was frequently mentioned by the participants, including the availability of facilities for independent living, such as a laundry, own cooking facilities and a private bathroom, as well as the ability to come and go as they pleased. For females who had lived in share accommodation, privacy was a major issue in housing design preferences.

Having their 'own place' where they could have guests, not have to share facilities and could be independent is encapsulated in the following quotes.

Where I am now? Well I've got my own place. My own bedroom...and kitchen. [and] shower. Everything supplied. (Western European born male, 71 yrs, 21-c04)

Well to me it was the best I'd seen. Really. And I knew that I'd be on my own and I could do my own cooking and I could do what I like. (UK born female, 80 yrs, 8-c01)

A pleasant built environment with surrounding trees and open spaces was important for some, particularly female participants. Many of the female participants would have liked a garden to grow vegetables or just to enjoy. This was generally less important for males although a few liked the additional space that a garden provided, despite some concerns about upkeep. Others preferred not to have a garden they had to maintain.

Other changes that participants would have liked to make to their current accommodation were mainly for cosmetic, comfort/convenience or home safety reasons. Cosmetic changes mentioned included painting and new carpets, new furnishings and pictures. Comfort and convenience additions included air conditioning, separate laundry, and better ventilation and lighting. Safety concerns included lack of handrails, shower access and lack of security screens or alarm systems. Those participants who were concerned with physical safety and access to the premises, such

as lack of rails or stairs, tended to be older and frailer or severely restricted in their mobility.

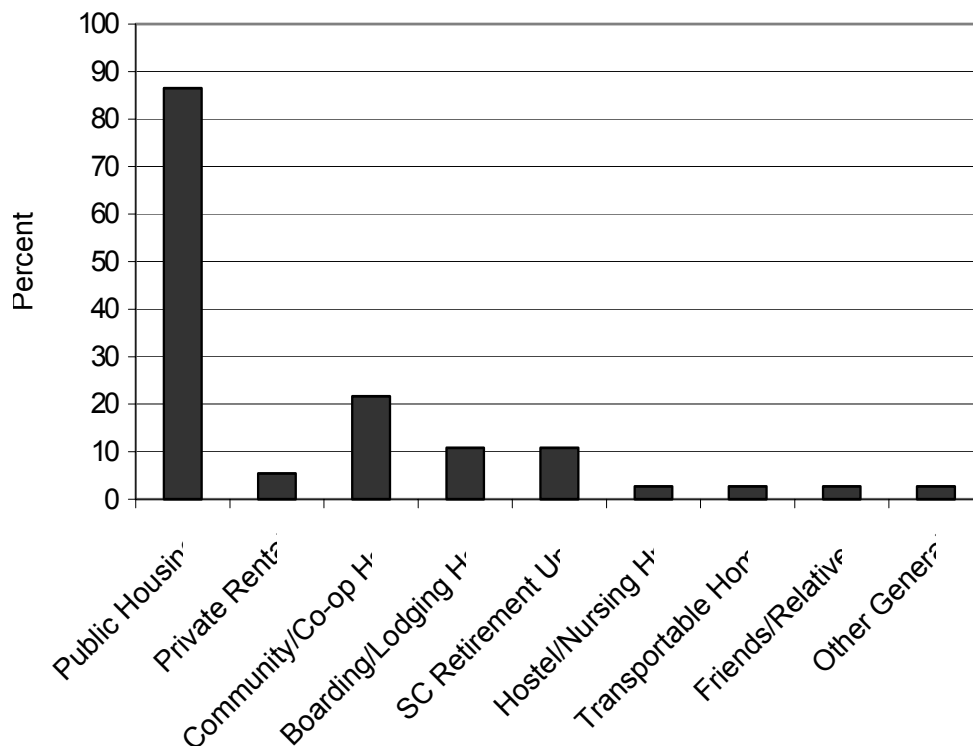
Only a few participants did not indicate any particular preferences, stating that they had simply become tired of moving or too old to move, and it was a question of adapting to whatever they could get. These participants usually had the most transient histories and just felt that it was time they settled down. However, it was evident that what most participants wanted was their 'own place' that was private and secure with adequate facilities for independent living. Most were modest in their housing ambitions.

I think when people get to the stage of having something, you know, some kind of accommodation they can say this is my little chair, this is my little table, this is my little kitchen and this is my little bathroom, it doesn't really matter you know. ... You cannot pretend in your mind that they've got to provide you with a castle, you know. It's out of the question. (Southern European born male, 65 yrs, 32-c03)

Preferred Housing Options

In attempting to meet the accommodation preferences of older homeless people, the survey of ACHA workers indicated an overwhelming preference for public housing with 85.5% of respondents nominating it as a preferred housing option among their clients (see Fig. 15). Community Housing, though identified as the second most preferred option, was only mentioned by 21.6% of respondents, possibly due to availability factors. Boarding Houses and Self-contained Retirement Units were the third most mentioned (10.8% each).

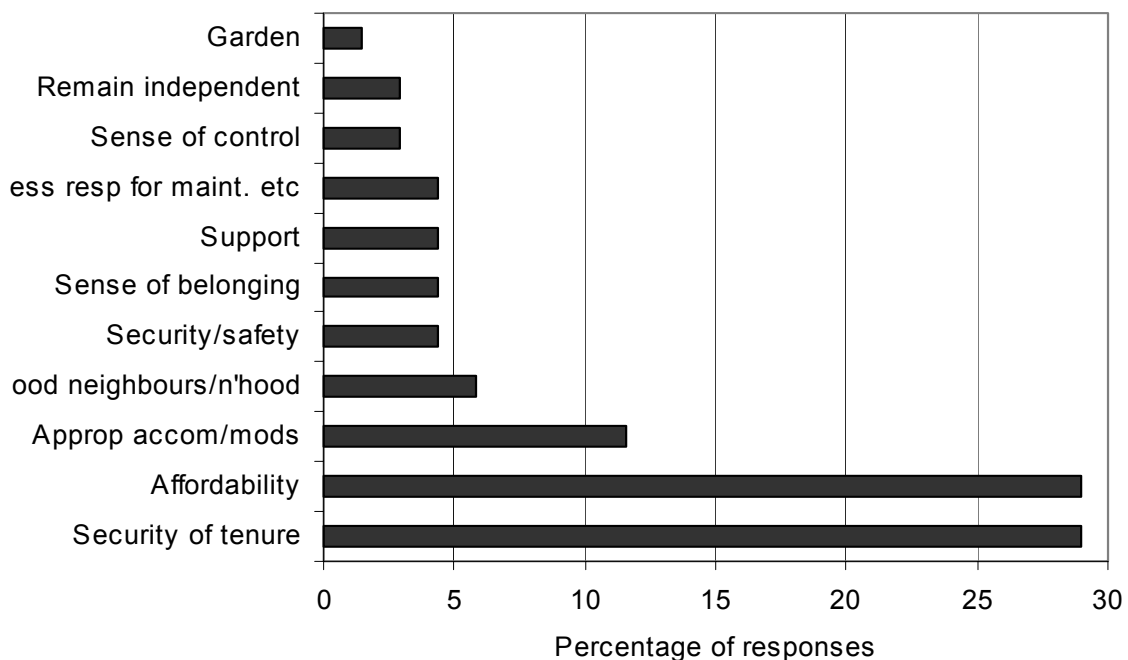
Figure 15: Agency workers' perceptions of housing preferences of clients



Question 7, ACHA Workers Survey (n=40, multiple response)

Reasons given for perceived preferences of clients for public housing are shown in Fig. 16. 'Affordability' and 'security of tenure' are clearly the most prominent with appropriateness of 'accommodation/modifications' also important.

Figure 16: Reasons for perceptions of clients' preferences for public housing



Question 7, ACHA Workers Survey (n=32, multiple response)

The manager interviews also identified security of tenure and affordability as the main reasons public housing was preferred by the agencies and their clients. Aged-specific public housing was seen as a particularly good option by some managers:

Aged-specific ...there are a few of them around, but yes, many more of those aged-specific blocks that have ... a communal area and [are] just for elderly people, and probably some form of decent security, because security is a big thing for elderly people, and fear. And nowadays, everyday because of whatever they hear on the news or in the papers and such. Some really nice facilities, and there are some. To give Housing credit there are some. And to give them credit too, our contacts we have a very good rapport with Housing. And there's a couple of beautiful blocks of units where they'll phone and say look I've got a vacancy coming up, have you got anyone. (ACHA Manager, 5m)

For community and cooperative housing, having 'good neighbours or neighbourhood' were regarded by ACHA workers as primary reasons for preference with 'affordability', 'security of tenure' and 'appropriateness of accommodation/modifications' as secondary reasons.

This perceived preference for public or community housing was not directly referred to by the clients interviewed. Surprisingly, unlike the ACHA workers and managers, security of tenure, affordability and maintenance were not often specifically mentioned by clients when they talked about their ideal housing and reasons for staying or leaving accommodation. However, it was inferred by some respondents in a like or dislike of their current accommodation. Some participants, notably those in age-specific public housing, also nominated their current housing as ideal. Participants in public or community housing expressed an appreciation of the low cost of their accommodation and lack of maintenance problems and had no concerns about long term tenure unless their health declined. Rent indexed to the pension rate was particularly important for those in public housing:

Because things here, here I know, I pay my rent, my rent goes out, the social security pays my rent every fortnight. I got no worries about that. (Australian born female, 69 yrs, 9-c03)

This was not the case for those in private rental housing where lack of maintenance by landlords was an ongoing problem as was cost and security of tenure.

I don't like it because I don't feel settled. I want to move finally and stay. I want to go and feel that this is my place and that's what, not sitting and waiting at any time to move. A lot of things you want to do but you can't do because you don't know how long you are going to stay in this house. (Saharan-African born male, 60 yrs - in private rental housing, 30-c04)

Private rental accommodation was regarded as a poor option by both agency workers (see Fig. 19) and clients, a primary concern being lack of security of tenure as indicated in the following client statement:

When you rent private, you can never be sure what's going to happen next day, where the rent goes up or where the boss come down and the agent says, "look you've got three months to get out because this is no longer available." (Southern European born male, 65 yrs, 32-c03)

Although many clients had lived in private rental accommodation that they liked, affordability was a major reason many participants had to move. Even a small increase in rent made a big difference to people living on a low fixed income. Paying over half of their income on rent left them little money for food and utilities such as telephone and electricity. Lack of control over the use of private rental accommodation was also raised.

Because when you are renting property you can't do much. You know, you can't knock anything to hold and put up pictures and stuff like that. (Aboriginal female, 49 yrs, 21-c01)

One participant, aged 81, who had rented a granny flat, had continual problems with her landlady questioning what she was doing all the time. Another participant experienced a similar lack of control while living in a mobile home in a caravan park.

But the thing is, you never feel as if it is your own, if you know what I mean, because they sort of watch every move everybody makes. And you're not allowed to do this, and you're not allowed to do that. I always felt as if it wasn't mine ... because they were stipulating this and that and the other. (Australian born female, 66 yrs, 8-c04)

Poor maintenance and conflict with landlords were other problems encountered in the private rental market. Stories about owners who did not want to repair anything or were intrusive or rude were related by several participants. Some properties were evidently dangerous with, for example, holes in the floor. Those participants who had been boarding/rooming house tenants had particularly negative experiences. One participant described his experience of paying 50% of his pension for a run-down room and being charged by the landlord for any maintenance undertaken, such as changing a light bulb. He did not complain for fear of eviction. The landlord would also just barge into his room at any time. Another boarding house tenant had his money controlled by the landlord and his cigarettes rationed.

Similarly, issues of lack of control and privacy were reasons residential care (hostels and nursing homes) was seen by agency managers as a preferred option only when the person required constant care:

They end up in residential care where, you know, they're told when to eat and they're told when to sleep. Their room is a thoroughfare. ... When the individual requires 24-hour care, I'm certainly of the opinion that one should go that [residential care] way. There comes a time when some individuals where this is the best option and the preferred option, because the time comes where it is not safe for that person to be on their own. (ACHA manager, 7m)

Dislike of routine and lack of privacy were the primary reasons two participants in Residential Aged Care facilities did not like their accommodation and wanted to leave. Only one hostel resident intended to stay because he was 'looked after' and not a worry for his wife. Similarly, control of his finances and lack of freedom to come and go as he pleased was a complaint for one participant living in a boarding house. However, another liked living in a rooming house because he did not have to worry about paying bills.

4.2 Support preferences

According to manager interviews, support preferences also vary according to the situation of the older person, the quality of their health being a crucial variable. A key point made by the ACHA managers interviewed is that each client has to be individually assessed to establish what they require:

Now we can sit for days talking to them about options and we can look at them. The moment I see somebody and start speaking to them, I've assessed them. OK. Because it happens, you look at how they look, at what's around them, you take everything into account the moment you walk into where somebody is. And you think, oh wow, I could get him out of here and I could get him into there and I could do this. He may not want that. So sometimes it's a matter of, well we have to accept that it's what they want, unless they're not cognitively able to make a rational decision. Then I put people under Guardianship or under Protective Commission, but if they say I'm going to stay here, and it's a little bit of a hovel, OK, what do they need? Do they need meals on wheels? Do they need somebody coming in and cleaning? Do they need somebody to pick them up and take them shopping or banking, once a fortnight? We put that in place. ... They don't always see the big picture. (ACHA Manager, 5m)

The majority of client participants, both male and female, voiced a strong desire for independence in support preferences. Help with chores they found difficult, such as washing heavy items or mowing the lawn, was acceptable, but most preferred to do their own cooking, shopping and housework if possible. Being able to look after themselves gave them something to do as well as a feeling of dignity. However, the knowledge that support was there if needed was important to their sense of security and ability to maintain independent living.

I look after myself. I eat well ... well you've got to... I don't have to depend on anyone... I mean I do a little bit every day and then when I want things done I get the lady in to do it from next door and they're very nice to me. (Australian born male, 89 yrs, 7-c01)

I'll tell you what I like about it. I like it because I have a roof over my head and a bed. And I've got a share bath, toilets, kitchen, and I can do my own cooking, washing, everything. That's what I like about it. (Southern European born male, 65 yrs, 32-c03)

Despite these sentiments, the range of services that the clients interviewed reported they received from the ACHA service, and appreciated, were extensive and varied. These broadly fell into two categories:

1. assistance with establishing a tenancy, and
2. support for sustaining a tenancy and independent living in the community.

Assistance with establishing a tenancy involved activities such as organising emergency accommodation in a crisis, finding a place to live, organising rent payments, financial assistance for bonds or obtaining rent subsidy, dealing with housing departments and real estate agents, helping with application forms (including translation), help with packing and moving, cleaning premises, obtaining furniture and settling in (e.g. unpacking, hanging curtains and pictures), connection of utilities (phone, electricity and gas) and organising alterations to the home environment (e.g. bathroom rails).

Organising rent payment and the costs of moving are particularly onerous for older people on a pension and the help provided by ACHA is highly regarded.

She [ACHA worker] helped me find this place and she helped me go to Centrelink and arrange for my subsidy of the rental. She helped me find out where and what I was to pay. And then she helped me to move in, which was good. It would have cost me \$400 or something. I haven't got 400 pence let alone dollars. (UK born female, 80 yrs - in public housing, 8-c01)

The organisation of direct debit for rent payments relieved many of the clients of concerns about paying rent and helped them maintain their tenancy.

As long as I've got enough in the [bank] book, what they do, it's a debit account, you know, and you don't worry about your rent, they do it at the office, they take it out every fortnight. So it's good really. (UK born female, 80 yrs - in retirement village, 37-c05)

Packing is also a major chore for the elderly, particularly if they have health problems.

He [ACHA worker] packed up all this stuff and brought it over here and helped unpack it all, you know, because I couldn't. (Australian born female, 67 yrs - with dementia, 7-c03)

For those with few possessions who had lead an itinerant lifestyle, furnishings were often obtained from charity shops such as the Salvation Army and St Vincent de Paul stores.

I never had nothing to start off. They gave me a couple of blankets and seats and warm things just to kick off with, you know. And a few plates and that sort of thing. (Australian born male, 76 yrs - had lived previously in a hotel, 5-c05)

It was evident that some ACHA workers did more than just the essentials but put effort into helping clients create a homelike environment.

I was very fortunate, when I went into it [housing] the person [ACHA worker] who made the decisions to buy certain things, like curtains and furniture. She had very good taste. All I had to do was say yes. And she went to a lot of trouble. (Australian born male, 84 yrs, 21-c02)

In terms of ongoing support for maintaining a tenancy and independent living, the majority of the clients interviewed reported needing help with many activities of daily living including housework, home maintenance, shopping, meals, transport and money management. Health needs were also in evidence, particularly medical appointments, dental, optometrist and hearing services. Some relied on continuing emergency relief through charitable agencies in order to make ends meet, e.g. hot meals, food parcels, shopping vouchers, help with paying bills, obtaining furnishing for the home, etc.

Central to the process of maintaining a tenancy was also ongoing help with dealing with the bureaucratic systems of organisations such as Centrelink or the Department of

Housing: for example, help with paperwork, forms, negotiating, getting entitlements such as pension, rent assistance, etc. The importance of having an advocate for obtaining CACP or HACC services, equipment for independent living and access to specialist services was also evident in the interviews.

Meaningful activity and feeling useful, or giving something back by doing voluntary work, was mentioned in a number of the interviews.

I have my meals here. Even if I don't have breakfast, I can get it here. Take something home for tea, ha ha. One day I work in the garden [at The Centre]. And sometimes I go and pick up some furniture and deliver some furniture [for other clients]. It keeps me busy (Western European born male, 71 yrs, 21-c04)

An 84 year old male was reluctant to accept help until he started going to a day centre which provided him with compatible companionship as well as an opportunity to help with activities.

The managers interviewed saw Day Centres as an enormously important support for overcoming isolation. The Adelaide Day Centre is an example:

So they, the men come in the morning from about 8.30 onwards and we work out who does furniture jobs or gardening or who is going to work with [Name] in the activities room, and all of that, and then we just take each day as it comes, because a lot of them take a while to get used to being in a routine. And we do have someone who helps us with clerical and things like that, but we try and make it homely. We don't have any computers or anything like that. (ACHA Manager, 21m)

However, managers also noted that some clients are not interested in Day Centres because they do not want the company. In these cases the agencies have to adopt creative strategies to involve clients.

