POLICY EVIDENCE SUMMARY

Supporting older Australians experiencing homelessness

Based on AHURI Final Report No. 322:

An effective homelessness services system for older Australians



What this research is about

This research examines homelessness amongst older populations (aged 55+) including the distinctive reasons for and issues faced by older people, many of whom are experiencing homelessness for the first time.

The context of this research

Older Australians are increasingly experiencing financial and housing insecurity, and represent approximately 8 per cent of the demand for specialist homelessness services (SHS). In common with services for other age cohorts, the provision of homelessness services for older Australians is made more difficult by the absence of an overarching vision for the sector.

At the 2016 Census 18,615 people aged 55 years and over were homeless, which equates to one out of every seven people counted as experiencing homelessness. Between 2011 and 2016, the proportion of older people who were homeless increased for those aged 55 to 64 years by 26 per cent, aged 65 to 74 years by 37.9 per cent; and aged over 75 years by 14 per cent. In addition, in 2016–17, use of SHS by older people increased by 37 per cent from the 2012–13 figures.

The key findings

Pathways into homelessness

There are three broad pathways into homelessness for older Australians:

- people with conventional housing histories who experience a financial or other 'shock' late in life
- people who had experienced long-term social exclusion and homelessness
- people with transient work and housing histories.

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

Homelessness for an older person can be triggered by first-time experience of an adverse event such as a housing eviction, loss of family support, overcrowding, carer stress, unaffordable or inaccessible housing, relationship breakdown, financial abuse, the loss of a spouse, financial hardship, depression or a decline in health.

When homelessness is experienced for the first time later in life, people commonly have limited knowledge of welfare and homelessness services. In addition, as often happens, if they do not see themselves as someone who is homeless they are less likely to access traditional homelessness services.

Older people who experience homelessness are not a homogenous group, with needs differentiated by

Figure 1: Homelessness in older people

In 2016...

1 out of 7 homeless people were aged over 55

Between 2011 and 2016

26% ↑ in homeless people aged 55–64

38% ↑ in homeless people aged 65–74

14% ↑ in homeless people aged 75+

Source: ABS Census 2016

gender, sexuality, if they are from Indigenous and culturally and linguistically different (CALD) or migrant communities, and whether they live in regional, rural or metropolitan areas.

Education and income of older Australians

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

Health of older Australians

Forty per cent of men and 47 per cent of women aged 65 years have some form of disability, and this number grows for those aged 80 years and over. People aged 65 years and over represented 43 per cent of the 12.5 million specialist attendances claimed through Medicare in 2014-2015. The relatively poor health status of this age cohort further emphasises their vulnerability when affected by homelessness. It adds to the level of 'risk' that confronts them while homeless, places an emphasis on the need to have both high quality housing and accommodation that is close to health services, and acts to reduce employment options.

'When homelessness is experienced for the first time later in life, people commonly have limited knowledge of welfare and homelessness services'

Specialist homelessness services for older Australians

Use of SHS by older Australians increased between 2012–13 and 2016–17, with older Indigenous clients increasing at the most rapid rate—15.4 per cent per year compared with 9.7 per cent for non-Indigenous clients.

The three main reasons older Australians sought SHS in 2017–18 were housing crisis (21 per cent); domestic and family violence (21 per cent); and financial difficulties (17 per cent). Older clients entering SHSs are spending longer in those services, which suggests that services are having difficulty finding appropriate housing options.

Half of all older clients reported a vulnerability, with 27 per cent affected by mental health issues, or domestic and family violence (17 per cent), and just 2 per cent reported substance abuse as an issue.

Older women and homelessness

Some 6,866 women aged over 55 years were homeless on Census night 2016. This represented 5.9 per cent of the total homeless population and a 31 per cent increase on the number of homeless older women in 2011.

Older women often experience homelessness later in life due to lower earnings over their lifetime, including less superannuation. Other factors prevalent amongst older women facing homelessness include being forced out of the workforce; separation, divorce and death of spouse; trauma and abuse; reluctance to seek assistance; and depletion of social networks.

The 2016 Census revealed that nationally some 1.2 million women (39 per cent) aged 55 years and over lived under the poverty line of \$400 per week set by the OECD in 2014. Low incomes are a significant challenge for many older women nationally who continue to feel the impact of historical inequality. The wages of women in Australia in the 1950s were set at 75 per cent of the basic wage for men, and many women are affected by historically low rates of access to

purchasing a home and a regressive private rental market in the current era.

Older men and homelessness

In 2016, men represented 63.1 per cent of the 18,632 older homeless people. In addition, 31.6 per cent of men aged 55 years and over had a personal weekly income under the 2014 OECD-defined poverty line of \$400 per week.

Older men are more likely to become homeless due to financial crisis and inability to afford housing. Men who are released from custodial institutions or are ex-military personnel are overrepresented in the homeless population. Many struggle to adjust to post-service life; physical impairments and mental illness such as PTSD or acquired brain injury (ABI) can lead to financial stress, difficulty maintaining employment, domestic violence, substance misuse and family breakdown.

'Older clients entering SHSs are spending longer in those services, which suggests that services are having difficulty finding appropriate housing options'

Indigenous Australians and homelessness

Indigenous Australians make up 3.3 per cent of the Australian population, but represent one in five (22 per cent) of homeless Australians, with a homelessness rate 10 times that of non-Indigenous Australians.

