Positioning Paper

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

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACAS	Aged Care Assessment System (Victoria)
ACAT	Aged Care Assessment Team
ACCD	Aged and Community Care Division (Commonwealth Dept of Health and Family Services)
ACHA	Assistance with Care and Housing for the Aged program
ACOSS	Australian Council of Social Services
ACRS	Aged Care Reform Strategy
AFHO	Australian Federation of Homelessness Organisations
AHO	Aboriginal Housing Office (NSW)
AHURI	Australian Housing and Urban Research Institute
AIDS	Acquired Immune Deficiency Syndrome
AIFS	Australian Institute for Family Studies
AIHW	Australian Institute of Health and Welfare
ALP	Australian Labor Party
APHA	Aged Persons Homes Act
ATSI	Aboriginal and Torres Strait Islander
CACH	Commonwealth Advisory Committee on Homelessness
CACP	City Aged Care Program (SA)
CACP	Community Aged Care Packages (Commonwealth Government)
CAD	Coordination and Development Committee of SAAP
CAP	Crisis Accommodation Program
CCP	Community Care Packages (Victoria)
CDFACS	Commonwealth Department of Family and Community Services
CDHAC	Commonwealth Department of Heath and Aged Care
CDHFS	Commonwealth Department of Health and Family Services
CDSS	Commonwealth Department of Social Security
CDVA	Commonwealth Department of Veterans' Affairs
CEEH	Committee to End Elder Homelessness (Boston, USA)
CEO	Chief Executive Officer
CHPA	Council for Homeless Persons Australia
COP	Community Options Projects
CoS	City of Sydney
CPI	Consumer Price Index
CRA	Commonwealth Rent Assistance
CSHA	Commonwealth State Housing Agreement
CSIRO	Commonwealth Scientific Investigation and Research Organisation
ADUS	Department of Urban Services (ACT)

EACH	Extended Aged Care at Home packages
HACC	Home and Community Care program
HOS	Homeless Outreach Service (NSW)
HPBC	Homeless Persons Brokerage Program
HPIC	Homeless Persons Information Centre (City of Sydney)
HAS	Housing Support for the Aged program (Victoria)
HUD	Federal Department of Housing and Urban Development (USA)
ICACP	Inner City Aged Care Program (Adelaide, SA)
ICHSIP	Inner City Homelessness Strategic Implementation Plan (NSW)
LGACHP	Local Government and Community Housing Program
MHE	Manufactured Home Estates
NCA	National Commission of Audit
NDCA	National Data Collection Agency (SAAP)
NDoCS	NSW Department of Community Services
NDoH	NSW Department of Housing
NDUAP	NSW Department of Urban Affairs and Planning
NHS	National Homelessness Strategy
NTDHCS	Northern Territory Department of Health and Community Services
NSAA	National Strategy for and Ageing Australia
NTH	Northern Territory Housing
OCA	Olympic Coordination Authority (NSW)
OCH	Office of Community Housing (NSW)
OECD	Organisation for Economic Cooperation and Development
PAH	Partnership Against Homelessness (NSW)
QDoH	Queensland Department of Housing
RDNS	Royal District Nursing Service
RSI	Rough Sleepers Initiative (UK)
SAAP	Supported Accommodation Assistance Program
SADHS	South Australian Department of Human Services
SDF	Social Development Fund (Denmark)
SEPP	State Environment Planning Policy (NSW)
SPRC	Social Policy Research Centre (University of NSW))
SVdP	Society of St Vincent de Paul
THM	Transitional Housing Management (Victoria)
VDHS	Victorian Department of Human Services
VFCDC	Victorian Family and Community Development Committee
VHS	Victorian Homelessness Strategy
WDoH	Western Australian Department of Housing

TERMINOLOGY

Abbeyfield model: 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.

***After housing poverty*:** A means of measuring poverty after housing costs have been deducted from income.

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.

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

De-institutionalisation: The process whereby people with high support needs are relocated from institutions into the community.

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

For-profit providers: Private companies offering social services as a business venture.

Healthy ageing: Similar to 'positive ageing' but emphasising more the positive health outcomes for older people.

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

Output-based funding: Funding provided on the basis of defined outputs of a program measured by performance indicators, as opposed to resources allocated according to services offered.

Outreach services: 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.

Positive ageing: Countering negative stereotyping and stigmatisation of older people by emphasising and promoting health and well being and expanding opportunities for older people to participate in a wide range of social, cultural, educational and recreational activities (Pfeffer and Green, 1997).

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

Residential care: Institutional accommodation such as 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.

Rough sleeping: Sleeping in streets, parks, cars or other temporary locations.

Segmented waiting list: A categorised waiting list for public housing whereby groups with highest needs are given priority allocation.

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

Targeting: Prioritising the allocation of public housing to those in highest need.

Tied grant: A Commonwealth grant tied to a particular program or initiative, as opposed to more general grants with more discretion as to how funds are targeted.

Transitional accommodation: Medium-term accommodation for homeless people to assist 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.

Whole-of-government: Policies or programs involving collaboration and coordination of related initiatives across a number of government departments/agencies – sometimes including pooled funding.

EXECUTIVE SUMMARY

Background and Aims of the Research

This research is being 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 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.

This project primarily addresses Research Area 8.1 Homelessness and Marginal Housing of the 2002 AHURI Research Agenda, but is also relevant to Research Areas 2.4 Ageing and Housing and 3.1 Housing Assistance Linkages. It has five main objectives:

- to understand the interaction of individual and structural factors leading to homelessness amongst older people;
- to identify the range of housing options (market based and subsidized) available to older homeless people;
- to understand which housing options homeless older people do, or do not, desire and prefer, and to identify any gender, cultural and locational differences;
- 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
- to identify policy options to improve the effectiveness of combining housing and other services for homeless older people to achieving sustainable outcomes.

The importance of research and policy development in relation to older homeless people is recognised in recent policy documents by state and commonwealth governments – for example the Consultation Paper of the *Commonwealth Advisory Committee on Homelessness* (CACH, 2001), the Working Report of the *Victorian Homelessness Strategy Ministerial Advisory Committee* (VHS Ministerial Advisory Committee, 2001) and the Inner City Homelessness Strategic Plan of the *Partnership Against Homelessness* in NSW (NDoCS, 2001).

The Literature on Homelessness and Older People

While the literature on homelessness is voluminous, aside from a few authors, 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.

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 including by the Supported Accommodation Assistance Program (SAAP) and the Australian Bureau of Statistics (ABS). It is therefore used for purposes of this study. As for homelessness generally, enumeration of 'older' homelessness in Australia is problematic with estimates varying from 4,300 (SAAP data, 2001) to 250,000 (ACHA data, 1996), compounded by lack of consensus concerning the age threshold definitions for 'older' (AIHW, 2001; Alt, Statis and Associates, 1996). 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.

There is general agreement that pathways into homelessness are individually heterogenous, that they are the culmination of multiple 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, 1998b). Older homeless people are 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.

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, 2000a) and the other advocating normalisation via equitable access to aged care accommodation and support options (Lipmann, 1996b).

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 private rental accommodation leading to an increasing number of older people living in unsatisfactory and substandard accommodation or homeless shelters (Kendig, 1990b; Lippman, 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 culture/ethnicity 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 and therefore requires further investigation.

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 policies 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; Lippman, 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 SAAP and CAP programs 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, 1999a and 2002a). At the same time aged care policy has moved away from a high dependency on residential care to ageing in place and community care though the introduction of the *Home and Community Care* (HACC) Program with other programs (*Community Options Packages* (COPs) 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 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)

Research Methodology

The research is 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?

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

The research is being undertaken in three stages:

1. Literature and policy review – international and local
2. Questionnaire survey (self administered) of ACHA workers of all 46 national agencies to elicit information about client profile, housing and support options and experience as to what works and does not work (See Appendix 2)
3. Semi-structured interviews of managers of 12 ACHA agencies (four each in NSW, Vic and SA) to obtain in-depth information on structural and policy issues
4. Semi-structured interviews of 60 ACHA clients, five from each of the four agencies selected for more detailed analysis.

Interstate interviews will be undertaken by local research associates from AHURI Research Centres with the assistance of the Senior Research Associate to ensure continuity in interview approach.

1 INTRODUCTION

1.1 Background

The housing and support needs of homeless older people is a neglected area of research. Most of the research on homelessness has focused on understanding the causes and circumstances of homelessness for specific target groups such as youth, families, single men and women, with minimal attention to older people as a distinct category (Cohen, 1999; Crane, 1999; Kavanagh, 1997; Lipmann, 1995). Likewise research on pathways out of homelessness is limited. The studies that do exist tend to focus on rehabilitation and treatment of the individual, rather than addressing the totality of unmet housing and support needs of homeless older people (Bisset et al, 1999; Kavanagh, 1997; Sargent, 1996).

The causes of homelessness are increasingly understood as a complex interaction of multiple factors: housing availability/affordability; structural economic policies (that help maintain social classes); the failure of government policies; and personal circumstances (VHS Ministerial Advisory Committee, 2001). This interaction is exemplified by the situation of older people on fixed low incomes who are non-home owners. That financially disadvantaged older people do not have equitable access to housing and support services was recognised by the Commonwealth Government when it established a national program targeting older homeless people, the *Assistance with Care and Housing for the Aged* (ACHA) program, in 1993. The aim of this program is to assist financially and socially disadvantaged older people who are homeless or at risk of homelessness to meet their housing and support needs in order to remain living in the community.

In 1997, the Mercy Family Centre undertook research in inner Sydney, funded by the Commonwealth Government, to determine the social characteristics and preferred housing and support options of homeless elderly people (Kavanagh, 1997). The results confirmed the value of linking housing and support services for older financially disadvantaged people and suggested that perceptions of housing and support needs by this group were strongly linked to individual lifestyle preferences. Although inconclusive due to time and sample limitations, some form of communal living seemed to be indicated as a preferred option. This led to the development by Mercy Family Centre of a boarding house style project to provide safe and secure transitional accommodation for at risk ACHA clients. However, other research suggest the need for a variety of models of permanent housing and support for older homeless people, many of whom have complex and high care needs that potentially cannot be met in this style of housing (Crane, 2001; Crane & Warnes, 2000; Robinson, 1998; VDHS, 2000a).

This study will build on previous research to identify sustainable pathways out of homelessness for older people by utilising the experience of ACHA services and their clients to ascertain what options for housing and care lead to effective and acceptable outcomes in the long term and what support is necessary to achieve this. It will also explore gender and cultural/ethnic preferences and particular housing/support needs which empirical evidence, at the ACHA service level, suggests may have a significant impact on sustainable outcomes. Gender is perceived to be an important variable as there is a much higher proportion of males to females, and there is anecdotal evidence from ACHA workers that older homeless women are more demanding, more territorial, more concerned about privacy and less likely to want to share facilities. There is also anecdotal evidence to suggest that some ethnic/cultural groups are more likely to have more complex and higher level needs than others.

The results of the research will inform the future development of housing and support services for older homeless people, thus facilitating pathways out of homelessness for this highly vulnerable group.

The research primarily addresses AHURI Research Agenda priorities in Research Area 8.1 Homelessness and Marginal Housing - pathways out of homelessness; integrated service delivery; and understanding the housing circumstances of at risk groups.

However, it will also address priorities in Research Area 2.4 Ageing and Housing- understanding the housing needs, aspirations and preferences of older cohorts and the extent to which these can be met by the market, the housing stock and housing assistance measures; and in Research Area 3.1 Housing Assistance Linkages - examining program integration from the clients perspective, focusing on what they require and expect to support a sustainable tenancy, and the identification of best practice models and unintended consequence effects of integrated service delivery.

1.2 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 under the ACHA program;
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.

Arising from these objectives, four specific research questions will be addressed:

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?

1.3 Policy Relevance

Increased rates of homelessness in Australia has prompted the Commonwealth and some states, most notably NSW and Victoria, to work toward developing a homelessness strategy to address the problem. The initial policy response from the Commonwealth Government was the development of the ACHA program in 1993 by the then Department of Health and Family Services that focused on integrating housing and other services to maintain independent living within the community. Since its inception, however, this program has not been expanded, other than being indexed to inflation. There are 46 ACHA projects nationally which provide services to an estimated 5000-6000 clients annually (See Appendix 1 for list of ACHA agencies by State). Eight of these projects specialise in targeting Aboriginal and Torres Straight Islander (ATSI) clients, particularly in the Northern Territory. Based on the 1996 Australian Bureau of Statistics (ABS) census of population and housing, it is estimated that there are approximately 250,000 older people in Australia who represent the ACHA target group, with the highest concentrations in NSW (36 per cent) and Victoria (20 per cent), followed by Queensland (17 per cent) and South Australia (12 per cent). SAAP statistics indicate that the majority (82 per cent) of homeless older people are male (which correlates with ACHA program statistics of a male to female ratio of 4:1); 10 per cent are of Aboriginal and Torres Straight Islander descent and 9 per cent are of non-English speaking background. Significantly, 10 per cent of homeless older people are war veterans (Thomson Goodall Associates, 1998).

The *Commonwealth Advisory Committee on Homelessness* has recently released it's consultation paper which includes recommendations for increasing the supply of affordable, safe, secure and appropriate housing and associated support services for

older homeless people. The report notes the "relatively recent shift towards developing whole-of-government approaches" to homelessness and the need for further research to understand more about "the characteristics and experiences of older people living in residential aged care special accommodation and rooming houses, and accommodation provided by homelessness services" and "the support services required to help older people find and maintain appropriate housing" (CACH, 2001:3,64).

The Working Report of the *Victorian Homelessness Strategy Ministerial Advisory Committee* (VHS Ministerial Advisory Committee, 2001) likewise identified the special needs of older homeless people that are often not recognised by mainstream services and suggested that a better approach to meeting these needs, including the development of a variety of housing and support models, is urgently needed.

In NSW, the Department of Community Services has commissioned the development of a *Homeless Older Persons Strategy*, shortly to be released.

Discussions with FACS indicate that while they are currently involved in the funding a major international study being undertaken by Maureen Crane in collaboration with Wintringham in Victoria and the Committee to End Elder Homelessness in Massachusetts USA investigating pathways into homelessness for older people in the UK, USA and Australia, there is no substantial research being undertaken in Australia on paths out of homelessness or housing options for older people[1]. Housing options for homeless older people has therefore been flagged as one of the key issues to be addressed next year.

It is clear therefore that the needs of homeless older people are a current matter of concern for both the Commonwealth and State governments and that there is a need for further policy development. This research will assist in informing that process and complements the existing work being undertaken on paths into homelessness.

[1] Crane is currently completing a longitudinal study of pathways out of homelessness for older people in the UK.

2 LITERATURE REVIEW

This chapter reviews the national and international literature on older homeless people both to provide a context for the research and establish what existing knowledge can inform the research objectives and questions. While the broader literature on homelessness is voluminous it will not be reviewed in detail here. Rather, the primary focus will be on the relatively small volume of specific literature on older homelessness, however this will first be set in the context of some key concepts and definitions.

2.1 Homelessness and Older People

In this section a conceptual and definitional framework of homelessness is accepted for the purposes of the study and used as a basis to understand the extent of older homelessness in Australia and the paths that lead to homelessness amongst older people.

2.1.1 Concepts of Homelessness

Homelessness is a concept about which there is considerable debate (Neil et al, 1992; CDFACS, 1999a; Chamberlain and Johnson, 2000a). In Australia there appears to be broad consensus not to impose a single definition of homelessness and to accept definitions that go beyond perceiving homelessness as mere 'rooflessness' (Berry et al, 2001; Chamberlain, 2000).

Chamberlain and Mackenzie's (1992) definition of homelessness has become widely accepted in Australia (Berry et al, 2001; CDFACS, 1999a; SAAP CAD, 2002; VHS Ministerial Advisory Committee, 2001) and is used for the purposes of this research. They argue that homelessness is a socially constructed cultural concept that acquires meaning in relation to the housing conventions of a particular culture and within a given historical period. Defining homelessness must therefore involve the central task of "identifying the community standards about minimum housing that people have the right to expect in order to live according to the conventions and expectations of a particular culture, and identifying those groups that fall below the minimum community standard" (p. 290). Their model illustrated in Fig. 1 has been slightly modified to include developments in later works, notably Chamberlain and Johnson (2000a).

The categorisation of homelessness into sub-classes allows for the parameters of the homeless population to be specified in ways that are neither arbitrary, subjective nor elusive. It also permits objective operationalisation for purposes of research, estimation, policy formulation and service provision and has also been adopted by the Australian Bureau of Statistics for the 1996 and 2001 National Census of Population and Housing and by the Supported Accommodation Assistance Program (SAAP) (Strategic Partners, 2000).

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

<table>
<tr><td rowspan="4">Institutional settings where it is inappropriate to apply the minimum standard – seminaries, gaols, university halls of residence</td><td>'Marginally housed' or 'inadequately housed' - people living in a housing situation close to the minimum standard</td><td>Inadequately housed</td></tr>
<tr><td>Tertiary homelessness: people living permanently in single rooms in private boarding houses - without own bathroom or kitchen and without security of tenure</td><td>Area of dispute (may be homeless but not houseless)</td></tr>
<tr><td>Secondary homelessness: people moving between various forms of temporary shelter including friends, emergency accommodation, youth refugees, hostels and boarding houses</td><td rowspan="2">Homeless</td></tr>
<tr><td>Primary homelessness: people without conventional accommodation living in streets, in deserted buildings, in cars, railway carriages, under bridges, in improvised dwellings etc</td></tr>
</table>

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

The legislative definition of homelessness in Australia is provided under the SAAP Act 1994 defines a person as homeless if (and only if) he or she has inadequate access to safe and secure housing. This in turn is defined as housing which "damages or is likely to damage the person's health; threaten the person's safety; or marginalise the person by failing to provide access to adequate personal amenities; or the economic and social supports that a home normally affords; or place the persons in circumstances, which threaten or adversely affect the adequacy, safety, security and affordability of that housing" (cited in CDFACS 1999a: 19). This definition depends on the subjective interpretation by service providers of a person's housing situation.

Two reports (Berry et al, 2001; Keys Young, 1998) refer to definitions of homelessness for indigenous Australians. Berry et al reported that Chamberlain and Mackenzie's (1992) three-stage definition was relevant and helpful in analysing issues pertinent to the indigenous homeless. However, their findings suggested that the ways in which indigenous people experience and deal with homelessness raise particular culturally significant issues that must be addressed adequately through policy responses. Similarly research by Keys Young (1998) found that indigenous homelessness is interwoven with the legacy of colonisation and their dispossession from their homeland. The weakening of traditional social, physical and psychosocial supports has made the indigenous homeless concept a phenomenon unparalleled by any other group of Australians. Indigenous homelessness embraces spiritual, cultural and temporal dimensions. While not age specific, these findings are relevant to the current research as indigenous Australians are known to be over-represented in the homeless population and some ACHA agencies provide specialised services for indigenous clients.

Of particular relevance to conceptualising older homelessness is Chamberlain and Johnson's (2000b) analysis of patterns of homelessness used to develop a model of the adult 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'.

Fig. 2 Ideal typical model of the adult homeless career

<table>
<tr><td colspan="2">Loss of accommodation</td><td>Transition to chronicity</td></tr>
<tr><td>Stage 1: At risk</td><td>Stage 2: homeless</td><td>Stage 3: chronic homelessness</td></tr>
<tr><td colspan="2">sharp break</td><td>significant variation</td></tr>
</table>

(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.

2.1.2 The Age Threshold for 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). In a study of older Bowery[2] men in New York City, Cohen and Sokolovsky (1989) argued for a benchmark for 50 years of age as homeless men of that age tended to have physical disabilities and health problems comparable to the housed population 10 to 20 years older. This assertion was supported by an earlier investigation of physical disorders amongst ageing homeless men by Cohen et al (1988). Employing a range of health instruments, they proved that all Bowery men scored worse than an aged match sample of community men across all physical health scales. Hecht and Coyte (2001) who used 55 and over as their benchmark in a study comparing the differentiating characteristics between older homeless and younger homeless people endorse this view. They rationalise that the ill-health suffered by older homeless people is comparable to those in the general non-homeless population who are 10-20 years older, even though they remain chronologically too young to be eligible for social programs.

Crane and Warnes (2001) drawing upon two UK studies on the prevalence and causes of homelessness among older people refer to the need to define the age requirement in the 'older' homeless group, due to the discordance between statutory retirement age classifications and the practical employment age criterion (ibid: 2). They argue that by 50 there is little chance of a homeless person returning to work and a reluctance by those in their 50s and older to use services available for homeless people of all ages. The SAAP National *Coordination and Development* (CAD) Committee supports this view (SAAP CAD, 2002), on the basis that older homeless people often demonstrate signs of premature ageing in relation to two of three indicators of ageing – functional ability and self-perception – as a consequence of the long term stresses and socio-economic disadvantage of their circumstances. Older homeless people cannot usually be defined by chronological age classifications, such as those applied to the age limit for aged pension eligibility. Based on the above discussion the age category for this research project is 50 years and over generally, and 45 years and over for indigenous people.

2.1.3 Estimating Older Homelessness

Attempts at enumerating older homeless people is also confronted with complex conceptual and methodological issues and it not surprising that enumeration attempts have produced markedly different estimates of the homeless population. The lack of recognition of older homeless people as a key target group with unique circumstances and vulnerabilities also implies that where estimates do exist, older homeless people are treated collectively amongst the general population and not singled out.

The SAAP National Data Collection provides estimates of transitional supported accommodation and related support services provided to homeless people (AIHW, 2000). However SAAP services do not specifically target older people, hence estimates are very low. In 2000, they identified only 4,300 older homeless people aged 55 years amongst SAAP clients (5 per cent) of SAAP clients, with slightly higher proportions of males to females.

The ACHA program, dedicated to older homeless people provides a completely different picture from SAAP. Using the 1991 Census of Population and Housing, ACHA includes an estimate of 250,000 people as falling within their broad target population (Alt, Statis and Associates, 1996:7). These are people aged 60 and over who live in either rented

[2] The Bowery is a poor area in New York with many homeless people.

dwellings, boarding houses, private hotels or homeless accommodation services and have an annual income under $12,000. However, ACHA notes that this estimate involves under-enumeration of boarding houses and private hotel residents, and does not include those below 60 years who are prematurely aged because of long-term substance abuse.

Two research projects represent serious attempts to comprehensively estimate homelessness in Australia (The Consilium Group, 1998; Chamberlain, 1999a) however one study is noted for its absence of any reference to estimation by age. Only Chamberlain's (1999a) enumeration project conducted for the ABS provides some estimates of older homelessness. This project estimated that there were 105,300 homeless individuals and 73,000 homeless households on Census night across four sectors:

1. Boarding houses - 23,299 (22 per cent);
2. SAAP accommodation - 12,926 (12 per cent);
3. Friends and relatives - 48,500 (46 per cent); and
4. Improvised dwelling, sleeping out - 20,579 (20 per cent).

Chamberlain was able to provide some level of social and temporal characteristics of older homeless people. Of the 23,299 individuals in boarding houses, a quarter (5,914) were aged 55 and over. The aged in boarding houses were predominantly male, with the exception of older women aged 75+ that accounted for an unusually high number (486). Older homeless people were also much more likely not to be involved in the labour force, 35 per cent for men and 16 per cent for women aged 55-64 years. Older homeless estimates were not provided for the other three categories. However, the estimates reveal high proportions of single person households and a greater proportion of males for age groups above 25 years.

The 2001 Census attempted to improve on the 1996 Census collection strategy by contacting homeless agencies to identify refuges and sites frequented by homeless people; and by engaging with members of the homeless community to aid in enumeration (ABS, 2002). While data on dwelling types and structures was released after July 2002, it is not possible to discern accurate estimates of the older homeless population (Trewin, 2001). The ABS intends to publish another paper based on the 2001 Census data, similar to Chamberlain's (1999a) Occasional Paper on counting the homeless, however no publication date has been set.