We might look at hobbies and what they really like doing, and try and introduce them back into that. Taking them to buy some plants, starting a garden, you know, which is getting them outdoors and doing something out there so that...people would see them and...talk to them. ...[S]ometimes they never mix with anyone. It's their choice. But we can only introduce them to what options are around, and try. (ACHA Manager, 5m)

Some clients had limited ability to look after themselves and maintain a tenancy without ongoing support. For example, one Lithuanian woman who rarely left her unit was receiving a full range of services through a Community Aged Care Package including cleaning, cooking and shopping. Even the mail was brought in to her. For this lady social outings organised by the support agency were an important feature of her life. Another client (an Aboriginal woman with diabetes) received fresh food on a regular basis as well as extra bedding when needed and medical assistance through a day centre. The centre also paid her rent through their account so she would not be evicted and were advocating for her to obtain home care services and purchase a decent refrigerator to store her insulin.

Even when clients were not currently receiving services, many of those interviewed voiced increased confidence in their ability to maintain independent living when secure in the knowledge that their relationship with the ACHA agency would provide them with the resources needed to meet possible future needs with statements like, *"they'll look after me"*. For this group of clients, support on-site or helpful neighbours for assistance when needed was also highly valued and gave them a sense of security. For example:

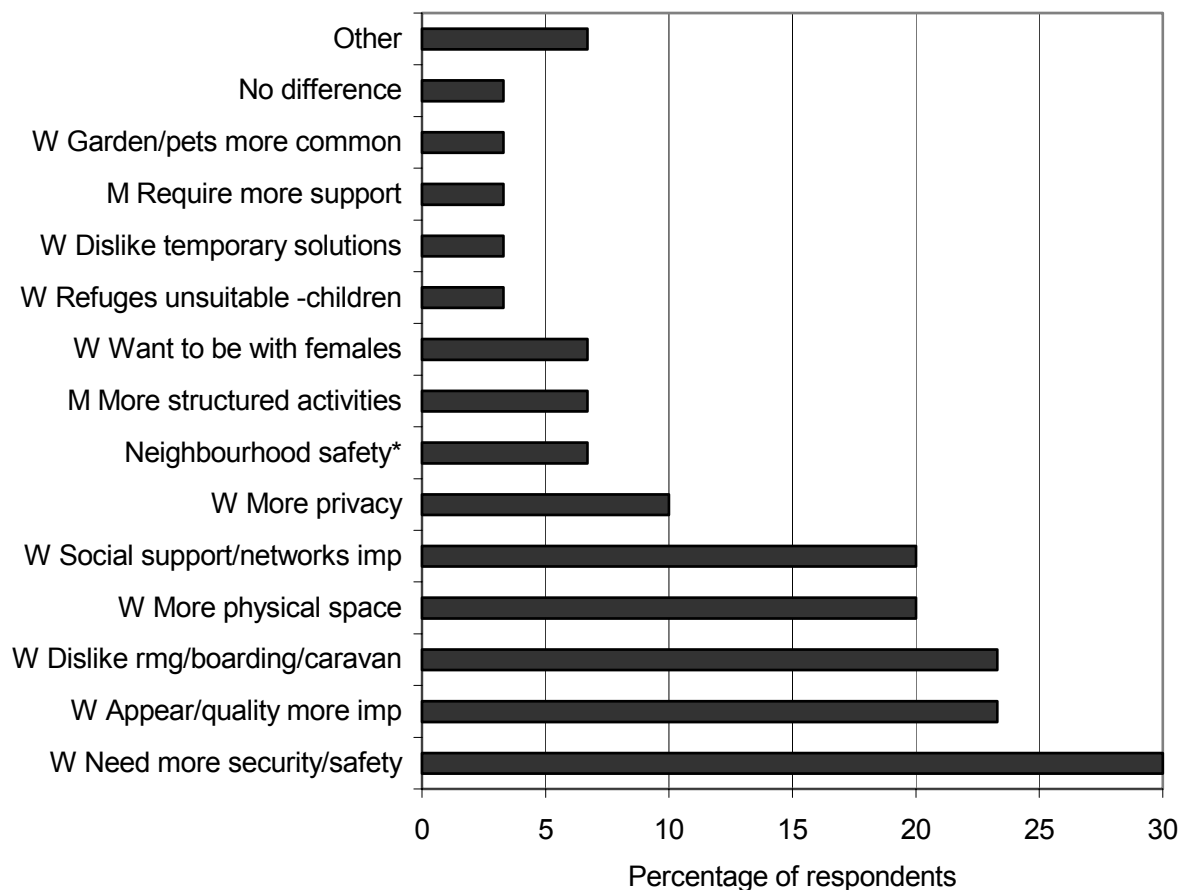
I went to [Name]. He's the person around the corner. He waters the lawns and things and he put the bulb up for me. And he fixed me some screws in the window so I could put my curtains up and things like that. (SE Asian born female, 74 yrs, 22-c03)

4.3 Cultural and Gender Factors Influencing Preferences

One aim of this research was to investigate gender and cultural/ethnicity differences in housing and support needs and preferences. The existence of such differences was reported by a majority of respondents to the ACHA worker survey. Gender differences were reported by 70% of survey respondents in relation to housing needs and 62.5% in relation to support needs/preferences. Culture/ethnicity differences were reported by 65.8% of agencies for both housing and support needs. Figs. 17 and 18 show responding agency workers' understanding of these differences.

The most commonly cited gender differences in the survey of ACHA workers in regard to housing (see Fig. 17) were the greater need/preference amongst women for more security and personal safety (30.0%), more emphasis on housing appearance and quality among women (23.3%), women's dislike of rooming/boarding houses and caravan parks (23.3%), women's need for more physical space (20.0%) and their greater emphasis on neighbourhood and personal support networks (20.0%).

Figure 17: Gender differences in housing needs/preferences



Question 9, ACHA Workers Survey (n=40, Multiple Response)
W = women, M = men, * Gender not specified

The Manager interviews also suggested that men are less fussy than women about the condition of their accommodation:

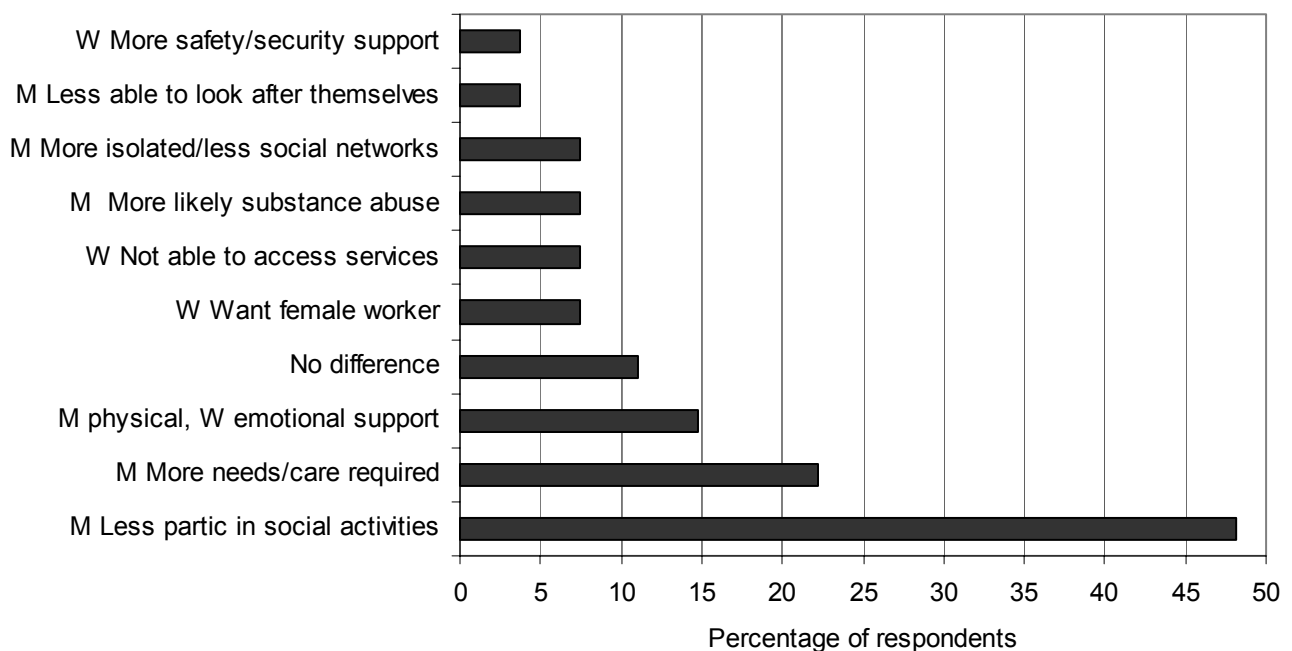
Because I think being men ... if you can help them to get the house, I think that's what they [want]. ... Well for females, because you know they have a lot of stuff in their house, something like that, that's why they want a big house. And for decoration, it's more the garden for them to look at. Something like that. (ACHA Manager, 22m)

There was less evidence of gender differences from the client interviews, but it was found that females tended to place more importance on safety, proximity to family and/or friends and having congenial neighbours than did males. Also important to females was feeling safe and secure. Having a 'nice' outlook, garden or natural environment in close proximity to the accommodation, such as trees or parkland, was also important to a few female participants but not mentioned by males. The convenience of the area for transport, shops, etc., was a more important factor for male participants as a reason for staying in or leaving their previous accommodation. In Adelaide gender is an important consideration in the way one ACHA agency has set up its accommodation. A day centre which started off as a male and female facility is now an only male facility and another has been opened nearby to cater for female older people. An ACHA manager explains:

... when we started we called it the Adelaide Day Centre for Homeless Persons, thinking it would just be for whoever, men, women, we'd see what happened. And after a year we realised that the few women that were coming to us had a lot more problems emotionally, physically and medically and there were fewer of them. And so...and after some discussion we decided that [Name] would branch off and form Catherine House for Homeless Women...in the next street. So we concentrated on the men here and Catherine House was for the women. (ACHA Manager, 21m)

In terms of gender differences in support needs and preferences (Fig. 18), men were seen by the ACHA workers surveyed to 'participate less in social activities' (48.1% of respondents), 'have more needs and require more care' (22.2%), and 'require more physical support' whereas women needed more 'emotional support' (14.8%). A few Agency workers (11.1%) cited no gender differences. The consensus was, however, that gender differences are a significant factor in support needs and preferences.

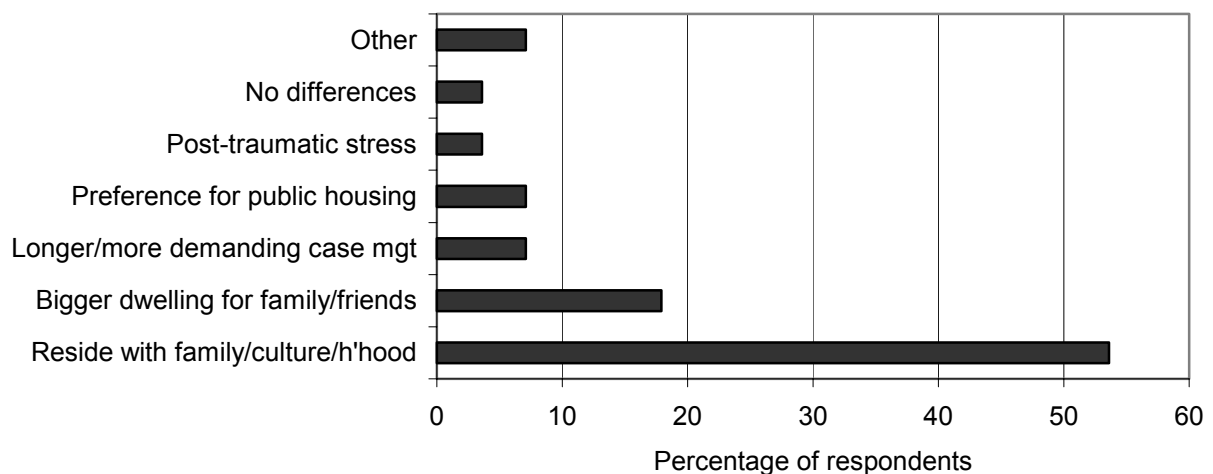
Figure 18: Gender differences in support needs/preferences



Question 10, ACHA Workers Survey (n=27, multiple response) W = women, M = men

Figs. 19 and 20 reveal ACHA workers' views on cultural/ethnicity differences in housing and support needs. The need to reside with family or cultural neighbourhood is cited by 53.6% of ACHA workers as the most prominent difference with the need for a larger dwelling to accommodate visits by family and friends seen as important by 17.9%.

Figure 19: Ethnic/cultural differences in housing needs/preferences



Question 11, ACHA Workers Survey (n=28, multiple response)

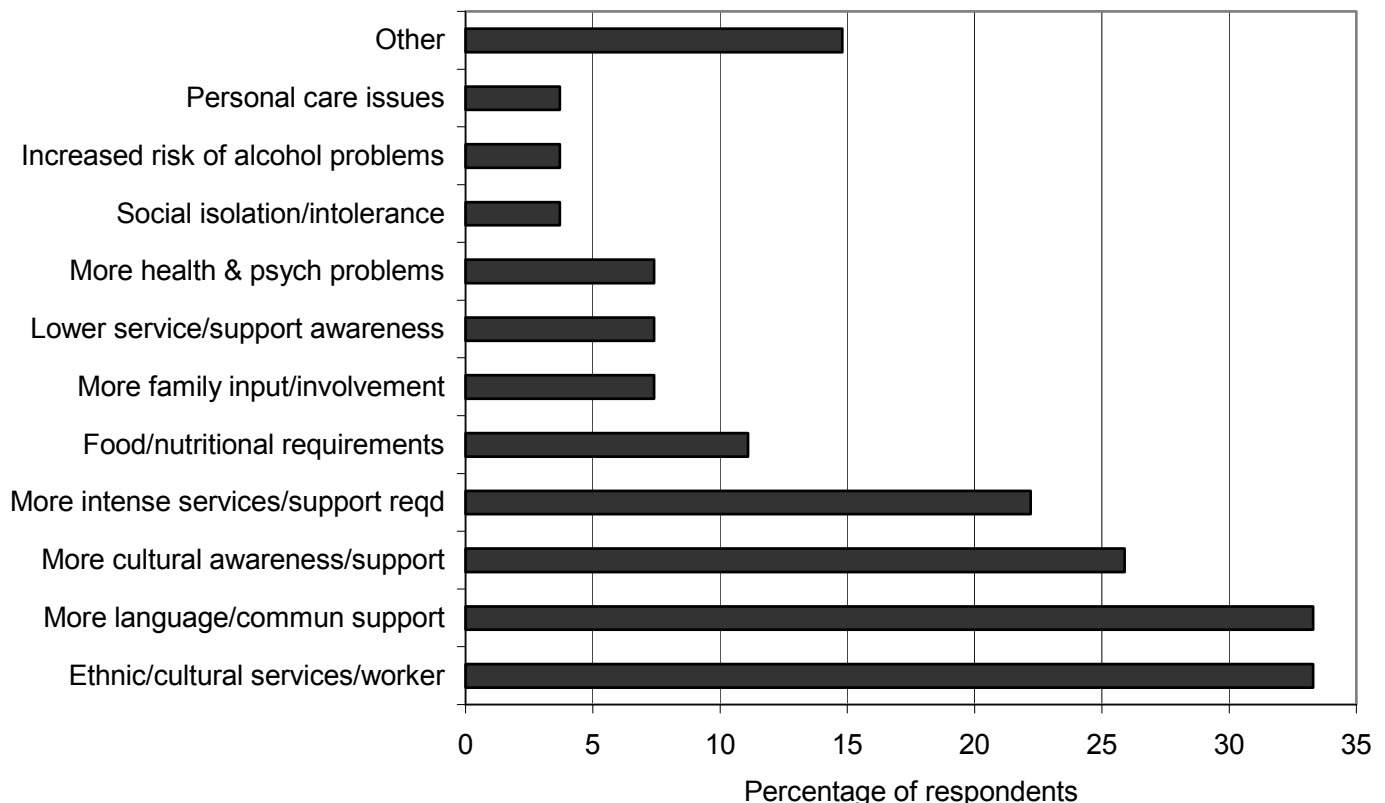
The Manager interviews supported the view that there are ethnic/cultural differences as to what is considered acceptable housing. For example, one informant argued that the Europeans are far fussier about housing than the Asian clients:

I suppose for European people that come from European country, they're very hard to choose the house compared to the Asian people. ... The Asian people are not like that. ...[T]hey just want to live close to the Asian [community] ...(ACHA Manager, 22m)

Aboriginal people are keen to have additional space because often the grandparents have to care for the grandchildren.

Fig. 20 indicates that the most important cultural/ethnic difference cited by survey respondents in relation to support needs include the need for 'culturally specific services and workers' (33.3%), 'more language and communication support' (33.3%) and a greater 'need for cultural awareness and support' on the part of agency workers (25.9%). Differences in 'food and nutritional requirements', 'more family input and involvement', 'lower service/support awareness' and a greater risk of 'health and psychological problems' were also noted by some respondents.

Figure 20: Ethnic/cultural differences in support needs/preferences



Question 12, ACHA Workers Survey (n=27, multiple response)

The manager interviews gave some deeper insights into the differing support needs of cultural/ethnic groups. Support needs were regarded as dependent to a large extent on the level to which the individual is linked to their family. An ACHA manager in a regional area stated that the agency's Caucasian clients have a greater desire for support than the Koori population for this reason:

Certainly [with] the Koori population, you have very different housing and support needs. ... But they [the Koori population] tend not to want a lot of support after they've got their housing. We make follow-up visits on Koori people and you usually get the impression fairly quickly that...they've got their housing, and they're OK Jack and they don't need you any more. ... A lot of the Caucasian group...like to...have ongoing support, because they have not got anyone else. (ACHA Manager, 35m)

Older people who came from particular migrant communities generally wanted to remain in the community concerned:

... but for the Asian people, they just want the house in their locality, that's the main thing they want and to help them with the transport, or something, or banking, or sometimes they want to come to have their doctor with their medicines or something like that, with the grandchildren. (ACHA Manager, 22m)

Managers also confirmed that the support needs of NESB older people can often be greater due to their inability to speak English and the total lack of familiarity. An ACHA manager based in a Migrant Resource Centre had the following comment:

They have needs that aren't being recognised....because of lack of English language, because of lack of English classes when they arrive. They have needs that are related to social integration, they have needs that are related to health....and no-one's really doing anything about that. (ACHA Manager, 32m)

She went on to argue that:

their understanding of Australian systems, their entitlements, even their obligations....they're still fairly limited...[A]nd it's all based on language and the opportunities to acquire that. So they still need assistance with accessing health services, they need assistance in accessing their just and right entitlements whether it's housing or [benefit] payments. They need assistance with queries about the bills. Every time a new policy is introduced....for example, the GST comes to mind,...I mean these are things that... they need support [with] at all levels, not just with housing.

