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OF QUEENSLAND  
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# Addressing later life homelessness

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HOMELESSNESS RESEARCH  
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ABN: 63 942 912 684

Institute for Social Science Research  
Level 4, General Purpose North No.3 (Building 39A)  
The University of Queensland 4072  
Telephone: (07) 3346 7646 | Facsimile: (07) 3346 7646

# ISSR

Institute for Social Science Research

Title: Addressing Later Life Homelessness

Authors: Maree Petersen and Andrew Jones

Research organisation: Institute for Social Science Research, The University of Queensland

Contact details: [m.petersen@uq.edu.au](mailto:m.petersen@uq.edu.au)

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## Institute for Social Science Research (ISSR)

Director  
Professor Mark Western BA(Hons) PhD FASSA  
CRICOS PROVIDER NUMBER 00025B

Level 4, GPNorth 3  
The University of Queensland  
Brisbane QLD 4072 Australia  
Telephone (07) 3346 7344  
International +61 7 3346 7344  
Facsimile (07) 3346 7646  
Email [issr@uq.edu.au](mailto:issr@uq.edu.au)  
[www.issr.uq.edu.au](http://www.issr.uq.edu.au)

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## Acronyms and abbreviations

ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACHA	Assistant with Care and Housing for the Aged
ACFI	Aged Care Funding Instrument
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Package
CPI	Consumer Price Index
CRA	Commonwealth Rent Assistance
EACH	Extended Aged Care at Home
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FEANSTA	European Federation of National Associations Working with the Homeless
HAAG	Housing for the Aged Action Group
HACC	Home and Community Care
HRPA	Homelessness Research Partnership Agreement
HUD	United States Department of Housing
ILU	Independent Living Unit
ISSR	Institute for Social Science Research
LCBS	Lower Cost Budget Standard
NAHA	National Affordable Housing Agreement
NRAS	National Rent Affordability Scheme

SAAP	Supported Accommodation Assistance Program
SHS	Specialist Homelessness Services

## Executive Summary

This report examines older people's homelessness in Australia. It follows on from the earlier report *Homelessness and Older Australians: Scoping the Issues*, published in 2011. The research has been funded through the Australian Government's Homelessness Research Partnership Agreement, administered by the Department of Families, Housing, Community Services and Indigenous Affairs.

The study aims to contribute material to inform policies to reduce older people's homelessness. The set of projects presented in this report are explicitly intended to provide a foundation for policies around homelessness for older Australians. The projects provide a nuanced understanding of the extent of later life homelessness, clear guidance on prevention as well as details of housing and service interventions that offer pathways out of homelessness for older people. There has been longstanding criticism of the lack of attention to older people's homelessness not only in Australia but in the western world. However, in the last few years there has been increasing attention in Australia to older people's homelessness particularly as it affects older women. Australia's knowledge on older people's homelessness is largely drawn from studies focused on the circumstances for people in our larger cities. Largely qualitative in nature they provide a rich understanding of people's history and hopes for the future. There are currently a number of research projects underway – all addressing gaps in our understanding. These include an examination of first time homelessness amongst older people on a national scale and studies concerned with the rural context and gender. This report presents findings from a wider policy perspective to complement the current research focus and to assist in the development of homelessness policy for older Australians. As such, its focus is on a national scale. Specifically, the project will:

- Consider Australia's knowledge of older people's homelessness in the context of international literature. Identification of both research literature and policy and service approaches to later life homelessness in other western countries will assist in the clarification of whether, and in what ways, later life homelessness has been identified as a distinctive phenomenon requiring a tailored approach,
- Estimate the number of older homeless people. An analysis of Census data from 2006 and 2011 is undertaken to identify the number and characteristics of older people enumerated by the Australian Bureau of Statistics.
- Estimate the number of older people at risk of homelessness. This includes consideration of Census material from 2001 to 2011; and an analysis of the Australian Government Housing Dataset (with particular focus on older recipients of Commonwealth Rent Assistance). This latter task, the main focus of this section

examines and operationalises two measures of extreme housing stress to identify the number and characteristics of older people at risk of homelessness,

- Provide a detailed analysis of the engagement of specialist homelessness services with older people. This focus is twofold:
  - An analysis of data purchased from the Australian Institute of Health and Welfare Specialist Homelessness Collection provides an understanding of the engagement of homelessness services with older people.
  - An analysis of the Assistance with Care and Housing with the Aged program is undertaken utilising activity reports over three years and interviews with eight program professionals.
- Provide a detailed analysis of current and future provision of affordable rental housing for older people. This has a number of foci:
  - An overview of older people's tenure using data from the 2006 and 2011 Census. This includes considering, in detail, changes in the rates of older people who are home owners, mortgage holders, and renters.
  - A detailed examination of older renters with a consideration of patterns from 2006 to 2011 in social housing – including public housing and community housing – as well the private rental housing. Patterns in rental tenure provide both positive policy initiatives and areas of concern.
  - Consideration of the impact on the National Rental Affordability Scheme in relation to the provision of social housing for older people.
  - An outline of innovative housing that meets the needs of older people with few or no resources. This examination provides descriptions of a range of housing models, across sectors and funding streams. Through informal interviews and a literature review this section examines affordable housing that meets the needs of financially disadvantaged older people and, importantly, integrates housing with care. Residential age care facilities as a form of accommodation for older homeless people are considered in this section.
  - The main findings from the above projects are drawn together to inform a policy strategy to address homelessness amongst older Australians.