2.1.4 Pathways into Homelessness for Older People: Individual and Structural Factors

Similar to the varying dimensions attached to homelessness as a concept, is the prevailing sense of complexity around pathways into homelessness in old age. However, commentators tend to agree on three issues, firstly, pathways are individually heterogenous. Secondly, they are commonly the culmination of multiple interacting factors. Finally, these factors include both individual circumstances and broad socio-economic issues (Bottomley, 2001; CHPA, 2002; Cohen, 1999; Crane 2001; Kavanagh, 1997; Thomson Goodall and Associates, 1998b). Structural socio-economic factors affecting older homeless people include poverty, reduced availability of low cost housing and labour market changes (people becoming retrenched or redundant as well as the growth in casual employment). Individual older homeless factors include marital breakdowns, spousal death, substance abuse and mental illness. Commentators agree less over the prioritisation of causal factors, particularly whether the emphasis should be on structural or individual factors.

The *Council for Homeless Persons Australia* (CHPA, 2002) states that the two most predominant causes of aged homelessness are the "lack of affordable housing appropriate to the needs of elderly people and a lack of sufficient income to maintain an adequate standard of living" (p, 2). Individual factors are treated as secondary contributors: the loss of social networks and support associated with the death of a partner, ill health and lost contact with family and friends. Lipmann (1999) gave weighting

to the inadequacy of services to low-income older people culminating in homelessness. He argues that a broader service approach has reduced access to and funding for those who have low incomes but not necessarily high support needs as policy emphasis is given to the latter. He also cites discrimination and judgemental attitudes by services against older low-income people as causative considerations.

Crane and Warnes' (2001) in-depth investigations into the circumstances and lives of older homeless people in the UK revealed that the dominant causes of homelessness arise out of personal and psychosocial factors such as marital breakdown, widowhood, retirement, mental illness, loss of parental support in adulthood, disturbed or broken childhood homes, itinerant work histories and discharge from the armed forces or merchant navy. Consistent across older people's life stories is the combination of particular risk themes: accumulated negative and stressful life events, inadequate coping and social skills, inadequate social support networks, mental illness and alcohol problems. In a later report Crane (2001) identified widowhood and marital breakdown linked to mental illness and/or gerontological issues as the main trigger factors for loss of a home for the first time in old age. Crane and Warnes (2001) used the research findings to argue against the policy emphasis on purely structural theories of homelessness, instead advocating for a distinction between the affect of economic and income factors on 'housing stress' across the general population and "volitional housing abandonment" linked to personal and psychosocial factors (p12).

Kavanagh's (1997) case study analysis of fifteen older clients of the ACHA program at the Sydney Mercy Family Centre also revealed that the genesis for homelessness in old age may extend as far back as childhood and accumulate throughout one's lifespan. Despite the heterogeneity of the sample, Kavanagh identified the following recurrent themes that placed older people at risk of homelessness: a pattern of residential instability; cumulative socio-economic disadvantage that continued to lock people into poverty; behavioural, mental health and substance abuse problems; and the absence of supportive relationships from family and friends.

Cohen's (1999) model for explaining homelessness amongst older people includes 16 individual and 5 structural and programmatic variables that "contribute to the aetiology and sustenance of homelessness among aging persons" (p.1) within a predominantly American context. The following background and demographic characteristics are categorised as individual risk factors: male; African-American racial profile; a lifetime of low-income occupational levels; low socio-economic status of their family of origin; and disruptive events in youth. Risk factors in middle and late adulthood are: deviant behaviour such as criminality, alcohol and drug abuse; psychiatric disorders and psychiatric hospitalisation; the presence of cognitive impairment; physical illness; a history of victimisation; lack of informal social supports and disproportionately more formal ties with agencies and institutions; history of divorce, separation and never married; and a prior history of homelessness. Structural and programmatic factors are: diminished supply of low cost housing; declining income supports and entitlements; an absence of outreach programs; declining availability of low-skilled jobs; and a lack of alternative housing or in-home services for disabled adults. Cohen's model of older homelessness is a significant contribution to the literature on older homelessness as it verifies the role that both individual and structural variables bear on the risk of homelessness. Furthermore, the 'stage' typology of homelessness is reminiscent of Chamberlain and Johnson's (2000b) model of the adult homeless career, which recognises the dynamism inherent in homelessness and the potential for a permanent exit from homelessness.

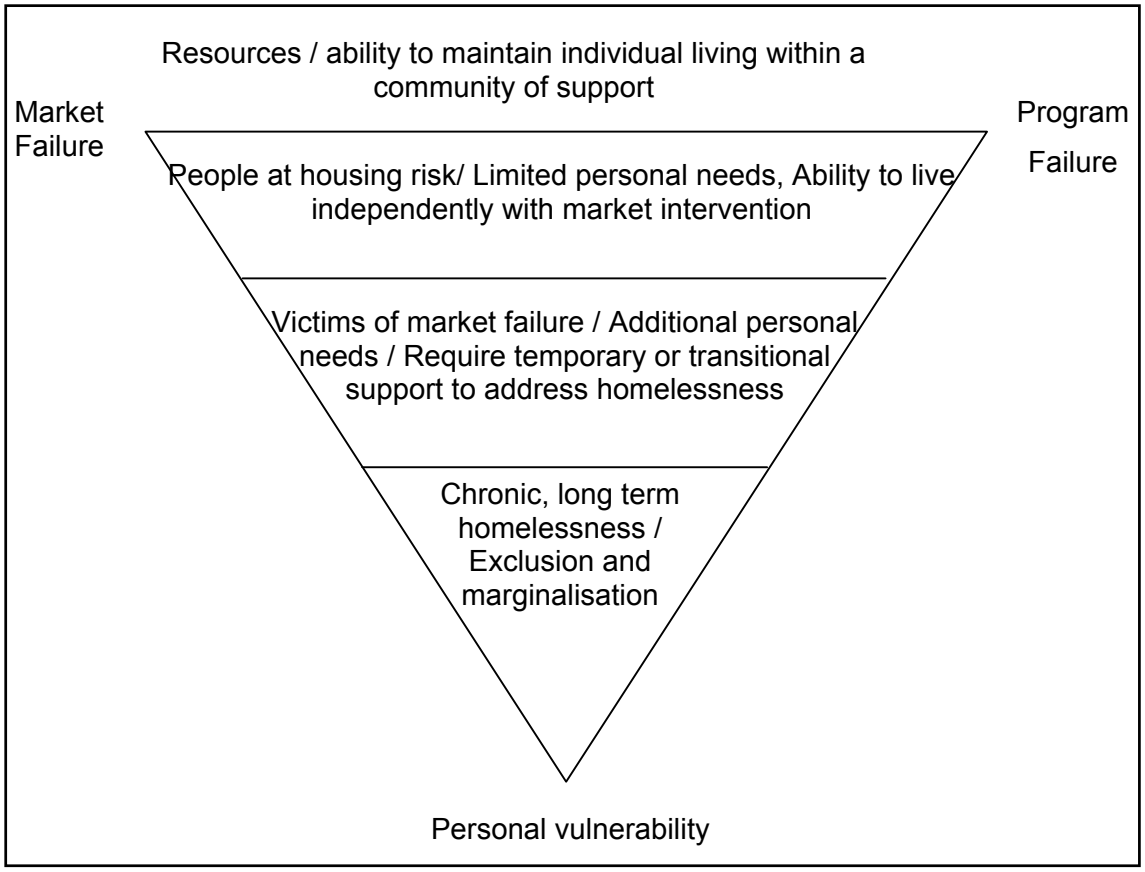
Recent Australian literature however, particularly that commissioned by government policy makers, has tended to adopt a holistic framework to understand pathways into homelessness for older people. This approach seeks to understand the interaction of the complex structural and individual causes.

Research on veterans at risk of homelessness highlighted the failure of three interacting dimensions in causing homelessness (Thomson Goodall Associates, 1998b[3]):

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 is dependent on the level of market and program failure and the degree of personal vulnerability to these failures as illustrated in Fig. 3.

Fig. 3 Degrees of Homelessness and risk



Thomson Goodall Associates (1998b)

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.

2.2 Pathways Out of Homelessness for Older People

The complexity of the personal and structural circumstances leading to homelessness implies that simple solutions to addressing the housing and support needs of older homeless people will likewise be multi-faceted. Although not a homogeneous group, many have complex and multiple problems that make the achievement of sustainable housing outcomes difficult. What little research has been done demonstrates that successful re-housing of homeless older people is dependent on appropriate support

[3] Thomson Goodall Associates conducted a research project on veterans at risk for the Commonwealth Department of Veterans' Affairs. The project involved a review of Australian and Unites States literature on homeless veterans and veterans at risk; interviews with service providers, key informants, and veterans at risk; a survey of agencies and a census of new and existing clients within agencies.

systems. This section looks at the needs of older homeless people and service responses to those needs. It is particularly relevant to understanding what housing and support options are available to and preferred by older homeless people and which of these best contribute best to sustainable outcomes for independent living (Refer to Research Questions 1,2 &4).

2.2.1 Housing and Support Needs of Older Homeless People

In addition to structural socio-economic factors that place all people at risk of homeless such as access to safe and affordable housing, unemployment and poverty, many older homeless people are further disadvantaged by life long histories of personal vulnerability and disability such as mental illness, post-traumatic stress, substance abuse, social isolation and disaffection (reviewed above). Finding a path out of homelessness for older people therefore involves addressing more than just their accommodation needs.

Many people who are homeless, at housing risk or living in low cost accommodation have limited living skills and social skills, and may exhibit challenging behaviours that may seriously impair their ability to:

1. obtain or maintain safe, secure accommodation of an adequate standard;
2. gain access to mainstream and specialist health and social support services;
3. develop and maintain relationships with family and/or friends and participate in community life; and
4. maintain basic levels of self or home care (VDHS, undated: 1).

These difficulties are compounded for older homeless people by increasing frailty and aged related disabilities that further restricts their ability to function and fulfil their needs (Cohen et al, 1988). Moreover, a homeless or transient lifestyle of living on the streets or in substandard accommodation can result in multiple physical health problems and premature ageing (Crane, 1999). Older people who are homeless experience higher levels of illness than the general aged population due to poor personal hygiene, lack of adequate shelter, unsanitary living conditions and malnutrition (Bottomley, 2001; Crane, 2001). Chronic health problems, such as respiratory disease, circulatory disorders, gastrointestinal disorders and neurological disorders are prevalent and interrelate with psychological problems such as mood disorders and alcohol dependency (Crane, 1999; Crane 2001). The experience of homelessness itself can lead to demoralisation and depression with subsequent heavy drinking and health consequences (Sargent, 1979; Crane, 1999; Crane 2001). They are also at greater risk of trauma from assault or accidents due to the environments in which they live (Bottomly, 2001). Problems are exacerbated by their unwillingness or inability to access and comply with medical treatment and care services (Crane, 1999; Crane 2001). Three important behavioural characteristics of homeless older people were noted by Crane (2001) that impact on access to appropriate assistance to meet their needs. These are social isolation, service under-utilisation/unawareness, and residential instability/transience. Many older homeless people deliberately remain hidden from services, reluctant to be seen or to seek help.

The case studies of older homeless people undertaken by Kavanagh (1997) in inner Sydney, found that in addition to poor health, older homeless people are characterised by disaffection or dissociation with a marked lack of supportive relationships or community connections. All the participants of the study were single, with many having never married, and most had had no contact with relatives for many years. None had close friends that they could call on in times of need nor did they participate in conventional community activities. Dissociation from family and community life has been linked to disruptive and traumatic life events with war veterans over-represented in the older homeless population (Kavanagh, 1997; Thomson Goodall Associates, 1998a). This social isolation is often exacerbated by behavioural problems, such as poor hygiene and aggression, which exclude them from mainstream community life (Malloy et al, 1990). Notably, Crane (1999) in her study of homeless older people in London found that some older people who are socially isolated continue to display homeless behaviours, such as

utilising homeless persons' meal centres or wandering the streets, even after they are suitably housed. Common reasons given for this behaviour was loneliness and boredom. It may also indicate an affinity with similarly marginalised people that affords a sense of well-being and suggests a particular need for emotional and social support that must be taken into account when planning long term housing and support (Grisby et al, 1990).

Warnes and Crane (2000a) argue that standard measures of housing and quality of life outcomes cannot be applied to homeless older people. The concept of need for this group is difficult to relate to expressed demand or service use because they do not seek help and fall though the welfare 'safety-net'. Elderly homeless people tend to be unassertive and undemanding and their needs are often inadequately met by both mainstream aged services and homeless services alike. Older people who live in transient substandard private rental, such as rooming/boarding houses and private hotels are particularly at risk. This 'hidden' population of older homeless people do not usually utilise homeless services and only come to the attention of service providers when a crisis in accommodation or health occurs (Kavanagh, 1997; Russel, et al, 1995). Interviews with homeless older people have shown that their subjective assessment of their needs differs markedly from the objective assessment of service providers (Crane, 1999; Kavanagh, 1997; Russell, et al, 1995). Russell, et al postulate that this may be due to low expectations or a lack of understanding of their entitlements and alternatives. Reluctance to accept help has also been linked to fear of a loss of independence, previous negative experiences with welfare agencies and unwillingness to change a familiar lifestyle and must be overcome in the process of engagement if services are to be accepted (Kavanagh, 1997).

Despite commonalties, the individual problems and needs of homeless older people do differ considerably. Crane (1999) maintains that a range of housing and support services are needed to accommodate the varying needs and preferences of older homeless people. For example, older homeless men are more likely to have alcohol abuse problems than older homeless women who are more likely to have a mental illness. Post-traumatic stress disorders as a result of war or persecution figure prominently in migrant groups (Bean, 1999). In Australia, older homeless indigenous people have special problems as a result of colonisation and alienation from the land of their birth (Morrison and Strommen, 2001). Many have experienced forced separation from relatives or been abused. Responses to homelessness for these particular groups need to be sensitive to biographical issues as well as culturally appropriate (Bean, 1999; Morrison and Strommen, 2001). Interventions, therefore, must address deep-seated disaffection problems that require intensive and individualised support with housing provision carefully matched to needs, preferences and abilities (Warnes and Crane, 2000a).

Despite the multidimensional nature of homelessness, Crane (1999) maintains that sustainable housing should be the ultimate goal for service providers working with older people who are homeless. Inherent in the question of what kind of housing do they need and want is the concept of a 'home'. Crane (1994) points out that the word 'home' implies a sense of relationship between a person and a place that may be perceived differently by different people. Even though some may consider people living in a rented room as 'homeless', individuals living in such marginal accommodation may perceive themselves as having a home and develop a sense of attachment to their place of residence (Veness, 1993). Similarly, Elias and Inui (1993) found that elderly homeless men often perceived homeless persons' shelters as their home because of communal support aspects of such an environment.

In Australia, consultancy forums with older people in the community suggest that what they want from housing is affordability, control and independence, proximity to family and/or friends, access to transport, safety and privacy (NSW Ministry of Housing, Planning and Urban Affairs, 1995). Of these, the most important requirement for a 'home' is to be able to define a place as their own private space with choice in the establishment of social relationships and control over access (SCM, 1995). Control is important in deciding how a person chooses to live and as people age there is an increasing danger of losing that control (Sargent, 1996). Sargent suggests that in basic ways all older

people want the same from housing, that is, “a living environment conducive to retaining control and independence for as long as possible” (ibid, 213). Apart from this, each older person gives priority to different aspects of what constitutes a home. She maintains that culture, relationships and lifestyle preferences significantly influence the location and type of housing older people want. According to Sargent (ibid), housing preferences are partly based on socio-economic status, ethnicity, occupation, education, and religion, but even more marked is a wide disparity in the housing needs of men and women.

A study undertaken for the Ministerial Advisory Council on Housing to understand housing and neighbourhood aspects of coping with frailty in old age, highlighted that the home has a special meaning for older people. It is a familiar place, in a familiar location where they know people and feel in control of their lives (Davison et al, 1993). In examining older peoples preferences for housing, Groves and Wilson (1992) also found that the majority wanted to stay in their current home, or if they had to move, at least remain within their current suburb, in a familiar social environment. Darcy and Laker (2002), in a study examining the location and mobility of homeless people in Sydney, likewise found that there are personal and cultural factors, such as informal networks and familiar services, that link people to an area irrespective of housing status. Lifestyle preferences and a familiar location linked to feelings of being in control were also features of the study undertaken by the Mercy Family Centre in 1996 investigating the housing and support needs and preferences of insecurely housed older people (Kavanagh, 1997). Participants of this study expressed control as ‘freedom’ or the ability to come and go as they pleased with no restrictions. Control over their own private space with companionship if they wanted it, on their terms, was central to their sense of security and independence. They were reluctant to relocate because living in a familiar location gave them a sense of belonging as well as the convenience of preferred venues for lifestyle related activities. A secondary requirement for acceptable housing for this group was affordability and security of tenure, with some refusing to accept public housing because it was not in an area of their choosing.

The appropriateness of housing for meeting the needs of people as they grow older thus involves a range of issues including locational proximity to services, amenities and networks as well as housing design and facilities in the home that can be adapted to meet the changing physical needs of people as they age (NSW Ministry of Housing, Planning and Urban Affairs, 1995). Security of tenure, which private renters do not have, is necessary for adapting housing to suit needs. This is highlighted by the difficulties reported by service providers of obtaining agreement from landlords to make adjustments to private rental premises (NSW Ministry of Housing, Planning and Urban Affairs, 1995).

In attempting to arrive at a working definition of what constitutes a home, the Sydney City Mission (SCM, 1995) suggest that a home should, at the very least, meet minimum standards that could be considered safe for habitation, that is, an environment that does not have a detrimental effect on health. Minimum standards can also be related to the cost of accommodation and income because the greater the proportion of income paid for accommodation, the less is available for other essential items such as food, clothing and transport. To be affordable, housing needs to be within the ‘means’ of the person, that is, there is sufficient income remaining for other expenses (Lawson, 1995). Housing affordability has been estimated at a maximum of 30 per cent of a person’s income with the greatest impact on lifestyle occurring for the over 65 age group of people in private rental due to retirement from paid employment and a subsequent decrease in income (NSW Ministry of Housing, Planning and Urban Affairs, 1995). This is particularly marked for older people living alone as sharing the cost of housing decreases the rental burden for couples. Indeed, Lipmann (1996a) maintains that many elderly people who have previously led independent lives become homeless for the first time in old age when they can no longer afford private market housing on a single pension.

2.2.2 Service Responses to Older Homeless People

This review of local and international literature on service responses to older homelessness is relevant to understanding what housing and support options are

available to older people who are homeless (Refer to Research Question 1). It reviews literature on local and international responses of both general and age-specific homelessness services and how well, or otherwise, these cater for the special needs of the older homeless.

Reluctance to seek help and under-utilisation of services by older homeless people has been mentioned by researchers, such as Crane (2001), Bottomly (2001) and Russell et al (1995) and appears as a significant factor affecting the provision of services to older homeless people. Other authors endorse this view. The *Council to Homeless Persons* (CHPA, 2002: 1) notes that older homeless people exhibit unique characteristics that are markedly different from other homeless groups and in contrast to non-homeless older people. The elderly homeless often have minimal awareness or understanding of community care services and little experience with service usage and provision. Many are reluctant to access services because they consider themselves undeserving or are determined to retain their sense of independence and control. Usage is hindered by the lack of social networks in the form of friends, relatives or carers to assist them in accessing services. Warnes and Crane (2000b) argue that mainstream services are unable to respond to the distinct and specials needs of this vulnerable group and unwilling to seek out those that are reluctant to ask for help.

In Australia, the *Supported Accommodation Assistance Program* (SAAP) funds organisations to provide supported accommodation and related services to people of all ages who are homeless (Bisset, et al, 1999). However, it has become evident that the generic homeless service system is not adequate for meeting the needs of older people who are homeless. The SAAP background paper (SAAP CAD, 2002) to the *National Forum on Homelessness* drew attention to the fact that older homeless people face greater vulnerability as a consequence of the multiple interactive affects of their health problems, premature frailty, social isolation, exposure to violence and crime, tenancy problems and higher incidences of recurring homelessness, that warrants a specialised service response.

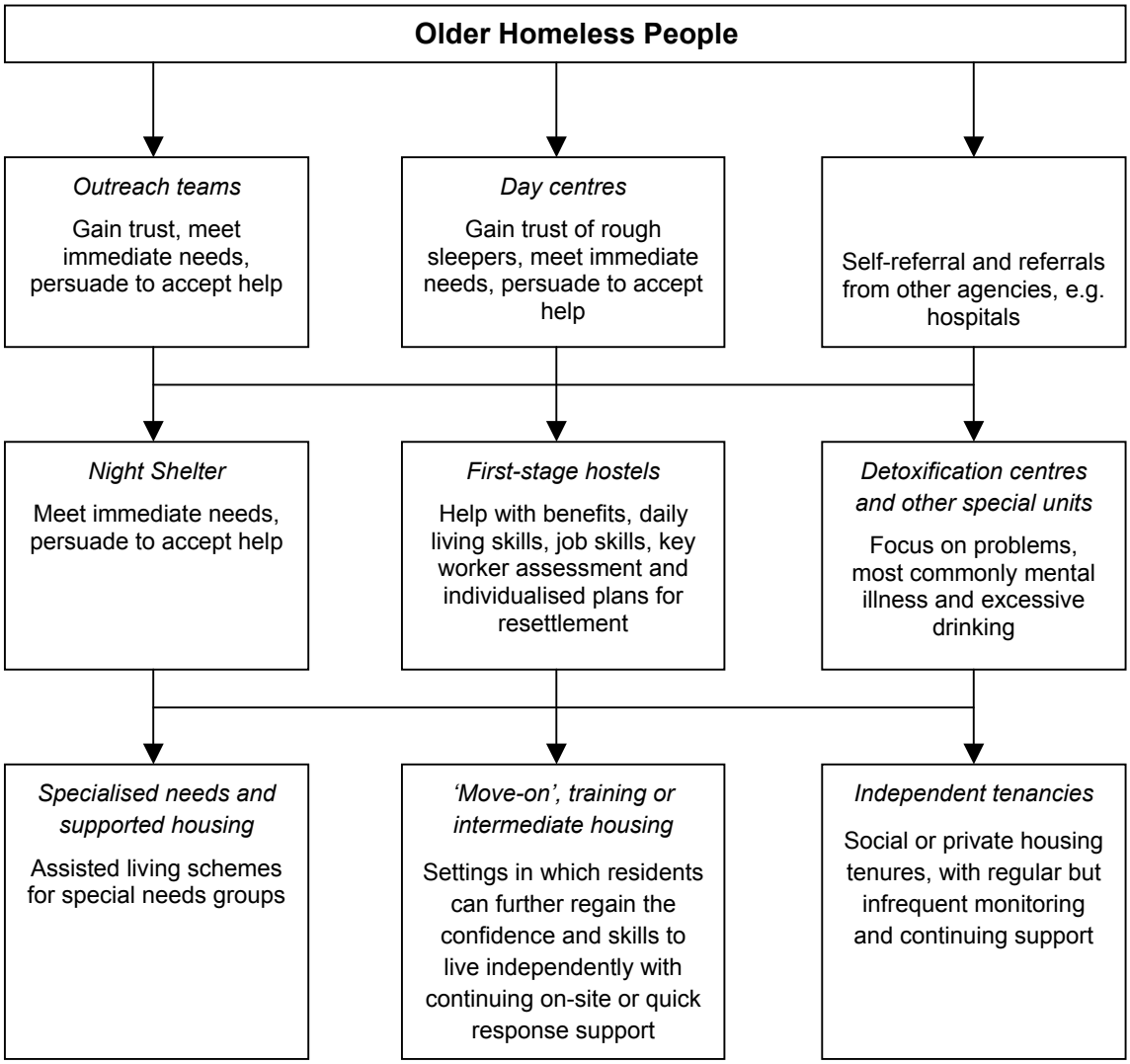
As homeless older people represent a relatively small percentage of the homeless population, facilities, outreach and resettlement services that provide assistance to homeless people of all ages have developed to meet the needs of the dominant group of younger homeless people (Casey, 2002; Warnes and Crane, 2000a). The needs of older homeless people are different to younger homeless people in that they are unlikely to acquire new job skills and have complex age related health problems that require ongoing care (Warnes and Crane, 2000a). Lipmann (1995) also contends that the issues affecting older homeless people are different in that they are more concerned with safety and security than younger homeless people. Many older people avoid using homeless persons' day centres and shelter accommodation because they are fearful of violence and intimidation by young people and dislike the noisy and overcrowded conditions (Crane and Warnes, 2000a). A few organisations, most notably in the USA, UK and Australia, have developed services specifically for homeless older people, and a growing number of homeless service organisations, such as the Salvation Army and the St. Vincent de Paul Society, are developing specialised services and hostels for older people. They provide various services including outreach, drop in and day centres, temporary accommodation with a range of rehabilitation and resettlement services, and various long term supported housing options (Lipmann, 1995; Cohen, 1999: Warnes and Crane, 2000a). However, these are isolated responses and not widespread.