Much of the support involves solving small problems that often cause enormous stress for the older person concerned.

Few discernable ethnic/cultural differences in housing preferences were apparent from interviews with clients. For aboriginal and some ethnic groups, however, the importance of working with families and cultural preferences in service provision were highlighted. This sometimes involved moving them closer to where families live and linking them to more appropriate services such as Aboriginal Home Care. However cultural grouping of housing, sometimes assumed to be what NESB or ATSI people prefer, was not always appreciated or wanted:

Only if it was a little house like this, somewhere else, not here. Somewhere else with different neighbours. They seem to put us aborigine people all together, all clumped together, because they think that they must - have us together or something, and that's not right. ...[Y]ou can't live your own life. (Aboriginal female, 57 yrs, 35-c02)

4.4 Conclusions

The interviews with clients indicated that preferences in housing and support options were not primarily shaped by housing type or design but by the desire for independent living and the need to feel secure. In this respect, older homeless people are probably no different to the majority of the older population. As the manager interviews also revealed, their views on what options best meet these needs was less clear as they were not always aware of options available to them. Yet they were very definite about what they liked or disliked based on previous experience and their current situation.

A strong desire for privacy and a preference for living alone were foremost influences on housing preferences. Of equal importance for most was the location of the housing. This included convenience in terms of amenities, particularly shopping and transport, and closeness to family/friends for support. For some this was strongly linked to a preference for a familiar location whose associations gave them a sense of 'home'.

Neighbours and neighbourhood factors also figured prominently in their perceptions of housing, particularly in regard to feelings of safety and companionship.

Where housing size and design preferences existed these were mainly linked to individual issues and circumstances such as the need for a spare room to accommodate family members or to pursue a hobby such as gardening. However, the need for adequate facilities for independent living, such as their own kitchen and bathroom, was paramount and physical barriers to independent living, for example access to the premises or shower, were concerns for those who were older and frailer.

The housing identified by ACHA agencies as preferred by clients was predominantly public housing. The reasons given for this preference were primarily affordability and security of tenure. Public housing as a preferred housing option was confirmed in the client interviews, particularly a preference for aged-specific public housing, as identified by some agency managers. Interestingly, although greatly appreciated by the clients interviewed who were in public housing, affordability did not seem to be a foremost reason for this preference. Rather it seemed to best meet their requirements for independent living and security because it provided a sense of permanency and relieved them of maintenance concerns. Conversely, for the opposite reasons, private rental was the least preferred option.

Issues of privacy and a lack of control over their lives were the main reasons other forms of accommodation, such as boarding houses and residential aged care facilities, were not preferred options, except in circumstances where constant care was required. The care and support preferences of clients were again strongly linked to a desire for independence with most preferring to look after themselves if possible. What they valued most was assistance in establishing a tenancy with the option of availability of support available if and when required to help them sustain that tenancy. This included activities such as help with dealing with housing departments or social security, packing and moving, paying accounts, obtaining furnishings and help with accessing other community supports if needed. Managers identified Day Centres as especially important for providing ongoing support and reducing social isolation and this was appreciated by many of the clients, particularly if they had an opportunity to contribute to activities and 'feel useful'.

Cultural and gender differences in housing and support preferences were identified by ACHA agencies but were less evident in the client interviews. However, confirming ACHA workers' perceptions, females did tend to place more emphasis on safety issues, neighbourhood and being close to family and friends. Females were also more likely to want two bedroom housing to accommodate family/friends, preferably with a pleasant outlook or garden, and display a strong dislike for boarding house style accommodation due to privacy issues. Other differences noted in the survey, such as males requiring more physical support and females more concerned with housing quality could not be confirmed from the interviews. The main cultural issues that emerged from both the survey and interviews was a preference by NESB and ATSI clients for a larger dwelling to enable them to live with their family. However, this was not universal with some NESB and ATSI clients interviewed preferring not to associate with their families or cultural groups. Support preferences differed mainly in the need for and appreciation of help with language related tasks, such as filling out forms and negotiating bureaucratic systems that were unfamiliar. Other cultural preferences identified by ACHA agencies as important, such as culturally specific service or cultural awareness and more intensive support, were not manifest in the client interviews.

In conclusion, the survey data, managers and clients interviewed identified a number of factors that impacted strongly on the housing and support preferences of older homeless people. How these relate to acceptance and resistance of the housing and support options available and ensuring sustainable outcomes will be explored in the next sections.

5 ACCEPTANCE AND RESISTANCE TO HOUSING AND SUPPORT

An understanding of the factors that contribute to acceptance of or resistance to housing and support options by older homeless or marginally housed people is based on responses to the manager and client interviews. Four important underlying factors were identified:

1. lack of knowledge of services,
2. reluctance to accept assistance,
3. accommodation preferences, and
4. location.

5.1 Lack of Knowledge of Services

For the majority of clients interviewed, referral to ACHA was their first contact with community services. Their lack of knowledge of services available and not knowing who to go to for help had been major impediments to them resolving their accommodation crisis.

I was ringing everybody up. I was trying frantically to find something. (Italian Male 65 who had been living in a motel, 32-c03)

So she said why don't you get what they call an aged care assessment, and [I] thought "oh, I've never heard of this." (Australian Male, 77 yrs, 9-c06)

Agency managers confirmed this lack of awareness:

"...they don't realise there are options, so it's our job to show them and to plant the seed" (ACHA manager, 5m)

I'd say, it's amazing how many people don't know what they want, because if they don't know what it is that's out there, they don't even know what their own problems are....(ACHA Manager, 21m)

For ethnic groups in particular, there was a lack of understanding of the Australian service systems, compounded by language barriers.

"...their [NESB clients] understanding of Australian systems, their entitlements, even their obligations....they're still fairly limited...and it's all based on language and the opportunities to acquire that. (ACHA Manager, 32m)

This lack of knowledge, sometimes compounded by previous negative experiences, made it extremely difficult for them to benefit from available options. Some interviewees who had previous experience with the Department of Housing and were on waiting lists had no knowledge of priority housing or the appeals system. Some had heard of the long waiting lists and so never bothered to apply.

I never had me name down for anything and I had nothing else to look forward to and er, about 8 years ago a group of doctors said look you're too sick to work, so you know I thought I would be there [boarding house]. I always knew that, er, there was a 10 year waiting list or something [for public housing] but I didn't know about the emergency part of it. And er, I didn't know they did things like pay people's rent. It's a silly thing to say but, er, maybe the heart-attack was a good thing. (Australian born male, 58 yrs – referred to ACHA after coronary bi-pass surgery, 9-c05)

However, resourcefulness in eventually finding help was evident in some cases, for example by approaching organisations with high visibility such as St Vincent de Paul or Centrelink, or simply asking around until they found “somebody that knows someone”.

I’ve found out about these fellows here through St Vinnies. St Vincent de Paul. When I first phoned up someone said why don’t you, because I didn’t have any housing, they said go and see ... [ACHA service]. So that’s how I found out about them. I didn’t even know these fellows existed. (Aboriginal female, 49 yrs, 21-c03)

5.2 Reluctance to Accept Assistance

Reluctance to seek or receive assistance on the part of some clients was acknowledged in both the client and manager interviews. This reluctance was linked to lack of trust (particularly for ATSI clients), pride and independence. This is exemplified by the following statement:

I never asked anybody for anything. That’s the way I am. I can look after meself. (Australian born male, 58 yrs, 9-c05)

The building of a relationship was important to the acceptance of help and sometimes took a long time to develop. Sometimes things had to get to crisis point for acceptance of help. For others, low expectations played a part, i.e. the belief that people want something in return for help provided or that accepting help was demeaning and would result in a loss of independence.

The manager interviews indicate that older people living in desperate circumstances are often extremely resistant to change and thus to moving. One ACHA manager explains how it is not merely a question of suggesting to an older person that they move to what the agency perceives as better accommodation. Often it takes a great deal more:

... it’s so imperative for, to have that continual contact to build trust with the client. That’s the biggest part of making changes in their lives, of being their support person and somebody who actually does care about them. Until they get to the stage where they will allow us to suggest some options. ...You have to have the skills to know what they’re experiencing and to work with them and to gain their trust. And that can’t be done sitting behind a telephone or at a desk. You need to out there, you need to be amongst them. Actually I do outreach work all the time. Meeting them, seeing them where they are, not waiting for a phone call from them. (ACHA Manager, 5m)

The comment illustrates the importance of building up trust and developing a relationship with the individual concerned. Another ACHA manager also made trust a central aspect in clients rejecting or accepting housing and support:

I think it’s their ability to trust the help that’s being offered to them and trust the fact that the support will have tenure. A lot of them get nervous. You know, about having, about taking on something and then being left alone. (ACHA Manager, 21m)

5.3 Accommodation Preferences

If a facility gives an individual privacy there is a better chance that the facility will work. Also there should be no demands placed on the clients. There is a good deal of resistance to ‘rooming houses’ because of the large number of people living together:

It’s very difficult because you’ve got to get compatibility, with 14 in a Rooming House, or 12 in a Rooming House, you’ve got to be very careful that you get someone that’s compatible, that moves in with all those other people. And as you know, I’ve just spoken with someone just before you rang that’s come from a Rooming House and he’s got

major issues with one of the other tenants there and it's creating massive problems there. So it's very difficult. (ACHA Manager, 35m)

Units in high-rise apartment blocks are also generally not viewed as an acceptable option:

"Not many people like the high-rise. High-rise has the stigma still. They worry about the lift breaking down, and things like that happening." (ACHA Manager, 21m)

5.4 Location

The acceptance of a house will also depend on its location and what support is available as indicated in the following ACHA manager's comment:

I mean accepting housing is a relatively small part of the broad umbrella of what people need and to accept a place depends on whether they feel they've got the other supports in place to enable them to sustain that responsibility. Whether they can pay the power bills. Whether they can get to the shops, if they're nearby. Is there public transport. You know for some of them like [Name], he didn't even know if he would remember to put out his bin once a week, you know. There's all sorts of things like that. (ACHA Manager, 21m)

The client interviews also revealed that for some participants specific localities or neighbourhoods were very important to their wellbeing and acceptance or resistance to housing options. This was especially evident for those who had a particular affiliation for an area, for example, where they had grown up or where they had lived for a long period of time. Some participants had refused housing because it was not in an area they preferred where they had friends and liked the environment.

I'm a [place name] resident. I've been here all my life. I would never move from [place name]. (Polish Female, 84 yrs, 22-c02)

It's sort of part of my home as such [place name] ... I love living here. I don't like the west. No, I've lived over here for so long you know [20 years]. (Australian born female, 67 yrs, 7-c03)

Closeness to family was also important, particularly for NESB participants of both genders and the majority of female participants. One client interviewed had refused housing because it was:

...[w]ell, different. It was in [Place name]...I just didn't like it. It didn't suit me. Well I have a daughter, she lives in [Place name]. So ... it's [Place name] better for me. (Russian born female, 87 yrs, 7-c02)

For most male participants convenience and known amenities were more important in acceptance or resistance to relocation.

I still don't think it's as good as [place name] as a suburb. What I mean is that there's the shops. We had plenty of shops in [place name], chicken shops everywhere. You want something here at the weekend you've got to go to [Place name] or something like that. Well you live there for 18 or 19 years it's like home. (Australian born male, 67 yrs, 5-c02)

5.5 Conclusions

Evidence from both client and manager interviews suggest that the principal impediments to obtaining housing and support services are lack of knowledge, reluctance to accept (for reasons of lack of trust, pride and independence), accommodation preferences and location. A fundamental consideration is to what extent are these impediments structural (i.e. related to the nature of the broader social service system) or individual (i.e. arising from personal circumstances, behaviour or other impediments).

Lack of knowledge of services and reluctance to accept services appear to be primarily personal impediments to receiving assistance. However structural impediments to knowledge of services could also be attributed to poor communication systems on the part of government or other service providers, or lack of outreach services. Likewise, lack of trust can reflect previous negative experiences in seeking help, and could therefore have structural implications for housing and support service delivery.

Housing preferences and location also have both a personal and structural dimensions: structural in terms of the limited supply of affordable, suitable and appropriately located housing identified earlier in Chapter 3, and personal in terms of the preferences and expectations of clients and existing social support networks in a particular location.

Further light is shed on some of these issues in Chapter 7 which discusses barriers and gaps in housing and support service provision based on the ACHA workers' survey and manager interviews.

6 INDEPENDENT LIVING OUTCOMES AND SUSTAINABILITY

The analysis in this section is based on responses to the survey of ACHA workers,³ and the in-depth interviews with managers and clients. The following analysis attempts to establish any convergence or divergence between these different sources of data. It commences with a discussion of housing factors that assist in breaking the cycle of homelessness followed by the support required to ensure sustainable outcomes – however there is often an overlap between housing and support issues.

The importance of affordability and security of tenure, and to a lesser extent housing type and design, to sustainable outcomes and their strong association with public and community housing is, once again, apparent.

6.1 Housing Factors that Assist in Breaking the Cycle of Homelessness

Managers stressed that housing interventions with older people were most effective in breaking the cycle of homelessness when they match the individual needs of the client. In the words of one manager:

The key...is to try and correlate as closely as possible... the housing to what they say they need. ...If you can match that housing need with the client's needs, you're home and hosed. (ACHA Manager, 23m)

Some managers regard the individual dispositions of clients as so determinant that they view the housing and support option offered as immaterial. When asked what interventions prevent an older homeless person from slipping back into homelessness, one manager responded:

I don't think that necessarily you can. Because I think...that it's actually individual. For some it is and for some it isn't. So for those that haven't I think it's providing an environment that's nurturing and accepting, providing workers that are nurturing and accepting and opportunities for them to move into areas, if that's what they want, and if they don't, they don't. (ACHA Manager, 9m)

Others stated that successful housing options required taking cognisance of *"the social factor and the human factor"* and putting the emphasis on prevention:

...[I]t's all preventable stuff. If we use preventative help on people we don't get them regressing again and we don't get them coming back to hospitals again and coming back into, you know" (ACHA manager, 5m).

Successful housing outcomes were regarded as depending to a significant extent on the health of the individual when he or she is referred. A fairly common occurrence is for the older homeless to be so unhealthy because of self-neglect and self-destructive behaviour that by the time they are placed in alternative accommodation they only have a short time left to live. For chronically homeless aged people with serious health needs what is required are facilities where the client can be constantly monitored.

And the other issue is [the] chronically homeless, ...There's no facilities where I can actually put a homeless aged person that has...health care needs too, whilst I am getting him assessed by ACAT. (ACHA Manager, 5m)

³ Questions 5, 6 and 14 (See Appendix 2)

For older alcoholics, facilities which limit the amount of money people have “to feed their addiction” and which ensure that residents are properly clothed and fed, have a chance of succeeding. Also the rules have to be fairly flexible: *“That is a major problem. A lot of hostels, a lot of residential facilities won’t take anyone who smokes or drinks. Now with this generation of people, they all do.”* (ACHA Manager, 5m)

Despite this strong focus on the individual and their health, managers identified a number of housing factors contributing to sustainable outcomes.

1. **Affordability:** Unless housing is affordable, it is unlikely that the option will be successful. An ACHA manager in Victoria in response to the question, “What kind of housing for instance do you find is the most sustainable?” answered *“Affordable accommodation I would say... the clients are, would be low income earners. If I put the clients into the rental market, \$200, that’s not really [viable]”* (30m).
2. **Security of Tenure:** Older people are able to retain their accommodation and sense of independence when the housing is secure. In the case of private rental this is rarely the case.
3. **Location:** The possibility of a housing option working is enhanced if the housing option is located in a neighbourhood with which the person being rehoused is familiar. Conversely, if the housing is situated in a location which is totally unfamiliar or unsuitable this will weaken the possibility of the housing option succeeding. Access to good, cheap and safe public transport is also important. Being near family is important in many cases, especially for older Aboriginal people and those who have limited English.
4. **Dwelling design:** The physical features of the dwelling can be an important factor in determining whether a housing option succeeds. One Manager stated, *“Design is really important for older people. We’re more conscious of this now than we ever have been before...I guess what I’m saying is that if people have...well designed homes, then their care and support needs aren’t as high either because people can do many more things themselves”* (34m). For frail, older clients the design of the accommodation is especially important. Some of the important design issues identified by managers were:
 - **Accessibility:** In the words of one ACHA manager “...access to accommodation that’s got wider doorways and walk in showers and cupboards that are down low and not oven doors that you have to pull down and so forth” (34m). Thus a dwelling that involves an older person having to negotiate stairs is not likely to work.
 - **Maintenance:** A house with a big backyard that has to be maintained was also viewed as not practical. However, a small garden is often sought after.
 - **Building height and scale:** High-rise living is not viewed as a good option for a successful outcome. An ACHA manager in Victoria commented, “the high-rise stuff, I think’ ...our experience has shown that it can be fairly alienating, a frightening concept for elderly people. It’s too big” (32m)
 - **Open design:** For some older homeless people, especially males who have been living on the streets, residential facilities that have an open design that encourages mingling with fellow residents is very desirable.
 - **Dwelling layout:** Some cultural groups (eg Somali women) are very uncomfortable in an open plan situation where the bedroom is visible.
 - **Dwelling size:** The size of the dwelling is also important in many instances. Older people in one-roomed units are likely not to be satisfied because “... they can’t entertain, there’s no separate space and they’re in it 24 hours a day, and quite often a lot of them for the week, because they haven’t got any money

to go out and do things. So it's a long time to be in a small space" (ACHA manager, 34m). Space is also a major issue for some older couples who prefer to sleep in separate bedrooms and for those who have visitors. Space needs are also a gender and cultural issue, men appearing to cope better with smaller spaces than women and Aboriginal clients requiring space to accommodate other family members.

There were differences of opinion amongst managers about the merits of group accommodation. In the words of one:

... [S]ome people say they absolutely hate it if they're all in with a bunch of older people. 'I hate it. It's all those older people here'" (ACHA Manager, 34m).

Another said that older people do not like sharing accommodation:

It is really difficult for older people to accept sharing. I mean it's not a mode of life style that they're used to. I mean younger people now, they all share in accommodation, but a lot of older people don't want to be sharing accommodation with others. (ACHA Manager, 37m).