This research project, with its multiple foci, draws on both quantitative and qualitative research methods to build a national understanding of the extent and nature of older people's homelessness and the program and service responses across the range of portfolios

interested in older people's affairs. In turn it gauges their role and impact on addressing later life homelessness. A number of large scale data sets were analysed. This included the analysis of: the 2006 and 2011 homelessness figures to examine older people's homelessness; the Australian Government Housing Data set to explore at risk of homelessness measures; spread sheets from the Australian Institute of Health and Welfare's Specialist Homelessness Collection to examine older people's engagement with homelessness services; and the 2006 and 2011 Census to examine in detail older people's tenure. Qualitative interviews were also undertaken with Assistance with Care and Housing for the Aged workers to understand their role as outreach workers, community agencies working with vulnerable older people, and community housing providers as developers of integrated housing for financially disadvantaged older people.

Key findings from this project demonstrate that:

- A typology of older people's homelessness, drawn from Australian literature and supported by international literature, assists in understanding the nature of older people's homelessness in Australia and in program and service design. This typology includes older people whose homelessness is associated with long term complex disadvantage, those who are homeless for the first time in their later life, and those who are at risk of homelessness largely renting in the private sector
- Older people, with distinctive characteristics, make up a substantive part of Australia's homeless population. The age profile and living circumstances of increasing numbers of older people across all parts of Australia suggest a multifaceted social problem. This is of particular concern given the changes in Australia's demography.
- The utilisation of extreme housing stress measures to estimate the number of older people at risk of homelessness shows that gender and family responsibilities have an impact. Older women are at greater risk than older men. In addition, caring for children buffers against the risk of homelessness. However, the measures show a large amount of variability and there remains a need for further research in this area, particularly regarding consensus on how to use such measures to understand the risk of homelessness.
- Specialist homelessness services have a low engagement with older people; and conversely older people do not engage with specialist homelessness services.
- Assistance with Care and Housing for the Aged, which operates with a person centred approach in a holistic framework, is a small program with limited

coverage in many parts of Australia. The preventative and early intervention model combined a local focus is a very cost effective program.

- There a range of agencies that have successfully developed and operated housing and integrated services for financially disadvantaged older people, including those with complex health needs in both the community and public sectors. Whilst a number of agencies provide innovative housing models for financially disadvantaged people there remains a need for further investment.

Several key policy implications arise from this project's findings:

- Older people's homelessness needs to be understood as a distinctive form of social exclusion.
- A typology assists in understanding older people's homelessness; older people who have lived with long term homeless, those experiencing homelessness for the first time in later life and those at risk of homelessness. Their pathways into homelessness differ – and their pathways out are likely to differ.
- Older people are a significant part of Australia's homeless. The increases from 2006 to 2011 in the numbers of older homeless needs to be seen in the context of demographic changes in Australia.
- This is particularly important when consideration is given to the increasing numbers of people renting in the private sector at risk of homelessness due to unaffordability.
- If we are going to reduce homelessness in Australia, in particular older people's homelessness, we need a specific set of policies and programs to assist those who are homeless and those who are at risk of homelessness.
- There is a need for an integrated policy response approaching older people's homelessness with a dedicated focus.
- Affordable housing needs to be seen an ageing policy issue. This is in line with the core strengths of both policies with their focus on independent living in the community and the positive impact housing and community life has on wellbeing.
- Service integration is required to address the lack of awareness of the needs of vulnerable older people. The general service sector needs to engage with older people and facilitate an appropriate inclusive response.

- In addition, information needs to be made available to older people. Older people don't know where to go for assistance. The provision of gateways for housing should be considered on a regional basis.
- Outreach, as conducted by Assistance with Care and Housing for the Aged is a highly cost effective model to prevent and quickly house older people. The flexible model with a person centred focus works successfully with older people in crisis. It remains however a very small program and is absent in large parts of Australia.
- The success of outreach with older people rests on the availability of affordable accessible housing to enable older people to age in place. Australian public and community housing providers operate innovative service integrated housing for financially disadvantaged people. These models can be drawn on and developed to reduce late life homelessness in Australia.