Two organisations have developed services exclusively for older homeless people. These are Wintringham in Melbourne, Victoria and the Committee to End Elder Homelessness in Boston, Massachusetts. Wintringham was established in 1989 to provide accommodation and care to older homeless men and women who were inappropriately living in degrading conditions in homeless night shelters (Lipmann, 1996). It has since expanded to include a variety of housing and support options including supported living units and hostel accommodation. The *Committee to End Elder Homelessness* also provides a range of specifically developed supported accommodation options for homeless older people (Gibeau, 2001). Both utilise assertive

outreach and case management to engage and resettle elderly homeless people and provide ongoing aged care and support services.

A study by Cohen et al (1997) in the USA to determine the predictors of resettlement of older homeless women found that appropriate support and use of community services were the main variables that influenced a successful outcome. Warnes and Crane (2000a) build on this to assert that support must take the form of progressive rehabilitation and resettlement services incorporating a “linked pathway” to help homeless older people move through temporary accommodation to permanent long term housing. They outline a progression of essential steps including intensive outreach, day centres, temporary or transitional accommodation, long tem housing options and continuing support for the re-housed with service provision including, at the very least, assistance with health problems, accessing entitlements and developing living skills. Their model of a pathway from homelessness to permanent accommodation is replicated in Fig 4 below.

Fig. 4 Pathways from Homelessness to permanent accommodation



Warnes and Crane (2000a)

This model was utilised in the Lancefield Street Centre project in the UK and demonstrated that even older people who are entrenched in homelessness can be successfully resettled with persistent engagement and support by dedicated multi-service provision (Warnes and Crane, 2000b). Programs in the USA lend weight to the importance of coordinated services by demonstrating that the most effective outcomes for homeless older adults have been achieved when age-segregated multi-services, including health clinics, outreach, housing and income support, are integrated (Cohen et al 1992; Bottomley, 2001). Significantly, Cohen et al (ibid) report that improvements in any one area of need had a positive flow on effect to other areas of functioning.

In Australia, the *Assistance with Care and Housing for the Aged* (ACHA) program provides outreach, advocacy and practical assistance specifically to older homeless people. The aim of this program is to help homeless or insecurely housed older people to access secure and appropriate housing and link them to mainstream aged care services for ongoing support (Alt Statis and Associates, 1996). Using an intensive case management approach, the success of the ACHA service in attaining positive outcomes for older homeless people has been attributed to persistent engagement, flexibility and a focus on linking housing with appropriate ongoing community care (Kavanagh, 1999).

Lipmann (1996b) proposes that a paradigm shift is needed in order to see homeless older people as 'elderly' first, and whose homeless state may be due to a variety of circumstances. This view acknowledges that they have the same rights as the rest of the community to access aged care services. In this regard, *Community Aged Care Packages* (CACPs) that proved particularly suitable for older homeless people. CACPs

case managed individualised 'packages' of care services for older people with complex needs who live in the community (CDH&A, 2002). CACPs are intended to provide an alternative home-based service for frail or disabled older people who need assistance with activities of daily living and who would otherwise require admission to a low level residential aged care facility, i.e. hostel (Mathur et al, 1997). However, organisations such as Wintringham and the Salvation Army in Victoria have been successfully providing CACPs to homeless older people in night shelters and marginal accommodation for some years, facilitating engagement and transition to suitable long-term accommodation (Kingbury and Lipmann, 1996).

Homeless older people are also eligible for *Home and Community Care* (HACC) services funded by Federal and State governments. Services provided by HACC are intended to assist frail aged people and people with disabilities to continue living in their own homes and include food services, social support, home help and personal care (Bisset, et al, 1999). However, most HACC services are task oriented and unsuited to people with complex and multiple needs who are unable to adhere to routines, are transient or who live in conditions that may pose a risk to workers (Kavanagh, 2000). An exception is the *Community Options Program* which provides case management for people who require coordination of services and individualised support. The efficacy of case management by a lead agency has been repeatedly demonstrated for people with complex needs as it provides a single point of contact and continuity of care for those who are unable to negotiate a complicated care system and require advocacy to access the services they need (Fine and Thomson, 1995).

In summary, despite the various service responses to homelessness in Australia and overseas, few of these identify and respond to the distinct needs of older homeless people, in particular their lower awareness of and greater reluctance to access services, lack of social networks and greater vulnerability due to age related health, mobility and social isolation problems. Mixed age services appear to be much less likely to be accessed by older homeless people because of increased fear of safety, security and overcrowding. While the literature makes a strong case for the value of age segregated, aggressive outreach, integrated multi-service and intensive case management services for older homeless people, few of these exist in Australia. ACHA, the one national program designed to focus on older homeless people has not been expanded since its inception 10 years ago and little is known about the effectiveness of the various housing and support options offered by different agencies.

Implications for this research are threefold – firstly, confirming the necessity for the needs of older homeless people to be seen as distinct from other groups; secondly, reinforcing the need to understand more about the range of housing and support options available to older homeless people, their preferences and which of these contribute best to sustainable outcomes; and thirdly, confirming the need for further policy development in Australia to better address the specific housing and support needs of older homeless people.

2.3 Housing Options for Homeless Older People

This will examine the impact of housing policy in old age and the housing options available to homeless older people (Research Question 1). It explores the importance of home-ownership for older people in the Australian housing context and discusses the range of options that may be available to older people for whom normal market-based housing solutions have failed and who are therefore homeless or at risk of homelessness.

In Australia, approximately 80 per cent of older people own their own home (AHURI, 1996:10). Housing and support options available to older people are primarily linked to this high level of home ownership (Kendig and Neutze, 1999). Options promoted by the Commonwealth Government for older people as they become frail, reflect this bias including help to stay in their own home or moving to a smaller or more convenient home (CDFACS, 1999b; CDSS, 1996). These options are not readily available to non-home owners and presuppose that the person already has a home (Wilson and Scott, 1995).

Kendig (1990) illustrated that home ownership, especially when one is aged, can make a substantial difference between poverty and a decent standard of living. He argues that in Australia older homeowners receive favourable treatment through income support and tax policies. Public renters also benefit from income support policies that minimise their exposure to poverty. However, private renters receive comparably much less income support placing them at risk of continual poverty and homelessness. Kendig's (1990) 'life-course perspective' illustrates how individual housing attainment is affected by social structures such as membership within a particular social class and gender, and by economic and social conditions during mid-life. He reported that the proportion of working class people who had never owned was nearly three times that of professionals and managers, and in addition, few people attain first time home ownership after the age of 35 years. Gardner's (1994) study reveals similar linkages between housing attainment, old age and life span vulnerabilities.

> "… as people reach old age they face a number of life span transitions. The first for most is retirement, often associated with a reduction in income. The second is the increasing likelihood of frailty, illness and disability. The third is the prospect of widowhood and living alone. The increased vulnerability resulting from these lifespan transitions means that housing and service needs change as people age" (p. 36).

Interviewing eighty residents in Melbourne about their reasons for moving to retirement villages (resident funded and subsidised), Gardner found marked differences between home owners and non–home owners. Non-home owners vulnerabilities in old age were exacerbated by limited accommodation choices, economic constraints and poor housing environments in addition to the physical and social needs associated with ageing. Given the long waiting lists for subsidised villages, many only gained access once they had reached a high need state. Gardner's research reinforces Kendig's notion of inequity in old age as a consequence of one's ability to retain or access a home.

Elderly non-home owners on a fixed low income thus have limited choices if they want to move to accommodation more suited to their needs. Given the decreasing affordability of rent levels in the private rental market and the increasing cost of dwellings for purchase, particularly in major capital cities, appropriate housing options for older people on fixed low incomes are extremely restricted (Lipmann, 1999). Even in some rural areas the demand for rental housing has increased faster than supply, thereby pushing up prices (Beer, 2002). The available options will be examined in more detail with regard to access and appropriateness for older people who are financially and socially disadvantaged.

2.3.1 Retirement Villages

Moving to a retirement village generally requires an entry contribution or purchase of title and is not usually an option for financially disadvantaged people (Wilson and Scott, 1990). However, some charitable organisations do provide subsidised rental units in retirement villages for low-income pensioners, although waiting lists for these units can be extensive. Retirement villages may provide self-care units and/or serviced units (meals and housekeeping services). They usually have an on site manager who supervises service provision, maintenance and repair of units and is responsible for day-to-day administration. Some retirement villages have a hostel or nursing home on site but residents are not given priority access (Wilson and Scott, 1995). Other support services must be purchased for residents assessed as eligible for mainstream community care services.

2.3.2 Moving in with family or friends

Empirical evidence from service providers and the literature suggests that few homeless older people have family or friends that they can move in with on a secure long term basis or who can provide them with on-going assistance in times of need. Estrangement from relatives and the inability to develop and maintain significant and lasting personal relationships with others resulted in social isolation and a lack of support networks (Kavanagh, 1997). It has been the experience of service providers that when these living arrangements occur it is usually a transient arrangement in times of accommodation

crisis with limited facilities, e.g. sleeping on a couch in a 'friends' house. An exception to this is Aboriginal homelessness which has been identified as largely hidden due to the cultural obligation of Aboriginal people to support their extended family members (Morrison and Strommen, 2001). Problems arise however with overcrowding, with often three or more families living in the same residence and difficulties for those families obtaining suitable housing in the public or private rental market due to a lack of cultural understanding, inadequate financial resources and discrimination (Berry et al, 2001; Morrison and Strommen, 2001).

2.3.3 Transportable homes

Transportable homes can be categorised into relocatable homes, motor homes and caravans, i.e. they are not fixed in one place and can be transported to another location. Transportable homes are generally fairly small and basic in their amenities and some (i.e. motor homes and caravans) do not include toilet facilities (Wilson and Scott, 1995). Transportable homes need to be located where power and water are available, e.g. caravan parks or manufactured home estates (MHE). Some MHE specifically target older residents in popular retirement destinations such as coastal areas and provide community facilities and services. However, security of tenure is questionable and it is difficult to define the rights and duties associated with this type of dwelling as the law differs between states (Wilson and Scott, 1990). Greenhalgh (2002) maintains that residents of caravan parks can be classed as homeless as they lack security, safety and adequate facilities, particularly for older people as they become frailer and their needs increase.

2.3.4 Boarding Houses, Rooming Houses and Private Hotels

Boarding houses, rooming houses and private hotels offer relatively cheap accommodation (generally a private room) with shared bathroom facilities and shared or no cooking facilities. Boarding or lodging houses differ from rooming houses and private hotels in that they provide meals and sometimes other services to tenants. Rooming/boarding houses and private hotels are usually substandard dwellings located in high density areas that are unsuitable for meeting older people's increasing physical needs as they age (SVdP, 1996). It has also been postulated that boarding houses contribute to marginalisation and the social exclusion of residents from the wider community (Morgan et al, 1993). Most boarding houses, rooming houses and private hotels are run by private for-profit landlords and do not provide the same security of tenure or legal rights as other forms of private rental. In some states boarding houses that provide accommodation to people with a disability are subject to government regulation and provide similar services to a hostel. In Victoria and South Australia these are referred to as *Supported Residential Services* and in NSW as *Licensed Boarding Houses*. However, standards of care are variable with many reportedly disreputable (Lipmann, 1999). Because of this, government initiatives in some states have been established to monitor care and provide support for residents of rooming/boarding houses. In NSW, the Boarding House Project Team was set up in central Sydney to enhance access to mainstream health, welfare and support services for people living in boarding houses, particularly those with a mental illness (Millard, 1996). In Victoria, the *Community Connection Program* provides outreach services to homeless people including those residing in rooming/boarding houses (Casey, 2002).

2.3.5 Social housing

Social housing includes public and community housing. Both provide security of tenure and low rents for financially disadvantaged people. Aged concentrated social housing has the further advantage of increasing social contact and support for isolated older people (Kendig and Neutze, 1999). Community housing, owned by state housing authorities, some local councils and not-for-profit community associations or cooperatives, also provide low cost accommodation for financially disadvantaged people who are eligible for public housing as well as for special needs groups such as specific ethnic groups, Aboriginal and Torres Straight Islanders or people with specific disabilities (Wilson and Scott, 1995). Community Housing options for special needs groups may

include family units, older or disabled persons' units, boarding houses, share houses and group homes with many providing support.

Supported community housing options vary considerably according to the needs of the target group. An example of share accommodation is the Abbeyfield model of community housing for the aged with small groupings of up to 10 private bed-sitter rooms with en-suite bathrooms the shared use of a common lounge room, kitchen and dining room and provides meals and housekeeping services but not care services (Wilson and Scott, 1995). Group homes are a form of supported accommodation for people with a disability that usually provide personal care services as well as housekeeping with the level of support provided varying according to resident needs (CSC, 2001). Wintringham in Victoria is unique as a community housing organisation in that it provides low-cost accommodation and support specifically for older people who are homeless (Lipmann, 1996a). These include independent living units linked to support services as well as subsidised hostel accommodation (see Residential Aged Care Facilities below).

Some public housing is also linked to support services. Examples of this are the Housing Support for the Aged (HSA) initiative in Victoria, providing case managed packages of support to people over the age of 50 years who have history of homelessness upon their entry to public housing, and the *Older Persons High Rise Support Program*, providing on-site support to older tenants of high rise public housing estates in Melbourne (VDHS, undated). However, there are usually long waiting lists for public and community housing with government investment in social housing declining in real terms for some time (Waanders, 1999). Waanders argues the importance of social housing in preventing and eradicating homelessness for older people and complains that insufficient consideration is given to population ageing in housing policy formulation by governments. Lipmann (1999) supports this view, maintaining that without a viable low cost housing market in Australia the incidence of homelessness for older people will increase.

2.3.6 Residential Aged Care Facilities (Hostels and Nursing Homes)

Hostels provide full board and lodging and some assistance with activities of daily living, and can accommodate the physically frail. Nursing Homes are restricted to people who require round-the-clock nursing care. The majority are subsidised by the Commonwealth Government and are required to allocate a percentage of places for financially disadvantaged people. Some Hostels and Nursing Homes, particularly in Victoria and South Australia, are commercial enterprises that receive no government subsidy and are therefore restricted to those who can afford to pay. To be admitted to a subsidised Residential Aged Care Facility, a person must be assessed as eligible by *an Aged Care Assessment Team* (Wilson and Scott, 1995). The number of places allocated to financially disadvantaged people (concessional residents) varies according to location and is determined by the Commonwealth Department of Health and Ageing. Some subsidised hostels, such as Wintringham Hostels in Victoria, are specifically designated for homeless older people but these hostels are limited in number and the majority of subsidised Residential Aged Care Facilities have waiting lists. Moreover, mainstream hostels are often reluctant to accept residents with special needs such as homeless people who may have behavioural problems due to mental illness or substance abuse and whose needs do not attract a high subsidy (Lipmann, 1999; Waanders, 1999). The funding tool currently used by residential aged care facilities does not reflect the level of care required by homeless older people who have complex emotional and social needs, and without adequate staffing to manage these issues, the well being of other residents and the occupational health and safety of staff may be at risk (VAHEC, 2001).

Despite an increasing shortage of subsidised residential care places and difficulties gaining admission, hostels have historically provided a 'housing' alternative for older homeless people (Waanders, 1999). This was recognised by the Commonwealth Government when it established the *Assistance with Care and Housing for the Aged* (ACHA) program. The stated purpose for establishing the ACHA program was to prevent premature or inappropriate entry of financially disadvantaged older people who are homeless or insecurely housed to Commonwealth funded residential care by assisting

them to meet both their accommodation and support needs in the community (Alt, Statis and Associates, 1996).

2.3.7 Summary

While the list of options above may appear reasonable at first glance, accessibility is constrained by such factors as location, allocation/admission policies, supply and demand and the complexity of needs of the older homeless people. Primarily public and community housing appear to provide secure and independent living suitable for older homeless people but this is diminishing in supply and hence has long waiting lists. Only a few organizations (such as Wintringham) offer combined accommodation and support specifically designed for older homeless people, but these are not widely available throughout Australia.

The question remains, are some housing options superior, for whom, under what circumstances and with what support. It could be that with the right combination of security, affordability, accessibility and support a range of options may provide appropriate housing for older homeless people. The survey and interview work for this research project will explore these issues further based on the experience and perceptions of ACHA agency workers, managers and clients.

2.4 Conclusion

The literature review has revealed that amongst the general literature on homelessness there is relatively little that focuses on older homeless people as a distinct group. The majority of homeless research studies have largely focused on identifying the causes of homelessness as a basis from which to develop remedial interventions or preventive strategies, with only a few investigations into identifying and understanding the unmet needs of older homeless people. The main exception to this is the work of Crane (and Warnes) in the UK, which over the last decade has built up a considerable body of research on older homelessness. Australian literature on older homelessness is similarly scarce with only two limited studies having been undertaken by Kavanagh (1997) for the Mercy Family Centre and Thomson Goodall (1998 a and b) for the Department of Veterans' Affairs.

The literature review has informed the current research firstly by providing a useful conceptual framework for the research through an analysis of definitions of homelessness and the age threshold for 'older' homelessness; and secondly by providing a context of knowledge relevant to the research questions as summarised below.

In terms of the availability of housing and support options (Research Question 1), both the international and local literature indicates that these are extremely limited. While six housing options have been identified in Australia, accessibility to these is constrained and little is known about their effectiveness. What little research exists suggests that a range of housing and support options are necessary to accommodate the varying needs and preferences of older homeless people.

Literature is also sparse on the housing and support preferences of older homeless people and the factors influencing these (Research Question 2) but indicates that they can differ markedly from younger homeless groups due to their greater concern about safety and security and suggests that priorities include familiar location, freedom/control, affordability and security of tenure. While gender and cultural differences are acknowledged, these appear to have not been fully researched.

While there is little evidence in the literature concerning individual and structural factors that contribute to acceptance/resistance of housing and support options (Research Question 3), there is general agreement that pathways into homelessness are heterogenous and the culmination of multiple interacting structural and personal factors which may impact on achieving sustainable outcomes. It is also understood that older homeless people are more prone to social isolation, physical and mental illness and disabilities, and hence service unawareness and under-utilisation. Gender and cultural

differences have also been noted, but little is known about how these factors influence acceptance of housing and support options.

In terms of sustainable outcomes for independent living (Research Question 4), it seems clear from the literature that appropriate support systems are critical to the successful rehousing of older homeless people. 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, 2000a) and the other advocating normalisation via equitable access to aged care accommodation and support options (Lipmann, 1996b). These insights have confirmed the importance of the current research and proved useful in guiding the refinement of the fieldwork, the results of which are expected to provide clearer answers to which housing and support options available in Australia contribute best to sustainable pathways out of homelessness for older people.

3 POLICY CONTEXT

3.1 International Policy on Housing and Older Homeless People

This section will focus on three contexts – the United Kingdom, the United States of America and Denmark. These three countries have been selected on the basis that they represent different types of welfare states (Esping-Andersen, 1990). Among advanced industrialized countries the USA is generally seen as the weakest welfare state, the United Kingdom is somewhere in the middle, while Denmark is representative of that small group of welfare states where state intervention and provision has historically been very high (ibid).

3.1.1 The United Kingdom

Concern around increasing homelessness led to the passing of the *Housing (Homeless Persons) Act* in 1977. The Act shifted responsibility for housing the homeless from the social services department of the local authority to the housing department thereof and made it mandatory for the local authority that they find accommodation for any homeless person "in priority need" (Crane, 1999:149). Priority need included the mentally and physically ill and the elderly. It excluded most single homeless people (ibid).

The increase in the number of homeless people on the streets, especially in London during the 1980s, lead to the setting up of a new program in 1990, the *Rough Sleepers Initiative* (RSI). The RSI was premised on a multi-agency approach to resolving homelessness. Besides the provision of free, easily accessible, minimum demand-accommodation, the program involved outreach and resettlement workers, health professionals and educators (UNESCO, undated; Randall and Brown, 1994). Between 1990 and 1996 £182 million was allocated to the program (Crane, 1999:150). In 1996 the program was extended beyond London to another 28 cities and towns (ibid).

In December 1997 the election of the Labour Party saw the setting up of a Social Exclusion Unit. A primary aim of the Unit was to eliminate rough sleeping by 2002. Crane (1999:151) makes the important point that in the Report put out by the Social Exclusion Unit outlining plans to deal with rough sleepers makes little mention of the large number of homeless people who are not living on the streets but in hostels and other temporary shelters.

Policy and Programs directed specifically at Older Homeless People

The RSI program, although impressive, was directed at all homeless people and there was no recognition that older homeless people had specific requirements. Crane (1999), in her study of homeless older people, found that when older homeless people have to share services with their young counterparts, their distinctive needs are usually not recognized. The gradual recognition in the 1990s that older homeless people have specific needs and generally do not like mixed-age services and accommodation led to the creation of a few programs directed specifically at older homeless people. Crane's (1999) review of these programs illustrates that despite this recognition there is still no national policy around the housing of homeless older people and that the small number of programs that are in place, have generally been developed through the initiative of local organisations rather than government. The main government initiative is the *Homelessness Action Program* set up in April 1999. The plan relies "on a social care market of competing non-statutory service providers". Voluntary associations compete for funds (Crane and Warnes, 2000b).

Crane (2001:18-19) makes the important argument that although "local authority housing and social services departments have a statutory duty to help vulnerable people in priority need if they have a local connection with that authority", homeless people often do not make contact with the authorities and are thus not known by them. Local authorities are not compelled to seek out older homeless people in the area. Birmingham appears to be the only local authority in the UK to have taken the initiative to actually seek out older, homeless people. The Sparkbrook forum was established in Birmingham in 1999 to assist older homeless people "living in poor-standard, private

rented accommodation" (Crane, 1999:165). Voluntary sector organizations are responsible for all other initiatives directed specifically at older homeless people. Three of London's day centres have employed workers whose specific mandate is to seek out older homeless people. These workers look for "older users, assess their needs and help them utilize services" (ibid:163). In Birmingham there is a short-stay hostel aimed exclusively at older homeless people. The short-lived Lancefield Street Centre in West London which opened in January 1997 (it closed in December 1998), was a 24 hour drop-in centre providing temporary accommodation "for 33 [older] homeless men and women, and a resettlement service" (ibid). The drop-in centre provided a venue where homeless people could be assessed and if they stayed on at the hostel they were taught life skills. They would then be referred to the local government housing and social services departments and then resettled in permanent accommodation.

One of the most successful programs has been the St Anne's Day Centre in Leeds, which since its inception in 1991 has helped resettle over 300 older homeless people. Clients are carefully assessed and once resettlement plans have been discussed, clients are then referred to housing providers and rehoused in various housing options depending on their situation (ibid).

The literature indicates that despite the growing problem of homeless older people in the UK, government support for this grouping is minimal. Charles Fraser, the Chief Executive of St Mungos in London, noted that in 2001, although there were more older homeless people than homeless teenagers, there were 22 projects that catered exclusively for young people in London, but none that catered exclusively for the older homeless (cited in Crane, 2001).