Yet another manager did not like 'cluster housing' as she felt that clustering homeless older people together reinforced negative behaviour:

I find that the cluster type units, that the Office of Housing offer up here, don't work. Like they've got a block of units for the elderly, ... I've found that they don't work very well at all in the cluster type. You put Segment 1, which is homeless people with obviously lots and lots of issues under that Segment, and cluster them all together, I think you're only setting yourself up to fail. (ACHA Manager, 35m)

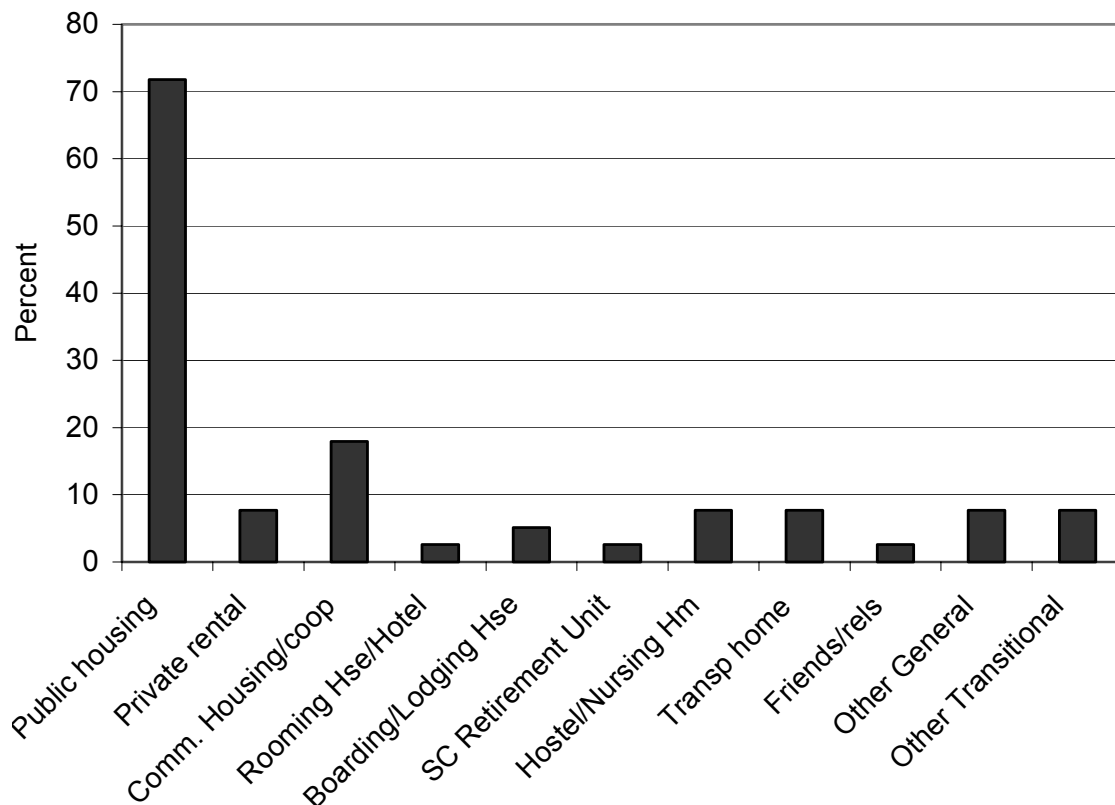
On the other hand for others the village like situation where individuals can have social contact if they desire but can also have their privacy was regarded by others as a highly desirable option.

Some considered certain types of accommodation as unsuitable for long term accommodation – for example caravan parks:

... Caravan Parks are fine for emergency or short-term. Long-term I don't think they work at all well. I think it's setting people up to fail. Ideally what we'd like is more one or two bedroom units, through the [Housing Authority]." (ACHA Manager, 35m)

When ACHA workers were asked which housing options they found generally worked best in breaking the cycle of homelessness, public housing stands out by far as the most favoured option (72%) with community housing/coops (18%) a distant second. (Fig. 21). Other housing types were all mentioned by less than 10% of respondents. This reflects the strong preferences already noted for public housing.

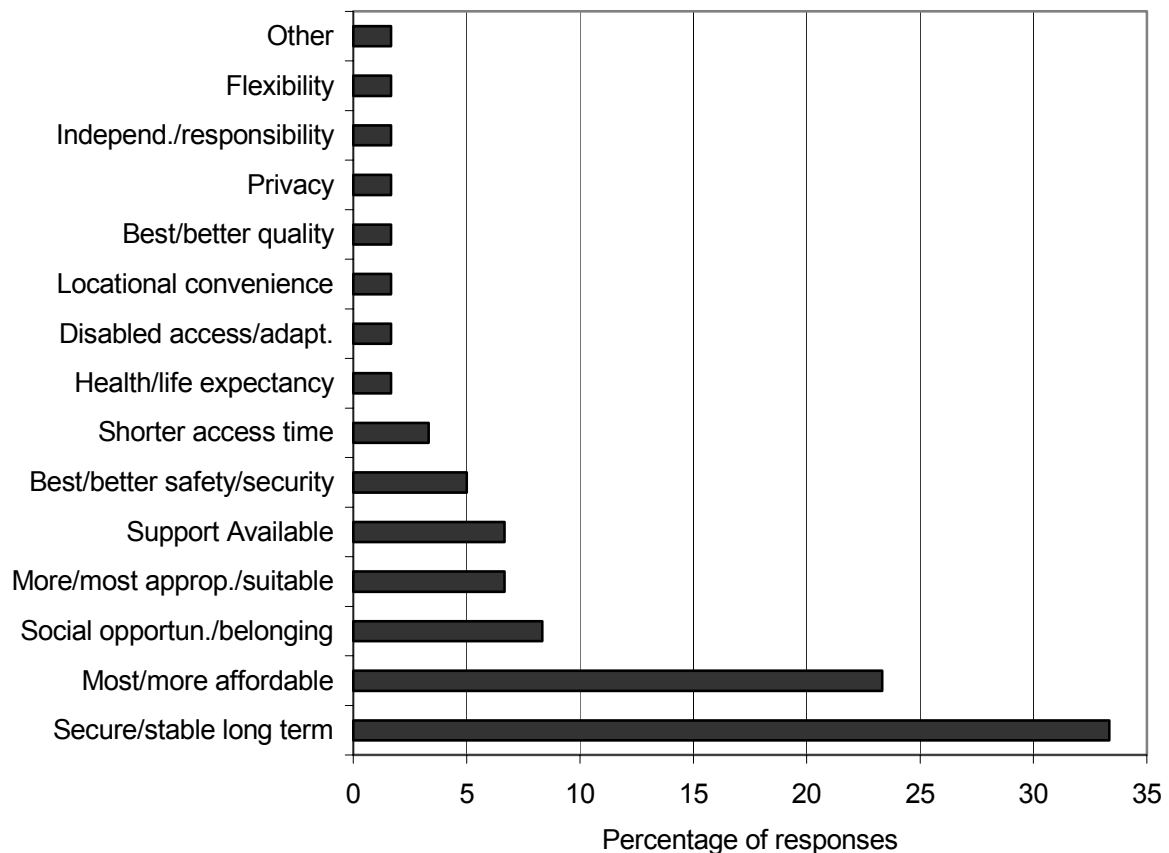
Figure 21: Best housing options for breaking the cycle of homelessness



Question 5, ACHA Workers Survey (n=28, multiple response)

Fig. 22 indicates that the main reasons given by ACHA workers for regarding public housing as the best option for breaking the cycle of homelessness are that it is a more secure/stable/long-term option and that it is the most, or more, affordable option. This supports the views of agency managers who cited affordability and security of tenure amongst the key housing factors contributing to sustainable outcomes. Secondary reasons given by ACHA workers include social opportunities/sense of belonging, appropriateness/suitability of the housing generally, support available and better safety and security. Appropriateness/suitability of the housing could well be regarded as referring to housing type and design another of the four key factors mentioned by managers. The importance of location is, however, not highly rated by ACHA workers despite its importance in manager interviews and in reasons given earlier for housing preferences.

Figure 22: Public housing – reasons why best for breaking the cycle of homelessness

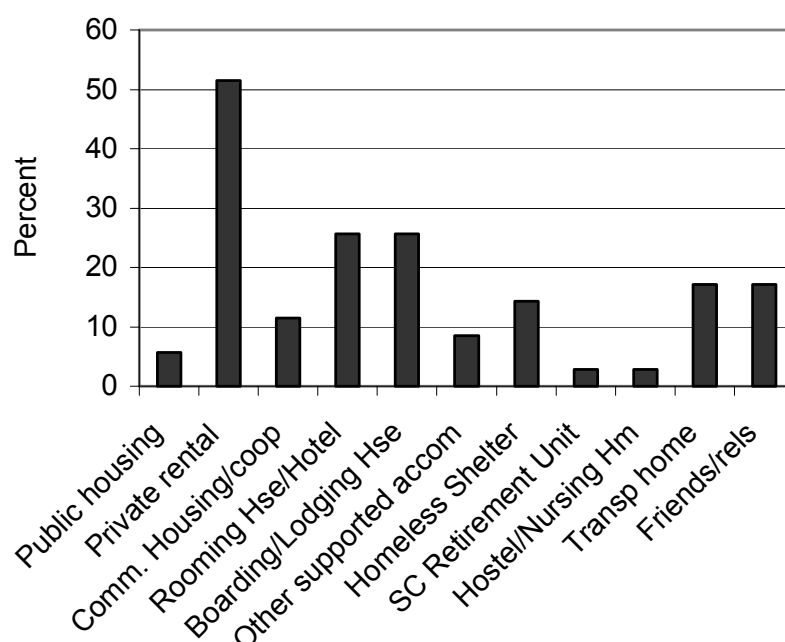


Question 5, ACHA Workers Survey (n=29, multiple response)

Amongst the 7 out of 40 (17.5%) respondents that nominated community/cooperative housing as the preferred option, the most commonly cited reasons was 'availability of support' followed by 'security of tenure', 'appropriateness, and 'social opportunities/sense of belonging'.

When ACHA agency workers were asked which housing options generally did not work well for their clients, private rental was clearly the most cited (51% of respondents) followed by rooming house/hostel and boarding/lodging house accommodation (25.7% each). transportable homes (17.1%), living with friends and relatives (17.1%) and homeless shelters/refuges were other options regarded by more than 10 percent of agency workers as not working well (see Fig. 23).

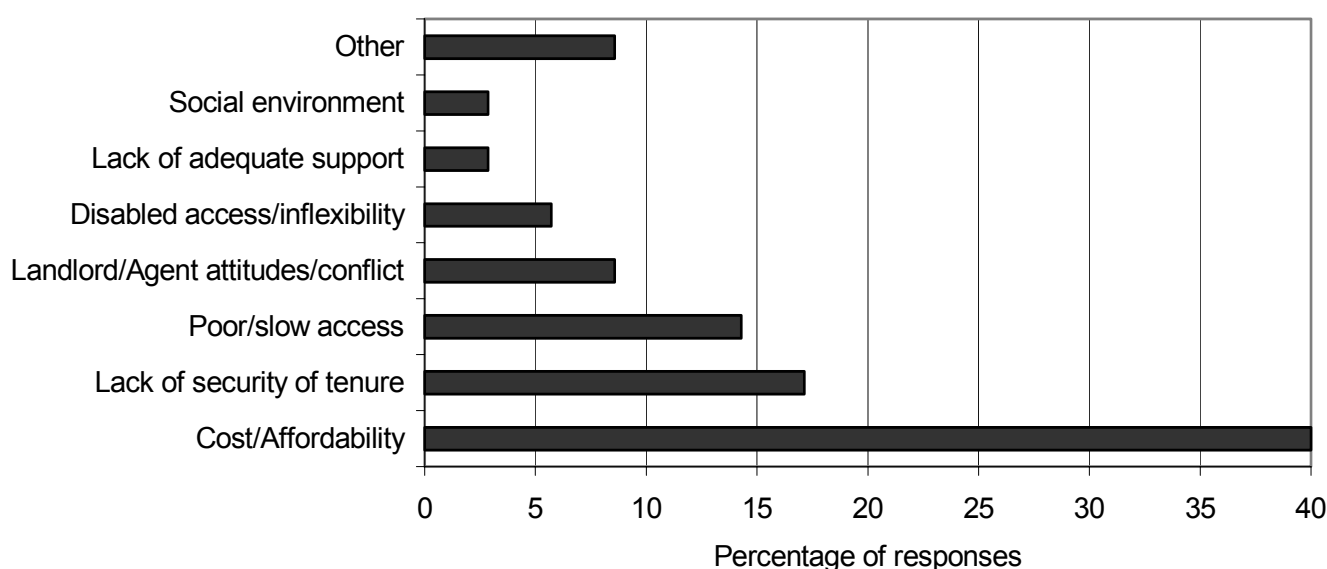
Figure 23: Housing options that do not work well for clients



Question 6: ACHA Workers Survey (n=35, multiple response)

Reasons given as to why private rental did not work well for their clients are shown in Fig. 24. Cost/affordability stands out as the most important factor, followed by lack of security of tenure – again reflecting factors raised by managers. Among the remaining responses are landlord/agent conflict and disabled access. These views also reinforce earlier findings about the dislike of private rental amongst agencies and clients alike.

Figure 24: Private rental – reasons why does not work well for clients



Question 6, ACHA Worker Survey (n=35, multiple response)

The views of clients interviewed concerning their intentions or expectations to stay in their current accommodation also supports the views of agency managers and ACHA workers that the affordability and security of tenure associated with public and community housing is a predictor of success in terms of sustainable outcomes. The

majority of participants intended to stay in their current accommodation for as long as possible unless they were in private rental or residential aged care.

That's as long as I'm capable of looking after myself. The longer, the better. (Australian born female, 69 yrs - living in public housing, 9-c03)

The likelihood of staying was strongly indicated by those living in public and community housing unless they were located too far from relatives, they did not like the area or the accommodation did not meet their cultural needs. However, they would only move if they were offered something better by housing authorities. Even participants who liked an itinerant lifestyle intended to keep their public housing as a 'base' even if they decided to travel again.

Those clients who were living in public housing complexes specifically designated for older people were the most determined to stay:

I expect to stay here until they take me out in a box. Ha, ha. I hope it's a permanent thing until such time as I can no longer stay here. This is what I hope. (Australian born female, 66 yrs, 37-c03)

This also reflects findings from the manager interviews reported earlier concerning preferences for age specific public housing.

Although, the participants living in retirement villages were less satisfied with their housing, they likewise indicated that they were prepared to stay, but there was often an element of resignation to this decision.

Well, it's the only way ... let's face it. I'm here for the rest of my life. Ha, ha. (UK born female, 80 yrs, 37-c05)

Likewise one participant in residential aged care was resigned to staying but two others indicated they would leave if they could. The rooming/boarded house participants were undecided about their future but had no immediate plans to leave.

All the participants who were in private rental, with the exception of one, whose rent was subsidised by the housing department, did not think they would stay long term. This was not only due to the cost of the accommodation but also to the poor condition of the housing and ongoing maintenance problems.

I don't like it because I don't feel settled. I want to move finally and stay. I want to go and feel that this is my place and that's what, not sitting and waiting at any time to move. A lot of things you want to do but you can't do because you don't know how long you are going to stay in this house. (Sub-Saharan African male, aged 60 yrs - in private rental housing, 30-c04)

When asked what they believed the next few years would hold for them, many of the ACHA clients interviewed felt that obtaining secure and affordable housing had assured them a better future as it had solved many of their problems. They had a new sense of purpose and lack of worry that allowed them to get on with their lives:

I don't need anything. I have everything I want already. I have a house. (Australian born female, 66 yrs, 37-c03)

Ah, it's got to be better. I mean it's been really chronic you know in the past. You know the most important thing in your life is having a roof over your head that's permanent you know. (Australian born female, 58 yrs, 34-c01)

I've never been so well off. (Australian born male, 89 yrs, 7-c01)

6.2 Support Required for Independent Living

Even for those clients that were not yet housed in secure long-term accommodation, most hoped that they could now live independently and take advantage of the opportunities offered by support services to improve their lives through helping to manage their finances better, mend relationships with family, look after their health needs and get out and meet people. Some of the younger participants intended to seek employment by undertaking further study.

I just know it's going to be more better, because I'm going to make it more better. I'm just going to tap into them [service]. I've got ... a two year plan ... I can get a job then. (Aboriginal female, 49 yrs - living in private rental, 21-c03)

A number of participants had simply not given the future any thought but just 'live for the moment' or 'play it one day at a time'. Others believed that the future and whether or not they would stay in their current housing depended on their health. Some were mostly resigned to the fact that they may have to go to a nursing home when they could no longer care for themselves.

We've got to wait and see. Well what's got to be has got to be. I suppose. There's nothing you can do about it. They say you can't look after yourself, you've got to go to a Home, well away you go. That's when you've got to have proper help and everything. (Australian born male, 80 yrs, 8-c02)

A few participants had a pessimistic outlook due to ongoing chronic health problems and/or lack of supportive family or friends. This was particularly so if they were in private rented accommodation.

I lay in bed at night thinking of being homeless and...the consequences. And I'm not being, ah, dramatising this situation. I'm being very practical because I now have, like my money is scarce ... when I needed help they [family and relatives] all disappeared into the woodwork. (Australian born female 66 yrs - carer for husband 68 yrs with bi-polar disorder, in private rental housing waiting for public housing, 8-c04)

Participants in secure housing who had the most positive outlook on the future were involved in community day centres or other activities where they had social interaction and support. Some enjoyed going to day centres for meals and socialising with friends or going on centre organised group outings. Males and females seemed to enjoy these activities equally with no gender preferences detected in the interviews. However, female participants were more likely to have hobbies that they enjoyed at home such as crosswords, knitting, sewing or embroidery. A few of the female participants were also involved in charity work such as helping at an opportunity shop or church group. One female participant did dressmaking for neighbours and another taught English to a foreign student. This work was all voluntary or done on a barter system (e.g. the student paid for lessons in fruit). Only one male reported a hobby - an interest in art and collecting books and CDs. Male participants generally contributed as a way of expressing gratitude, i.e. actively giving back. This also gave them a sense of purpose. Examples of this were helping out at a day centre with furniture repairs and deliveries to other clients, helping to prepare and clean up after meals at a homeless shelter, cooking or shopping for neighbours less fortunate, or cataloging in a library:

... peel potatoes and washing-up and stuff like that ... I might only work two or three hours at time. All I do it for, I just believe [in] giv[ing] something back for what they already did for me... (Australian born male, 67 yrs, 5-c02)

The importance of varied and flexible support by agencies to assist clients to establish and maintain independent living was highlighted by the limited support networks of the majority of the interview participants. Although most of the clients interviewed reported the existence of family networks, in many instances, the relationship was tense or problematic or the family was dispersed geographically, limiting contact and practical assistance. Limited family support was often explained/excused by participants in terms of other commitments or family members having their own problems. Even with close geographical proximity to family, some clients felt lonely and isolated. Some participants had no contact with family members and a few had deliberately disassociated from family. Most lived alone. Some had never married and had no children or were divorced and alienated from their children for various reasons. Some had surviving brothers and sisters but the relationship was often tenuous. For many NESB clients, relatives were likely to be overseas. A few participants were unsure where remaining family members were located, even their children. In only two instances had family members helped clients with housing difficulties. In some cases clients felt that it was they who needed to support family members or that family members were a burden to them. Friends provided more support than family for many.