# 1 Introduction

This report is a detailed examination of older people's homelessness within Australia. This research project is funded by the Australian Government through the Homelessness Research Partnership Agreement (HRPA), administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

This report builds on issues identified in Stage 1 of ISSR's research project, *Homelessness and Older Australians: Scoping the Issues* (Petersen & Jones, 2011). The systematic overview carried out as part of the *Scoping* document found that people aged over 55 represent a significant proportion of homeless people within Australia and that, in the context of an ageing population, the magnitude of this social problem will grow. It also found that older homeless people have received less policy attention than other groups and identified a need to understand the distinctive nature of older people's homelessness. It is imperative that older people's homelessness is not understood purely as people experiencing homelessness, but also as the growing number of older people who are living precariously and are consequently at risk of homelessness. Other important policy implications identified included the recognition that older people find it difficult to access support and that there was a lack of integration amongst homeless, housing and aged care services. Indeed, amongst all these portfolios there was a lack of engagement with older people in housing crisis.

Older people's homelessness is a stark manifestation of social exclusion. The forward-looking White Paper, *The Road Home: A National Approach to Reducing Homelessness* is part of a suite of initiatives within Australia to address social exclusion. There has been a sustained effort to reduce the level of homelessness in Australia since the release of *The Road Home*. Whilst initiatives to address rough sleeping and increases in funding for social housing and affordable housing were not specifically targeted for older people, they have resulted in tangible outcomes for older Australians. Other important initiatives include capital funding for specialist aged care facilities for homeless people alongside recognition of older homeless people as a 'special need' resident in residential care facilities. Whilst these initiatives assist older people, there remains a need for a nuanced analysis of the issues identified in the scoping document to provide a foundation for policy and program development to address later life homelessness.

The set of projects in this report are explicitly intended to provide a foundation for policies to reduce older people's homelessness. This project undertakes a number of investigations designed to provide a nuanced understanding of the extent of later life homelessness and to provide clear guidance for prevention, as well as details of housing and support interventions that offer pathways out of homelessness for older people. The frame of social inclusion which underpins *The Road Home* provides guidelines in investigating the potential policy and program responses to older people's homelessness.



## 1.1 Social Inclusion

The social inclusion framework central to the Australian government's social policy brings a focus on the problems, often multiple and cumulative, that characterise the circumstances of older Australians living with or at risk of homelessness. Addressing social exclusion, that is inequality and disadvantage within Australia, sets out a core agenda for health, education, welfare and housing services (Pierson, 2010). The theoretical concept of social inclusion enriches our understanding of disadvantage, including the dimensions of poverty, exclusion from services, community activities, social isolation and discrimination. The strength of this framework is its recognition of the complex nature of disadvantage. Unlike some frameworks social exclusion does not reduce disadvantage to a single (monetary) dimension (Saunders, 2011, p. 13). However, Vinson (2009) makes the point that the breadth of application of the concept puts it in danger of losing clarity.

The views of Peter Townsend are helpful here. Writing of poverty over thirty years ago he made the salient point that poverty was not having the means to enjoy a 'customary' standard of living within one's society:

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

These comments provide an important grounding for the life circumstances of older people living precariously. Whilst housing or lack of affordable appropriate housing is a strong theme in this report it is imperative to see the impact this has on many other dimensions of older people's lives.

Social inclusion is an imagined future state, while social exclusion refers to current circumstances in which some people are marginalised and unable to live a full life for a variety of reasons that may include, but are not restricted to, a lack of material resources. How Australia chooses to define and address the social exclusion of older people experiencing homelessness in turn tailors how social inclusion can be tackled for an increasing number of older Australians living precariously who are at risk of homelessness. In this report it is proposed that in order to understand the nature of homelessness amongst older Australians it is necessary to recognise both the diversity and the complexity of factors that contribute to older people's social exclusion. This in turn assists in conceptualising prevention and pathways out of homelessness for older Australians.

Gerontology has consistently highlighted our propensity to homogenise older people and their living circumstances. Care must be taken to ensure that older people experiencing or on the cusp of homelessness are not subject to generalisations. The framework of social inclusion assists with this task as it articulates the importance of recognising the diverse experiences of people as well as identifying the shared factors that appear to contribute to their social exclusion. This in turn requires a clear understanding of the complex relationships that create and sustain this exclusion throughout the life course. Social exclusion is a process; the notion of time is explicit.

The annexation of life course theory to the lens of social inclusion adds clarity when considering older people's homelessness. Increasingly utilised as a framework for social policy in Australia and internationally, life course acknowledges that shifting social contexts shape people and they in turn shape themselves (McDaniel & Bernard, 2011). Features such as poverty may be linked to a person's low economic and social status over their life time or as a result of one event that results in unforeseen hardship. Some of these life events and transitions are tied to ageing and result in an exclusion from housing. Sudden events such as the loss of a partner may result in an inability to afford private rental payments or financial abuse results in a loss of the family home. On the other hand longstanding factors such as ill health may be at play. Life course theory also recognises the impact of historical events such as serving in combat or parenting as an adolescent that result in the cessation of education and how this in turn shapes people's choices throughout their lives. The nature of people's social networks over their life course, either difficult or supportive relationships, is also pivotal to understanding social exclusion. Social isolation is linked to older people's risk of homelessness. The life course framework reinforces the dynamic, not static, nature of processes and how this is linked to social exclusion.