Indigenous Australians represented one-quarter (25 per cent) of clients assisted by SHSs in 2017–18. The five main reasons for seeking assistance were domestic and family violence; housing crisis; inadequate or inappropriate dwelling conditions; financial difficulties; and housing affordability stress.

Indigenous clients were more likely to access SHSs than their non-Indigenous counterparts, the highest ratio was for the 65 years and over age group, where older Indigenous people were 12.3 times more likely to access services than their older non-Indigenous counterparts. Between 2012–13 and 2016–17, the growth in SHS use by older male Indigenous clients slightly exceeded the growth rate for female older Indigenous clients (16.3 per cent compared with 14.8 per cent).

International experience in delivering homelessness services

Norway and Finland have seen a reduction in the number of people who are homeless, with both countries using Housing First programs.

The success in Finland must be seen through the lens that it operates a very different social welfare system.

Nevertheless its success is attributed to an intensive focus on reducing long-term homelessness; a comprehensive national strategy with substantial resources devoted to establishing new housing units; and converting shelters into permanent housing for long-term homeless people.

European Union researchers identified five factors in developing integrated strategies to reduce and end homelessness:

- 1 'The needs and the rights of the individual should be the starting point for any strategy to fight homelessness'
- 2 'Housing First', noting that the construction of affordable housing is fundamental to this policy
- 3 'Funding the strategy' is key, for without adequate and long-term investment the strategy to end homelessness is destined to fail
- 4 'The importance of a continuous and constant strategy.' As an example, for over 20 years, Finland had an integrated strategy and has built new permanent housing, converted emergency housing into supported units and developed new service models—all based on Housing First principles

Figure 2: Five factors in developing integrated homeless solutions, identified by EU researchers



Source: FEANTSA and Abbé Pierre Foundation 2018: 23-29

Multi-level governance: 'A convergence of stakeholders in the fight against homelessness is necessary to invest all efforts on moving together towards the same objectives.'

In addition there are four common pitfalls to avoid:

- 1 national governments having 'light-touch' policies, including not taking on a coordination and facilitation role; little evaluation of the causes of increased homelessness; lack of funding; and no subsequent programs after action plans for certain time periods
- 2 'paper policies' with good intentions that are not implemented and with insufficient funding for programs
- 3 having an ambitious policy to end homelessness, but penalising some categories of homeless people—for example, moving on homeless people to reduce 'public nuisance'
- 4 'policy silos' and lacking an integrated approach that includes

housing, health, employment, social inclusion, regional, urban, justice, etc.

Need for supportive, empathetic service staff

Workshops conducted as part of this research identified the importance of non-judgemental and empathetic Centrelink staff and frontline service providers, and noted that Centrelink has become more difficult to navigate over the past two decades which acts to worsen the experience of homelessness among older Australians. Failings in the service culture for homeless people is a multilayered, multi-dimensional problem for older homeless people. Those with an ABI observed that it is hard to get service providers and government workers to listen and to slow down their speech.

It was noted that language barriers for older migrants who may also have a hearing problem is a concern. One incident recounted at a workshop was an older migrant person who had stayed close to the Centrelink reception

to make sure she would hear when she was called, and was shouted at to sit down. The person was deterred from seeking help and went home.

What this research means for policy makers

Service providers and people who are homeless report that the current system of supporting older people who experience homelessness is fragmented, too poorly resourced and unable to provide long-term solutions.

Homelessness service provision is disconnected from aged-care services, and many older people experiencing homelessness often do not see themselves as homeless and know little about either service.

Policy development

The top five actions to improve the quality of life of older people who are homeless, or at risk of homelessness, put forward by workshop participants were:

- 1 more public/social, affordable, appropriate housing with more options—for example, transitional, independent living units, cohousing, co-living, and creative funding mechanisms
- 2 better coordination, integration and collaboration between and within services systems

- 3 more government funding; accountability; transparency; support; streamlined processes; access points; simple language; and forms in multiple languages
- 4 frontline service providers who can empathise with clients, and a need to change the current culture of poverty-shaming and gratefulness for delivery of services
- 5 empowerment and education for older people of their rights; this may require modest government outlays.

Fundamental social and institutional changes are needed to reduce the risk and impact of homelessness on older people, with long-term commitments by governments needed to deliver this change. Affordable, secure and appropriate housing must be central to any solution. There is a need for:

- a federal government commitment to the supply of adequate housing for older Australians
- a public policy emphasis on addressing family violence
- including questions focussed on housing and homelessness in the aged-care assessment process
- establishing a capital pool to enable aged-care providers to build specialist facilities for this client group

- reviewing, increasing and indexing the Homelessness Supplement for aged-care providers
- establishing a dialogue between homelessness and aged-care providers
- supporting SHS network with aged-care providers and extending that capacity for interchange to the disability and social services sector
- exempting older homeless people from the need to apply to the NDIS for funding
- requiring providers of homelessness services to older women to use more assertive methods to contact those at risk
- including outreach facilities for persons at risk of homelessness in face-to-face hubs within the aged-care system.

Methodology

This research reviewed the international literature, conducted an online survey with professionals working in the homelessness field and held two workshops and one 'yarning circle' with persons with lived experience of homelessness and professionals working in the homeless and ageing sectors.

Further information

TO CITE THE AHURI RESEARCH, PLEASE REFER TO:

Thredgold, C., Beer, A., Zufferey, C., Peters, A. and Spinney, A. (2019)

An effective homelessness services system for older Australians, AHURI Final Report

No. 322, Australian Housing and Urban Research Institute Limited, Melbourne.

ahuri.edu.au/research/final-reports/322

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