Although many participants expressed a preference for living near family, only a few received some form of ongoing social and practical support from relatives. Of greater importance to sustaining independent living for the majority of participants was the informal support and companionship provided by friendly neighbours. For example, one participant in a rooming/boarding house liked this type of accommodation despite its limited facilities because of the friendship and help he received from other tenants. The importance of this to feelings of security for older people is highlighted in the following quotes:

[A] very good [neighbourhood]. The people are pleasant and everybody watches out for one another. Actually I know the lady next door. She hears my blinds go up in the morning. They all keep an eye on each other ... if they don't appear within a certain hour or something they go knocking ... all the time. (Australian born male, 76 yrs, 5-c05)

The people around here speak to me. They're quite friendly. They say good morning and all of that. I've spoken to the lady upstairs, I've got her phone number. If I wanted anything she told me to call her up. (Australian born female, 83 yrs, 9-c01)

The support of other people in the area, such as shopkeepers, was also mentioned by some, but for others social isolation was almost total - not only did they lack family connections but they also had few or no friends. If they did have any, these relationships were most often superficial, e.g. acquaintances at a club. For them, ACHA and their connection with the auspicing agency was their sole support. Participants who had no support networks at all were more likely to be male.

The interviews with ACHA managers revealed a number of factors that influence the level of support required to enable independent living.

1. **Flexibility:** A general principle mentioned by a number of ACHA managers that enhances the possibility of support working for older homeless people is flexibility. In the words of one Manager:

"...it's my belief that with working with homeless people, financially disadvantaged or indeed any disadvantaged people, there has to be...flexibility. And I'm lucky that this program has been able to run that way. We are able to be very, very flexible and not work down the rigid guidelines. We don't break the law by any means, but we're able to be a very flexible service and that's, I think that's what works the best for these guys" (ACHA manager, regional area, 35m).

2. **Level of Support:** The success of a housing placement will often depend on the level of support required, which varies dramatically. The level of support required usually depends on the health of the individual and the extent of their isolation. In those cases where the older person is healthy and requires no further support, the agency will only have to place the person. In other instances the support required to ensure independent living will be substantial and constant. For older people with mental health problems constant support is vital for a successful housing outcome.
3. **Social Contact:** Almost all the ACHA managers mentioned the importance of ensuring that their clients were placed in situations where they were able to have some social contact. Day Centres are often used very successfully to support clients by providing a space where older people can come and socialise, get fed and participate in various activities. One of the Day Care Centres in Adelaide has about 30-40 people who regularly come to the Centre. This Centre also goes out to people in need.
4. **Trust:** A Relationship of trust between the ACHA worker and the client is another important requirement as one ACHA manager explained:

“...we’re dealing with a target group that has nobody else in their lives. The ACHA worker is it...[I]n some cases I have been the only human contact these people have had in 25 years. The man in the boarding house had lived on his own in a unit, in a room in a boarding house for 15 years. The only people he knew were the blokes that he’d stood alongside and drank with at the pub. I come along, and for want of a better way of describing it, ...over a period of time he didn’t trust me at all, trust is a key “ (23m).
5. **Material Resources:** The level of support will also depend on the material resources of the person. In those cases where the client has no goods of any kind it is essential that the agency is able to supply the requisite white goods and furniture. In order to provide proper support the agencies have to have material resources. The agencies often have to provide clothes, help pay the electricity bill, the rent, etc. Maintenance of the property is also important. An ACHA manager had the following observation as to what is crucial for a successful and sustained outcome:

“... maintenance of the property, you know, the television is going to break down, the leg is going to fall off the old chair, their sheets are going to wear out. Those sorts of things” (23m)
6. **Financial monitoring:** many older people in private rental require financial monitoring so as to ensure they pay their bills and are not evicted.
7. **Dealing with bureaucracy:** Central to the process of obtaining and maintaining a tenancy was help with dealing with the bureaucratic systems of organisations, such as Centrelink or a State Housing Authority: for example, help with paperwork, forms, negotiating, getting entitlements such as pension, rent assistance, etc. The importance of having an advocate for obtaining services such as CACPs, HACC services or equipment for independent living, and for access to specialist services was also evident in the manager interviews.

These coincide with the perceptions of clients as to their support needs – most importantly the importance of flexible support that can be varied as needs and circumstances change (particularly in regard to health needs), the need for social interaction where individuals are isolated and lack the support of family and friends, and the need for assistance with financial management.

A complimentary perspective on support options required for independent living is evident from the survey of ACHA workers. Here, respondents were asked to rate on a

five point Likert scale (1. never, 2. rarely, 3. often, 4. very often and 5. always) how often each of 13 support options were required to maintain independent living. They are ranked below in order of regularity of use using the ordinal mean – the higher the value the higher the regularity.

1. Help with application Forms (3.2)
2. Advocacy (3.0)
3. Referrals (2.8)
4. Medical; transport; and relocation (2.7)
5. Finance (2.6)
6. Tenancy matters (2.4)
7. Housework; and shopping (2.2)
8. Personal care (1.9)
9. Minor home maintenance (1.8)
10. Meal preparation (1.7)

Other support considered necessary by some agencies included counselling/education, support for multicultural needs, mental health and social support. It is difficult to correlate the perceptions of ACHA workers with those of managers or clients, because of the qualitative form of the latter data. It is interesting to note, however, that the three most highly rated items (1,2 and 3) above and item 4 are all concerned with what managers described as 'dealing with bureaucracy' and central to the process of maintaining a tenancy. Health related support is also ranked highly by ACHA workers reflecting managers' earlier views of its importance as a factor in both housing and support needs. Assistance with finance is also mentioned by both managers and clients as an important form of support for some clients. Practical assistance with housework, shopping, minor home maintenance and meal preparation are less often considered necessary to maintaining independent living. These discrepancies may be to some extent due to the closed questions of the ACHA workers survey as opposed to the more open-ended questions in the manager and client interviews.

Important support mentioned by clients that is not strongly reflected in those rated by ACHA workers include counselling (ie assistance with family relationships), social activities through day centres, friendly neighbours and others in the community and opportunities for volunteering – mostly with the agencies that were assisting them. The value of day centres is, however, also emphasised by managers. Assistance with material resources in supporting independent living is emphasised by managers and confirmed in the client interviews.

6.3 Conclusions

The evidence from all three sources suggests that the most effective housing options for achieving independent and sustainable outcomes are those that best match the needs (and in particular the health needs) of the individual, are affordable and provide security of tenure. Public Housing, and to a lesser extent community or cooperative housing, were identified by ACHA workers particularly as best meeting these criteria. Location, with all its cultural, safety and social network implications was an important, albeit secondary, factor. Other forms of accommodation were generally not seen as effective because they do not meet these criteria and there were differences of opinion about the merits or otherwise of group-living arrangements.

Most clients had a strong desire to live independently, though the level of optimism varied depending on individual circumstances. The most optimistic were those in secure housing who were also involved in day centres or had other social support. Hobbies and volunteering also contributed to a sense of purpose. Most lived alone and

support from families and friends was limited, however friendly neighbours were valued. For some, ACHA was their only support.

Managers and clients agreed that the support required to maintain independent living needs to be variable and flexible to meet individual needs and changes in circumstances. The level of support also needs to be appropriate for the needs of the client, dependent particularly on their health and material resources. Social contact, such as that available through Day Centres, was considered by managers to be most important, though some clients chose not to participate. The building up of a relationship of trust between client and worker was also seen as vital. Assistance with financial monitoring and advocacy with the bureaucracy to assist in obtaining and maintaining a tenancy and access to services were also considered important. Assistance with housework, shopping, personal care, home maintenance and meals were seen by managers as less important for supporting independence.

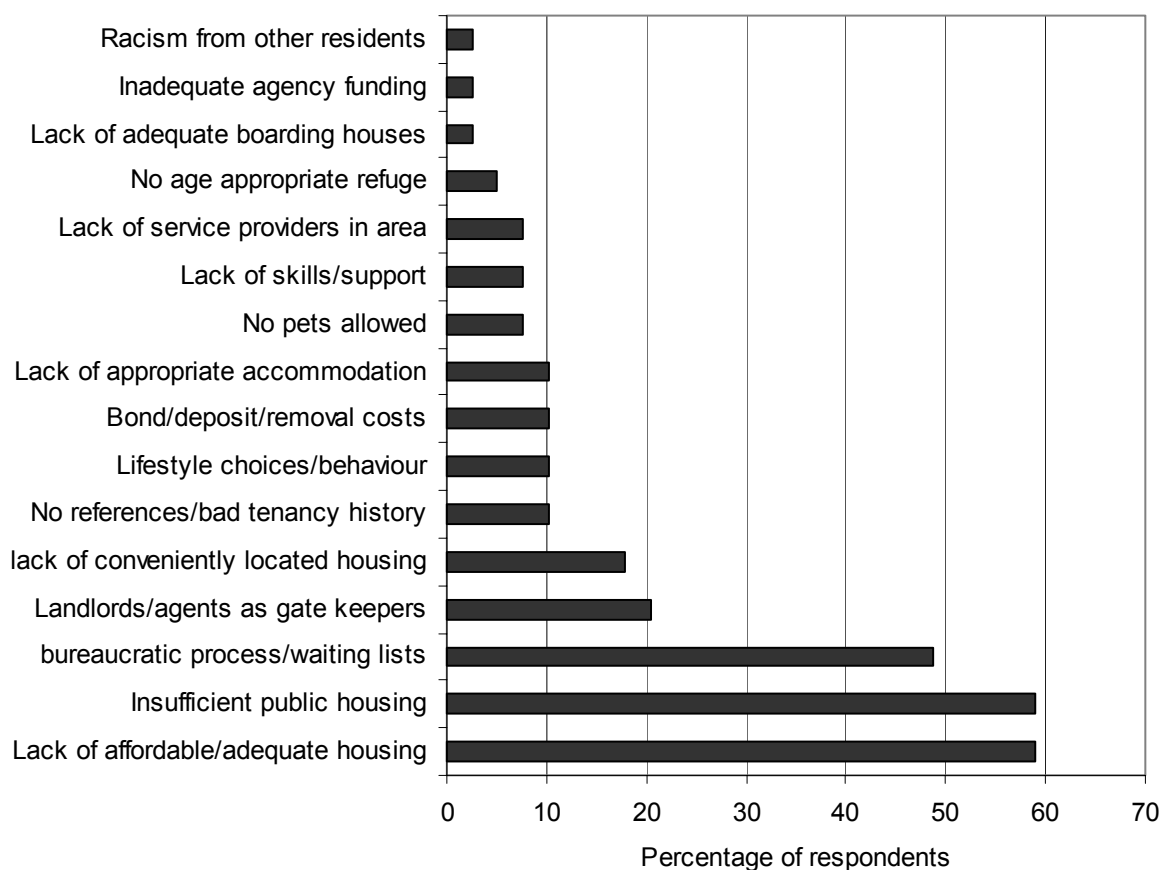
7 BARRIERS AND GAPS IN THE PROVISION OF HOUSING AND SUPPORT

This chapter addresses research objective 5: “to identify policy options to improve the effectiveness of combining housing and other services for homeless older people to achieving sustainable outcomes. It presents quantitative evidence from the survey of ACHA workers⁴ (see Appendix 2) and qualitative responses from interviews with managers and, to a lesser extent, clients. As in previous sections housing and support barriers/obstacles are discussed separately, even though to respondents the boundary between housing and support is not always distinct.

7.1 Barriers to Obtaining Suitable Housing

There was broad agreement amongst agency workers, managers and clients as to the main barriers to obtaining suitable housing. The survey of ACHA workers identified a range of barriers to obtaining suitable housing for their clients. These are shown in Fig. 25 below.

Figure 25: Barriers to obtaining suitable housing for clients



Question 8, ACHA Worker Survey (n=39, multiple response)

Foremost were a lack of supply of public housing and other affordable/adequate housing (each cited by 59% of respondents) and bureaucratic processes including waiting/priority lists (48.7%). Problems with landlords and agents acting as gate

⁴ Coded open-ended responses to Questions 8, 15 and 16.

keepers to private rental (20.5%) and lack of conveniently located housing (17.9%) were also cited as barriers by a number of ACHA workers.

Managers views were similar, emphasising the lack of supply of public housing and obstacles due to bureaucratic processes – which were often linked.

... obviously there's, there's a huge lack of public housing, and...[to] get onto the priority waiting list one needs to be aged over 80 and have medical support and evidence. ... [T]here is not an adequate supply. ... We do pull our hair out." (ACHA Manager, 7m)

Ah, wait for housing 12 years, 10 to 12 years, but there is priority housing for over 80s. But to get on a priority list they just about have to be dead now. It's very, very hard. (ACHA Worker, representing manager, 8m02m).

However, concern was also expressed by some managers about the residualisation of public housing areas and their resulting unsuitability for older people

Because public housing does have its fall-downs as we all know, it can be very difficult for elderly people living in abusive situations with alcoholics. A lot of psychiatric patients are released into public housing. A lot of people from jail; ...areas with criminal elements in [them], and drug dealing all around. And I'm often taking old people out because it's just not appropriate. They just can't cope. (ACHA Manager, 5m)

Managers also elaborated on how bureaucratic processes can be barriers in the allocation process. Little cognizance is taken of the individual needs and if a house comes up that's it. The issue of location with respect to the individual being housed is usually not taken into account by the Housing Authority.

... [T]he [Housing Authority] ... is not concerned about matching a person's needs in my view. So you take what's available. So if you've got a person that's got a support network in a suburb, there's no sense of responsibility on the part of the [Housing Authority] to keep them near that. You take the housing that the [Housing Authority] says there's a vacancy and that means you might have somebody who has lived or been in a church for 42 years that's got to go down south. You can specify zones, regions, metro areas that you would choose housing in. But I mean one of the standard ones is in [place name] to the north of the city, there's always housing available, but nobody wants to live out there. Unless you've lived in [place name], it's like a different country town. They don't want to go out there. (ACHA Manager, 23m)

The bureaucratic processes of some State Housing Authorities often does not facilitate the process of obtaining public housing. This included a lack of flexibility in processing applications, the waiting list and appeals process and lack of adequate notice when housing became available. Participants had experienced lost records, unhelpful staff and being shuffled from one office to another in their efforts to obtain housing. The dilemma was explained by one ACHA worker regarding the situation of a 72 year old man:

Through moving, he lost contact with the housing trust because they changed the waiting list system. So he was not a current client of the housing trust. So we started off from scratch with a new application to the housing trust and of course he was homeless. He didn't have anywhere to live because the landlord was throwing him out. (ACHA Worker, representing Manager, 8mo2)

These problems are compounded for people who are homeless or transient due to a lack of a permanent address to enable them to receive notices from the housing authorities. Language difficulties for NESB clients made navigating the system particularly hard.

The client interviews identified a similar set of obstacles including:

1. Shortage of housing stock
2. Lack of choice
3. Limited options to meet needs
4. Confusing and inflexible bureaucratic processes
5. Lack of housing staff credibility

The first three of these correspond with ACHA workers' and managers' concerns about availability and adequacy of public housing and the last two with barriers arising from bureaucratic processes.

A number of clients expressed frustration about the shortage of public housing and the associated bureaucratic obstacles.

Because there's not that many available, and unless you are on the priority list, and your condition is serious, and you've got somebody helping you to get that, you got no chance at all of getting it [public housing]. (Lithuanian born female, 69 yrs, 9-c03)

We have approached the Housing Commission on numerous occasions but ah, I think we're going to be squatters, sitting in the gutter before they'll come to the party. The only reason that we're on a private rental is because we cannot cut through the red tape to get...Housing Commission. (Australian born female 66 yrs – carer for husband 68, 8-c04)

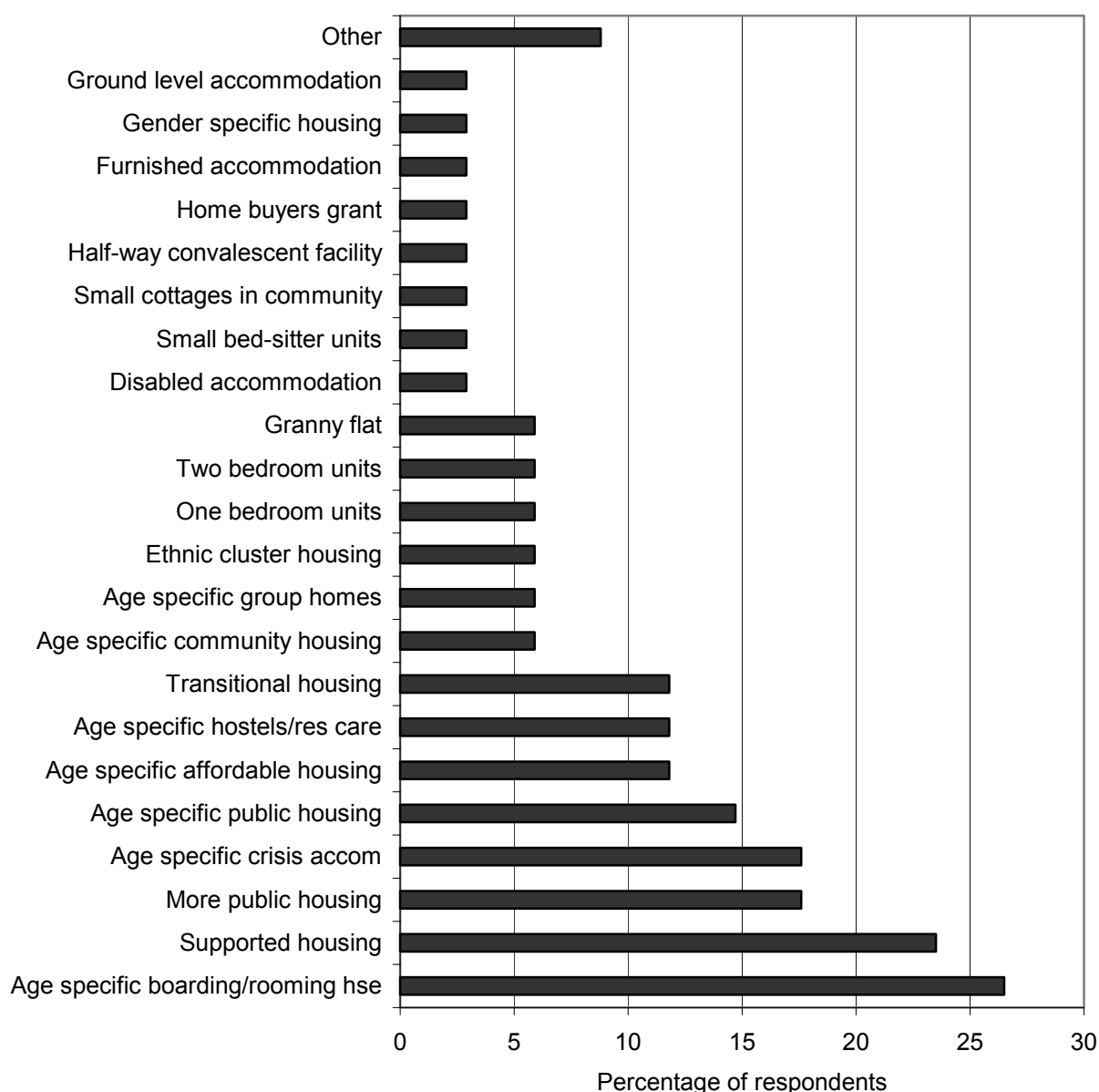
In many areas there was lack of choice and limited options because of the lack of suitable public housing stock for older people. One participant had been trying for some time (with ACHA assistance) to get ground floor accommodation on medical grounds without success. Another participant had been trying to get a house big enough for his family to live with him.