Older Australians make up 14 per cent of the homeless population. This sizable group of people share circumstances in common with other homeless groups but this report argues that there are distinctive pathways into homelessness experienced by older people and as a consequence specialised housing and support is required to address their needs. This report sets out to examine in detail the different groups of older Australians facing homelessness thereby respecting the evidence within both Australian and international research of the multifaceted nature of older people's disadvantage and social exclusion. This conceptualisation in turn brings focus on the policies and programs working with older Australians living precariously and how they are placed to address homelessness. This examination brings together key evidence to underpin a strategy to offer pathways out of homelessness for older Australians. The following section sets out an overview of the report.

## 1.2 Overview

The conceptual frame of social inclusion identifies a range of areas that require detailed examination to inform a comprehensive platform from which to shape policy in the important area of older people's homelessness. The following two chapters present the literature on older people's homelessness. Chapter Two outlines both the Australian and international literature. The key themes within this literature assist in the formation of a typology that reflects the Australian experience of later life homelessness. Three groups of people make up the typology; those who have experienced homeless over many years; those experiencing homelessness for the first time in their later life; and the many older Australians living precariously, largely in the private rental market. Each group experiences exclusion from a mix of material, social and economic resources over time. To enable drawing together material to inform the main elements of an older people's homelessness strategy we examine how older people's homelessness has been approached in a range of western countries. This international material is set out in Chapter Three and provides policy and program pointers of relevance to Australia. The international initiatives centre on the United Kingdom and Europe which share a social inclusion agenda and the United States which shares a preventative focus in addressing homelessness.

In line with the delineation of the three groups identified in the typology and the need to understand the extent of the disadvantage we consider how Australia's policy and service sector engages with the needs of older people living precariously, Chapter Four sets out the research design. The focus in the research design is twofold. Firstly, this report seeks to examine the extent and nature of pathways into homelessness in line with the aforementioned typology. Secondly, the aim is to examine how the program and service sector engages with older people in Australia. This examination covers a range of policy areas and rests on the principle that older people's homelessness is both a housing, homeless and aged care issue.

Figures drawn from the 2011 Census by the Australian Bureau of Statistics (ABS) are set out in Chapter Five detailing the enumeration of later life homelessness in Australia. These figures are compared to 2006 and consider geography, gender and dwelling types. Chapter Six discusses the concept of being at risk of homelessness. Estimating numbers of people at risk of homelessness is challenging. The contemporary discussion in housing research in relation to measures of housing affordability is discussed and then aggregate level data drawn from the ABS and the Australian Institute of Health and Welfare (AIHW) is analysed and considered. Tables have been customised with the aim of estimating the numbers of older people at risk of homelessness. In particular, data on the utilisation of Commonwealth Rent Assistance (CRA) by older people purchased from the AIHW is analysed to estimate the numbers and circumstances of older people 'at risk' of homelessness.

The second part of the report considers the engagement of Australian services with older homeless people. This is compartmentalised into two wide program areas including specialist

homelessness services and housing including residential aged care. Chapter Seven considers, in detail, the services that work closely with people who are homeless or at risk of homelessness. In particular, the general program Specialist Homelessness Services (SHS) and the smaller tailored program for older people, Assistance with Care and Housing for the Aged (ACHA) are considered. Data purchased from the AIHW is analysed to provide a current examination of the engagement of older people with SHS services. This material acts as the first detailed examination since Lai's Monograph (Lai, 2003).

Chapter Eight examines affordable housing for older Australians. Firstly, using 2006 and 2011 Census data, the changes in the housing profile of older people within Australia including home ownership, social housing, the private rental market and residential aged care are outlined. Within this overview, consideration is given to the National Rental Affordability Scheme (NRAS) and its engagement with older people. Following on from this context, affordable housing tailored for older people is examined. A range of housing options are presented, each tailored to older people living in different circumstances in varied contexts within Australia. These programs offer valuable information for addressing older people's homelessness and whilst they provide a limited representation of housing options for older people, they offer innovative practice compared to international standards.

The final chapter, Chapter Nine, outlines the main elements of a strategy to address later life homelessness in Australia. The material drawn from the findings of the projects within this report inform these recommendations.