3.1.2 The case of Denmark

Despite Denmark's reputation as a country that looks after all its citizens from the cradle to the grave, there are older homeless people and it has been argued that the policy for dealing with this grouping has serious shortcomings (Lipmann, 1995). Personnel in the few agencies working with the older homeless claimed that homelessness amongst older Danes is a "real issue" and that agencies suffered from a serious shortage of funds resulting in significant shortcomings in the facilities and services provided (ibid:8). They also stated that the older homeless are often not able to access mainstream services.

In Denmark the 275 local municipalities are grouped into 14 'counties' and are responsible for the provision of social services and policy surrounding these services: "Local authorities are empowered to decide how and to whom their services are to be targeted and delivered, with little requirement to meet national standards" (ibid:8). This decentralization results in a great deal of variation in the social services delivered. Lipmann (1995) concludes that the municipalities and counties account for about half of all the funding for the homeless. Thus, if a municipality feels that homelessness is not a priority issue, funding is likely to be inadequate.

The main thrust of the policy around the aged in Denmark is to keep older people in their own accommodation for as long as possible. In 1988 legislation was passed to limit the construction of nursing homes (Stuart and Weinrich, 2001). Instead, money was directed towards "less institutionalised accommodation such as sheltered flats or centres and into extending its home help network" (Lipmann, 1995:9). In terms of cost, the argument is that it is cheaper to provide extensive home care than it is to construct nursing homes. The same levels of staffing are required but the capital costs of constructing nursing homes is avoided. The municipalities are responsible for home care services (Stuart and Weinrich, 2001). Home care is supplemented by day care centres, which are not residential. The policy is also driven by the fact that many older people want to stay at home. Unfortunately, financial constraints have increased the variation between municipalities and more and more municipalities are not spending an adequate amount, resulting in inadequate levels of home help (ibid). The localization of power has contributed towards a situation where the "more powerless groups such as the homeless are effectively distanced from the benefits intended from the Danish welfare state" (ibid:11).

In response to the growing inability of municipalities to deal with the problem of homelessness, the central government created a *Social Development Fund* (SDF) in the mid-1990s specifically to deal with the socially excluded. The SDF is well funded and is linked to an information Centre in Copenhagen. The Information Centre provides advice to community representatives throughout the country and is able to call on the ample funds of the SDF to help resolve problems. Despite the innovative approach and the SDF funding well over 1600 projects in a range of areas, homelessness was still evident in the mid-1990s. Lipmann (1995) argues that its persistence is due to a couple of key issues. Firstly, a tendency not to really believe that it is an issue for the welfare state as it reflects individual choice. Secondly, the lack of a centralized plan and the autonomy of the municipalities results, especially in times of recession, in some municipalities underplaying and not supporting issues like homelessness. Lipmann did not find one agency in the whole of Denmark that catered exclusively for older homeless people. The older homeless were mainly in night shelters. Night shelter staff complained that it was very difficult for them to access mainstream services for their clients.

In July 2000, in response to the growing number of homeless people, the Danish government committed DKK 200,000,000 over a four-year-period to combating homelessness. Part of the program involves working with local authorities to implement "social, health and educational initiatives aimed at supporting aimed at supporting vulnerable groups of adults who find difficulty coping with daily life and living in ordinary housing" (Denmark government, 2001:section 6.2.5). In 2001, as part of the *National Action Plan to combat Poverty and Social Exclusion*, the government announced that the local authority agreement for 2001 will strongly encourage local authorities to provide housing for their older residents, including residential care homes. Local authorities will be able to apply for significant loans and subsidies from central government.

Clearly, there is a significant effort to minimise homelessness amongst older people. Denmark's system of subsidised housing and home care for the aged is impressive and does have a high level of success. A serious problem is that for the small section of the older population who are homeless, the homecare system is not accessible and there is no adequate substitute.

3.1.3 The older homeless in the USA

The homeless population in US cities has grown significantly over the last 30 years. In 1992 it was estimated that in New York alone there were 60 000 homeless people (Morse, 1992). The proportion of the homeless that are older homeless people is not clear. At the beginning of the 1990s it was estimated that four per cent of the homeless in New York City, six per cent in Los Angeles and eight per cent in San Francisco were 60 or older (Ladner, 1992:221). Gibeau (2001) concludes that nationally the older homeless were between 10 and 15 per cent of the total. She does not, however, specify what she means by 'older'.

The response of government in the US to homelessness has generally been inadequate. Local governments have allowed the displacement of thousands of poor families and individuals from cheap rented accommodation in inner-city areas. The revitalization of inner-city areas in many US cities has meant that a large number of lodging houses, cheap hotels, Single Room Occupancy buildings and rooming houses have been demolished (Ladner, 1992:225; Morse, 1992:6). Historically, these have been primary sources of accommodation for the poorer sections of the older population. Not only do they lose access to affordable accommodation but their social networks are also often destroyed. The lack of public housing means that the extent of affordable housing for poor people in most cities is minimal.

The lack of a national health system is also important. It means that many older people are not able to have their medical needs resolved and ultimately find themselves homeless or, alternatively, once homeless, cannot rectify the situation due to health problems (Gibeau, 2001:14).

Another important cause of homeless is inadequate social assistance. Dolbeare (1996) noted that only about 25 per cent of all households that are eligible for housing

assistance receive it. Federal cuts in the area of low cost housing were dramatic in the1980s. Thus "in 1981 the federal government spent approximately $30 billion a year subsidizing low-cost housing. By 1988, that figure dropped below $7 billion" (Gibeau, 2001:1).

There is no national policy to address homelessness. Most homeless people are accommodated in shelters, many of which are not adequate, especially for the older homeless. Lipmann (1995:54) describes the shelters in the US as "impersonal and frequently violent places". In some cities there is a transitional shelter system which is supposed to prepare shelter residents prior to their moving on into mainstream accommodation (ibid). Lipmann points out that the transitional system does not work as there is generally no affordable accommodation to move to and older homeless people become stuck in the 'transitional' shelters.

Most initiatives beyond shelters involve private and public funding and working with a "network of federal, state, and local agencies and services to provide both housing and supportive programs for older adults" (ibid:2). In some cities local initiatives have meant that there are interesting programs targeted at older homeless people. One such program in Boston, the *Committee to End Elder Homelessness* (CEEH), not only provides adequate accommodation specifically for older homeless people but endeavours to create a situation which will allow the person concerned to regain his or her ability to live autonomously. Between its establishment in 1992 and 2001, the CEEH outreach team identified a total of 944 HUD-eligible adults and managed to place 252 of these (ibid:5).

There are a number of impressive and innovative initiatives throughout the United States but ultimately policy around older homeless people and homelessness in general is characterised by a lack of meaningful intervention (Lipmann, 1995; Morse, 1992).

What these three national case studies illustrate is that government policy around the housing of older people makes a huge difference to the quality of life of older people who are homeless or who face the possibility of homelessness.

3.2 National Policy on Ageing and Homelessness

In Australia responsibility for policy that impacts on older homeless people is shared between the Commonwealth and State governments and involves a number of key government stakeholders including the Commonwealth Departments of Family and Community Services, Health and Ageing and Veterans' Affairs; and various state governments' human services, housing, and ageing/disability departments. Local Government and numerous non-government agencies are also involved in the delivery of services relevant to the needs of older homeless people.

Housing programs for older low-income people in Australia date from the mid-1950s and since the late-1960s aged pensioners have constituted an important segment of public housing clientele (Kendig and Gardner, 1997). However, it was not until the 1980s, that ageing and homelessness *per se* became matters of serious policy concern (Kendig, 1990; Bisset et al, 1999; DFACS, 1999a). Because of the multifaceted and interdepartmental nature of policy for the older homeless and those at risk of homelessness, an overview of relevant developments in three main policy streams (ageing, housing and homelessness policy) will be separately outlined below.

3.2.1 Ageing Policy and the Homeless

The development of ageing policy for older Australians has been well documented in Kendig and McCallum (1990), Borowski et al (1997) and covers many dimensions of ageing policy including income support, housing, health care, community services, law, gender and culture/ethnicity.

Fine outlines the two main phases of post-war aged care policy development as firstly a period of "commodification and entitlement (1950-80)", which saw the "emergence of Commonwealth responsibility" for aged care, followed by a period of "pluralism and community care" arising from "concern at current and future costs of aged care" (Fine

1999:270). More recently, Faulkner et al (2001) have provided a useful review of aged and community care policy development as part of their AHURI research into linkages between housing assistance, residential relocation and community and social care services for older people. This section will, therefore, focus on those aspects of ageing policy relevant to the housing and support needs of older homeless people, and those on low incomes at risk of becoming homeless.

In the post-war period in Australia ageing policy has evolved from a reliance on income support via the Age Pension and institutional medical care to the provision of specialised residential aged care facilities with a broadening array of service provision for older people, to a more recent emphasis on ageing in place and support through the provision of home and community care services. There is also a recent shift towards case management, service integration and whole-of-government approaches to the housing and care of older people. Much of this policy development has paid little attention to the specific needs of homeless older people, other than indirectly in terms of their impact on the risk of becoming homeless. In the last two decades of the 20th Century, the policy debate has been brought into sharp focus by the growing awareness of the financial and other implications of the ageing of the population due to low fertility rates, increased longevity and only modest levels of immigration.

Income Support for Older People

The most long-standing assistance for older low-income people in Australia has been income support through the Age Pension introduced in 1909 intended to alleviate and prevent poverty. It has since provided a safety net for low-income older people unable to fund their own retirement. Except for a brief period in the 1970s it has been subject to an income test, and since 1985 to an assets test. The recent policy emphasis has been on shifting the burden from income support via the Age Pension to self-funded retirement through compulsory and voluntary superannuation (AIHW, 1999c; Bishop, 1999b). Australia now has a 'three tiered' retirement income system that includes the means tested, CPI indexed Age Pension (for men 65 years and over, and for women 61 years[4] and over), compulsory superannuation and contributory superannuation. Pensioners are also eligible for other support including rent assistance (if in the private market), health and pharmaceutical benefits, and concessions on a range of other services provided by the various levels of government.

For older people who own their own homes the Age Pension generally provides an adequate income, but for those in the private rental market who are more likely to be in housing stress and at risk of homelessness, it is often inadequate even with rent assistance and other benefits taken into account (Kendig and Gardner, 1997; Howe, 1995; Fine, 1999). This is particularly the case for low-income older people living in the larger capital cities as both the Pension and Rent Assistance are flat rate payments that do not take into account significant regional differentials in rents and the cost of living, and have become subject to tighter means testing.

Residential Aged Care

The early post war period saw the divergence of specialised aged care from the hospital system (via the *Hospitals Benefits Act 1951*), thereby placing responsibility clearly on the Commonwealth Government, and the emergence of not-for-profit nursing homes (via the *National Health Act 1953* and the *Aged Persons Homes Act 1954*). These were supported initially by matching Commonwealth capital grants, followed later by the introduction of nursing home benefits (1963) that enabled the expansion of a relatively unregulated private for-profit nursing home industry. The much criticised early *lassaiz faire* period of residential aged care gave way in the early 1970s to increasing regulation and bureaucratic involvement, which by the late 1970s had failed to address the structural problems of the sector (Howe, 1990).

Although the beginnings of community care had also originated in the early post war period with the introduction of the *Home Nursing Subsidy Act* in 1956 , followed later by

[4] The eligible age for women is currently being increased incrementally to 65 years by 2013 (Bishop 1999:5).

the *State Grants (Paramedical Services) Act* and the *State Grants (Home Care Act)* in 1969 and the *Delivered Meals Subsidy Act in 1970*, this did little to curb the expansion of nursing homes (Fine, 1999; Healy, 1990; Howe, 1990) and, as Pfeffer and Green (1997:276) note, "Australia in the 1960s and 1970s was locked into a single service paradigm, the nursing home."

Community Care

From the early 1980s, a series of government inquiries and reports[5] into the aged care system expressed a growing concern about the economic implications of population ageing, and the contradiction between the dominance of nursing homes and the desire of older people to age in place (Healy, 1990; Pfeffer and Green, 1997; AIFS, 1999; AIHW, 1999a; Faulkner et al, 2001). What followed was a significant shift in aged care policy the centrepiece for which was the *Aged Care Reform Strategy* (ACRS) of the newly elected Labor Government. This was developed progressively between 1983 and 1986 and strongly reflected the integrated social and economic tenets of the Social Justice Strategy – 'equity, quality, access and participation'. The fundamental aim of the ACRS was to bring about a shift in the balance of care from institutional to community care and provide flexible,

integrated service delivery (Fine, 1999; Howe, 1997). The key mechanisms for achieving this were the introduction of a national program for *Home and Community Care* (HACC) accompanied by a tightening of eligibility criteria and more rigorous assessment for admission to residential care.

The HACC program commenced in 1985 as joint Commonwealth-State/Territory program aimed at funding not-for-profit care services to provide support for the frail aged, and younger age groups with a disability, living at home and who would otherwise be at risk of long-term institutional care (Healy, 1990; AIHW, 1999a). The range of services included home help and personal care; home maintenance and modification; food; respite care; transport; paramedical services; home nursing; assessment and referral; education and training for service providers and users; and information and coordination (Healy 1990; Howe, 1997). It has since been through a number of reviews[6] which have resulted in an expansion in the range of eligible services (eg. to include social and carer support), increased targeting to those with 'high needs' and attempted to improve administrative efficiency and service coordination. The HACC program has played an important part in changing the balance of care and substantially increasing the commitment of government resources to aged care, however it has been less successful in meeting its aims of improving integrated service delivery and its administration processes have been widely regarded as overly complex (Fine, 1997; Howe, 1997). In 1999 these concerns led to an Amending Agreement which has seen the introduction of output-based funding, inclusion of for-profit providers, service contracts to ensure accountability of service providers, inclusion of post-acute care and aids/appliances for people with disabilities, and administrative reform of program approval and acquittal arrangements (CDHAC, 1999b).

Two other important initiatives in the provision of community care were the introduction of *Community Option Projects* (COPs) and *Community Aged Care Packages* (CACPs), both of which were aimed at the provision of more intensive home-based care for high dependence clients with complex needs as an alternative to residential or institutional care. COPs, which provided Commonwealth funding for case managers to purchase additional personal services for clients of all ages with complex needs, were introduced as pilot scheme in 1987 and brought under the umbrella of HACC following a positive review in 1992, though still maintaining their identity within the program and fully funded

[5] Including the 1982 House of Representatives Standing Committee on Expenditure Report 'In a Home or At Home: Home Care and Accommodation for the aged' (also known as the McLeay Report); the 1985 'Cost of Nursing Home and Hostel Care Services' Report); and the 1986 Nursing Homes and Hostels Review.

[6] Including The First Triennial Review (1987-88), the Mid-Term Review (1990-91), the Report of the Standing Committee on Community Affairs – 'Home But Not Alone' (1994) and the Efficiency and Effectiveness Review of the Home and Community Care Program (1995).

by the Commonwealth. CACPs, on the other hand, were a recommendation of the Mid-Term Review in 1992 in response to a lack of supply of hostel places, whereby funding was redirected to enable hostel service providers to provide outreach services in the community (AIHW, 1999a; Howe, 1997).

A more recent initiative has been the *Extended Aged Care at Home* (EACH) program, established as a pilot project in 1998 to explore the possibility of providing flexible packages for an even higher level of care in the home for older people who would otherwise be eligible for admission to a nursing home. In addition to the normal range of personal and home maintenance and modification services typical of HACC services, these packages allow for 24 hour, on-call nursing services and procedures.

Allied to the community care programs of the *Aged Care Reform Strategy*, was the introduction of a national aged care assessment system via the creation of *Aged Care Assessment Teams* (ACATs). Previously, referrals for residential care had been largely the responsibility of medical practitioners. ACATs are regionally-based, multi-disciplinary teams responsible for assessing applicants and approving admissions to nursing homes and hostels and access to CACP and EACH community care. They are also able to make recommendations concerning the home and community care (including HACC and COP services) (Fine, 1997; Howe, 1997: AIHW, 1999a).

It is generally acknowledged that the mechanisms that originated with the *Aged Care Reform Strategy* and continue to this day have been instrumental in transforming the nature of aged care in Australia by extending the extent and range of services to older Australians that is more in line with their preference to age in place (Healy, 1990; Fine, 1999). However, as Faulkner et al (2001) note, a number of problems persist, including the inability of agencies to meet the high demand for both residential and community services; restricted access for those with lower needs due to targeting; the lack of supported housing options for non home-owners; the availability of carers; and access for the growing number of severely disabled elderly people. Fine also notes the problems for socially disadvantaged older people.

> "Certainly there are numbers of people today who cannot rely on their family for care and who lack sufficient financial or family resources to survive in old age without help in some form from the community or state. Continued attention to the needs of those who are socially disadvantaged in old age remains a compelling argument for government intervention." (Fine, 1999:276)

The National Strategy for an Ageing Australia

Since its election in 1996, the focus of the Coalition Government on fiscal restraint and welfare reform has seen some significant changes of direction in ageing policy. Continuing support for community care as an alternative to residential care has been accompanied by a tightening of means testing for the Age Pension, the introduction of 'user pays' principles through income-related entry payments and fees for residential and community care, expansion of the range of service providers to include for-profit operators, and an emphasis on healthy ageing, independence and self-reliance (Fine, 1999). The impetus for these changes came initially from the *National Commission of Audit* (NCA, 1996) and they were later incorporated into the *Aged Care Act 1997*. (Fine, 1999). There has also been a move toward a 'whole-of-government' approach to ageing policy with the establishment by the Prime Minister of an across-government Ministerial Reference Group (MRG)[7] in 1998 to develop a *National Strategy for an Ageing Australia* (NSAA). The four key themes outlined in the terms of reference by the Prime Minister were.

- independence and self-provision (includes employment for mature aged workers);

[7] The MRG is chaired by the Minister for Aged Care and includes the Ministers for Health and Ageing, Family and Community Services, Veterans Affairs, the Minister Assisting the Prime Minister on the Status of Women and the Assistant Treasurer.

- attitude, lifestyle and community support;
- healthy ageing; and
- world class care. (Bishop, 1999:vi,vii)

The strategy draws heavily on the OECDs seven principles for population ageing reforms (OECD, 1996) and sets the stage for future Coalition policy on ageing. To date it has published a background and discussion paper, discussion papers on each of the four themes outlined above and an issues paper on Employment for Mature Age Workers (Bishop, 1999a, b, c, d and 2000; Andrews, 2001). So far there is little consideration given in the Strategy papers about socially or economically disadvantaged groups including the homeless or groups at risk.

3.2.2 Housing Policy and Older Low-income People

The housing assistance system that has evolved in the post-war period consists of two main components – a joint Commonwealth-state public housing program with subsidised rents funded under the *Commonwealth State Housing Agreement* (CSHA) and a rent assistance program which provides subsidies for low-income tenants in the private rental market. Along side these sits a relatively small Community Housing sector supported by a combination of public (via CSHA) and private funding, with management provided by local government or non-government agencies.

Kendig (2000) notes that "[h]ousing policy for older people did not arise in Australia until the early 1950's." In the early post-war years the focus of public housing was on assisting younger people with families, but by the mid 1950s the needs of older low-income Australians were becoming recognised. *The Aged Persons Homes Act (APHA), 1954* was a Menzies Government initiative to provide subsidies to private agencies to construct special purpose housing (retirement villages) for older couples which also required a financial contribution from residents (Kendig and Gardner, 1997). Though not precluded earlier, it was not until the incentives of the 1969 *State Grants (Dwellings for Pensioners) Act* that the State Government Housing Commissions significantly extended their clientele to include single aged pensioners without any significant assets. This was further expanded in 1974 to include other aged pensioners including couples and those with disabilities (Kendig, 1990). So by the 1980s the mainstreaming of older people into eligibility within the public housing system was complete and by 1986 close to a quarter of all public housing tenants were aged over 60 years (Kendig and Gardner, 1997). Although public housing has undoubtedly played an important role in reducing the risk of homelessness for many older Australians, high demand and reductions in capital funding in recent decades, compounded by increased targeting and long waiting times, have reduced accessibility to many who meet eligibility criteria.

The 1980s also saw some other significant shifts in housing policy arising from an emerging neo-liberalist agenda that would lead to a broadening of housing assistance options and a greater emphasis on the private market, accompanied by a reduction in funding for the provision of public housing. The first was a move away from public housing provision to income support via the introduction of *Commonwealth Rent Assistance* (CRA) in the 1981 CSHA, which provided low-income renters in the private market with a cash subsidy. This was a response to earlier observations in the Henderson Commission of Inquiry into Poverty (1975) that had identified a lack of equity between tenants of public housing and low-income renters in the private market (Caulfield, 2000; Henderson, 1975), and a growing debate about the relative merits of housing assistance and public housing programs. Since the early 1980s funding for Rent Assistance has grown markedly relative to funding for public housing and since the 1991/92 financial year has exceeded expenditure on the CSHA which, in turn, has steadily declined. Low-income older people have been significant beneficiaries of this policy change with 60 per cent of old-age pensioners who are private tenants receiving assistance accounting for half of all recipients by the mid-1990s (Howe, 1995). However, the lack of recognition of regional differences in rents also contributes to risk of homelessness, particularly in the larger cities with limited supply of low-cost rental housing.

The second shift in emphasis that occurred under the new Labor Government in 1983 was a move toward diversification in the provision and management of social housing involving joint ventures with local government and non-government organizations. The catalyst for this was the Local Government and Community Housing Program (LGCHP) of 1984, funded under the CSHA to provide jointly funded alternatives to public housing involving local government and community groups and greater tenant participation (Purdon Associates, 1989). According to an evaluation by Purdon Associates five years later (ibid), in the early years of the program there was little consistency between states, no identification of target groups and ad hoc funding among distribution between local government, community organizations and co-ops.

Community housing is available for low-income people and those with special needs eligible for public housing but whose needs can be best me in a smaller-scale community-managed setting. It also has the advantage of more flexible allocation procedures and funding sources to assist in the provision of support services for those with complex needs. It caters for client groups such as people with disabilities, women, indigenous people, older people and, since the introduction of the *Crisis Assistance Program* (CAP) in 1985, people who are homeless or at risk of homelessness – though there is little information on age breakdown. The sector does, however, involve agencies that specialise in working with older homeless people (eg. Wintringham in Victoria and the Mercy Family Centre in NSW).

3.2.3 Homelessness Policy and Older People in Australia

Prior to 1974, services for homeless people in Australia were provided and funded by religious and other private welfare agencies. In 1974 the Commonwealth Government introduced the *Homeless Persons Assistance Act* which provided financial assistance to private agencies for the provision of food, shelter and personal services, but services for the homeless remained diverse and fragmented. In 1983, a review of all Commonwealth and State/Territory programs for homeless people and victims of domestic violence recommended an integrated and jointly funded national program. The *Supported Accommodation Assistance Program* (SAAP) and the *Crisis Accommodation Program* (CAP) both of which commenced in 1985, and continue to this day, have since been the main national programs for assisting homeless people. (Bisset et al, 1999; AIHW, 1999a; CDFACS, 1999a and 2002a). The fundamental difference between these two programs is that SAAP is jointly funded by the Commonwealth and State/Territory governments and provides assistance via non-government agencies, whereas CAP provides funding to State governments via a tied grant under the Commonwealth State Housing Agreement (CSHA) for the provision of crisis accommodation.

The Supported Accommodation Assistance Program (SAAP)

The broad objectives of the 1985 SAAP program are:

> "…the provision by non-government organizations or local governments…of a range of supported accommodation services and related support services to assist men, women, young people and their dependants who are permanently homeless, or temporarily homeless as a result of crisis, and who need support to move towards independent living, where possible and appropriate." (CDFACS; 2002a:3)

Three sub-programs were identified within the first SAAP: general services, youth services and women's emergency services.

Over the 17 years of the program there have been four separate SAAP agreements and one major legislative revision in 1994. There has also been a shift in emphasis in the services offered under SAAP from an early focus on the provision of crisis accommodation in hostels, refuges and shelters in SAAP I; to more individually tailored services to assist in the transition from homelessness to independence in SAAP II; to an emphasis on early intervention, case management and flexible responses in SAAP III ; and integration and collaboration with other services in SAAP III and IV (CDFACS, 2002a).