And they always say to me that you are asking for a three-bedroom house ... and in addition to that it is a ground floor. So this what's making things more difficult because we don't have much ground floor houses in the three bedrooms and it's not easy. (Sub-Saharan African born male, 60 yrs, 30-c04)

When asked in the survey what housing options should be offered for homeless people that are not currently available, ACHA workers nominated a wide range of options. Responses are shown in Figure 26 below and include a range of age-specific housing types (boarding/rooming houses (26.5%), crisis accommodation (17.6%), public housing (14.7%), affordable housing (11.8%), hostels/residential care (11.8%), community housing (5.9%) and group homes (5.9%)). Other common responses were supported housing (23.5%) and more public housing (17.6%).

The common theme of 'age-specific' housing is important, suggesting that for older homeless people housing in the general community is often less suitable. It is interesting that age-specific boarding houses are the most often mentioned, particularly given the negative views of agencies and clients alike expressed earlier in Chapters 3 and 4.

Figure 26: Recommended housing options not currently available

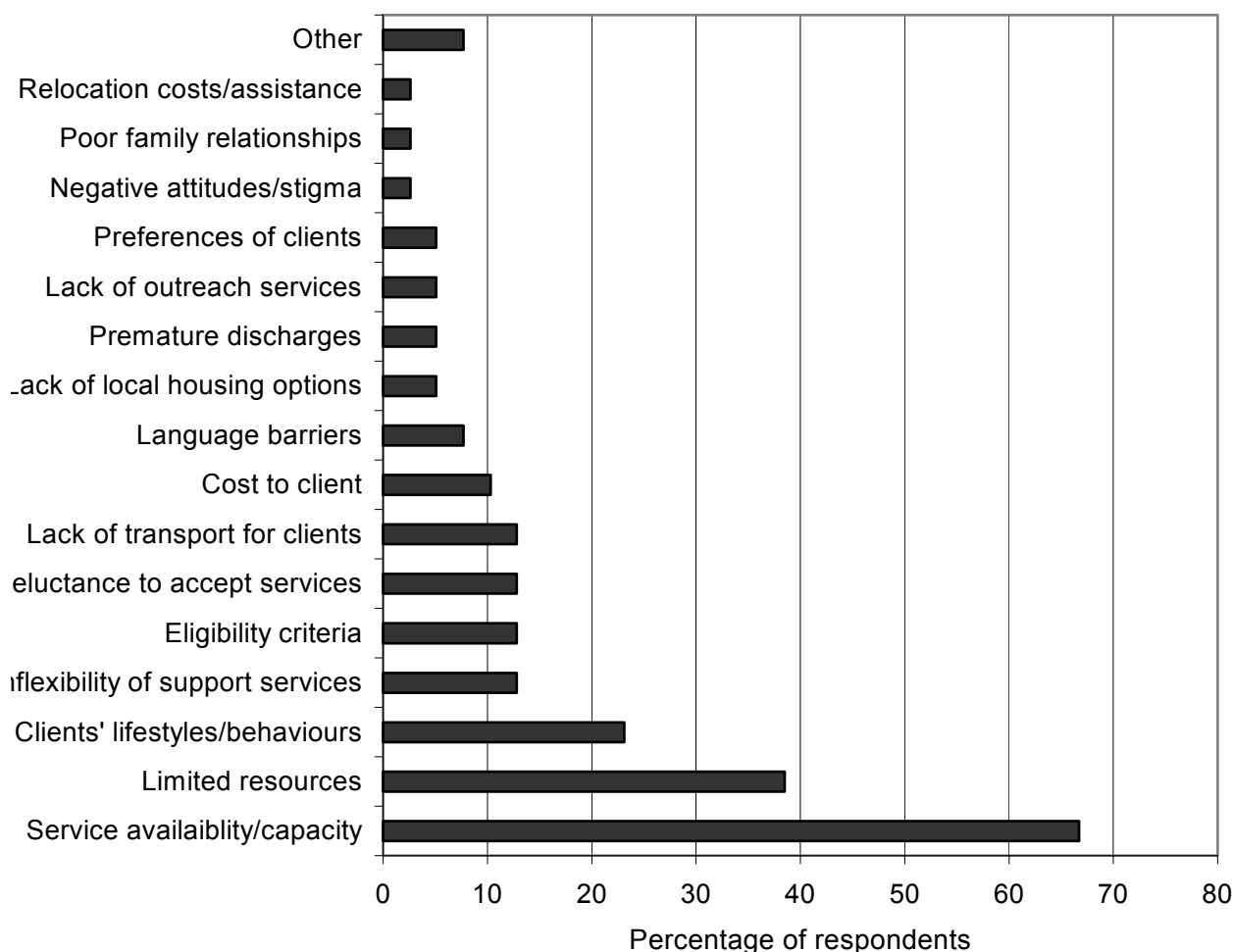


(Multiple response question, n=34)

7.2 Obstacles to Obtaining Support Services

The ACHA workers surveyed also identified a number of obstacles to obtaining the necessary support services for their clients (Fig. 27). Foremost was 'poor service availability or capacity', cited by two thirds of respondents. The related issue of 'limited resources' for support provision was nominated by 38.5% of respondents. Other obstacles mentioned by more than 10% of ACHA workers included 'inflexibility of support services', 'eligibility criteria', 'reluctance to accept services', 'lack of transport' for clients and the 'cost of services to the client'.

Figure 27: Obstacles to obtaining support services



Question 15, ACHA Worker Survey (n=39, multiple response)

Managers were also of the view that lack of funding for support has resulted in support services being extremely stretched:

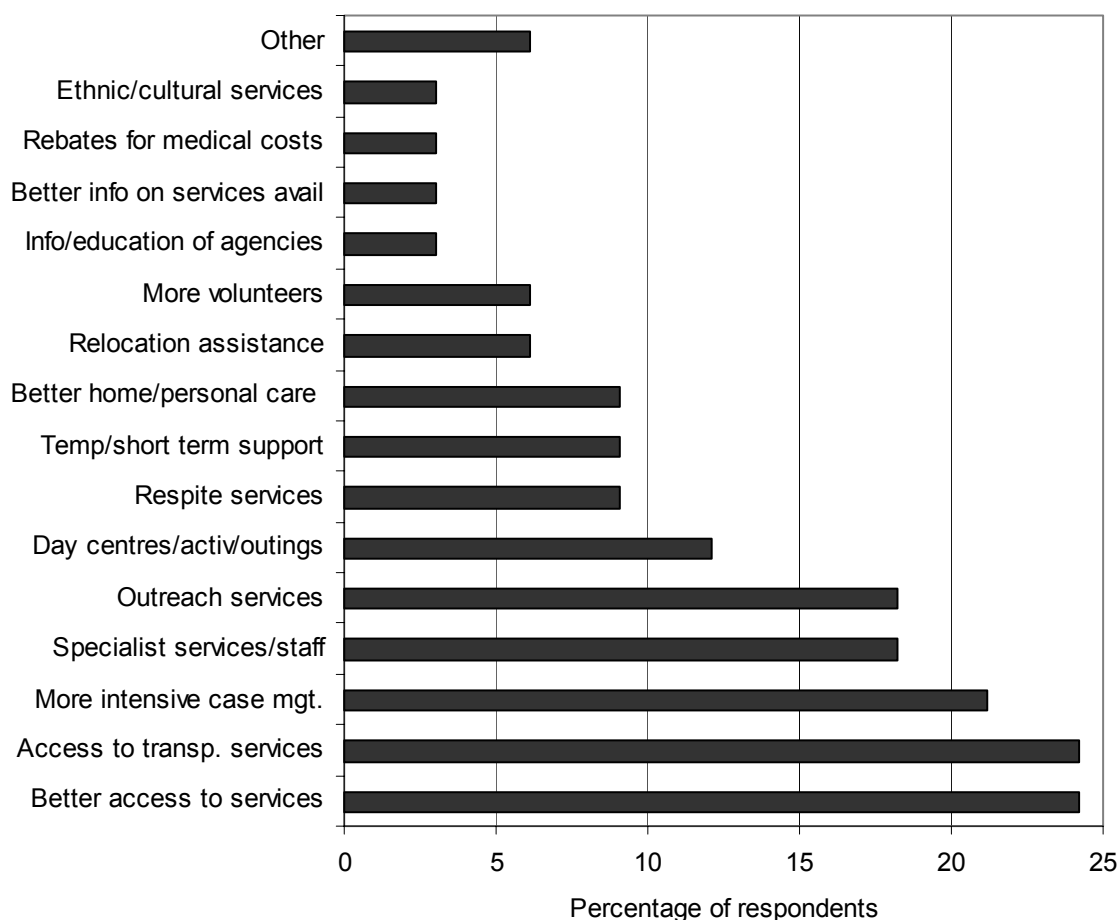
First of all there's a long waiting list for CACPs. You can wait up to six months to a year for a CACP through [Hospital Name]....And although the government is [providing]...additional HACC services, COPs,...additional services that they're saying are serving the people in the community where they want to stay, there is a great element of people who do not want to stay in the community or in their own homes because they're not capable of [it]. They don't want to. It's too lonely, they're too unsupported. They need to go into residential [care]. And with HACC services, you can't even get Homecare in under six weeks nowadays. So if somebody is coming home from hospital and you want to try and put Homecare in (just say someone is going in once a week to vacuum), six week wait and they don't keep a waiting list. And so you have to keep phoning back all the time. COPs used to do obnoxious clean ups for us. They don't do that any longer. That's a big issue. A lot of it is done by ourselves because they only have funding to support those that are disabled or don't come into the normal HACC system. And they're stretched way

beyond their resources too. So everyone is stretched, way beyond. ...
The whole system is under total stress. (ACHA Manager, 5m)

Comments about obstacles to support services from the client interviews were sparse.

When asked via an open-ended question to identify support options that should be offered but are not currently available, ACHA workers' highest priorities (shown in Fig. 28) include 'more or quicker access to services' (24.2%) and 'access to transport services' (24.2%). These were followed closely by the need for 'more intensive case management' (21.2%); 'special support services/staff' (18.2%); 'outreach services' (18.2% each) and 'day centres/activities/outings' (12.1%). A range of other support options were nominated by less than 10% of respondents.

Figure 28: Support options that should be offered but are not available at present



Question 16, ACHA Worker (n=33, multiple response)

Many of the managers argued that a major gap in support options revolves around that group of older people who have constant low-level support needs:

So it's a ... system that people that aren't specifically aged care clients, that [don't] have very high needs cannot access...and that is a great problem. And you see people who regularly...want something like this. Who know they need support but there's nothing out there you can give them that's going to satisfy their needs, because even with a CACP, somebody is only there [for] a little bit of time. There's nobody there at night. There's nobody there when they want somebody there. (ACHA Manager, 5m)

This ACHA manager proposed the following solution:

Probably to have some aged-care facilities where they were totally low-level care. We'd have it subsidised enough by the government to have proper staff on the ground and proper care and facilities there, but subsidised highly so that the aged-care facility doesn't have to try and keep getting extra money. The system is structured currently [so] that the need to get the additional money from the government, [is based] on people's care needs.

The same ACHA manager also argued that a major need is for more convalescent centres:

There's a big need for... convalescent facility, because people are nowadays pushed out of hospital very quickly, when they have a hip replacement or something done, and often pushed out back into a homeless centre or back into an inappropriate [facility] ... We haven't got convalescent centres any more.

The example was given of an older woman who was blind but was sent back home from hospital where there was no one to care for her.

7.3 Conclusions

There is general agreement amongst the three respondent groups that the barriers to obtaining housing are primarily related to lack of supply of affordable, adequate and appropriately located housing (especially public housing). The lack of choice, cumbersome bureaucratic processes and attitudes on the part of housing authorities and real estate agents acting as gatekeepers for private landlords also contribute. Individual barriers are secondary, but, according to ACHA workers, include poor tenancy history and lack of references, lifestyle choices or behaviour and financial inability to pay for bonds, deposits or removal costs.

Agency workers were able to recommend a number of housing options that are not currently available that could address the lack of choice and high dependence on public housing as a solution for older people who are homeless and at risk. Many of these were age-specific housing, the most commonly mentioned being boarding houses. Despite the dislike of boarding houses by many clients and agencies, this suggests that there is a place for appropriately located, designed and managed boarding houses as an alternative to public housing.

Obstacles to obtaining support services are mostly related to inadequate availability or capacity of services and the related issue of limited resources to cope with the demand for support services. The most important individual obstacles cited by ACHA workers are the lifestyles and behaviours of clients, their reluctance to accept support and language difficulties for older NESB people .

The emphasis on inadequate availability, capacity and funding of ACHA agencies is not surprising given the lack of any real increase in funding since the program's inception in 1993.

8 CONCLUSIONS AND POLICY IMPLICATIONS

This research demonstrates that low-income older people who have an itinerant history or who do not own their own homes and are dependent on the private rental market or other insecure accommodation are in a very vulnerable position. For those in insecure housing, a health, family or relationship crisis, rent increase, eviction or even retirement can easily result in the hold on their existing accommodation becoming more and more tenuous. However, the research also demonstrates that combining affordable, well-located and secure housing with appropriate and flexible support can result in sustainable independent living.

Although the main objective of the research was to identify sustainable pathways out of homelessness for older people, one of the aims was to understand the interaction of individual and structural factors leading to homelessness amongst older people. These factors were largely addressed in the literature and policy review presented in the Positioning Paper for this project (Judd et al, 2003), however, data relevant to these factors was also obtained in the survey and client interviews and are discussed briefly below to provide a context for addressing the research questions.

The housing circumstances of the client interview participants prior to contact with ACHA clearly show that the older homeless people in this study fit within the SAAP target group in that they were without adequate access to safe and secure housing, with many accommodated in housing that was detrimental to their health (CDFACS, 1999). Yet it was also evident that they had little or no knowledge of available services and were unlikely to access SAAP services. This lack of utilisation of services supports Warnes and Crane's (2000) view that a concept of need for this group cannot be related to expressed demand or service use, and that they can fall through the welfare safety net. The serendipitous nature of the participants' referral to ACHA also confirms the findings of Kavanagh (1997) and Russell, et al (1995) that this group often remain 'hidden' from both mainstream aged services and homeless services alike until a crisis occurs.

The client participants' housing histories fit with Chamberlain and Johnson's model of homelessness (2000a) and confirm their model of the adult homeless career (2000b) with all three stages represented by the participants: those at risk due to inadequate or unaffordable housing; those homeless due to a sudden crisis and those in chronic homelessness as evidenced by established transience. Degrees of homelessness and risk as described by Thomson Goodall Associates (1998) are also evident in the participants' histories, with vulnerability linked to failure by the market and Government to provide an adequate supply of affordable housing for people on low incomes and inadequate provision of, or inability to access, appropriate services. Although the interviews did not explore the spiritual nature of homelessness, issues of indigenous homelessness emerged that support Keys Young's (1998) typology, particularly in regard to overcrowding, relocation, and difficulties accessing stable accommodation.

The health circumstances of the clients interviewed likewise substantiate the view that homeless older people have higher rates of illness and disability than the general population of similar age (Crane and Warnes, 2001; Cohen and Sokolovsky, 1989; Hecht and Coyte, 2001; SAAP CAD, 2002). In this study the greatest concentration of clients was in the 55 to 74 age range, with ATSI clients over-represented in the under 55 category. The premature ageing of many of the participants due to lifestyle and lack of resources validated the decision to include younger age categories in this study. It also confirms that for this group of homeless people, housing alone is not sufficient to achieve sustainable outcomes in the long term.

8.1 Summary of Findings

The main findings of the research framed around the research questions is summarised and discussed below.

Housing and Support Options Available (Research Question 1)

The findings confirmed Lipmann's (1999) finding for older people with few assets and on a low fixed income are at risk of losing their accommodation in the event of an unfortunate event. Very few were without some form of accommodation on referral to ACHA, but were at imminent risk of primary homelessness.

A variety of housing options were being used by agencies, but availability to many of these was limited. The most commonly offered housing option by ACHA, and the one most favoured by them, was public housing followed by community/cooperative housing provided by the not-for-profit social housing sector. Reasons given for this were that they were more/most affordable, secure/long term and in some localities more readily available with shorter access times.

The shortage of public and community housing meant that private rental and hostel/nursing homes were offered by most agencies, with many also offering boarding and rooming houses, homeless shelter/refuges, retirement villages and living with friends/relatives as options. Despite the variety of options offered, all of the managers interviewed reported that there was not enough affordable and adequate housing available, but that clients would inevitably be placed even if not in the most appropriate option. Private rental housing was used only as a last resort because of cost and lack of security of tenure.