## 2 Later life homelessness: the literature

To understand the circumstances and, in turn, the consideration of effective intervention, a typology of older people living precariously developed from Australian and international literature is set out below. The Scoping Paper identified three broad groups with different pathways into homelessness. The three groups in this typology are strongly linked to the conceptual framework of social exclusion outlined above and the definition of homelessness recently developed by the ABS and the Homelessness Statistics Reference Group. Social exclusion recognises the varying and multiple degrees of disadvantage faced by some older Australians. In addition, the notion of home, a core feature in defining homelessness is considered central to inclusion. The definition of homelessness that underpins ABS Census enumerations centres on 'home'lessness not 'roof'lessness (Australian Bureau of Statistics, 2012). As such, in addition to the notion of home being central to a conceptualisation of homelessness, the core elements of a sense of security, stability, privacy, safety, and the ability to control living space are integral. When a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement is in a dwelling that is inadequate; has no tenure; or if their initial tenure is short, not extendable or does not allow them to have control of, and access to space for social relations (Australian Bureau of Statistics, 2012, p. 11). Whilst this definition does not include people who are at risk of homelessness, the essential elements linked to home utilised by the ABS Reference Group provide conceptual pointers for the discussion of being at risk. In essence, homelessness is a component of living marginally. It is important in seeking to understand older Australian's homelessness that people living precariously are included. This is particularly important when temporal factors that impact on older people's living circumstances are considered. Older people living precariously reside in insecure tenured housing, experience poverty, and are commonly socially isolated and have health concerns. However, care must be taken to not view these factors as causes for homelessness. Research clearly sets out that health and other concerns are also consequences of living precariously, with a threat of eviction or as a result of emotional and financial abuse. Whilst the focus in most literature is on the causes of older people's homelessness, conclusions of causal relationships are not appropriate in the Australian context given the design and scale of the studies. It is not possible in these studies to exclude other explanations.

Notwithstanding a limited amount of research, it is possible to summarise existing evidence on older people's homelessness into three key life patterns. Firstly, interchangeably described as chronic, long term or multiple exclusion homelessness (Fitzpatrick, Johnsen, & White, 2011 ) this group have complex needs including substance misuse, poor mental and physical health, and as a result may have limited insight. Indeed, some people in this group have spent significant periods of their life in institutions including orphanages, prison, and mental health hospitals. They have experienced iterative homelessness accessing crisis accommodation, marginal housing and day centres. Ascertaining detailed empirical data on older people and

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homelessness is seen to be problematic (Australian Bureau of Statistics, 2011b; Judd, Kavanagh, Morris, & Naidoo, 2004; Kliger, Sharam, & Essaber, 2010; McFerran, 2010; Sharam, 2008). It is asserted that older people (particularly women) in this group remain hidden and avoid counts. There is widespread acknowledgement by the ABS, service providers, and academics that there is a risk when relying on the census data as a proportion of those who are insecurely housed will not be included in the counts of homelessness. It is difficult to establish the extent to which older people are living in boarding houses, unregistered rooming houses (Chamberlain, 2012), staying in the laundry's and garages of others' homes, and substandard caravan parks. There is also an increased risk of violence as well as mental stress and anxieties associated with unsafe and insecure living environments (McFerran, 2010; Westmore & Mallet, 2011), and it is clear that older women in marginal housing are commonly assaulted (Murray, 2009).

People in this group appear to be more resigned to their homelessness in comparison to those who had not had prior experience of homelessness (Rota-Bartelink & Lipmann, 2007b). Most of Australia's understanding of this group is from the Wicking Project, an action research project conducted at Wintringham, Melbourne. Specifically concerned with models of care for people with complex needs this project outlines the challenging behaviours arising from alcohol related dementia and brain injury (Rota-Bartelink, 2006). Supported accommodation and residential care models are now established housing models recommended for this group.

Studies in Boston and San Francisco have also identified high rates of 'geriatric conditions' with corresponding high rates of acute health care utilisation including emergency departments. These rates are two to four times higher than the general over 50 population (Brown et al 2012). There is considerable research in the United States highlighting the severity of health problems with the older homeless population and the barriers they face in receiving care (Padgett, Gulcur, & Tsemberis, 2006; Shinn et al., 2007; Watson, 2010; Watson, George, & Walker, 2008)

There have been consistent assertions that older homeless people have been overlooked by the ageing service system and the homeless service system (Cohen, 1999, p. 5; Gonyea, Mills-Dick, & Bachman, 2010). A Chicago study highlighted that agencies working with the homelessness felt challenged by the needs of older homeless people and identified training needs in relation to life stage issues, ageing, social isolation amongst this group, and the need for alternative ways of working. The public agencies working with older people did not, on the whole, work with older homeless people (Krogh, Watson, Wittner, & Radner, 2008). In Australia, Lipmann (2009) has been highly critical of aged care organisations acting as gatekeepers and hindering older homeless people's access to mainstream aged care services. Lipmann advocated the need for a change in the paradigm in which the aged care sector works, not thinking of older homeless people as being *homeless* and elderly. By having a person centred approach we see them as *elderly* and homeless. In line with this paradigm

shift, there has been in recent years a number of policy and funding initiatives that have partially addressed the historical neglect of homeless people in Australia's aged care sector. These include the inclusion of homeless older people as a 'special needs' group under the *Aged Care Act 1997* (Arbib, 2011), which gives this group priority in the planning and allocation process.