During the life of SAAP, there has been a substantial increase in the number of funded service providers from around 500 in 1985 to over 1,200 at present. In 2000-01 1,238 SAAP agencies provided assistance to 91,200 clients - representing 168,200 occasions of support. There is considerable variation in the kinds of services offered by SAAP funded agencies, the most common being crisis, short-term and long-term supported accommodation, but also including outreach support; day support; and telephone information and referral. (AIHW, 2001; SAAP, 2002a)

According to recent data provided by CDFACS (2002b) older clients (45 years and over for indigenous clients, and 50 years and over for non-indigenous clients) account for only 9 per cent of all SAAP clients (8,600 persons), most of whom (67 per cent) used services in metropolitan areas. Older men were however much more represented than older women (61 per cent as opposed to 39 per cent). Older clients were also more likely to have been born overseas than younger clients with 9 per cent born in English speaking countries and18 per cent in non-English speaking countries (compared to 5 per cent and 10 per cent respectively for younger people). The percentage of indigenous people was, however, similar for older (17 per cent) and younger (16 per cent) clients. Older indigenous clients are 16 times over-represented compared to the general population than younger indigenous clients who were 7 times over-represented. Amongst older indigenous clients, women outnumber men (54 per cent as opposed to 46 per cent) and amongst the overseas almost half (48 per cent) are women – a much higher percentage than for younger clients.

The CDFACS data also indicates that "…older people accessed SAAP services at a rate five times lower than younger people. Around 15 older people in every 10,000 used SAAP services, while 75 younger people in every 10,000 became SAAP clients." (CDFACS, 2002b:2) Amongst women, domestic violence was given as the main reason for seeking assistance (40 per cent) followed by financial difficulty (8 per cent) and eviction or other loss of accommodation (6 per cent), whereas for men financial reasons were prominent (18 per cent) followed closely by drug/alcohol/substance abuse (14 per cent) and usual accommodation not available (13 per cent). Older women were found to be three times more likely than young women (3 per cent compared to 1 per cent) to give psychiatric illness as the main reason for using SAAP services. Older male SAAP clients were found to be more likely than younger males to cite drug/alcohol/substance abuse (14 per cent compared to 10 per cent) and psychiatric illness (3 per cent compared to 2 per cent) as their main reason for seeking assistance.

Close to half (48 per cent) of the support periods for older SAAP clients were for people on a Disability Support Pension compared to only 16 per cent of younger clients, and only 16 per cent of older clients were receiving the age pension, with another 16 per cent on Newstart and 3 per cent on a Department of Veterans' Affairs payment. The report indicates that both older men and women expressed a lower level of need than their younger counterparts and were less likely to have a case management or support plan (CDFACS, 2002b).

In summary, the SAAP program provides for a very wide range of clients, the majority of whom are younger people whose risks, needs and prospects are likely to be quite different than older people – as implied by the 'hypothesis' upon which the Assistance with Care and Housing for the Aged (ACHA) program was based[8], and by earlier research by Kavanagh (1997). Although older homeless people can be identified as a sub-group of the general SAAP clientele, they are not identified as a specific needs or target group[9], nor are their particular needs, housing preferences or outcomes articulated. Indeed, Lippman (2003) argues that SAAP clients are not representative of the older homeless population as the majority do not present at SAAP. Only recently

[8] The ACHA program 'hypothesis' states "[t]hat low income frail aged people in insecure housing are at greater risk of premature entry to aged persons' hostels due to their reduced ability to access housing and community care services." (CDHAC, 1996:ix)

[9] The six primary target populations of SAAP are: young people (under 25 yrs), single men only (over 25 yrs +); single women only (25 yrs +); families; women escaping domestic violence and cross-target or multiple target groups (i.e. how people present at an agency, rather than based on marital status).

have they been separately identified within the SAAP data and their characteristics and usage of SAAP services differentiated from other users – soon to be published as a monograph by the Housing Support Branch of CDFACS (CDFACS, 2002b). There is evidence from the preliminary data, however, that compared to younger clients, older homeless people are more likely to be male, born overseas, access services at a much higher rate, have a psychiatric illness (particularly if female) or a drug/alcohol/substance abuse problem (if male), be on a disability pension and be less likely to have a case management or support plan.

The Crisis Accommodation Program (CAP)

The Crisis Accommodation Program was initiated in 1985 along with the SAAP program as part of developing a national policy response to growing problems of homelessness. As a tied program within the Commonwealth State Housing Agreement (CSHA) it provides annual funding on a *per captia* basis to the State/Territory governments to compliment SAAP services. The interdependency of SAAP and CAP is formally recognised in the SAAP agreement between the Commonwealth and States/Territories, which requires "integration and collaboration between SAAP and other service systems…" and "working together, so that the Commonwealth, State and Territories will work in partnership with communities to enhance the capacity for SAAP to respond to homelessness", and in the CSHA via the adoption of the SAAP definition of homelessness (CDFACS, 2002a:5,6).

Given the early emphasis in SAAP on crisis accommodation, the primary purpose of CAP was seen initially as the provision of capital funds for state housing authorities to build and/or renovate premises as shelters and refuges. However, as SAAP has evolved and focussed more on transitional housing as a step towards self-sufficiency/independence there has been a need for CAP to be more flexible to include a wider range of housing and support services including longer term and exit accommodation (CDFACS, 1999a; Thomson Goodall and Associates, 1998).

In its subsequent *Future Responses to Homelessness*, CDFACS indicated its intention to retain the CAP as a 'needs-driven' tied program under the CSHA and proposed a review to improve the relationship between SAAP and CAP stating that "[t]he next [CSHA] agreement might seek to tie the funds not to capital alone, but to alleviating homelessness as an explicit objective" (CDFACS, undated:6). Priority actions for homelessness policy articulated in the Commonwealth Government's Consultation Paper for the National Homelessness Strategy also aim to "[g]ive explicit consideration to homelessness in CSHA negotiations" and "[I]mprove the integration of policy and service delivery between SAAP, the CSHA and related programs…", including the CAP. (CACH, 2001:24)

Veterans at Risk

Although only 3 per cent of SAAPs 'older clients' were recipients of a payment from the Department of Veterans' Affairs (DVA) (CDFACS, 2002b:4), a study of veterans at risk in 1998 found that "[m]any veterans living in insecure housing, (eg rooming and boarding houses and special residential services) may be considered to be at risk" (Thomson Goodall and Associates, 1998a:9). The study concluded that of the 260,000 veterans on DVA service or disability pensions, it was reasonable to assume that approximately 1,000 were homeless with an additional 2,000 who may be at risk of homelessness. A survey of SAAP and ACHA agencies indicated that between 3 and 5 per cent of ACHA clients using 'night shelters' and between 5 and 10 per cent using 'outreach services', 'day centres', and ACHA services, were veterans. A very high percentage of these clients were male (91 per cent), mostly over 50 years of age (71 per cent) and many were WWII veterans over the age of 75. (Thomson Goodall and Associates, 1998b)

The report also indicated that although the number of veterans was decreasing, the number at risk of homelessness was expected to increase in the short term due to increasing age (by 2008, 85 per cent of veterans will be over 65 and 62 per cent over 80 years of age) and associated physical and mental deterioration, exacerbated by the high percentage (61 per cent) with some kind of disability. It was argued that an improvement

in accommodation and support services was essential for these needs to be addressed through better coordination between Commonwealth and State/Territory housing, aged care and homelessness agencies including those providing SAAP and ACHA services. A case-management approach was also advocated. The introduction of a small grants program to enable relevant agencies to increase outreach capacity, support local service development initiatives and to provide incentives for the development of appropriate housing and care options was also recommended, to reduce the risk of homelessness and satisfy the preferences of veterans to age in place. (Thomson Goodall and Associates, 1998b)

In 1999, The *National Ex-Service Round Table on Aged Care* reported on strategies to meet future needs of ageing veterans' in relation to the *Commonwealth Government's Aged Care Reform Agenda* and *National Healthy Ageing Strategy*. Again, there was a strong emphasis on ageing in place, community care and 'seamless' service delivery (CDVA, 1999a). The DVA has since developed its own Veterans' Home Care (VHC) program to provide services to enable veterans' and war widows to age in place – including domestic assistance, personal care, home and garden maintenance and respite care (CDVA, 2002).

The Assistance with Care and Housing for the Aged Program

The Assistance with Care and Housing for the Aged (ACHA) program is the only Commonwealth program specifically designed to provide support for homeless older people and was based on the following hypothesis:

> "That low income frail aged people in insecure housing are at greater risk of premature entry to aged persons' hostels due to their reduced ability to access housing and community care services." (CDHFS, 1996:ix)

The development of the program reflected the general shift in government policy in the early 1990s from institutional to community care, particular at the high dependency end of aged care (Kendig and Gardner, 1997) and was "…designed to fill the gap between community care, housing and formal residential care in a cost effective way" (CDHAC 1999a:2) by providing funding to community organisations to provide workers to assist in linking low-income homeless and at risk older clients to appropriate housing and care. (CDAC, 1999a; Eckhardt, 1996; Thomson Goodall and Associates, 1998b).

The program was established by the former Department of Health and Family Services in the 1992/3 budget year as a three year pilot program "…to assist frail, low income older people who are renting, in insecure housing or who are homeless, to remain in the community through accessing appropriate housing linked to community care" (CDHAC, 1999a:2).

ACHA services were targeted to areas with high proportions of at risk older people in insecure housing, poor supply of residential care facilities, or with special cultural or ethnic needs (including Aboriginal and Torres Strait Islanders), predominantly inner urban areas. A total of 49 projects were funded under the pilot program, the majority of which were located in major urban centres, with seven specialising in services for indigenous clients. These have since reduced to a total of 46 funded agencies nationally (See Appendix 1)

The three year pilot program was evaluated in 1996 (CDHFS, 1996) and found to be effective in assisting 80 per cent of clients to achieve better housing and care, improving linkages to other support services, and developing a pool of skilled specialist workers (CDHAC, 1999a). The program has since received recurrent funding under the *Aged and Community Care Program* of the Department of Health and Ageing, but has not been expanded since the pilot program.

The program is intended to be flexible in terms of the kinds of services offered, but 'typical' services suggested in the ACHA guidelines come under the following five categories::

- identifying frail clients with support needs:
- linking clients to suitable care options
- linking clients to housing services
- linking clients to other services by:
- follow up and support for clients where appropriate (CDHAC, 1999a:3).

Funding under the program is used to provide salaries for support workers, related expenses (training, transport etc) and some short-term services (eg cleaning and removals). Auspicing agencies are required to provide an annual report (formerly six monthly) of client and service details and housing and care outcomes. The major problem in the program is its lack of expansion since its inception to meet increased demand for services, poor targeting and under-resourcing requiring agencies to top up funding (Lippman, 2003). The recent *National Homelessness Strategy* does, however, include amongst its priority actions for older homeless people a recommendation to incorporate ACHA and other residential and aged care programs within a single specialist unit within the Department of Health and Aged Care and to "expand, refine and better target ACHA services to build the capacity of agencies working with older homeless people" (CACH, 2001:63).

The National Homelessness Strategy

A recent Commonwealth initiative in homelessness policy is the commitment to establish a *National Homelessness Strategy* (NHS) with a focus on prevention, early intervention, working together and crisis transition and support. The Minister appointed a *Commonwealth Advisory Committee on Homelessness* (CACH) in May 2000 to be responsible for advising the Government on homelessness matters and to consult the community concerning the development of the NHS. Following the publication of a discussion paper in May 2000, the CACH has prepared a *Consultation Paper* (CACH, 2001) which looks extensively at homelessness issues, policies and relationships between programs and service providers.

Following an extensive review of factors contributing to homelessness and its prevention, the report identifies issues specific to particular population groups including older people. It notes that the number of older homeless people is likely to increase relative to younger groups as the population ages and will place stress on existing income support, housing and welfare services and necessitate an increase in services over the next few decades. (CACH, 2001:62)

The report sets out six goals to address homelessness amongst older people:

1. to increase the support services available to older people experiencing homelessness;
2. to increase the number of homeless older people obtaining places and receiving appropriate care in universal aged residential and community care services;
3. to increase the provision of designated public housing for older people together with appropriate supports;
4. to reduce social isolation among older people who are homeless or at risk of becoming homeless;
5. to reduce the number of older people becoming homeless; and
6. to improve the health and longevity of older people experiencing homelessness.
7. (CACH, 2001:62,63)

It lists twelve priority actions required to achieve the above:

1. Make the homeless a special needs group in the *National Aged Care Strategy*.
2. Prevent homelessness among older people by providing necessary support services to those who have difficulty living independently.

3. Increase the supply and accessibility of affordable, safe, secure and appropriately located private and public housing for financially disadvantaged older people.
4. Provide programs to address the social isolation of older people who are homeless or at risk of becoming homeless.
5. Improve the operation of national and universal aged-care programs to provide for the needs of older people experiencing homelessness.
6. Promote awareness of the special needs of homeless older people among private and public health, housing and welfare services.
7. Bring ACHA, HLCP, CACP, HACC, Residential Aged Care and related programs for the elderly together under a specialist unit expressly created for this purpose within the Department of Health and Aged Care – this unit would also be charged with actively fostering cooperation with State and Territory agencies.
8. Expand, refine and better target ACHA services to build the capacity of agencies working with homeless older people.
9. Ensure that future Commonwealth-State Housing Agreements better reflect the needs of older people with high support needs.
10. Re-introduce capital funding for residential aged care facilities – but only for those which undertake to provide more than 90 per cent of their places to concessional residents.
11. Adjust National Aged Care Planning ratios to allow for homeless men and women who are younger than the national averages.
12. Fund a demonstration residential aged care facility to provide exclusively for homeless older people with high and complex needs. (CACH, 2001:63)

The Consultation Paper leaves no doubt that there is an urgent need to reform policy and programs for older homeless people to fill the gaps and inadequacies identified in existing programs. A key part of this is recognising the unique position of older people as distinct from other groups within the homeless or at risk of becoming homeless, and their extreme vulnerability.

> "The needs of older people who are homeless or at risk of becoming homeless are not sufficiently reflected in aged-care or housing policies. It is particularly troubling that many find it difficult to obtain places in supported aged residential and community care facilities. Urgent action is required to remedy this situation." (CACH, 2001:63)

3.3 State and Territory Policy Frameworks

3.3.1 New South Wales

New South Wales has historically been innovative in the development of ageing policy, being the first state to set up a unit within the Premier's Department and make a ministerial appointment concerned with the interests of older people. Through what was to become the Office on Ageing, NSW was also the first state to actively promote 'positive ageing' (in the 1970s), to abolish compulsory retirement (1991-3), introduce a *Mature Workers Program* and to protect the rights of older people through its *Anti-discrimination Act* (1993). NSW was also innovative in recognising the importance of the media in changing attitudes toward older people with its 'Age Adds Value' campaign in 1995 (Pfeffer and Green, 1997).

Ageing related State Environmental Planning Policies (SEPPs) were introduced from the early 1980s to permit construction of retirement villages in any residential zone (SEPP 5, 1982), to retain inner-city low cost boarding housing accommodation (SEPP 10, 1984), and to permit the construction of dual occupancy 'granny flats' (SEPP 25, 1987). SEPP 10 has since been expanded to include the whole metropolitan area.

One of the earliest homelessness initiatives in NSW was the establishment of the inner city Homeless Persons Information Centre (HPIC) in 1984 to provide telephone information and referrals for housing assistance and support services. The HPIC is jointly funded by the City of Sydney, the NSW Department of Housing (DoH) and Department of Community Services (DoCS) and operates seven days a week working in close association with a range of government and non-government agencies (CoS, 1999).

Since 1985 NSW had been a partner with the Commonwealth in the SAAP and CAP programs, administered by the Department of Community Services (DoCS) and the Office of Community Housing (OCH) respectively. NSW also accounts for approximately 30 per cent of national funding under the ACHA program through 10 agencies (See Appendix 1).

A range of NSW homelessness policy initiatives have since emerged, some of which include strategies specifically for older homeless or at risk people. These include:

1. *The NSW Older Persons Housing Strategy*: a 1994 initiative of the Office of Housing Policy in the Department of Urban Affairs and Planning. Specifically targeted to the most disadvantaged, it linked housing to care through a number of innovative pilot projects, and included a strategy to provide affordable and appropriate housing for older aboriginal people (Larkin, 1996).
2. *The Homelessness Persons Brokerage Program* (HPBC): a joint initiative between the City of Sydney and the NSW Department of Housing that commenced in 1997. This service provides funding for four non-government agencies to purchase low cost accommodation in private hotels and boarding houses for up to two weeks for people in accommodation crisis and without other options. The brokering is undertaken on an individual, case management basis with clients supported by counselling and longer-term referrals (CoS, 1999)
3. *The City of Sydney's Homelessness Strategy:* a comprehensive set of approaches to inner city homelessness commenced in 1999 by the City of Sydney including a new street outreach service for primary care and referral; the establishment of a City of Sydney Homeless Strategy Reference Group to improved service integration and coordination; an improved information service for homeless people, service providers and the community; and a research strategy to better understand needs and recommend service improvements (CoS, 1999).
4. The NSW Government's *Partnership Against Homelessness* (PAH) also commenced in 1999 and involves collaboration between eight government departments, with the DoH as the lead agency (NDoH, 2000c). Initiatives have included: a new DoH *Homelessness Out of Hours Service* in the Sydney and Hunter regions to provide urgent assistance with temporary housing; the establishment of a *DoH Homeless Action Team* to assist in rehousing people in crisis accommodation and help provide additional transitional and long-term housing to release more crisis housing; collaboration between the Office of Community Housing and the Aboriginal Housing Office to improve access to crisis and transitional housing for homeless indigenous people; and a range of initiatives with local government to provide appropriate supported accommodation for people sleeping rough (NDoH, 2002c).
5. Other recent Department of Housing homelessness initiatives including a joint program with the Department of Ageing, Disability and Home Care to provide flexible supported housing managed by Community Housing providers; and the provision of subsidies and incentives for private boarding house owners to remain in the market and upgrade and extend their premises and services to boarders (NDoH 2002a).
6. The *Inner City Homelessness Strategic Implementation Plan* (ICHSIP) released in 2001 after wide consultation is the most recent and ambitious homelessness initiative of the NSW Government under the Partnership Against Homelessness program. The Plan was formulated by the *Inner City Homelessness Services Planning Forum*, a body with representation from three NSW government departments (Community Services, Housing and Health), the Commonwealth Department of Family and

> Community Services, the City of Sydney and five key community partners (the Salvation Army, St Vincent de Paul Society, Wesley Mission, Mission Australia and the Uniting Church) convened by the Department of Community Services (DoCS). It identifies the range of existing services in the inner city, gaps in service provision and strategies to counter the 'magnet effect' of the inner city – particularly for young homeless people. (NDoCS, 2001)

The ICHSIP also recognises older homeless people as a distinct group with complex and long term needs, and for whom service gaps exist.

> "Frail aged and ageing homeless people are a specific group who need continuing support, and who often do not wish to or cannot access special support services for older people. Many homeless people are prematurely aged and so may not meet eligibility criteria." (NDoCS, 2001:16)

The Plan has a large number of 'Key Initiatives' including some of particular relevance to the needs of older homeless people in the inner city. Amongst these is the intention to: "[c]onduct research on the definition of 'aged homelessness' and the needs of older homeless people in the inner city" and to "[s]ecure access for prematurely aged homeless people to support services for frail aged people" (NDoCS, 2001:iv). The PAH and the ICHSIP initiatives of the NSW Government acknowledge the need for collaboration between various levels of government and for a whole-of-government approach to addressing the problems of homelessness.

3.3.2 Victoria

In 1999 there were approximately 540 000 older people in Victoria. The large majority, 77 per cent, lived in their own home, about 5.5 per cent rented privately, 0.3 per cent lived in Pension-level supported residential services, 6.1 per cent lived in mainstream residential care facilities (hostel and nursing homes) and 0.1 per cent lived in psychogeriatric residential care (VDHS, 2000:2). In Victoria, as is the case in other States, the section of the older population that is likely to experience housing difficulties, is that group living in rented, private accommodation. A 1996 study found that 68 per cent of private renters in Victoria over the age of 65 faced "housing stress" stemming from "insecure tenancy and unpredictable rent levels" (VFCDC, 1997:373). The study also found that many older Victorians in private rented accommodation have to pay about half of their pension in rent. In 1996 of the 60 000 people on the waiting list for public housing, 24 per cent were older Victorians (ibid:379).

A major study into homeless released by the Victorian Government in February 2002 entitled *Victorian Homelessness Strategy: Action Plan and Strategic Framework: Homelessness, Directions for Change*, found that "30 000 older people live in private rental accommodation" and that about "20 000 of these are pensioners who receive Commonwealth rent assistance" (VDHS, 2002a:52). Besides this vulnerable grouping, the report also pointed to the vulnerability of the substantial number of older people living in caravan parks, private hotels, and pension-level Supported Residential Services. The report's main thrust is that "a proactive, whole-of-government response that emphasises prevention, is fundamental to achieving better outcomes" (VDHS, 2002b:3). The report highlights that the undersupply of affordable housing is a major cause of homelessness and this is especially so for people on a fixed income. Rent assistance, although helpful, often failed to "deliver affordable, secure housing for low-income households …" (ibid:8).

Only one of the 15 initiatives announced in the report specifically targets older people. This initiative involves preventing "homelessness among older people in tenuous private rental situations" (ibid:15). The report found that a major problem confronting older persons in vulnerable situation was their ignorance of homelessness services or reluctance to access these services (VDHS, 2002a:52). In order to counter the problem of affordability and lack of knowledge the latest strategy as outlined in the *Victorian Homelessness Strategy* is to use outreach workers to "provide early intervention to

stabilise at risk tenancies … (using HEF[10] for arrears or other forms of assistance), or help clients to move to more affordable and appropriate forms of accommodation" (ibid:52).

Other programs in Victoria to assist older people at risk of homelessness include:

1. *Housing Support for the Aged:* This program provides "case-managed outreach support and packages of care to older adults (50 plus) who have a history of homelessness or insecure housing on their entry into public housing via the segmented waiting list" (ibid:141). The segmented waiting list involves prioritising the long-term homeless. This program assists about 290 people annually.
2. The *Aged Care Assessment Services* (ACAS): For those older, vulnerable people who have accommodation but are struggling to manage, ACAS provides "assessment, information, advice and assistance to older people who want to remain at home with support…" (ibid:141) and provides a pathway to Community Aged Care Packages (CACPs) and residential care (Lippman, 2003).
3. The *Older Persons High Rise Support Program:* This program provides on-site support to about 240 older people living in seven high-rise towers (VDHS, 2000:3).
4. *Home and Community Care* (HACC); The HACC provides "a package of services" to assist older people who have a range of complex needs. "Approximately 180,000 frail aged or disabled people receive a HACC service in Victoria each year, of which an estimated 70 per cent are aged 70 years and over" (ibid:5).
5. *Community Aged Care Package* (CACP): This Program is Commonwealth funded and targets older people who have complex needs and require "comprehensive case management of service delivery and ongoing monitoring and review of their case needs" (ibid:6). The older people targeted by this program are in financial hardship living in rented accommodation and public housing. Without the support they would have to be admitted to "hostel level care (corresponding to levels 5-8 on the Residential Classification Scale)" (ibid:6).
6. *The Aged Persons Mental Health Service:* This service provides 24 hour support for older people with mental illness. If this support was not there it is probable that almost all the clients receiving this assistance would be homeless. In 1999/2000 there were 589 older people who were being assisted by the program (ibid:8).
7. *The Moveable Units Program:* An innovative policy development in Victoria has been the Moveable Units Program for Victorians over the age of 55 who have assets of less than $30 000. In 1995-1996 there were 1860 Victorians resident in these units; "The units are one-bedroom, prefabricated and self-contained and are generally located in the backyards of relatives or friends …" (VFCDC, 1997:379). It is probable that some of these residents if they had not been assisted by the Moveable Units Program would have found themselves in a dire housing situation.