Attitudes to the use of boarding/rooming houses were mixed, with some agencies seeing them as a good option and others being vehemently opposed to them. Likewise, some clients interviewed objected to the lack of privacy, controls and poor facilities of boarding houses while others liked the communal nature of some and the low cost. This may reflect different regulatory controls in different states and variable standards of care (Millard, 1996; Lipmann, 1999). Living with family and friends was generally not considered to be a desirable option by agencies and clients alike. Clients interviewed generally did not like residential aged care facilities (retirement villages, hostels or nursing homes) mainly because of the lack of flexibility and privacy. In contrast, some agencies found retirement villages and hostels an excellent option for meeting the needs of clients with higher support needs. However, retirement villages were considered to be difficult to access for financially and socially disadvantaged older people, reflecting not only a shortage of subsidised places, but also a shortage of residential aged care appropriate to the needs of homeless older people (Lipmann, 1999; VAHEC, 2001). Availability of housing options are determined not only by supply but by personal factors such as health, ethnicity, behavioural characteristics and the personal preferences of clients. Availability of appropriate support can also limit housing options.

Knowledge of ACHA or other support services by clients prior to referral was rare with referral often being a serendipitous event assisted by friends, neighbours charities, hospitals or others in the community either as a series of progressive steps or in response to a health crisis.

Support offered was extensive and varied, including assistance with establishing or maintaining a tenancy; advocacy and referrals to other support services; and assistance with daily living and health needs. However, the most commonly provided services were assistance with application forms, advocacy, referrals, relocation and transport, and finance and tenancy matters. Support associated with minor home maintenance, meal preparation, personal care and shopping were less common – a different pattern to other aged care services. Most clients were receiving services from sources other than ACHA, some from HACC, CACPs, day centres, respite care and mental health,

Managers stressed the importance of seeing each individual as different and carefully assessing needs to determine appropriate support. Building a relationship based on trust and the provision of on-going emotional and social support were also considered vital. Support given by ACHA was found to have had a profound impact on clients interviewed. ACHA agencies provided a reliable point of contact creating a much needed sense of safety and security and facilitated access to other services. More than half of the clients interviewed were receiving help from a variety of sources other than ACHA such as HACC, CACPs, day centres, Aboriginal cooperatives and mental health services. A considerable amount of informal support was also provided by neighbours, and to a lesser extent by family and friends. Day centres were seen as a very important form of support for overcoming the isolation of many older homeless people, but involvement was not favoured by some clients.

Housing and Support Preferences (Research Question 2)

For managers, establishing the housing and support preferences of older people is not straightforward. It depends to a large extent on the history and needs of the individual, and especially their health profile, and the options available. A lack of knowledge of options is a common problem amongst older homeless people. However two key themes underlying preferences emerged from the client and manager interviews – the need for security and the desire for independent living. This is expressed by clients a desire for privacy being close to facilities that enable independent living.

The client interviews clearly established that housing preferences were more likely to be based primarily on a strong desire to live alone, and that location or neighbourhood factors were more important than housing type and design. This included closeness to family and friends, a peaceful and safe environment and having friendly and helpful neighbours, but more importantly convenience of transport and shopping. Freedom to do as they choose, privacy and adequate facilities for independent living were critical factors shaping preferences. This supports findings by previous studies that identified that feeling in control of their lives in terms of living arrangements and social interaction were the main priorities for all older people (Sargent, 1996; NSW Ministry of Housing, Planning and Urban Affairs, 1995; Davison et al, 1993).

In keeping with these requirements, the overwhelming preference of clients was for public housing as it provided appropriate facilities for independent living as well as much needed security of tenure and affordability. Age-specific public housing was a particularly favoured option. Community and cooperative housing were favoured by some for having 'good neighbours or neighbourhoods' as well as for its affordability, security of tenure and appropriateness. Residential care (hostels and nursing homes) were generally disliked because of cost, regulations, routine and lack of privacy and only tolerated by clients if constant care was required. Housing options least preferred by clients included private rental housing, not only because of lack of security of tenure and affordability, but also because of lack of control of their environment, poor maintenance and conflict with agents and landlords. Boarding houses were usually disliked due to exploitation, intimidation and eviction by landlords as well as minimal privacy and facilities for independent living. Some boarding houses were regarded as acceptable if they provided agreeable companionship and support and were low cost.

Central to the support needs and preferences of clients was again a strong desire for independence and control over daily living with most preferring, if possible, to do their own cooking, shopping and housework if possible to maintain a sense of dignity and purpose. However the knowledge that support was there if needed was important to their sense of security. Nevertheless, the range of services clients appreciated help with were extensive and varied. These fell into two main categories:

1. Assistance with establishing a tenancy: including assisting with emergency accommodation, finding accommodation, organising rent payments, financial assistance with bonds or obtaining rent assistance, dealing with housing authorities or real estate agents, application forms, packing and moving, cleaning premises, obtaining furniture, connecting utilities and organising modifications for accessibility.
2. Support for sustaining a tenancy: including help with housework, home maintenance, shopping, meals, transport, financial management, health and medical appointments.

Day centres were seen by managers as an enormously important support for overcoming isolation, but although some clients appreciated the activities, most did not want to participate. Never-the-less, a number of clients expressed a need for feeling useful or giving something back by helping the agency, a day centre or other clients in various ways.

Over two thirds of ACHA agencies surveyed identified gender differences in housing and support needs and preferences. Women were regarded as having greater needs for security and personal safety, placing greater emphasis on housing appearance and quality, greater dislike of rooming/boarding houses and caravan parks, needing more physical space and placing more importance on neighbourhood and personal social support networks. There was less evidence of gender differences in housing preferences from client interviews but women were found to place more importance on the proximity of family and friends, feeling safe and secure, having a natural outlook or garden while males placed more importance on the convenience of the area for transport, shops and other facilities. In terms of support needs, men were considered by agency workers to require more care and physical support and women more emotional support.

Ethnic/cultural differences were also reported by two thirds of the agencies surveyed. The main differences in housing preferences were a greater desire amongst Aboriginal and NESB clients to reside with family or in a cultural neighbourhood and to have a larger dwelling to accommodate visiting family and friends. This was only partially confirmed in client interviews. Some ATSI participants actually preferred not to be in an indigenous community and most NESB preferred to be close to family rather than live with them, implying that individuals within these groups should not be viewed as homogeneous.

Cultural differences in support preferences included the need for culturally specific services and workers, more support with language and communication, a greater need for cultural awareness and support by agency workers and to a lesser extent different food and nutritional requirements. Managers confirmed the need for more intensive support for NESB clients and a higher demand for support from Caucasian as opposed to Indigenous clients. However, few discernable ethnic/cultural differences were apparent from the client interviews. Support from close family members (mostly sons and daughters) was particularly important to some ATSI and NESB clients.

Acceptance and Resistance to Housing and Support (Research Question 3)

The manager and client interviews indicated that acceptance or resistance of housing and support options can be influenced by a combination of personal and structural factors. Personal factors reported by managers included a perceived inherent resistance to change (and hence moving) and lack of trust on the part of clients. Dislike of certain areas or housing options, particularly shared accommodation types, a preference for an area or a desire to be close to family or friends, also influenced acceptance of options. The client interviews highlighted that familiarity of location, particularly in an area where they had grown up or lived for a long period of time, was often central to wellbeing and sense of 'home'. The strong desire of many clients for independence, coupled with a sense of pride and a lack of knowledge and

understanding of available options often hindered the ready acceptance of help. This confirms the findings of previous research (Crane, 1999; Kavanagh, 1997; Russell, et al, 1995) and the need for the development of a trust relationship with the service provider.

The primary structural factors as reported by managers that impacted on acceptance or resistance by clients included the availability of housing that was appropriate and acceptable in a preferred location and the availability of support for a particular housing option. This was influenced by time constraints and the ability of the agency worker to develop a relationship of trust with the client. It was also evident from the client interviews that the demands placed on clients by bureaucratic rules and regulations by public housing agencies compounded uncertainty and contributed to a lack of trust.

Independent Living Outcomes and Sustainability (Research Question 4)

In the view of agencies, public housing was also regarded as the best housing option to break the cycle of homelessness for reasons of security of tenure and affordability. Community/cooperative housing was also regarded as effective by some agencies primarily because there is more support available but also for its security of tenure, appropriateness and social opportunities or sense of belonging. The importance of social housing in providing security of tenure and affordability identified in this study corroborates other studies that highlight the impact this can have on ensuring that housing is suitable for independent living as people grow older. It also enables them to have sufficient income remaining after paying rent thus ensuring adequate living standards (NSW Ministry of Housing, Planning and Urban Affairs, 1995; Lawson, 1995).

Most prominent amongst housing options that did not work well for clients was private rental, mostly for reasons of cost but also because of a lack of security of tenure, poor or slow access, landlord/agent conflict, maintenance problems and poor disabled access. Other housing options that some ACHA workers regarded as not working well for their clients were rooming and boarding houses, transportable homes, living with friends and relatives and homeless shelters. However, some managers felt that caravan parks and boarding houses were a reasonable option for short-term accommodation but not for the long-term. Hostels and Retirement Villages where rules were flexible, particularly those developed specifically to meet the needs of older homeless people, were viewed favourably by managers but were generally in short supply.

There were mixed views about clustering older previously homeless people together. Some managers regarded it as helpful in encouraging social contact, others believing it reinforced negative behaviour. This did not seem to be of great importance to clients in shaping preferences, with most being happy with either as long as neighbours were compatible and friendly. However, those few clients who had been housed in age-specific public housing were overwhelmingly positive about this type of accommodation.

Managers also identified dwelling design as important for older people. This included accessibility, amount of private open space, building height, dwelling size and layout. Design factors were also important to clients, particularly those who were older and frail, in order to maintain independent living. Sustainable housing options also need to take into account the "human factor" with an emphasis on prevention, including (where required) support and monitoring for health needs, drug and alcohol problems and financial management.

The support services considered by Agency workers as most necessary to maintain independent living were those providing assistance in dealing with other agencies (help with application forms, advocacy and referrals). Second, were those providing assistance with relocation, transport, medical services and tenancy matters. Of less importance were assistance with housework and shopping, personal care, home maintenance and meal preparation (a different pattern from other services for the aged) and supports the view of Warnes and Crane (2000) that continuing support for a wide

range of needs is necessary to achieve a sustained pathway out of homelessness for older people.

As identified in a study by Cohen et al (1997), support also needs to be appropriate. According to the ACHA agencies, success of support services in enabling sustained independent living for older homeless people is enhanced by the following:

1. Flexibility: greater flexibility in tailoring support to the needs of clients enhances success.
2. Suitable level of support: in relation to the health and other individual needs of the client and the extent of their isolation.
3. Social contact: placing clients in situations (eg day centres) where they have some social contact to overcome isolation.
4. Trust: building up a relationship of trust with clients.
5. Material resources: agencies need to be adequately resourced to provide clients with furniture, white goods, clothes, pay for services (eg electricity bills etc.) and undertake maintenance.
6. Financial monitoring: required by many older people to ensure payment of bills, rent, etc.
7. Advocacy in dealing with bureaucracy: central to maintaining a tenancy and gaining and maintaining entitlement for support services.

The clients interviewed were unsure as to what help they might need in future to maintain independent living, but most prominent was the need to have someone to contact if help was required. However, close to half acknowledged they might need additional assistance – possibly with housework, garden, shopping, transport, personal care, cooking and finance.

Most clients intended to stay in their current accommodation as long as possible – particularly those housed in public and community housing, unless located too far from relatives or cultural support. Almost all the clients interviewed that were private tenants did not expect to stay long term. Clients in secure housing who were involved in community day centres or other social activities were the most positive about the future.

8.2 Policy Implications

Barriers and Gaps in the Provision of Housing and Support

Agency managers and workers identified a number of barriers and gaps in housing and support for older homeless people that have important policy implications. In terms of current housing options available, the primary barriers appear to be structural – i.e. a shortage in the supply of social housing and the bureaucratic processes and attitudes associated with accessing it. However, when asked what other options should be available, a variety of suggestions were made. These included mostly age-specific housing of various types including boarding/rooming houses, supported housing and group homes as well as public and community housing. This suggests that the housing type is perhaps less important than increasing the supply of a variety of affordable, well-located and appropriate housing for financially disadvantaged older people. Individual barriers, such as poor tenancy history and lifestyle choices/behaviour appear to be secondary barriers to accessing housing.

In terms of support, the barriers identified by agencies were also primarily structural, mostly related to lack of capacity or resources to meet demand. Clients' individual lifestyles/behaviours were secondary, but none-the-less important. The major gaps in support services relate to the hidden group of older people exemplified in this study who have constant low-level support needs but are unknown to mainstream services until a crisis occurs. Agency workers identified the need for more or improved access for this

group to a range of services including transport, case management, specialist (eg NESB, ATSI) services, day centres and respite/convalescent care. Speed of access to services was also identified as a problem along with limited outreach services.

Policy Issues and Dilemmas

The findings of the research demonstrate the need for a variety of housing options for financially disadvantaged older people who are non-homeowners and at risk of homelessness. The unreliability of the private rental market to meet the housing needs of older people on a low fixed income is evidenced by inadequate accommodation, the lack of security of tenure, poor maintenance of premises and unaffordable rents which contribute to homelessness for this group.

Broadening the options and improving access to affordable, secure and suitable housing raises a number of policy issues and dilemmas. These are discussed below in relation to the key housing sectors involved.

- **Public Housing:** Despite the strong reliance on, and preference for, public housing (especially age-specific) by agencies and clients alike, and the expressed need for increased access, it is unrealistic in the current policy climate to expect that this will occur. In fact, in most jurisdictions, the public housing stock is decreasing. While the needs of more older homeless or marginally housed people could be met by lowering the age for priority access and reconfiguring stock to provide more age-specific public housing, this would impact on accessibility for other groups and only accelerate the already ageing public housing clientele.
- **Community Housing:** As the second preference of agencies and clients, community housing provides an attractive alternative as providers often have the skills necessary to combine housing and support. However, this is still a relatively small social housing sector and would require significant growth to meet the increasing demand of older people who are homeless or marginally housed. Also, to date, growth in the community housing sector has itself largely taken place at the expense of public housing (i.e. via stock transfers) thus not adding significantly to the total stock of social housing.
- **Private Rental Housing:** The key issues with private rental housing are the lack of affordability, choice, adequacy of accommodation and security of tenure. Affordability problems are particularly acute in the high cost rental markets of the larger cities, and are reinforced by the lack of regional variation in Commonwealth Rent Assistance (CRA). However, attempts to devise an equitable basis for variable CRA have proved difficult (Burgess, 2003) and would result in a redistribution of housing assistance in favour of the larger states. While security of tenure can be improved through head-leasing by public housing authorities or community housing organisations, this is a management intensive option.
- **Boarding and Rooming Houses:** Traditionally, boarding and rooming houses have provided an important, if not ideal, form of affordable housing for disadvantaged older people. While clients were generally negative about boarding houses, managers views were mixed – some regarding age-specific high quality boarding houses as a suitable option. In some states licensing has improved the quality of accommodation and access to support, and some innovative examples such as the Transitional Housing project in Waterloo provide a high standard of accommodation and support specifically for older homeless and at risk people. In terms of design, however, boarding houses are generally unsuitable for older people in the long term because they do not provide adequate facilities for ageing in place.
- **Residential Aged Care:** Despite the preference for independent living, there is also a need for residential aged care facilities that are able to meet the specific lifestyle needs and preferences of older homeless people who have higher care needs and cannot live independently in the community. An example are those

provided by Wintringham in Victoria. Lack of capital funding by Government for the establishment of this kind of accommodation precludes this as an option for many organisations since the industry is heavily reliant on resident bonds.

- **Alternative Housing Options:** Given the difficulties of increasing access to the above options, alternatives that might be expanded include various forms of supported communal or cluster housing (eg. Abbeyfield) or independent living units for low income people. While some private retirement villages offer support services, these are fee based and can further impact on affordability as well as raising concerns about tenants' rights, quality of support services and institutional management styles (Jones et al, 2004).

The findings demonstrate the need for a variety of specialised support options for older homeless people. Services for the homeless often do not recognise or cater well for the special needs of this group which, in many aspects, are different from those required by the younger homeless. These include the more acute health and disability problems associated with ageing, the lack of employment prospects and greater vulnerability to abuse and exploitation by family, landlords and others. In addition, since the older homeless tend to be prematurely aged, they are often ineligible to access to mainstream aged care services or their needs do not fit service criteria.

Some of the key areas in which support services need to be expanded for this particular group of older people include:

- **Outreach and advocacy services:** to increase awareness among disadvantaged older people;
- **Community care services (eg. CACP and HACC):** for those with complex needs who require ongoing care in the community;
- **Monitoring and support services:** for those with lower level needs to prevent recurrence of homelessness;
- **Day centre services:** that provide meaningful activities, social interaction and support to facilitate integration into the wider community.

While in official statistics (AIHW, 2001; SAAP, 2002) older people (50 years and over) represent only around 8,600 (9%) of all SAAP clients in Australia, there is evidence from this and other studies that they are less likely to be aware of or utilise services for the homeless. Other sources suggest that the number of older people at risk may be in excess of 250,000 (Alt, Statis and Associates, 1996:7). The ageing of Australian society (including the 'baby-boomer' phenomenon), increasing social polarisation, increasing housing costs, a reducing supply of social housing and affordable private rental housing and limited funding for support services means that older homelessness will be a growing problem unless an adequate amount of appropriate housing and support service are provided.