Secondly, there are people becoming homeless for the first time in later life (Cohen, 1999; Crane et al., 2005; McDonald, Dergal, & Cleghorn, 2007; Shinn et al., 2007). This group, although long identified in research in western countries, receives less recognition. Close to 60 per cent of participants in the Melbourne site of the three nation study on the causes of homelessness amongst older people were homeless for the first time in their later life (Rota-Bartelink & Lipmann, 2007a). For these people the onset of a mental illness, widowhood, marital breakdown and financial difficulties following retirement were found to be triggers for homelessness (Crane et al., 2005). The authors found that there was an underutilisation of housing and support services amongst this group. Three other Australian studies have similar findings and highlight that at the time of crisis the participant's primary need was to regain housing (Judd et al., 2004; McFerran, 2010; Westmore & Mallet, 2011). Participants had led 'conventional' lives with histories of independence, work and raising a family. Most had been in low paid and or insecure employment across their working careers and as a result had not accumulated financial reserves. Living alone in their fifties and sixties they became susceptible to a crisis which put their job at risk, namely a health crisis or age discrimination at work. Batterham et al (2013) suggest this may be more the experience of older women. All participants in McFerran's (2010) study reported negative physical and emotional health and wellbeing effects, particularly anxiety and depression, as a consequence of experiencing housing crisis and homelessness. This pattern is also found in the US, where over half of older homeless people had lived relatively conventional lives with long periods of employment and residential stability before becoming homeless in later life (Krogh et al., 2008; Shinn et al., 2007). A sizeable portion of this group (approximately 40 %) had the will, ability and work history to become employed yet were unable to find employment. The remaining 60 per cent had limited employment prospects with chronic health conditions. The results of the tri-nation study across four English cities, Boston (USA) and Melbourne show that close to 70 per cent of the 378 people in the sample had never been homeless before (Crane & Warnes, 2010).

Currently, there are discussions in research and policy arenas around gender and homelessness. Crane et al. (2005) found men were more likely than women to have previously experienced an episode of homelessness and significantly more likely to have been homeless for periods totaling more than three years. However, feminist scholars highlight the hidden nature of women's homelessness and that estimates are a poor representation of reality (McFerran, 2010; Sharam, 2008). In Canada, factors such as eviction, loss of a spouse, and loss of income are commonly cited as reasons for older people's homelessness and are different for men and women. Homelessness amongst women is more likely to stem from

family crises (separation or widowhood), whereas with men it is often due to work related challenges (loss of employment) (McDonald, Dergal, & Cleghorn, 2004). Some agencies in Melbourne report over 60 per cent of their referrals are from women (Housing for the Aged Action Group, 2012). On the other hand, agencies such as Wintringham have predominately male clients, usually with a history of multiple disadvantages. The nature of the client group and their location is required in interpreting client record figures. Finely tuned research is needed to fully understand the interplay of gender, age, housing history and homelessness. The findings from McFerran's small exploratory study are supported by international research, in which women saw poverty, limited education, violence and addiction in their families and relatives as the main causes of homelessness (Enders-Dragasser, 2010). The perspective of feminism and life history highlights the structural disadvantage experienced by women. There remains a need for studies to examine issues of gender across different geographies within Australia.

The third life pattern encompasses older people considered to be at risk of homelessness due to their insecure tenure and poverty. This group has housing and as such is distinct from the previous group experiencing homelessness for the first time. However, their tenure or housing is coupled with risk, linked to affordability or access concerns amongst other issues. This group and the first time homeless are a primary focus of discussions on prevention within homelessness scholarship. There is sustained advocacy in Australia and internationally of the importance of helping those with housing emergencies to remain housed or to quickly return to housing, and be supported by mainstream social programs such as community aged care. Prevention and rehousing quickly avoids social and health problems attributed to the experience of homelessness. A clear finding of Crane and Warnes (2007) in their longitudinal study in the United Kingdom is that it is much easier for those with stable backgrounds to remain housed after resettlement intervention and more difficult for those with a long history of homelessness. Whilst homelessness has never been considered to be purely a housing problem (Somerville, Brown, Morris, & Scullion, 2011), the provision of housing is pivotal. A secure home base means older people are able to stabilise in other areas of their life, gain or maintain social networks and tailor health and other ongoing supports around them.

Older people at risk of homelessness tend to have limited or no contact with family (Faulkner, 2007; Kavanagh, 1997). This is a consistent finding across western countries (Crane et al., 2005; Gonyea et al., 2010; McDonald et al., 2007). Indeed the loss of a spouse through death or separation is identified as a trigger for housing crisis given that the resulting loss of income brings difficulties in managing rent (Crane et al., 2005; Judd et al., 2004; McFerran, 2010; Westmore & Mallet, 2011). Social isolation is experienced by many of this group of older people. However, some people choose not to seek assistance from family or friends. Furthermore, older people often find it difficult or impossible to access services (Rota-Bartelink & Lipmann, 2007a; Westmore & Mallet, 2011). Indeed, Crane & Warnes (2005) identify the



'culture' of many homeless organisations as unsuited to the problems and needs of older homeless people.