The above outlines the support framework which enables most older Victorians to remain in their homes. SAAP and the *Transitional Housing Management* (THM) are the other key aspects of the *Fighting Homelessness Strategy*. SAAP was restructured in 1997 when the THM Program was introduced. The program involved the setting up of 15 large regional housing agencies, of which 13 provide generalist services and two are target specific (Thomson Goodall and Associates, 2001). However, none target older homeless people. One large Victorian agency, Wintringham, does have THM nomination rights inherited from another organization and is able to provide linkages between these programs (Lippman, 2003). The primary aim of the THM is to provide households who are in crisis with a medium term solution to their housing problem. SAAP in Victoria has

[10] HEF refers to the Housing Establishment Fund. The fund provides "a grant or loan to people at risk of homelessness by helping with private rental establishment costs, rents in advance, bond assistance, payment toward private rental arrears and/or to purchase temporary accommodation when people are homeless" (VDHS, 2002a:146).

320 outlets and involves 180 organisations. "With the exception of crisis accommodation, SAAP agencies are now concerned with support" (Burke, 2002).

An important source of accommodation for the very poor in Victoria are the hostels. A study by Lipmann (1989) found that a significant number of older people were using the hostels, but that the hostels were totally unprepared for older residents. Referring to Gordon House, one of the more salubrious hostels, Lipmann concludes that "in spite of being able to offer private room accommodation, Gordon House shares with other centres for the homeless, an almost total inability to target services to the particular needs of the aged" (ibid:4).

The most direct program for the older homeless elderly in Victoria is Wintringham, a not-for-profit organisation that provides high-quality care and accommodation for approximately 600 older homeless men and women per night. The initial capital costs were provided by Federal and State government. "The ethos of the service is about combating the problem of homelessness by concentrating efforts on establishing safe, secure affordable housing and a range of support services which are flexible and can meet a variety of complex needs" (ibid:4). Since its establishment, Wintringham has been in the forefront of high quality care for the older homeless, its services including an extensive range of housing options, advocacy and support – including three low care residential facilities (hostels), access to Community Aged Care Packages (CACPs) with a 60 bed nursing home currently under development (Lippman, 2003).

3.3.3 South Australia

South Australia has traditionally had almost double the percentage of its population living in public housing than the national average of around 6 per cent and has had the lowest rates of home-ownership amongst pensioners in Australia (Kendig and Gardner, 1997). The state's population is also ageing at a faster rate than other states in Australia (SDHS, 1999).

South Australia also has a history of innovation in ageing policy. It was the first state to provide purpose built aged housing in 1954 and along with Victoria was one of the earliest states to develop independent housing for older handicapped people under the Commonwealth Government's Local Government and Community Housing Program (LGACHP) in 1984 (Kendig, 1990). The Office of the Commissioner for Ageing was established within the then Department of Family and Community Services in 1994 (later to be renamed the Office on Ageing) facilitating a close relationship between ageing policy and community services. The Office became a national leader in advocacy, protection and the regulatory aspects of aged care, providing the information and complaints service for older people in Australia. According to Pfeffer and Green (1997:295), the Office was "…also distinguished by the breadth of its activities and involvement in government and non-government activities in the state"). Although its innovative role stalled somewhat with the election of the Liberal government, the Office continued to be influential through its administration of the HACC program (ibid).

In 1999 the Liberal Government introduced its *Moving Ahead, Strategic Plan for Human Services for Older People in South Australia* (SDHS, 1999). Reflecting the general shift in ageing policy toward flexibility, coordination and positive ageing, this strategy espoused eight principles: independence, choice, wellness, participation, accessibility, customer focussed, effectiveness and responsive. Although there is no specific reference to the needs of older homeless people, two relevant strategies were to "coordinate care for people with complex/chronic needs" and to "respond to older people with special needs" (SDHS, 1999:8).

For its population size, South Australia's initial take-up of the ACHA program was significant with 7 agencies originally funded (third only to NSW and Victoria), one of which includes a specialised ATSI service (CDHFS, 1996).

Private agencies have also played an important role in the development of programs for older homeless people in South Australia, most notably via the *Inner City Aged Care Program* (ICACP) established in 1994 following a study by Wintringham for the Inner City

Frail Aged Homeless Persons Coordinating Committee. The program is targeted at frail older homeless people in temporary accommodation, insecure accommodation or sleeping rough. An eligibility age of 50 years was negotiated to take into account premature ageing. Support is provided for people who meet criteria for low-level residential care by ACAT assessment. In addition to the usual support with shopping, cleaning, washing and personal hygiene, the service offers additional assistance with applications for housing, advocacy and negotiation to assist clients to stabilise their accommodation. The key to the program is flexibility and a high degree of autonomy for highly trained case workers to enable response to changing needs and provide linkages to other services (Anglicare, 1999).

3.3.4 Queensland

Queensland has the highest proportion of older people in Australia. In the mid 1990s one in seven Queenslanders was over 60, however, by 2030 it is estimated that this will increase to one in four (Smyth, 1996). A feature of Queensland's older population is that a large proportion, 82 per cent, are home-owners and thus unlikely to face the possibility of homelessness (ibid:159).

The 1996 census indicated that Queensland had more homeless people (26 000) than any other state (QDoH, 2000:11). The number of older homeless people is not known but it is estimated that "after housing poverty" in this grouping increased by 33 900 between 1990 and 1995 (ibid). The most vulnerable section of the older population are those older people who are private renters in the inner-areas in Brisbane and the Gold Coast. In recent years their vulnerability has increased as there been a substantial decline in the availability of low-cost rental housing (ibid:16).

The Queensland Department of Housing has a range of "products and services" that older people can access so as to help them retain their existing accommodation, most of which are not targeted specifically at older people. These include:

1. *Aboriginal and Torres Strait Islander Housing:* This program is specifically for Aboriginal and Torres Strait people and gives older Indigenous Australians a range of possible routes towards attaining adequate housing. Housing assistance can take the form of public housing or a capital grant (QDoH, Undated:14).
2. *The Boarding House Program:* This program is geared towards single people "who are homeless or at risk of homelessness". The state has provided homes in inner-city neighbourhoods in Brisbane, Cairns, the Gold Coast, Townsville and Nambour (ibid:14).
3. *Bond Loans:* Bond loans involve the granting of interest free loans to individuals who cannot afford the initial bond required upfront prior to moving into private rented accommodation (ibid);
4. *Community Rent Scheme:* This scheme provides accommodation to people who are in desperate need and who have their names on the public housing waiting list but are unable to access public housing immediately.
5. *The Crisis Accommodation Program:* Older people who are homeless or facing homelessness can obtain crisis accommodation through community organisations and local government.
6. *Home and Community Care Home Modification Services*. This program is designed to help older, frail people and the disabled to continue to stay in their homes by doing the necessary modifications. The service also provides "information, assessment, project management and financial assistance" (ibid:16).
7. *Home Assist Secure:* This service "aims to remove some of the practical housing related difficulties experienced by older people …" (ibid:16). Residents are helped in areas of home maintenance, security, repairs, contacting reputable repairmen, etc. The Home Assist Secure Programs was started in 1993 and by March 1996 12,000 people had been assisted through this program (Smyth, 1996:63).

8. *Home Modification Program:* This program assists residents in public housing to modify their homes appropriately.
9. *Long-term Community Housing Program:* This program provides "for low to moderate income earners whose needs are not met by the private rental market or public housing" (QDoH, Undated:18).
10. *Mortgage Relief:* If a household is having difficulty paying the mortgage due to a change in their circumstances they can apply for short-term assistance.
11. *Public housing:* All older people who have a low income are entitled to public housing, however, availability is a potential problem as less than 4 per cent of housing in Queensland is public housing (QDoH, 2000:16). In 1995, 12 300 tenants or 27 per cent of all public housing tenants were 60 or older (Smyth, 1996:162).
12. *Tenant Advice and Advocacy Service:* Tenants who are having difficulties with their landlord can ask the service for advice.

In June 2001 the Department of Housing in Queensland released a Strategic Action Plan titled *Affordable Housing in Sustainable Communities*. The Plan is premised on the Queensland Government's pledge that it will "seek to ensure that all Queenslanders have access to safe, secure, appropriate and affordable housing, in diverse, cohesive and sustainable communities" (QDoH, 2001:cover). However, the Plan does not specifically mention older homeless people.

3.3.5 Western Australia

Homelessness is clearly an issue in Western Australia. It was estimated that on census night in 1996 12 252 people were homeless in Western Australia (State Homelessness Task force, 2002:1). A survey conducted in March 2002 found that a large part of the homeless population was Aboriginal. Although accounting for only 3.1 per cent of Western Australia's population, indigenous people accounted for 52 per cent of homeless people (Pendergast, 2001:4). The same survey found that about 7 per cent of the homeless were older than 45.

In May 2001 a homeless help line was set up by the Department of Housing and Works. In its first year of operation "the Help Line received 3338 calls from 2447 separate households (891 repeat calls)" (ibid:5). Of those households that phoned the Help Line, 44 per cent were assisted (ibid:6). There is no data available on the age of the callers. Three types of assistance were dominant - Bond Assistance Loans to enable people to access private rented accommodation); "priority access" to public housing and helping people access private or crisis accommodation (ibid:5).

In July 2001 a *State Homelessness Taskforce* was established to develop a *State Homelessness Strategy*. The Report, released in May 2002, outlines a series of initiatives to resolve the issue of homelessness in Western Australia. The Taskforce concluded that four groups are particularly at risk of becoming homeless. The groups identified are "… Indigenous people, people from culturally and linguistically diverse backgrounds, young people and people with disabilities …" (WDoH, 2002:9). Older people are not viewed as a high risk group and barely feature in the remainder of the Report.

The State Government has identified three primary responses to ensure that homelessness is combated – the provision of appropriate, affordable housing; assisting people "through important transitions from institutions and other situations" and through trying to keep people housed in their present accommodation (ibid:6). In the 2001/2 to 2005/6 period the State government is to boost public housing through an injection of $10.5 million (ibid:8). About $3.7 million has been set aside for people leaving prison and young people leaving long-term care. Two of the taskforce's many recommendations do mention older people. One recommendation is to increase the number of beds for the frail aged and another is to increase "the aged care options available to Indigenous aged people living in remote communities and regional areas" (ibid:21). The government response to both recommendations was enthusiastic. A total of $21 million is to be spent on 150 aged care beds (ibid:20). The expansion of the aged

care option was accommodated through a significant expansion of the HACC Program which in 2001/2 was given an additional $9.5 million (ibid:21).

3.3.6 Tasmania

In Hobart there is no facility that provides accommodation exclusively for older homeless people. A recent ACHA Report (D' Arcy, et al., 2001a:23) noted that there "is only one remaining SAAP shelter in Hobart for single men … and only 1 rooming and boarding house left operating" and that there is no accommodation facility that caters exclusively for older people. The ACHA program and the *Community Aged Care Packages* (CACP) appear to be the only services that cater exclusively for older homeless people. The ACHA program (under the umbrella of the Salvation Army) has contact with a high proportion of the homeless older people in Hobart and works closely with the CACP program to ensure that not only are their clients housed adequately but that "with the CACP's they can receive a level of consistent care necessary for them to live comfortably and with some quality in their rooming and boarding house" (D'Arcy, et al., 2001b:5). The Report concludes that although ACHA and the CACP Programs are doing well in the circumstances their ability to respond in a significant fashion is hamstrung by the lack of a residential facility – "to-date the main component we lack is appropriate aged residential care for our client group" (ibid:11).

In regional Tasmania there appears to be little or no support for older homeless people.

3.3.7 Australian Capital Territory

A report put out by the ACT Council of Social Services concluded that "based on participation rates in SAAP (NDCA data for 2000-01) the prevalence of homelessness amongst older men in the ACT may be higher than the national average" - 40 in every 10 000 compared to the national average of 21 in every 10 000 (ACT Council of Social Services, 2002:65). A survey of older people in 1998 found that 25 per cent of older people in the ACT had incomes below $160 per week and another 40 per cent had an income between $160 and $299 a week (ibid). Older people in these income groupings who are renters are particularly vulnerable as rents in Canberra have gone up significantly in the last few years. In a media release in May 2002, Bill Wood, the ACT Minister for Urban Services, noted that private rents had increased by 30 per cent in the ACT since 1999 and that people in the lowest income bracket in private rented accommodation were paying 59 per cent of their income in rent. He concluded that "thousands of families and individuals in our community face serious financial hardship just to keep a roof over their heads" (Wood, 2002). A large proportion of older renters in Canberra are claiming rent assistance. The Council of Social Services Report concludes that the "high cost of housing may force older people on low income into poor quality private rental housing without security of tenure" (ACT Council of Social Services, 2002:65). One response to the crisis has been to establish an *Affordable Housing Taskforce*.

People who are 65 or older can access *ACT Community Care*. This service assists people in their homes and also assesses whether they need to be placed in a residential facility.

A noteworthy recent development is the decision to build of 200 accessible units by the 31 December 2005 although it is unclear how access to these units will be determined. Another development is the building of "eight independent living units for women aged 55 and over who have experienced family breakdown or elder abuse and who have exited a supported accommodation assistance program (SAAP) service" (ALP, 2002).

There has also been an increase in community housing for older people. In 2001-2002, 100 properties for community housing management are to be made available and older people are one of the priority groups targeted. A significant development has been the building of "200 Older People's Accommodation Units over three years from 1998-99 to 2000-01" (ACT Council of Social Services, 2002:66).

The SAAP services in the ACT are extensive but not one caters specifically for older people and the use of these services by people 50 years or over is minimal. In 2000-01 only 128 people over 50 accessed SAAP services in the ACT (ibid).

3.3.8 Northern Territory

The Northern Territory does not have a well developed policy around housing older people. A key problem is the distribution of the population. Much of the older population is located in remote areas but almost all the facilities for older people with complex needs - hostels or nursing homes, are located in the urban areas (Gaynor, 1996). In the remote area there is a significant demand for accommodation for older people but communities are often denied funding for such services/ facilities on the basis that they "can demonstrate limited capacity and even less developmental planning required to sustain a viable service" (ibid:67). The lack of provision in the more remote parts mainly affects Aboriginal people.

The lack of provision in the remote areas has resulted in older people migrating temporarily or permanently to the urban centres to access services. In some cases the entire family moves so as to enable access for the older family member to the relevant services. This often has dire consequences as the family has to stay with relatives who do not have the space, resulting in them being forced to return to their area and leave the older member behind in an environment which is often not ideal (Gaynor, 1996).

In 1991 the Department of Health and Family Services piloted the development of A *Community Aged Care Service* "to increase the options available to people who wish to access community care rather than enter a residential facility" (ibid:70). Although this option was utilised by some remote communities the lack of training meant that the home care was often inadequate.

In 1994 the Aboriginal and Torres Strait Islander Aged Care Budget created a more flexible funding model and provided enough funding so as to ensure that Aboriginal communities would be adequately consulted prior to any services or accommodation being provided for older people. This was partially prompted by earlier failures. For example, in one area a hostel was built for frail older people. The resulting structure was not what the community expected and within a year all the residents had returned to their family home (ibid:69). Gaynor (ibid) concludes that a "combination of inflexible guidelines, a lack of innovation and questionable consultative analysis resulted in the development of a mainstream style hostel with mainstream accountability requirements being built in a remote Aboriginal community". He argues that the problem of inadequate infrastructure and care for the older population in the Northern Territory can only be resolved by a greater level of coordination and cooperation between the different departments and that this has to be accompanied by a "community development approach" to the problem (ibid:69).

SAAP in the Northern Territory provides funding for a number of agencies providing services and accommodation for homeless people. None of these specifically target older, homeless people and none are located in more remote communities (NTDHCS, 2002a and b).

In April 1998 the Department of Housing in the Northern Territory, in response to the increasing number of older people, announced a seniors housing program initiative called *Housing 2003* (NTTH, 2002). The program involves the conversion of excess three-bedroom public housing stock to one and two bedroom units. The plan has also involved building three 'seniors villages' in Darwin. Another 'seniors village' (18 units) is planned for Alice Springs. Seniors can also request modifications to their home based on a report from an occupational therapist. Clearly, older Aboriginal residents living in remote areas will not be able to take advantage of these initiatives.

3.4 Conclusions and Implications for the Research

The review of homelessness policy in the USA, UK and Denmark found that there were very few policies 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.

Policies relevant to the interests of older homeless people in Australia involve a combination of initiatives from ageing, housing and community services departments of Commonwealth and State governments. In ageing policy there has been a general shift from siloed income support, housing and residential care policy to community care, case management and 'whole-of-government' approaches with an emphasis on ageing in place and 'positive' or 'healthy ageing'. However a combination of the failure of the private rental market, particularly in the larger cities, the contraction of public housing programs and the failure to expand the ACHA program all contribute to an increasing risk of homelessness amongst older low-income people. While the move toward comprehensive whole-of-government strategies and coordination between housing and care programs is a welcome change, ultimately the ability to respond adequately to the needs of older homeless people and those at risk of homelessness is difficult without an expanding, healthy and sustainable social housing sector.

The implications of the policy review for the current research are fourfold. The first arises from the general lack of age-specific homelessness policy observed both internationally and nationally in the light of evidence from the literature that the needs and appropriate housing and support options of older homeless people are distinct from those of younger groups. This need is recognised in the most recent policy discussion papers of the federal and some state governments in Australia (eg CACH, 2001; NdoCS, 2001; VDHS, 2002a) and justifies the need for the current research in providing a knowledge base to support ongoing policy development. Secondly, the shift in emphasis away from crisis accommodation to supporting the transition to independent living suggests that more needs to be known about the available housing and support options and their efficacy for these programs to be successful – and the unique differences pertaining to older homeless people. Thirdly, the historic lack of integration between ageing, housing and homelessness policy has contributed to older homeless people not being as well serviced as their younger counterparts. Again, while there has been a recent shift toward whole of government approaches to homelessness, more information is needed about the unique housing and support needs of older homeless people. Finally, while the ACHA program seems to have many of the attributes suggested in the literature as necessary to successfully address older homelessness (eg. age-specificity, flexibility, case management and linkages to other services) it has not been expanded since its inception 10 years ago despite the demands of a rapidly ageing population. Its efficacy and potential as a vehicle for expanding age-specific homelessness services deserves examination.

4 RESEARCH METHODOLOGY

4.1 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?

4.2 Methodology

The research will investigate housing options and related support services for older homeless people. The target group will be accessed through ACHA agencies. Three states (NSW, Victoria and South Australia) will be researched in more depth as they have significant homeless populations and are concerned with developing integrated services for older, homeless people. The wide coverage will enable the research team to provide a comparative analysis of the housing of homeless older people nationally in both urban and regional areas including programs that cater for indigenous people.

Accurate estimates of the total population of older homeless people are difficult to obtain as ABS data is limited in identifying the target group and many do not use SAAP services. It will not be possible therefore to accurately determine the extent to which ACHA clients are representative of the wider older homeless population. However, some indication may be possible by comparing demographic profiles obtained in the survey of ACHA agencies with SAAP data for people over 50 (soon to be published by CDFACS) and 2001 ABS Census data on homeless people.

Both quantitative and qualitative methods will be used in a complementary way. Data on national agencies and their clients collected via a self-administered questionnaire (See Appendix 2) will provide a basic profile of ACHA clients and services as well as broad views as to the effectiveness of various housing options and related services. Client profile and housing options data obtained from ACHA agencies will be used to select agencies for semi-structured, in-depth interviews of managers and clients that will provide a greater depth of understanding of themes from these two different perspectives, as well as strengthening the validity of the findings. In the final report the quantitative and qualitative data will be presented together to provide a comprehensive and coherent analysis. The quantitative data will provide an objective, generalized, overview and the qualitative will draw out underlying explanations for the quantitative patterns as well as identifying the more subtle sub-themes, relationships and processes.

Although there is only one indigenous only agency in the three states (in regional Victoria), and one agency with both an indigenous and general program (in metropolitan Adelaide, SA), both will be invited to participate in both the survey of ACHA workers and, where possible, the in-depth interviews with managers and clients, to enable some understanding of differences in the housing and support needs/preferences for indigenous and non-indigenous older homeless people.

The research process involves four main steps as follows:

4.2.1 Literature review and policy context

A comprehensive review of local and international literature on homelessness and older people and current policies and housing options available for this group has been undertaken along with a detailed review of policy development in all states and territories of Australia. Results are presented in Chapter 2 (Literature Review) and Chapter 3 (Policy Context) of this document.

4.2.2 Questionnaire survey of ACHA workers

A self-administered questionnaire has been developed, piloted and distributed to all 46 ACHA services to be completed by ACHA workers to elicit information on their client profile, housing and support options available and their experience as to what works and does not work. Initial contact will be made through the manager of the ACHA auspicing agency by letter, followed up by a phone call. A pilot survey of a small number of ACHA workers in Sydney indicated some problems in the questions about client profile that had sought client profile information on a number or percentage of clients in various categories. Given that most agencies would need to refer to case files for this information, it was decided to restructure the survey to include a client profile table at the end of the questionnaire so that the required information could be collected individually for each client. This has proved to be more practical for agencies and will provide a much more accurate set of data on ACHA clients for each agency, and throughout Australia. This quality of data is not currently available through the ACHA program.

The remainder of the questionnaire includes both closed and open-ended questions to ensure a balance between quantitative and qualitative data. The questionnaire was made available in e-mail or hard copy form and is able to be returned by e-mail, fax or post. (See Appendix 2) Survey analysis will utilise SPSS and include descriptive and bi-variate analysis. The client profile data will be used to select agencies for in-depth interviews of clients and managers.

4.2.3 Semi-structured in-depth interviews of managers of ACHA agencies

Managers of 12 agencies (four each from NSW, Vic and SA) will be interviewed. The main aim of these interviews will be to obtain in-depth information on structural and policy issues relating to housing and support for older homeless persons (See Appendix 3 for selection criteria and interview themes). In South Australia and Victoria Associate Researchers from Local AHURI Research Centres will take a major role in conducting the interviews with the assistance of the Research Associate in a selection of cases to assist with continuity. Interviews will be tape recorded and transcribed and analysed using NUD.IST qualitative data management software with results presented in thematic form illustrated with selected quotations from respondents. It is anticipated that each interview will take approximately one hour.

4.2.4 Semi-structured in-depth interviews of ACHA clients

A quota sample of sixty older people will be drawn from ACHA clients who have been re-housed in the three states (NSW, Victoria and South Australia). In each state 20 participants from four selected ACHA services will be interviewed in-depth - three services will be drawn from locations across the state capital city and in NSW and Victoria one from a regional area (SA has no regional ACHA agencies). Selection criteria will be developed from the survey of agency workers in terms of client profile and services offered. The sample will attempt to be as representative as possible of the older homeless population in terms of gender ratio and cultural/ethnic mix for the service type. The interviews will be concerned with establishing informants' perceptions of their current housing option, support services received and what they view as the ideal housing and support combination for their particular circumstances (See Appendix 4 for selection criteria and interview themes). Interviews will be tape recorded wherever possible to provide comprehensive and complete data. Again, interviews will be tape recorded, transcribed and analysed with the aid of NUD.IST software with information presented in thematic form illustrated with selected quotations from respondents.

Participants will be recruited and introduced to the interview team by the ACHA workers according to selection criteria that ensure reliable responses. The services concerned will be paid a fee for setting up the interviews. The local AHURI Associate Investigators in each state will make the initial contact with each participant, reiterate the purpose and process, and answer any queries or concerns. The interviews in Victoria and South Australia will be conducted by the local AHURI Associate Investigator with the assistance of the UNSW Research Associate on some of the initial interviews to assist with continuity in interview approach. In NSW, the interviews will be conducted by the UNSW

Research Associate assisted by the Chief Investigators. The involvement of the UNSW Research Associate in an appropriate number of interviews will ensure consistency across all client interviews. The involvement of two researchers in interviewing this target group is considered desirable for reasons of safety (many of the target group have behavioural problems) as well as to facilitate note taking for those participants who are not comfortable with tape recording. It is anticipated that each interview will take between 1 and 2 hours to complete. However, additional time has been allowed to develop a rapport with participants so that they do not feel intimidated or rushed. Experience in interviewing this target group has demonstrated that additional time also needs to allowed for missed and re-scheduled appointments as clients often do not keep appointments or may be feeling unwell or are otherwise occupied at times designated for the interview. In some cases, several visits to the participant may be required to complete the interview process.