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APPENDIX 1: LIST OF PARTICIPATING ACHA AGENCIES BY STATE

New South Wales

Mercy Arms, PO Box 2675 Strawberry Hills, NSW, 2017

Wesley Home Care Service, Level 3, 222 Pitt St, Sydney NSW 2000

Benevolent Society of NSW, PO Box 171, Paddington NSW 2021

Anglican Retirement Villages, PO Box 284, Castle Hill, NSW 2154

Baptist Community Services, Private Bag 5, Eastwood, NSW 2122

Lucan Care, PO Box 89, Leichhardt, NSW 2040

Hunter Retirement Living Community Care, PO Box 153, Cardiff, NSW 2285

Centacare Catholic Community Services, PO Box 419, Liverpool, NSW 1871

Nambucca Valley Community Services, PO Box 132, Macksville, NSW 2447

Illawarra Retirement Trust, PO Box 116, Woonoona, NSW 2517

Victoria

Maribyrnong City Council, PO Box 58, Footscray, Vic 3011

North East Region Migrant Resource Centre, 251 High St, Preston, Vic 3072

Salvation Army Hawthorn Project, PO Box 213, Hawthorn, Vic 3122

Wintringham Hostels, PO Box 193, Flemington, Vic 3031

Southern Central Region Migrant Resource Centre, 161 Fitzroy St, St Kilda, Vic 3182

Sacred Heart Mission of St Kilda, Po Box 1284, St Kilda, Vic 3182

Housing for the Aged Action Group, 2nd Floor, Ross House, 247-251 Flinders Lane, Melbourne, Vic 3000

Mallee Accommodation and Support Program*, PO Box 1686, Mildura, Vic 3502

Villa Maria Centre, PO Box 189, Wantirna South, Vic 3152

Outreach Connections/Connect Support, Hovell St., Wodonga, Vic 3690

Southern Health Community Service, Nepean Highway, Parkdale, Vic 3195

South Australia

Adelaide Day Care Centre for Homeless Persons, 32 Moore St, Adelaide, SA 5001

City of Salisbury, PO Box 8, Salisbury, SA 5108

Resthaven Inc./Helping Hand, 43 Malborough St, Malvern, SA 5063

Wesley Uniting Mission, 18 Third St, Brompton, SA 5007

City of Port Adelaide**, PO Box 110, Port Adelaide, SA 5025

City of Onkaparinga, PO Box 408, Noarlunga Centre, SA 5168

Queensland

Society of St Vincent De Paul, State Council of QLD (Inner South), PO Box 955, Fortitude Valley, QLD 4006

Society of St Vincent De Paul, State Council of QLD (Inner North), PO Box 955, Fortitude Valley, QLD 4006

Society of St Vincent De Paul, State Council of QLD (Sunshine Coast), PO Box 955, Fortitude Valley, QLD 4006

Western Australia

Care Options Inc., (formerly South West Outreach Service), PO Box 1276, Bibra Lake, WA 6163

Anglicare Housing Advocacy Support Services, Geoffrey Sambell Centre, 42 Collin St, West Perth WA 6005

Halls Creek Community Care, PO Box 129, Halls Creek, WA 6770

City of Belmont Home Care, PO Box 379, Cloverdale, WA 6105

Tasmania

The Salvation Army, 250 Liverpool St, Hobart TAS 7000

Australian Capital Territory

Northside Community Services, Majura Community Centre, PO Box 453, Dickson, ACT 2602

Southside Community Services, PO Box 7, Narrabundah, ACT, 2604

Woden Community Services Inc., PO Box 35, Woden, ACT 2606

Northern Territory

Arrernte Council of Central Australia**, PO Box 8828, Alice Springs, NT 0871

Anglicare Top End**, PO Box 36506, Winnellie, NT 0821

* Indicates agencies specialising in targeting ATSI clients

** Agencies with general and ATSI worker

APPENDIX 2: ACHA WORKERS QUESTIONNAIRE



THE UNIVERSITY OF
NEW SOUTH WALES



HOUSING OPTIONS AND INDEPENDENT LIVING: SUSTAINABLE OUTCOMES FOR OLDER PEOPLE WHO ARE HOMELESS

SELF ADMINISTERED SURVEY OF ACHA WORKERS

Dear ACHA agency,

Thank you for participating in the Housing Options for Older Homeless People's Project. Your contribution is an essential part of the research as it provides vital information on housing and support options used by your service and your experience as to what works and what doesn't.

The results of this research will be published on the AHURI Web Page and in hard copy. Anonymity of agencies, their staff and clients will be maintained at all times in published results. To assist you with the successfully completion of this survey, we have provided a set of questions and answers to make your task simple and quick to follow:

Q: Who has to complete the survey?

ACHA Worker – or supervising ACHA worker (if part of a team) per each agency or sub agency

Q: How long should it take?

Approximately 1 hour

Q: What is the latest return date for the survey?

2nd September

Q: What format can I use to fill out the survey?

Either PRINT the survey and complete it by hand OR save the survey and complete it on COMPUTER and return it via e-mail

Post: Yuvisthi Naidoo

Fax: Yuvisthi Naidoo

University of New South Wales

(02) 9385 1040

School of Social Science and Policy

Morven Brown Building

Sydney NSW 2052

E-mail: y.naidoo@unsw.edu.au

Q: Who do I contact if I have questions?

Kay Kavanagh on (02) 9310 1201 or
Yuvisthi Naidoo on (02) 9385 2491

NAME OF YOUR AGENCY

PART A: QUESTIONS ABOUT THE SERVICES YOUR AGENCY PROVIDES

1. Please provide the NUMBER of your clients that reside in the following urban/rural locations. *(Indicate the number in each box below)*

<input style="width: 50px; height: 20px;" type="text"/>	Inner Metropolitan
<input style="width: 50px; height: 20px;" type="text"/>	Mid Suburban Metropolitan
<input style="width: 50px; height: 20px;" type="text"/>	Outer Suburban Metropolitan
<input style="width: 50px; height: 20px;" type="text"/>	Coastal Regional Urban
<input style="width: 50px; height: 20px;" type="text"/>	Rural/Regional Urban Centre
<input style="width: 50px; height: 20px;" type="text"/>	Semi-Rural
<input style="width: 50px; height: 20px;" type="text"/>	Rural
<input style="width: 50px; height: 20px;" type="text"/>	Remote Rural
<input style="width: 50px; height: 20px;" type="text"/>	Other (please specify in the box below)

<input style="width: 50px; height: 20px;" type="text"/>	Total
---	-------

2. What housing options can you offer to your clients?
(Place an X in each relevant box)

<input style="width: 50px; height: 20px;" type="text"/>	1. House/Flat – Public Rental
<input style="width: 50px; height: 20px;" type="text"/>	2. House/Flat - Private Rental
<input style="width: 50px; height: 20px;" type="text"/>	3. Community Housing
<input style="width: 50px; height: 20px;" type="text"/>	4. Boarding/Rooming/Lodging House or Private Hotel
<input style="width: 50px; height: 20px;" type="text"/>	5. Homeless Persons Shelter/Refuge
<input style="width: 50px; height: 20px;" type="text"/>	6. Supported Share Housing/group home
<input style="width: 50px; height: 20px;" type="text"/>	7. Self contained retirement unit/village
<input style="width: 50px; height: 20px;" type="text"/>	8. Residential aged care facility/nursing home
<input style="width: 50px; height: 20px;" type="text"/>	9. Transportable home (caravan/relocatable/motor home)
<input style="width: 50px; height: 20px;" type="text"/>	10. Living with friends/relatives
<input style="width: 50px; height: 20px;" type="text"/>	11. Other (please specify in the box below)

3. What geographic area(s) does your agency provide services for?

4. **Refer back to Q2.**

Which of these housing options do you use most often – and why?

(Please use the housing option number from Q2 followed by the reason/s)

5. **Refer back to Q2.**

Which of these housing options do you find generally work best in breaking the cycle of homelessness for your clients – and why?

(Please use the housing option number from Q2 followed by the reason/s)

6. **Refer back to Q2.**

Which of these housing options have you found generally do not work well for your clients – and why?

(Please use the housing option number from Q2 followed by the reason/s)

7. Which of these housing options do your clients generally prefer – and why?
(Please use the housing option number from Q2 followed by the reason/s)

8. What barriers are there to obtaining suitable housing for your clients?
(Please list below)

9. Are there any differences in the HOUSING needs/preferences of older men and women?

Yes ☐

No ☐

If YES, please state why below:

10. Are there any differences in SUPPORT needs/preference of older men and women?

Yes ☐

No ☐

If YES, please state why below:

11. Are there any differences in the HOUSING needs/preference of clients due to ethnic/cultural background (including ATSI)?

Yes ☐

No ☐

If YES, please state why below:

12. Are there any differences in the SUPPORT needs/preference of clients due to ethnic/cultural background (including ATSI)?

Yes ☐

No ☐

If YES, please state why below:

13. In your view, what other HOUSING options should be offered for homeless older people that are not currently available?

(Please list below)

14. What SUPPORT options do your clients require to maintain independent living in the community – and how often?

(Please place a X in the appropriate box for each support option listed below)

Support Options	Never	Rarely	Often	Very Often	Always	Not Applicable
Advocacy						
Finance						
Help with application forms						
Housework						
Meal preparation						
Medical						
Minor home maintenance						
Personal care						
Referrals						
Relocation						
Shopping						
Tenancy matters						
Transport						
Other(s) (Please state)						
1.						
2.						
3.						

15. What, if any, are the obstacles to obtaining support services for your clients?

(Please list below)

16. In your view, what support options should be offered that are not available at present?

(Please list below)

17. If you have any other comments about housing and support options for older homeless people that are relevant for our research, please include below:

PART B: YOUR ACHA CLIENT GROUP PROFILE

19. In order for us to obtain a better understanding of your client group profile, please complete the ACHA Client Profile table on the following pages. (using one row for each client)

PLEASE GO TO THE TABLES ON THE FOLLOWING PAGE(S)

**THANK YOU FOR YOUR ASSISTANCE WITH THIS RESEARCH
IT IS MUCH APPRECIATED**

PART B: ACHA CLIENT PROFILE (please provide following details for each client - one row per client)								
No	Gender (M/F)	Age (Yrs)	Ethnic/Cultural Background including ATSI (please specify)	Referred for: Housing (H) Support (S) Both (H+S)	Housing situation on referral* (use category no. below)	Has the client been rehoused since referral (Yes or No)	Current housing situation* (use category no. below)	Time taken to rehouse (Months)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

*Housing Situation Categories home)	5. Boarding/rooming/lodging house or private hotel	10. Transportable home (caravan/relocatable/motor home)
1. House/Flat – Owner/Purchaser	6. Homeless persons shelter/refuge	11. Psychiatric facility
2. House/Flat – Public Rental	7. Supported share housing/group home	12. Living with friends/relatives
3. House/Flat – Private Rental	8. Self contained retirement unit/village	13. Without conventional shelter (squat/car/park etc)
4. Community Housing	9. Residential aged care facility/hostel/nursing home	14. Other (Please specify by writing in the box)

PART B: ACHA CLIENT PROFILE (please provide following details for each client - one row per client) ... continued								
No	Gender (M/F)	Age (Yrs)	Ethnic/Cultural Background including ATSI (please specify)	Referred for: Housing (H) Support (S) Both (H+S)	Housing situation on referral* (use category no. below)	Has the client been rehoused since referral (Yes or No)	Current housing situation* (use category no. below)	Time taken to rehouse (Months)
21								
22								
23								
24								
25								
26								
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28								
29								
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32								
33								
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35								
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40								

*Housing Situation Categories (home)	5. Boarding/rooming/lodging house or private hotel	10. Transportable home (caravan/relocatable/motor home)
	6. Homeless persons shelter/refuge	11. Psychiatric facility
	7. Supported share housing/group home	12. Living with friends/relatives
	8. Self contained retirement unit/village	13. Without conventional shelter (squat/car/park etc)
	9. Residential aged care facility/hostel/nursing home	14. Other (Please specify by writing in the box)

PART B: ACHA CLIENT PROFILE (please provide following details for each client - one row per client) ... continued								
No	Gender (M/F)	Age (Yrs)	Ethnic/Cultural Background including ATSI (please specify)	Referred for: Housing (H) Support (S) Both (H+S)	Housing situation on referral* (use category no. below)	Has the client been rehoused since referral (Yes or No)	Current housing situation* (use category no. below)	Time taken to rehouse (Months)
41								
42								
43								
44								
45								
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*Housing Situation Categories 1. House/Flat – Owner/Purchaser 2. House/Flat – Public Rental 3. House/Flat – Private Rental 4. Community Housing			5. Boarding/rooming/lodging house or private hotel 6. Homeless persons shelter/refuge 7. Supported share housing/group home 8. Self contained retirement unit/village 9. Residential aged care facility/hostel/nursing home	10. Transportable home (caravan/relocatable/motor home) 11. Psychiatric facility 12. Living with friends/relatives 13. Without conventional shelter (squat/car/park etc) 14. Other (Please specify by writing in the box)
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APPENDIX 3: MANAGER INTERVIEW SCHEDULE

MANAGERS' INTERVIEWS

Themes to be covered:

- What are the processes that have lead to their clients landing up in an extremely vulnerable housing situation?
- What housing and support interventions serve BEST to break the cycle of homelessness?
- What individual and structural factors contribute to acceptance / resistance of housing and support options for older homeless people?
- What are the obstacles to achieving sustainable outcomes for homeless older people?
- In what ways existing policy can be improved so as to achieve sustainable outcomes with older homeless people.

Interview Questions

Preliminaries

Reiterate the purpose of the research & interviews: to understand and identify sustainable pathways out of homelessness for older people. The project wants to build on the experiences of ACHA managers and their clients in ascertaining those housing and support options that are acceptable to older people, and prevent them from returning to homelessness. The main aim of these interviews is to obtain in-depth information on structural and policy issues relating to housing and support for older homeless people.

Need to define homelessness: This research defines homelessness broadly to include those without conventional shelter (i.e. living on the streets etc), those living in temporary accommodation (i.e. shelters, with friends, hostels, boarding houses), those living permanently in private boarding/rooming house accommodation and those living in marginal housing. The definition is deliberately broad to include more than those who are 'roofless', but those who are in insecure accommodation and are socially marginalised.

Background Information

- Does your ACHA service focus on a specific client group/s? If yes, please describe. (Probe for details of various groups)
 - If they do, why those specific groups?
- From your experience, what are the circumstances that lead to homelessness amongst your older clients?

(If applicable probe about the circumstances surrounding the specific group/s or clientele the agency focuses on?)

Housing and Support Interventions

- In your experience, what housing and support interventions are most successful in achieving long term positive outcomes for your older homeless clients?

(Ensure that both housing and support are answered comprehensively. If not, then probe individually for housing and then support)

- What are the particular strengths and weaknesses of the different interventions you mentioned?

- What, if any, are the differences in the housing and support needs and preferences across your different client groups?
- (Probe for differences across client groups mentioned above - in terms of age, gender, ethnicity, location, disability etc)
- What types of housing and support have you found to be not very effective for your clients?
(Probe: and Why?)
- Does your agency have access to an adequate range of appropriate housing and support options for meeting the needs of older homeless people? Why?
- What other housing and support options would you like to be able to offer?
- (Suggested prompts include: description of options, advantages and disadvantages, obstacles to getting it etc)
- To what extent are you able to satisfy the demand on your agency for housing and support services for older homeless people?

Individual and Structural Factors

- What personal client characteristics contribute to acceptance of, or resistance of housing and support services for your clients (Probe: and why? and how?)
- What structural factors contribute to acceptance of, or resistance of housing and support services for your clients?
- (If respondents find it difficult to understand 'structural', then elaborate on structural as political, economical, social and cultural factors) (Probe: and why? and how?)

Addressing Homelessness

- Based on your experience, what are the most important factors in preventing your particular client group/s from returning to homelessness?
- What do you believe to be the main obstacles to achieving sustainable outcomes for homeless older people?

(This question is looking at the broader issues)

- In your opinion, what do you believe to be some solutions that may address achieving sustainable outcomes for homeless older people?

Government Policy

- What impact do you think government policy has on achieving sustainable outcomes for homeless older people?
- In what ways could current government policy be shaped or re-shaped to help address homelessness for this group and achieve sustainable outcomes?
- How do you see the future for older homeless people?
- Is there anything else you would like to add that is relevant / beneficial to this research?

APPENDIX 4: CLIENT INTERVIEW SCHEDULE

CLIENT INTERVIEWS

Themes to be covered:

- Informants' perceptions of their current housing option.
- The support services they receive and their perceptions of these support services.
- What they view as the ideal housing and support combination for their particular circumstances.
- Their explanation of why they found themselves in an extremely vulnerable housing situation.
- What housing and service interventions ensure that the outcomes for them are positive and sustainable?
- Informants' understanding of factors that contribute to acceptance/resistance of housing and support options for older homeless people.

Interview Questions

Preliminaries

Reiterate the purpose of the research & interviews: We are very interested to find out your views on your current housing situation and the support services you receive and what you feel is your ideal living environment. We want to learn from you what housing and other assistance with help to provide long-term solutions to your needs. Your input is crucial to understanding how to improve the housing and assistance you receive.

Introduce the interview process:

- everything you say will be confidential, your name will never be revealed (unless you request this) and nothing will be used against you.
- there are no right and wrong answers, we are very interested in you, your life and your opinions so please feel free to honestly and openly
- we would like to tape you so that we can listen carefully to what you are saying and do not have to write notes. The tape will not be given to anyone outside the research team.
- If you give us permission, we would like to take photograph of you so that we can remember who you are. We may use this photograph when we publicly speak about the research

Informants' perceptions of their current housing situation

- What do you think of the place you are living in now? Why is that?
- When did you move here?
- Why did you move here?
- Did you want to move here? Why?
- What do you like about it?
- What don't you like about it? Why is that?
- What do you think of this area / neighbourhood? Why?

Informants' recollection of their previous housing history

- Where were you living before you moved here? (prompt: for both housing type and neighbourhood)
- What was that like?
- What problems did you have with that accommodation?
- How did you come to move there?
- How long did you live there?
- What other types of accommodation have you lived in?
- What things make you want to stay in a place?
- What things make you want to leave a place?
- Have you ever had any problems finding accommodation? Why was that?

Informants perceptions of their ideal housing situation

- Do you think of this place as home? Why? (*note asking about current place*)
- What changes would you make to your home if you were able to?
- What kind of accommodation do you prefer? Why?
- If you had the choice, how would do you like to live? (*Try and tease out the following: private space, sharing, independence, security, safety, etc*)
- Where (area) would you most like to live? Why?
- What do you think the future holds for you?
- Do you think you will stay here? Why?
- If not, where will you go?

Health problems / Disabilities

- Could you tell me about any health or disability problems you might have?
- (If necessary, prompt about mental health problems, physical problems etc)
- How do these problems affect you? (prompt for limitation problems pose)
- What kind of help do you need to live here and do what you want to do?
- (May need to prompt about the type of help required eg housekeeping, shopping, banking, going out?)
- What kind of help are you getting any help with these things?
- (Note they may not be familiar with the support service language used eg HACC services, CACP's. Clarify with ACHA worker afterwards – especially need to know if services are case managed.)

Services

- What do you think of this/these services?
- Do you feel you need these services? Why? (*may not need this, if answered already*)
- What do you like about the service/s you are getting?
- What don't you like about them, if anything?

- Do you think they are meeting your needs? (if not, why not?)
- What help do you feel you really need to live the way you would like? Why?
- What help do you think you may need in the future?

Before we end, we need to ask you some quick questions:

Your age?

What is your ethnic/cultural background?

Where are you currently living?

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