Both Australian and international literature asserts that many older people do not seek housing assistance through mainstream housing support services or specialist homelessness services. Specialist homelessness services, formerly the Supported Accommodation Assistance Program (SAAP), are under-utilised by older people; they are under six per cent of clients (Australian Institute of Health and Welfare, 2012, p. 46). In the recent past, strong criticism has been extended to aged care services and their lack of engagement in older people's housing needs. The health and aged care services where older people 'at risk' are likely to contact are not skilled in identifying and working with their client's housing problems (Lipmann, 2009). There is evidence however that this is changing with the aged care sector becoming increasingly aware of the needs of financially disadvantaged older people. A web of policy and service areas including housing, residential and community aged care, health care and specialist homelessness services makes navigating the system for both older people and service providers very difficult (Rota-Bartelink & Lipmann, 2007a; Westmore & Mallet, 2011). Being precluded from effective assistance in the community increases the likelihood of this group experiencing premature entry to residential care. This is complicated by the many older people in housing crisis wishing to maintain their independence. This highlights the need for service providers to build relationships and trust with clients to enable housing and health issues to be addressed. The Australian government's aged care reform package *Living Longer, Living Better* includes significant initiatives to simplify access to the system and to provide a wider range of community care services (2012).

Contemporary understanding of older Australian's homelessness is limited with most research made up of small exploratory studies undertaken by the service sectors in Melbourne and Sydney. The existing studies provide rich qualitative findings contextualised within wider structural and policy factors (McFerran, 2010; Westmore & Mallet, 2011). This are also limited large studies in other western countries. Crane & Warnes (2005) study is an exception, although participants were predominately men. However, it is clear that the experiences of older people are diverse and that the risk of homelessness accumulates over time and that except for some extremely vulnerable people, homelessness is not likely to occur unless several factors coexist Cohen (1999, p. 5). The nature of concerns in diverse geographies and cultural groups are not understood within Australia. Although the knowledge base is growing with the release of Hanover's research considering gender and location on older people's homelessness in Victoria (Batterham et al 2013) and a study funded by Australian Housing and Urban Research Institute (see Petersen, Parsell, & Phillips, 2013). There is also a lack of understanding of integral issues such as elder abuse, accessible housing, and cultural and geographical factors including overcrowding within research. Definitions of homelessness and how older or elderly is conceptualised also differs across countries.

## **2.1 Conceptual challenges**

The literature, whilst drawn largely from Australian research, highlights points of difference. In particular, how homelessness is defined and how the cohort of older people are conceptualised. Studies in Australia mirror international literature which uses differing constructs to frame their research design; it is important to discuss these issues as they are the cornerstone of research, policy and service design.

### ***2.1.1 Defining homelessness***

Homelessness is an everyday term that brings to mind someone living without a home or shelter. It is on one hand a simple concept and on the other complex and contested. How homelessness is defined differs across countries and across sectors, programs and researchers within countries.

Within Australia the statistical definition that informs the homelessness estimates drawn from the Census has recently changed from a cultural classification to a definition that emphasises elements of 'home'. The cultural definition of homelessness, which previously informed ABS homelessness enumerations encompassed someone living in what is considered below community standards of minimum housing (Chamberlain & MacKenzie, 2008). The new ABS definition is strongly linked to the ETHOS (Busch-Greertsema, Edgar, O'Sullivan, & Pleace, 2010) definition and encompasses a sense of security, stability, privacy, safety and the ability to control living space – all elements that represent home (Australian Bureau of Statistics, 2012). Being enumerated as homeless from the Census count, a point in time measure, encompasses a person living on the streets, in a park, in an abandoned building, crisis accommodation, boarding houses, in severely overcrowded accommodation, in a tent or staying with friends or family. Many people counted as homeless will move between sleeping rough and these different forms of accommodation. For others, homelessness is a one-off occurrence. As the Census is a point in time count of homelessness, for the lifelong homeless prevalence and incidence is likely to be similar. Relatively few of the chronic homeless become newly homeless, but they are likely to move in and out of homelessness for a long period of time. However, for people homeless for the first time in their later years with the procurement of housing they are not likely to re-enter homelessness. There is likely to be a great difference between incidence and prevalence; measures of incidence (such as the Census) will capture different individuals to the extent that more of those who become homeless at any one time do not remain homeless for extended periods.

The ABS in the 2011 Census commenced publishing enumerations of people living in marginal housing including overcrowded accommodation. This is a positive step in highlighting the precarious lives of people and introduces the housing arrangements that put people at risk of homelessness. There is a fine line between someone experiencing homelessness and someone living precariously with insecure tenure. Indeed, it may be more accurate to see

homelessness as a continuum rather than a strict dichotomy of homeless and not homeless (Toro, 2007).

There are however difficulties both conceptually and in terms of measurement with the definition of homeless for older people. A frail older person renting a dilapidated caravan and not being able to access the amenities block due to mud and uneven ground would probably be considered homeless. It is also difficult for Census collectors to capture older people renting in a garage or under a house without access to toilet and kitchen facilities. The question remains whether people living in these circumstances would be included in the homeless count on Census night. Homelessness is truly a concept that encompasses a complex mix of individual, structural and environmental factors and we suggest imbedded in the life course.

### ***2.1.2 Which age range should be considered?***

The use of a marker in years to represent older people in the context of homelessness is troublesome. At what age is someone 'old'? Is it legitimate to consider older people differently from single homeless people of all ages given all share complex and multiple disadvantages?