5 CONCLUSION

This positioning paper has used two forms of investigation to further inform the current research project. Firstly, an international literature review which has confirmed that, despite a large and growing international and local body of research on homelessness, homelessness amongst older people is indeed a neglected area of research. What research exists (eg Crane et al in the UK) to date has focussed more on the causes of homelessness than on pathways out, though it is understood that a longitudinal study by Crane of outcomes for older people in the UK will soon be released. Other than the earlier work of one of the members of the research team (Kavanagh, 1997) based on interviews of a small sample of inner Sydney older homeless people and the work of Thompson and Goodall Associates (1999a and b) on veterans at risk, there has been very little Australian research specifically on older homelessness. What is apparent is that the older homeless are not a homogenous group and that it is likely that a variety of housing and support options are necessary to take into account individual circumstances and life style preferences (Kavanagh, 1997). The need for further research to better understand what housing and support options are available to older homeless or at risk people and how these contribute to more sustainable housing outcomes for older people has therefore also been confirmed through the literature review.

Secondly, a review of policy developments in three overseas countries (USA, UK and Denmark) and in each state of Australia reveals that while there are some interesting and innovative local programs (such as the *Sparbrook Forum* in Birmingham and the St Annes Day Centre in Leeds, UK; the *Committee to End Elder Homelessness in Boston*, USA; and the Wintringham and Mercy Family Centre initiatives in Australia) there is at worst, a general absence of policy specifically concerning older homelessness, and at best only a recent interest. The nearly 10 year old ACHA program stands alone as the only national policy initiative to assist older homeless and at risk people with accommodation and support services, and this has not been expanded since its inception in 1993. However recent Commonwealth and State Government policy documents (eg. the *National Homelessness Strategy* Consultation Paper and the *Inner City Homelessness Strategic Plan* of the *Partnership against Homelessness* in NSW) do appear to recognise the need for both research and policy initiatives specifically for older homeless people – if only to reduce the welfare burden of an ageing society by allowing older people to remain in their own home or the community with appropriate support rather than requiring institutionalised residential care.

During the course of the literature and policy reviews, the research team has also had the opportunity to reflect on and refine the research method. While the basic strategy remains the same, certain adjustments have been made to improve the quality of data collected – in particular the redesign of the questionnaire for ACHA workers (See Appendix 2). At the time of writing all questionnaires had been delivered to ACHA agencies and responses were being received. These are currently being coded for analysis which will inform the selection of final agencies for the in-depth interviews of managers and clients. Once analysed the next stage of the research will be able to proceed, the results of which will be included in the Final Report.

6 REFERENCES

ABS (2002). *Census Update 23 July 2001 – Counting All Australians*. Australian Bureau of Statistics. Internet: www.abs.gov.au: 9 August 2002

ACOSS (2002). *Paper 119 - Towards a Fair and Inclusive Australia*. Australian Council of Social Services: Sydney.

ACT Council of Social Services (2002) *Needs Analysis of Homelessness in the ACT*. Department of Education and Community Services: Canberra:

ACT Department of Health and Community Care (2002). *Health of Older People in the ACT 1999. Population Health Research Centre.* ACT Department of Health and Community Care: Canberra.

AFHO (1999). *Comments on Homelessness in the Aboriginal and Torres Strait Islander Context and its Possible Implications for the Supported Accommodation Assistance Program*. Australian Federation of Homelessness Organisations: Canberra, ACT.

AHURI (1996). *Statistical analysis of older people and their housing circumstances*. Australian Housing and Urban Research Institute: Canberra.

AIFS (1999). 'Elderly Homeless People'. *Family Matters* 52:40- 41. Australian Institute of Family Studies.

AIHW (1999a). 'Services for homeless people' *Australia's Welfare 1999: Services and Assistance*. Australia Institute of Health and Welfare.

AIHW (1999b) *Community Housing,* Australian Institute of Health and Welfare. Internet: www.aihw.gov.au/housing/assistance/ch/98_99_data.

AIHW (1999c). *Older Australians at a Glance*. Second Addition. Australian Institute of Health and Welfare and the Office of Older Australians, Commonwealth Department of Health and Aged Care. Ausinfo: Canberra.

AIHW (2000). *SAAP National Data Collection Annual Report 2000-01*. Australia Institute of Health and Welfare: Canberra.

AIHW (2001) *Commonwealth –State Housing Agreement (CSHA) Community Housing Data Collection, 1999-00*. Australian Institute of Health and Welfare; Canberra.

ALP (2002*). Act Government 2002-2003 budget: Budget Support for Canberra's Older People.* Media Release, 25 June 2002. Australian Labor Party: Canberra.

Alt, Statis and Associates (1996). *Connecting Aged Care and Housing - An Evaluation of the Assistance with Care and Housing for the Aged Program (ACHA)*. Aged and Community Care Division - Department of Health and Family Services: Canberra.

Anderson, I. (2001). *Occasional Paper No. 7: Inclusion through Collaboration? Approaches to tackling homelessness in the United Kingdom*. Housing Policy and Research, Queensland Government Department of Housing: Brisbane.

Andrews, K. (2001) *National Strategy for an Ageing Australia: An Older Australia, Challenges and Opportunities for all.* Commonwealth of Australia: Canberra, ACT.

Anglicare (1999*). Review of the Inner City Aged Care Program*. Department of Research and Development, Anglicare SA: North Adelaide.

Australian Labor Party (2002). *ACT Government: 2002-2003 Budget; Budget Support for Canberra's Older People*, Media Release, 25 June.

Bean, K. (1999). Culturally and linguistically diverse peoples. *There's no place like home*. Proceedings of the 2nd National Conference on homelessness, Council to Homeless Persons: Melbourne.

Beer, A. (2002). Affordable rental housing in rural Australia? *Parity*, 15(6): 8-9.

Bell, K. (2001). 'Homelessness and Housing - The Policy Relationship, AFHO Panel Presentation'. *National Housing Conference*. Queensland Department of Housing: Brisbane.

Berry, M., MacKenzie, D., Briskman, L. and Ngwenya, T. (2001). *Victorian Indigenous Homelessness Study - Final Report*. Aboriginal Housing Board of Victoria: Victoria.

Bishop, B. (1999a). *The National Strategy for an Ageing Australia: Background Paper*. Ministerial Reference Group, Commonwealth of Australia: Canberra, ACT.

Bishop, B. (1999b). *The National Strategy for an Ageing Australia: Independence and Self Provision Discussion Paper*. Ministerial Reference Group, Commonwealth of Australia, Canberra: ACT.

Bishop, B. (1999c). *The National Strategy for an Ageing Australia: Healthy Ageing Discussion Paper*. Ministerial Reference Group, Commonwealth of Australia: Canberra, ACT.

Bishop, B. (1999d). *The National Strategy for an Ageing Australia: Independence and Self Provision Discussion Paper*. Ministerial Reference Group, Commonwealth of Australia: Canberra, ACT.

Bishop, B. (1999e). *The National Strategy for an Ageing Australia: Employment for Mature Age Workers Issues Paper*. Ministerial Reference Group, Commonwealth of Australia: Canberra, ACT.

Bishop, B. (2000). *The National Strategy for an Ageing Australia: World Class Care Discussion Paper*. Ministerial Reference Group, Commonwealth of Australia: Canberra, ACT.

Bisset, H., Campbell, S. and Goodall, J. (1999). *Appropriate responses for homeless people whose needs require a high level and complexity of service provision*. Department of Family and Community Services: Canberra.

Bogard, C. J. (2001). 'Advocacy and Enumeration - Counting Homeless People in a Suburban Community'. *American Behavioral Scientist* 45: 105-120.

Borowski, A., Encel, S. and Ozanne, E. (eds.) (1997). *Ageing and social policy in Australia.* Cambridge University Press: New York.

Bottomley, J.M. (2001). 'Health care and homeless older adults'. *Topics in Geriatric Rehabilitation* 17: 1-21.

Bottomley, J.M., Bissonnette, A. and Snekvik, V.C. (2001). 'Lives of homeless older adults: please, tell them who I am'. *Topics in Geriatric Rehabilitation* 16: 50-64.

Breakey, W.R. and Fischer, P.J. (1990). 'Homelessness: The Extent of the Problem'. *Journal of Social Issues* 46: 31-47.

Brian Elton and Associates (1996). 'Older People with Particular Needs'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Brink, S. (1998). *Housing Older People: An International Perspective*. Transaction Publishers: New Brunswick.

Bruckner, J. (2001). 'Walking a mile in their shoes: sociocultural considerations in elder homelessness'. *Topics in Geriatric Rehabilitation* 16: 15-27.

Burke, T. (1994). *Homelessness in Australia - Causal Factors*. Supported Accommodation Assistance Program: Canberra.

Burke, T. (2002). Personal Communication.

CACH (2001). *Working Towards a National Homelessness Strategy - Consultation Paper*. Commonwealth Advisory Committee on Homelessness, Department of Family and Community Services: Canberra.

Camilleri, T. and Wyatt, R. (2002). 'A perspective on elderly, homeless men in inner city Melbourne, Australia'. *Geographical Paper*, Department of Geography and Environmental Studies, University of Melbourne: Melbourne, Victoria.

Casey, S. (2001). 'Snakes and Ladders - Women's pathways into and out of homelessness'. *The National Social Policy Conference*. Social Policy Research Centre: University of New South Wales: Sydney.

Casey, S. (2002). 'Occasional Paper: Single Women And Homelessness - Which Way Is Home?' *Catholic Commission For Justice Development And Peace*: Melbourne.

Caulfield, J. (2000) 'Public Housing and Intergovernmental Reform in the 1990s'. *Australian Journal of Political Science*, Vol 35, No 1, pp 99-110.

CDFACS (undated). *Future Responses to Homelessness*. Canberra, Department of Family and Community Services. Internet: http://www.facs.gov.au/saap/prog_management.htm

CDFACS (1999a). *National Evaluation of the Supported Accommodation Program (SAAP III)*. Department of Family and Community Services: Canberra.

CDFACS (1999b). *Home and Residence Choices for Older People*. Department of Family and Community Services: Canberra.

CDFACS (2000). *National Homeless Strategy - A Discussion Paper*. Department of Family and Community Services: Canberra.

CDFACS (2002a). *Supported Assistance Program (SAAP): Annual National Performance Report, 2000-2001*. Produced by the Supported Accommodation Assistance Program National Coordination and Development Committee: Canberra.

CDFACS. (2002b). 'Older SAAP clients: What SAAP data tell us about them'. *National Forum on Homelessness*. Housing Support Branch. Department of Family and Community Services: Canberra.

CDH&A (2002). *Aged Care in Australia - February 2002*. Commonwealth Department of Health and Ageing.

CDHAC (1999a). *Assistance with Care and Housing for the Aged (ACHA) Program Guidelines*. Commonwealth Department of Health and Aged Care: Canberra.

CDHAC (1999b). *HACC Guide to the Amending Agreement, Nov 1999*. Commonwealth Department of Health and Aged Care: Canberra.

CDHFS Aged and Community Care Division (1996). *Connecting Aged Care and Housing: An Evaluation of the Assistance with Care and Housing for the Aged Program (ACHA).* Service Development and Evaluation Report No. 23, March 1996. Australian Government Publishing Service: Canberra.

CDSS (1996). *Home & Residence Choices for Older People*. Department of Social Security: Canberra.

CDVA (1999a). *A Last Debt: Aged Care Needs of the Veteran Community.* Report of the National Ex-Service Round Table on Aged Care. Department of Veterans' Affairs: Canberra.

CDVA (1999b). *A Last Debt, Final Report: The Future Provision of Residential and Community Services, Volume 2.* Department of Veterans' Affairs: Canberra.

CDVA (2002). *Veterans' Home Care*. Commonwealth Department of Veterans' Affairs.

Internet: http:/www.dva.gov.au/health/homecare/vhcinfo.htm.

Chamberlain, C. (1999a). *Counting the Homeless: implications for Policy development*. ABS Catalogue no 2041.0: Canberra.

Chamberlain, C. (1999b). *Homeless People: Facts and Figures*. Commonwealth Department of Family and Community Services: Canberra.

Chamberlain, C. (2000). *Homelessness in Victoria*. Victorian Homeless Strategy, Victorian Department of Human Services: Victoria.

Chamberlain, C. and Johnson, G. (2000a). *The Debate about Definition*. Victorian Homelessness Strategy, Victorian Department of Human Services: Victoria.

Chamberlain, C. and Johnson, G. (2000b). *Early Intervention*. Victorian Homeless Strategy, Victorian Department of Human Services: Victoria.

Chamberlain, C. and Mackenzie, D. (1992). 'Understanding contemporary homelessness: Issues of Definition and Meaning'. *Australian Journal of Social Issues* 27: 174-207.

CHPA (2002). 'Elderly People and Homelessness'. Council to Homeless Persons Australia.

Christ, M., Ann. and Hohloch, F.J. (1990). 'The Homeless: Social Isolates'. *Journal of Community Health Nursing* 7: 25-36.

Cleary, R. (1999). 'Ageing and Homelessness'. *There's No Place Like Home - 2nd National Conference on Homelessness*. Council to Homeless Persons: Melbourne.

Cloke, P., Milbourne, P. and Widdowfield, R. (2001). 'Interconnecting housing, homelessness and rurality: evidence from local authority homelessness officers in England and Wales'. *Journal of Rural Studies* 17: 99-111.

Cohen, C. and Sokolovsky, J. (1989). *Old Men of the Bowery: Strategies for Survival among the Homeless*. Guildford: New York.

Cohen, C., Holmes, D., Teresi, J. and Roth, E. (1988). 'Survival strategies of older homeless men'. *Gerontologist* 28: 58-65.

Cohen, C.I. (1999). 'Aging and homelessness'. *Gerontologist* 39: 5-14.

Cohen, C.I., Onserud, H. and Monaco, C. (1992). 'Project Rescue: Serving the Homeless and Marginally Housed Elderly'. *The Gerontologist* 32: 466-471.

Cohen, C.I., Ramirez, M., Teresi, J., Gallagher, M. and Sokolovsky, J. (1997). 'Predictors of becoming redomiciled among older homeless women'. *The Gerontologist* 37: 67-74.

Cohen, C.I., Teresi, J.A. and Holmes, D. (1998). 'The Physical Well-being of Old Homeless Men'. *Journal of Gerentology* 43: s121-128.

Coopers and Lybrand WD Scott (1985). *Study into Homelessness and Inadequate Housing – Volume 1*. Department of Housing and Construction. Australian Government Publishing Service: Canberra.

CoS (1999). *The City of Sydney's Homelessness Strategy*. City of Sydney: Sydney.

Crane, M. (1994). 'Elderly homeless people: elusive subject and slippery concepts'. *Ageing and Society* 14: 631-640.

Crane, M. (1999). *Understanding older homeless people: their circumstances, problems, and needs*. Open University Press: Buckingham, England.

Crane, M. (2001). *Our Forgotten Elders: Older People on the Streets and in Hostels*. St Mungo's: London.

Crane, M. and Warnes, A. (2000a). *Lessons from Lancefield Street: Tackling the Needs of Older Homeless People*. National Homeless Alliance: London.

Crane, M. and Warnes, A. (2000b). 'Policy and Service Responses to Rough Sleeping Among Older People'. *Journal of Social Policy* 29: 21-36.

Crane, M. and Warnes, A.M. (2001). 'Older people and homelessness: prevalence and causes'. *Topics in Geriatric Rehabilitation* 16: 1-14.

CSC (2001). *Living Arrangements*. Community Services Commission: NSW.

D'arcy, J. (1999a). *Salvocare ACHA Report 18/5/98 - 30/10/98*. The Salvation Army: Tasmania.

D'arcy, J., Cartwright, P., Almond, C., Pollard, J. and Donaghue, J. (2001a). *ACHA Report, Assistance with care and housing for the aged, Report 1999-2001*. The Salvation Army: Tasmania.

D'arcy, J., Pollard, J., Cartwright, P., Almond, C. and Bevis, J. (2001b). *ACHA, CACP Report, assistance with care and housing for the aged - community aged care packages, Jan 2000 - Nov 2000*. The Salvation Army: Tasmania.

Darcy, M. and Laker, L. (2002). *Choosing where to be homeless: location and mobility of homeless people in Sydney*. University of Western Sydney: Sydney.

Darcy, M. and Randolph, B. (1999b). *Strategic Directions for Housing Assistance - Final Report for the NSW Department of Housing*. Urban Frontiers Program. University of Western Sydney: Sydney.

Davison, B., Kendig, H., Stephens, F. and Merrill, V. (1993). *It's my place: older people talk about their homes*. Australian Government Publishing Service: Canberra.

Denmark Government. 2001. *Denmark's National Action Plan to Combat Poverty and Social Exclusion*, NAPincl 2001/2003.

Department of Research and Development (1999). *Review of the Inner City Aged Care Program*. Anglicare SA: Adelaide.

Dilworth-Anderson, P., Williams, I.C. and Gibson, B.E. (2002). 'Issues of race, ethnicity, and culture in caregiving research: A 20-year review (1980-2000)'. *The Gerontologist* 42: 237-272.

Dolbeare, C. (1996). *Economic causes of homelessness*. National Coalition for the Homeless: Washington.

Dowding, K. and King, D. (2000). 'Roofless in London'. Policy Studies Journal 28: 365-381.

Eckhardt, B. (1996). 'Linkages, the theory and the practice, matching care and accommodation to need'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Eldrige, C. (1999). 'What is the future of SAAP? A review and evaluation of SAAP III'. *There's No Place Like Home - 2nd National Conference on Homelessness*. Council to Homeless Persons: Melbourne.

Elias, C. and Inui, T. (1993). 'When a house is not a home: exploring the meaning of shelter among chronically homeless older men'. *Gerontologist* 33: 396-402.

Evans, J (1996). 'The Work of FEANTSA'. *Homelessness in the Lucky Country 1996*

- 2000: How will we meet the Challenge? Council to Homeless Persons: Melbourne.

Faulkner, D., Andrews, G., Luszcz, M., Davis, S. and Clark, M. (2001). *Linkages among housing assistance residential (re) location and the use of community health and social care among old-old adults: shelter and non-shelter implications for housing policy development*. Positioning Paper. Australian Housing and Urban Research Institute. Southern Research Centre: Adelaide.

Fine, M. & Thomson, C. (1995). *Factors affecting the outcome of community care service intervention*. Department of Human Services and Health: Canberra.

Fine, M. (1997). *Coordinating Health, Extended Care and Community Support Services: Issues for Policy Makers and Service Providers in Australia - Discussion Paper No 80*. Social Policy Research Centre. University of New South Wales: Sydney.

Fine, M. (1999). 'Ageing and the Balance of Responsibilities Between the Various Providers of Child and Aged Care: Shaping Policies for the Future'. *Policy Implications*

of the Ageing of Australia's Population, Conference Proceedings. Productivity Commission and Melbourne Institute of Applied Economic and Social Research: Melbourne, Victoria.

Gardner, I.L. (1994). 'Why People Move to Retirement Villages: home owners and non-home owners'. *Australian Journal of Ageing* 13: 36-40.

Gaynor, J. (1996). 'Housing and Related Aged Care Service Provision in Remote Aboriginal Communities'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Gibeau, J.L. (2001). 'Home free: an evolving journey in eradicating elder homelessness'. *Topics in Geriatric Rehabilitation* 17: 22-52.

Gibson, D., Mathurr, S. and Racic, L. (1999). *Older Australia at a glance*. Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare: Canberra.

Greenhalgh, E. (2002). Caravan park closures: losing affordable housing or increasing homelessness? *Parity*. 15(6):18-19.

Grisby, C., Baumann, D. and Roberts-Gray, C. (1990). 'Disaffiliation to Entrenchment: A Model for Understanding Homelessness'. *Journal of Social Issues* 46: 141-156.

Groves, M.A. and Wilson, V.F. (1992). 'To move or not to move? Factors influencing the housing choice of elderly persons'. *Journal of Housing for the Elderly* 10: 33-47.

Hallebone, E. (1997). 'Homelessness and marginality in Australia: Young and old people excluded from independence' in Huth, M. and Wright, T. (eds.) *International Critical Perspectives on Homelessness*. Praeger: Westport.

Hawes, D. (1999). 'Old and homeless: a double jeopardy' in Kennett, P. and March, A. (eds.) *Homelessness: Exploring the new terrain*. The Policy Press: Bristol.

Healy, J. (1990). Community Services: Long-Term Care at Home?, in Kendig, H. and McCallum, J., *Grey Policy: Australian Policies for an Ageing Society*. Allen and Unwin: Sydney.

Hecht, L. and Coyle, B. (2001). 'Elderly Homeless: A Comparison of Older and Younger Adult Emergency Shelter Seekers in Bakersfield, California'. *American Behavioral Scientist* 45; 66-79.

Henderson, R. (1975). *Poverty in Australia*, *First Main Report of the Australian Government Commission of Inquiry into Poverty*. Australian Government Publishing Service: Canberra.

Heuschkel, M. (2002). *Fact Sheet - Partnership Against Homelessness*. NSW Department of Housing. Internet: www.housing.nsw.gov.au.

Hodgan, J. H. (1994). 'An Overview of the Senior Housing Market'. *The Appraisal Journal*.

Hodnicki, D.R. (1990). 'Homelessness: Health Care Implications'. *Journal of Community Health Nursing* 7: 59-67.

Howe, A. (1990). 'Nursing Home Care Policy: From Lassiez Faire to Restructuring', in Kendig, H. and McCallum, J., *Grey Policy: Australian Policies for an Ageing Society*. Allen and Unwin: Sydney.

Howe, A. (1995) 'Housing Frail Elders in Australia', in Pynoos, J. and Liebig, P. *Housing Frail Elders: International Policies, Perspectives, and Prospects*. John Hopkins University Press, Baltimore.

Howe, A. (1997). 'The Aged Care Reform Strategy: A Decade of Changing Momentum and Margins for Reform', in Borowski, A., Encel, S. and Ozanne, E. (eds.) *Ageing and Social Policy in Australia*. Cambridge University Press: Cambridge.

Howe, A. (1999). 'Future directions for residential care'. *Australasian-Journal-on-Ageing* 18: 12-18.

Internet: http://www.chpa.org.au/elderly.html: 10 July 2002

Internet: http://www.health.gov.au/acc/about/agedaust/agedaus2.htm#acha: 26 June 2002

Internet: http://www.nt.gov.au/cdsca/housing/indigenous_housing.html: 10 July 2002

Internet: www.housing.nsw.gov.au: 10 July 2002

Internet: www.housing.nsw.gov.au: 20 June 2002

Internet: www.nt.gov.au/health/comm_svs/facs/accommodation: 10 July 2002

Kavanagh, K. (1997). *The Battlers: Elderly People Residing in Insecure Housing*. Mercy Family Centre: Sydney.

Kavanagh, K. (1999) 'Linking Housing and Support'. Paper presented at the *Community Care in the Next Millennium: A New Era of Co-operation and Collaboration Conference.* Aged Services Association of NSW/ACT, 18-19 February, Sydney.

Kavanagh, K. (2000). Assisting elderly survivors of homelessness. *Parity*, 13(10): 14.

Keigher, S.M. (1991). *Housing Risks and Homelessness Among the Urban Elderly*. Haworth: New York.

Kendig, H. (1990). 'Ageing and Housing Policies' in Kendig, H. and McCallum, J. (eds.) *Grey Policy: Australian policies for an Ageing Society*. Allen and Unwin: Sydney.

Kendig, H. and McCallum, J. (eds.) (1990). *Grey Policy: Australian Policies for an Ageing Society.* Allen and Unwin: Sydney.

Kendig, H. (2000). 'Ageing and the Built Environment' in Troy, P. (ed.) *Equity, environment, efficiency: ethics and economics in urban Australia*. Melbourne University Press: Carlton. Victoria.

Kendig, H. and Gardner, I. (1997). 'Unravelling Housing Policy', in Borowski, A., Encel, S. and Ozanne, E. *Ageing and Social Policy in Australia*. Cambridge University Press: Cambridge.

Kendig, H. and Neutze, M. (1999). 'Housing implications of population ageing in Australia'. *Policy Implications of the Ageing of Australia's Population Conference*. Productivity Commission and Melbourne Institute of Applied Economic and Social Research. Conference Proceedings. Ausinfo: Canberra.

Keys Young (1998). *Homelessness in the Aboriginal and Torres Strait Islander Context and its possible implications for the Supported Accommodation Assistance Program*. Department of Family and Community Services: Canberra.

Kingbury, K. and Lipmann, B. (1996). 'A Positive Link between CACP's and Residential Care for the Elderly Homeless'. *Aged Care Australia Conference*: Brisbane.

Ladner, S. (1992). 'The elderly homeless' in Robertson, M. and Greenblatt, M. (eds.) *Homelessness: A National Perspective*. Plenum Press: New York.

Lafuente, C.R. and Lane, P.L. (1995). 'The Lived Experiences of Homeless Men'. *Journal of Community Health Nursing* 12: 211-219.

Larkin, A. (1996). 'New South Wales: Older persons housing strategy'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Lawson, J. (1995). *Central city housing needs: affordable and appropriate housing in the central city of Melbourne*. Australian Housing and Urban Research Institute.

Limbrick, D. (1999). 'The SAAP National Data Collection in 1999'. *There's No Place Like Home - 2nd National Conference on Homelessness*. Council to Homeless Persons: Melbourne.

Lipmann, B. (1989). *Hostel Care for Frail Aged Homeless People: The Wintringham Project*. Australian Association of Gerentology: Hobart.

Lipmann, B. (1995). *The Elderly Homeless: An investigation into the provision of services for frail elderly homeless men and women in the United States of America, Britain, Sweden and Denmark*. Wintringham: Melbourne.

Lipmann, B. (1996a). 'Why are the elderly poor dying in homeless shelters?'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Lipmann, B. (1996b). 'What are the alternatives to night shelter accommodation for the frail and elderly?' *Homelessness in the Lucky Country 1996 - 2000: How will we meet the Challenge?* Council to Homeless Persons: Melbourne.

Lipmann, B. (1999). 'New causes and triggers of homelessness among older people'. *There's No Place Like Home - 2nd National Conference on Homelessness*. Council to Homeless Persons: Melbourne.

Lippman, B. (2003). Personal conversation with Dr Bruce Judd 7th April 2003.

Loft, J. and Davis., M. (1988). *Homelessness : an annotated bibliography of Australian research*. Australian Institute of Family Studies: Melbourne.

Mackenzie, D. and Chamberlain, C. (1992). 'Understanding contemporary homelessness: Issues of Definition and Meaning'. *Australian Journal of Social Issues* 27: 174-207.

Malloy, C., Christ, M. and Hohloch, F. (1990). 'The Homeless: Social Isolates. The Journal of Community Health Nursing Vol 7, Issue 1, p 25-36.

Mathur, S., Evans, A. & Gibson, D. (1997). *Community Aged Care Packages: How do they compare?* Commonwealth Department of Health and family Services: Canberra.

McClintock, I. (1996). 'The role of local government in housing an ageing society: The approach in Wollongong City Council'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Milburn, N. and D'Ercole, A. (1991). 'Homeless Women - Moving Toward a Comprehensive Model'. *American Psychologist* 46: 1161-1169.

Millard, J (1996). *Joint Enterprise Service Initiative (JESI) Boarding House Project*. (Briefing Paper), Central Sydney Area Health Service: Sydney.

Mission Australia (2001). 'Hidden Homelessness' *Mission Australia Research and Social Policy*.

Moloney, M.F. (1997). 'Meanings of home in the stories of older women'. *Western Journal of Nursing Research* 19: 166-176.

Morgan, L.A., Exkert, J.K. and Lyon, S.M. (1993). 'Social Marginality: The Case of Small Board and Care Homes'. *Journal of Ageing Studies* 7: 383-394.

Morrison, N. and Strommen, L. (2001). 'A Noongar and Wadjular journey of working with Aboriginal people who are at risk or experiencing homelessness in Perth Western Australia'. *National Housing Conference 2001*. Queensland Department of Housing: Brisbane.

Morse, G.A. (1992). 'Causes of homelessness', in Robertson, M.J. and Greenblatt, M. (eds), *Homelessness: A National Perspective.* Plenum Press, New York.

National Ageing Research Institute (2001). *Report for the Home and Community Care (HACC) Strategic Plan for the Western Metropolitan Region 2001 - 2005*. Department of Human Services. Western Metropolitan Region: Perth.

NCA (1996). *National Commission of Audit. Report to the Commonwealth Government,* Australian Government Publishing Service: Canberra.

NDoCS (2001). *Inner City Homelessness Strategic Implementation Plan*. NSW Department of Community Services, NSW Department of Housing, NSW Health Department: Sydney.

NDoH (1999). *Directions for Housing Assistance - Beyond 2000*. NSW Department of Housing: Sydney.

NDoH (2000). *Healthy Housing Communities - Occasional Discussion Paper Number 1*. NSW Department of Housing: Sydney.

NDoH (2001). *Social Housing Register Policy Development - Directions Paper*. NSW Department of Housing: Sydney.

NDoH (2002a). *Helping the Homeless.* Future Directions in Social Housing Fact Sheet No 5. NSW Department of Housing. Internet: www.housing.nsw.gov.au.

NDoH (2002b). *Helping Older People with Disabilities*, Future Directions in Social Housing Fact Sheet No 7. NSW Department of Housing. Internet: www.housing.nsw.gov.au.

NDoH (2002c). *Partnership Against Homelessness*. Fact Sheet. NSW Department of Housing. Internet: www.housing.nsw.gov.au.

Neil, C., Fopp, R., McNamara, C. and Pelling, M. (1992). *Homelessness in Australia: causes and consequences*. CSIRO and the Victorian Ministerial Advisory Committee on Homelessness and Housing.

Newman, T. (1999). 'Linking housing to support'. *There's No Place Like Home - 2nd National Conference on Homelessness*. Council to Homeless Persons: Melbourne.

NTTH (2002). *Seniors Housing.* Northern Territories Government, Territory Housing: Darwin.

NSW Government (1995) *Housing Policy Green Paper*.

NSW Government (2000). *Supporting People and Strengthening Communities: NSW Social Justice Directions Statement.* February, 2000.

NSW Ministry of Housing, Planning and Urban Affairs (1995). *Older Persons Housing Strategy*. Office of Housing Policy. New South Wales Government: Sydney

NSW Parliament (2001). *Homelessness Summit*. Legislative Council, New South Wales Parliament: Sydney.

NTDHCS (2002a). *Regional SAAP providers and service delivery and performance*. Northern Territories Department of Health and Community Services: Darwin.

NTDHCS (2002b). *NT SAAP.* Northern Territory Department of Health and Community Services: Darwin.

NTH (2001). *Housing?* Northern Territory Housing: Darwin.

OECD (1996). Ageing in OECD Countries: A Critical Policy Challenge. *Social Policy Studies* No 16. Organisation for Economic Co-operation and Development, Paris.

Parity (2001). 'Homeless Men: The Forgotten Homeless' *Parity*.

Paul, L. (1999). 'The Commonwealth government's vision for SAAP'. *There's No Place Like Home - 2nd National Conference on Homelessness*. Council to Homeless Persons: Melbourne.

Pelletier, R. and Pollett, G. (2000). *Task Force on Senile Squalor*. Middlesex- London Health Unit Final Report: United Kingdom.

Pendergast, P. (2001). *A Profile of Households Experiencing Homelessness in Western Australia*. Shelter WA: Perth.

Pfeffer, M. and Green, D. (1997). 'The Making of Policy for the Aged', in Kendig, H. and McCallum, J., *Grey Policy: Australian Policies for an Ageing Society*. Allen and Unwin: Sydney.

Piliavin, I., Sosin, M., Westerfelt, A.H. and Matsueda, R. (1993). 'The duration of homeless careers: an exploratory study'. *Social Service Review* 67: 576-598.

Productivity Commission and Melbourne Institute of Applied Economic and Social Research (1999). *Policy Implications of the Ageing of Australia's Population.* Conference Proceedings. Ausinfo: Canberra.

Purdon Associates (1989). *The Report of the Evaluation of the Local Government and Community Housing Program.* Prepared in association with National Shelter for the Department of Community Services and Health. Australian Government Publishing Service: Canberra.

Purdon Associates (1991). *Supported Accommodation Assistance Program - Needs of homeless older people*. Commonwealth Department of Community Services and Health: Canberra.

Purdon Associates (1996). *Review of overseas experience with older people's housing*. Commonwealth Department of Community Services and Health: Canberra.

Pynoos, J. and Liebig, P.S. (1995). *Housing frail elders: international policies, perspectives, and prospects.* Johns Hopkins University Press: Baltimore.

QDoH (1999). *Occasional Paper No. 001: Housing and Support for People with a Disability*. Housing Policy and Research, Queensland Government Department of Housing: Brisbane?

QDoH (2000). *Affordable Housing in Sustainable Communities: A Discussion Paper*. Queensland Department of Housing: Brisbane.

QDoH (2001). *Affordable Housing in Sustainable Communities: Strategic Action Plan*. Queensland Government Department of Housing: Brisbane.

QDoH (undated). *Housing and you? Housing assistance - where to go for help.* Queensland Government Department of Housing: Brisbane

Randall, G. and Brown, S. 1993. *The Rough Sleepers Initiative: An Evaluation.* London: Her Majesty's Stationary Shop.

Reynolds, A., Inglis, S. and O'Brien, A. (2001). *Effective program linkages: an examination of current knowledge with a particular emphasis on people with a mental illness*. Australian Housing and Urban Research Institute, Swinburne/Monash Research Centre: Melbourne.

Rich, D.W., Rich, T.A. and Mullins, L.C. (1995). *Old and homeless-double-jeopardy: an overview of current practice and policies*. Auburn House: Westport.

Roberton, M., J. and Greenblatt, M. (1992). *Homelessness: A National Perspective*. Plenum Press: New York and London.

Roberts, M. (1997). 'Housing with care: housing policies for an ageing Australia'. *Ageing International* 23: 90-106.

Robinson, C. (1998). *Down and Out in Sydney - The Prevalence of mental disorders and related disabilities among homeless people in inner Sydney*. St Vincent de Paul Society, Sydney City Mission, Salvation Army, Wesley Mission, Haymarket Foundation: Sydney.

Robinson, C. (2001). *A Long Road to Recovery - A Social Justice Statement on Mental Health*. St Vincent de Paul Society: NSW.

Rossi, P.H., Wright, J.D., Fisher, G.A. and Willis, G. (1987). 'The Urban Homeless: Estimating Composition and Size'. *Science* 235.

Rozzoli, K., Cohen, I. and Saffin, J. (2001). *Recommendations and Speeches of the Homelessness Summit*. NSW Parliament: Sydney.

Rubenstein, L. and Sadler, P. (1994). *Changing Care for Older People - Trialing New Ideas*. Office on Ageing - Social Policy Directorate: Sydney.

Russell, C., Hill, B. & Basser, M. (1995). 'Identifying needs among 'at risk' older people: does anyone here speak health promotion?'. Paper presented at *International Sociological Association Research on Ageing International Congress Meeting*: Melbourne.

S and S Consultants (1996). *Review of housing choices: local area pilot projects*. Australia Department of Transport and Regional Development: Canberra.

SAAP CAD (2002). 'Older Homeless People Forum Background Paper - Responses to Older People who are at Risk and Homeless'. *National Forum on Homelessness*. Housing Support Branch. Department of Family and Community Services: Sydney.

Sargent, M. (1979). *Drinking and alcoholism in Australia: a power relations theory*. Longman Cheshire: Melbourne.

Sargent, M. (1996). 'Empowering options in housing and design for older people'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Saunders, P. (1996). 'Discussion Paper No.75 - Dawning of a New Age? The Extent, Causes and Consequences of Ageing in Australia' *Social Policy Research Centre*. University of New South Wales: Sydney.

Saunders, P. (1996). 'The Population Profile in the Year 2020 and its Social and Economic Impact on Australia'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

SCM (1995). *Shadow people: The reality of homelessness in the 90's.* Sydney City Mission: Sydney.

SDHS (1999). *Moving Ahead: A Strategic Plan for Human Services for Older People in South Australia 1999 - 2004*. South Australia Department of Human Services: Adelaide.

Smyth, B. (1996). 'Governments responding to the challenge – Queensland'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Snell, K. (1996). 'Housing design for older Australians'. Conference Proceedings, *Housing an Ageing Society: the Challenge Ahead.* Australian Government Publishing Service: Canberra.

Snow, D. and Mulcahy, M. (2001). 'Space, Politics and the Survival Strategies of the Homeless'. *American Behavioral Scientist* 45: 149-169.

Sosin, M., Pilliavin, I. and Westerfelt, H. (1990). 'Toward a Longitudinal Analysis of Homelessness'. *Journal of Social Issues* 46: 157-174.

South Australia Housing Trust (2002a). *Housing Needs Policy and Guidelines*. South Australia Housing Trust Regional Services: Adelaide.

South Australia Housing Trust (2002b). *Eligibility Policy and Guidelines*. South Australia Housing Trust Regional Services: Adelaide.

SPRC (1997). *Homelessness in Australia 1990 - 1996: An Annotated Bibliography*. Social Policy Research Centre. University of New South Wales: Sydney.

State Homelessness Taskforce (2002). *Addressing Homelessness in Western Australia*. State Homelessness Taskforce: Perth.

Strategic Partners (2000). *Technical Forum on the Estimation of Homelessness in Australia*. Department of Family and Community Services: Canberra.

Stuart, M. and Weinrich, M. (2001). 'Home- and community-based long-term care: Lessons from Denmark'. *The Gerontologist* 41: 474-480.

SVdP (1996). *Growing Old - Who Cares?* Society of St Vincent de Paul: Sydney.

SVdP (1998). *Living at Risk: Breaking Australia's Cycle of Homelessness*. Society of St Vincent de Paul: Sydney.

SVdP (2001). *Growing Old - Who Cares?* Society of St Vincent de Paul: Sydney.

The Consilium Group (1998). *Research Paper - Estimating the Number of Homeless People in Australia*. Commonwealth Department of Family and Community Services: Canberra.

Thomson Goodall Associates (1993). *It can be done, Health Care for People who are Homeless*. Melbourne RDNS Homeless Persons Service: Melbourne.

Thomson Goodall Associates (1998a). *Veterans At Risk Research Project - Volume 1. Main Report*. Commonwealth Department of Veteran's Affairs: Canberra.

Thomson Goodall Associates (1998b). *Veterans At Risk Research Project – Volume 2, Statistics and Analysis (Volume 2).* Commonwealth Department of Veteran's Affairs: Canberra.

Thomson Goodall Associates (2001). *Statewide Assessment and Referral in Homelessness Services Project Final Report*. Victoria, Department of Human Services: Victoria.

Trewin, D. (2001). *2001 Census Dictionary - Paper No. 290.* Australian Bureau of Statistics: Canberra.

U'Ren, R. (1985). *Heading Where?.* Hanover Welfare Services: Melbourne

UNESCO (undated). Rough Sleepers Initiative (RSI) in Central London United Kingdom. MOST Clearing House, Best Practices Database.

Internet: www.unesco.org/most/westeu18.htm;

VAHEC (2001). *Homeless Elderly in Residential Care*. Victorian Association of Health and Extended Care. Issues Paper.

VDHS (2000). *Support Responses for Older People with Complex Needs who are Homeless*. Victorian Homelessness Strategy, Department of Human Services: Victoria.

VDHS (2001). *Homelessness Issues.* Victorian Homelessness Strategy, Department of Human Services.

VDHS (2002a). *Homelessness, Directions for Change - A collaborative approach to improving our response to homelessness*. Victorian Homelessness Strategy. Housing and Community Building Division. Department of Human Services: Melbourne.

VDHS (2002b). *Homelessness, Directions for Change - A collaborative approach to improving our response to homelessness: Executive Summary*. Victorian Homelessness Strategy. Housing and Community Building Division. Department of Human Services: Melbourne.

VDHS (undated a). *Community Connection Program*. Victorian Department of Human Services: Information Sheet.

VDHS (undated b). *Housing Support for the Aged*. Victorian Department of Human Services: Information Sheet.

Veness, A. (1993). 'Neither homed nor homeless: contested definitions and the personal worlds of the poor'. *Political Geography* 12: 319 - 340.

VFCDC (1997). *Inquiry into Planning for Positive Ageing*. Family and Community Development Committee. Parliament of Victoria. Victorian Government Printer: Melbourne.

VHS Ministerial Advisory Committee (2001). *Building Solutions for Individuals and Families who Experience Homelessness*. Victorian Homelessness Strategy, Department of Human Services: Victoria.

Waanders, O. (1999). Why we need a national strategy for the homeless elderly. *Parity*,. 13(2): 7-8.

Warnes, A.M. and Crane, M. (2000a). *Meeting Homeless People's Needs: Service Development and Practice for the Older Excluded*. The King's Fund: London.

Warnes, A.M. and Crane, M.A. (2000b). 'The achievements of a multiservice project for older homeless people'. *The Gerontologist* 40: 618-626.

Watson, S. (1999). 'A home is where the heart is: engendering notions of homelessness' in Kennett, P. and Marsh, A. (eds.) *Homelessness: Exploring the New Terrain*. Policy Press: Bristol.

WDoH (2002). *Putting People First - The Government's Response to the Report of the Homelessness Taskforce*. Western Australia Department of Housing: Perth.

Weston, R., Qu, L. and Soriano, G. (2001). *Ageing yet diverse: the changing shape of Australia's population - Australian Family Briefing No 10.* Australian Institute of Family Studies: Melbourne.

Whalan, J. (1996). 'Housing Assistance and the Aged in Australia: The Challenge of Reform'. *Housing in an Ageing Society: The Challenge Ahead National Conference*. Australian Government Publishing Service; Canberra.

Wilson, P.L. and Scott, H. (1995). *Housing choices for older Australians*. Council for the Ageing (Australia) supported by the Commonwealth Department of Housing and Regional Development: Melbourne.

Wintringham Hostels (1996). *Meeting the needs of frail aged and homeless people in the inner city of Adelaide: issues and options for housing with care*. Wintringham Hostels: Adelaide.

Wood, B. (2002). Text Media Release, 16th May 2002. ACT Government: Canberra.

7 APPENDIX 1: LIST OF ACHA AUSPICING AGENCIES BY STATE

(Source: Commonwealth Department of Family and Community Services)

7.1.1 New South Wales

Mercy Family Centre Ltd, 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

7.1.2 Victoria

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

Western Regional Health Centre, 72-78 Paisley St, Footscray, Vic 3011

Homeground services (formerly Bedford Street Outreach Services Inc), 219 Napier St, Fitzroy 3065

Kingston Centre, Warrigal Rd, Cheltenham, Vic 3192

North East Region Migrant Resource Centre Inc., 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 Inc., 161 Fitzroy St, St Kilda, Vic 3182

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

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

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

City of Wodonga, Hovell St, Wodonga, Vic 3690

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

7.1.3 South Australia

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

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

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

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

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

Corporation of the City of Noarlunga, PO Box 408, Noarlunga Centre, SA 5168

7.1.4 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

Lake Sherin Homes for the Aged, Boundary Rd, Thornlands, QLD 4164

Aboriginal and Islander Alcohol Relief Services Ltd., 198 Grafton St, Cairns, QLD 4870**

Townsville Aboriginal and Torres Strait Islander Corp. for Women, GPO Box 1067, Townsville, QLD 4810**

7.1.5 Western Australia

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

Anglicare, Geoffrey Sambell Centre, 42 Collin St, West Perth WA 6005

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

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

Tasmania

The Salvation Army, 250 Liverpool St, Hobart TAS 7000

7.1.6 Australian Capital Territory

Northside Community Service Inc., Majura Community Centre, PO Box 453, Dickson, ACT 2602

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

7.1.7 Northern Territory

Council on the Ageing (NT) Inc.*, 18 Bauhinia St, Nightcliff, NT 0811

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

Anglicare (NT)**, PO Box 36506, Winnellie, NT 0821

* Indicates agencies specialising in targeting ATSI clients

** Agencies with general and ATSI worker

8 APPENDIX 2: QUESTIONNAIRE FOR ACHA WORKERS

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.

Q: Who has to complete the survey?	ACHA Worker or ACHA supervisor coordinator for each ACHA service outlet
Q: How long should it take?	Approximately 1 hour
Q: What is the latest return date for the survey?	9th September 2002
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
Morven Brown Building
School of Social Science and Policy
University of New South Wales
Sydney NSW 2052

Fax: Yuvisthi Naidoo
(02) 9385 1040

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

Q: Who do I contact if I have questions?

Kay Kavanagh on (02) 8306 2902 or
Yuvisthi Naidoo on (02) 9385 2491 /
0414 243 245

NAME OF YOUR AGENCY

□□

PART A: QUESTIONS ABOUT THE SERVICES YOUR AGENCY PROVIDES

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

☐	Inner Metropolitan
☐	Mid Suburban Metropolitan
☐	Outer Suburban Metropolitan
☐	Coastal Regional Urban
☐	Rural/Regional Urban Centre
☐	Semi-Rural
☐	Rural
☐	Remote Rural
☐	Other (please specify in the box below)
	☐
☐	Total

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

☐	1. House/Flat – Public Rental
☐	2. House/Flat - Private Rental
☐	3. Community Housing
☐	4. Boarding/Rooming/Lodging House or Private Hotel
☐	5. Homeless Persons Shelter/Refuge
☐	6. Supported Share Housing/group home

☐ 7. Self contained retirement unit/village

☐ 8. Residential aged care facility/nursing home

☐ 9. Transportable home (caravan/relocatable/motor home)

☐ 10. Living with friends/relatives

☐ 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

18. 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 h 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**	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 (squat/car/park etc)	13. Without conventional shelter
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)								
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 h situation* (use category no. below)**	**Time taken to rehouse (Months)**
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								

***Housing Situation Categories**	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)								
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 h situation* (use category no. below)**	**Time taken to rehouse (Months)**
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								

***Housing Situation Categories**	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)

9 APPENDIX 3: ACHA AGENCY MANAGER INTERVIEW SCHEDULE

A total of 12 ACHA auspicing agency managers will be interviewed, four from each of the three States included in the more detailed study.

Selection Criteria:

- Agencies must have at least four housing options available
- In each state, according to urban location:
  - Two inner urban agencies
  - One outer suburban agency (indigenous in SA if possible)
  - One regional/rural centre agency (Indigenous in VIC if possible)

Themes

These interviews will focus on the following themes:

- What are the processes that have lead to their clients landing up in an extremely vulnerable housing situation?
- What housing and support interventions serve 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 homeless older people?

10 APPENDIX 4: ACHA CLIENT INTERVIEW SCHEDULE

A total of 60 older people will be drawn from ACHA clients who have been re-housed in the three states (NSW, Victoria and South Australia) covered in this study. Five clients will be interviewed from four agencies in each state

Selection Criteria

Selection will be based on the demographic profile of the agency's clients in consideration of:

- Age (50+)
- Gender (expected to be around 4:1 male/female)
- Culture/Ethnicity/Aboriginality (if found to be significant)
- Length of residency since rehousing (minimum of one month)
- Cognitive and English speaking suitability

Themes

The in-depth interviews with these informants will cover the following themes:

- 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 contribute to acceptance/resistance of housing and support options for older homeless people.

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