The descriptor of 'old' lacks consensus in the literature. Researchers commonly define 'older' as 50 and above (Crane et al., 2005; Judd, Kavanagh, Morris, & Naidoo, 2003; McDonald et al., 2007; Rota-Bartelink & Lipmann, 2007a); although 55 years was utilised in a recent Victorian study (Westmore & Mallet, 2011). The marker of 45 years and above was utilised for older women by McFerran (2010) respecting the norm in domestic violence research.

Research and practice knowledge stresses that people who have experienced homelessness and difficult life circumstances consistently present with premature ageing and accompanying physical and mental health concerns. However, a consequence of adopting a premature age is the risk that aged care accommodation is seen to be the appropriate housing response. This is appropriate in some cases as evidenced with the client base of the Wicking Project (Rota-Bartelink, 2010). Specialist residential aged care is appropriate housing for this group of people who experience complex mental health and cognitive disabilities. Placement in residential aged care may not be appropriate for the larger population of people in the older cohort who are homeless for the first time or at risk of homelessness in their later years. Housing in the community with community aged care for those who require it is preferable. This also aligns with older people's preference to live in the community.

Furthermore, how 'old' is viewed in relation to homelessness contrasts with how it is viewed in wider society. The perspectives that inform gerontology and policies of healthy ageing challenge stereotypes of older people as frail and disengaged from society. Recognition of older people's contribution to society on many levels has been responsible for a change in how we view older people, and an increasing recognition that 65 is not the age at which a person becomes 'old'. Life course theory highlights that where we are in our lives is shaped by a lifetime of experience and moves attention from understanding age as a number (Moody,

2010). Social class, occupation, education, and health are all determinants. Income maintenance policy reflects this with the change to 67 years for eligibility for the aged pension. Income maintenance entitlements for people living precariously aged less than 67 are likely to be the Disability Pension or Newstart Allowance. However, the reduced income attached to the Newstart Allowance will affect people's capacity to pay market rates of rent.

Arguably the focus should be on the person, their life experiences and their current circumstances and needs rather than their actual age. Transferring this perspective to people experiencing or at risk of homelessness in later life, the overriding concern is to account for the person's circumstances and needs in the context of their life experience not their chronological age. Indeed many service providers working within the homelessness sector do this and advocate for support to match their client's needs and for programs to have flexible eligibility guidelines. For practical purposes this report considers people aged 55 years and over to represent the 'older' cohort of Australians. It is acknowledged that having a marker for 'old' is contested. The use of 55 years is utilised in this study as it matches the 55 years and over ranges enumerated by the ABS in the homelessness figures (the ABS published homelessness data in ranges of 10 years and as such set out estimates for 45-54 years, 55-64 years and so forth). The marker of 55 years (as opposed to 65 years and up) captures people who are experiencing premature ageing as a result of a life of disadvantage. In addition, it is more useful to adopt a conservative stance in defining older with the aim of having more reliable estimates of people who are homeless or at risk of homelessness and therefore in a better position to access programs designed for older people including Assistance with Care and Housing for the Aged (ACHA), Home and Community Care (HACC) and care packages (soon to be the Home Support Program). Whilst age *per se* is not an eligibility criterion use of community care, it is very low until the age of 70.

The Australian research highlights three clusters in a typology of older people's homelessness and informs the foci in this report. As noted above, Australian research whilst growing is largely limited to small studies. There are a number of projects currently underway which will add to this knowledge base including Darab & Hartman (2012), Batterham, Mallet et. al (2013) and Petersen, Parsell & Phillips (2013). These studies will provide a richer understanding of older people's homelessness in Australia. Darab & Hartman are concerned with older women in rural northern New South Wales, Batterham and colleagues in Victoria. Petersen and colleagues are conducting a national study with a particular focus on first time homelessness amongst older Australians. In addition the longitudinal study conducted in Melbourne should provide information on older people's circumstances over time (Melbourne Institute of Applied Economic and Social Research, nd). There is a need to understand how older people's homelessness is experienced in different geographies across Australia, as well as accounting for culture, gender and health. This report aims to compliment the aforementioned research underway as well as provide material to inform a national strategy to reduce older people's homelessness. Thus this report will present evidence on the nature and extent of

homelessness amongst older people experiencing homelessness and those at risk of homelessness. These two foci – homeless and at risk of homelessness – are considered mandatory in examining older people’s homelessness if strategies to address and prevent homelessness are to be achieved. In addition to presenting evidence on the nature and extent, this report aims to critically examine the engagement of Australian services with older homeless people. As such this report provides large scale quantitative data on the scale of the social issue of older people’s homelessness as well as a comprehensive critique of the range of programs and services and how they work with older people to provide pathways out of homelessness. This provides important information to inform an older person’s homelessness strategy. The next chapter sets out literature on policy frameworks for older people’s homelessness drawn from a number of western countries.

### **3 Later life homelessness: an international policy context**

This section discusses policy and service approaches for older homeless people within an international context. This is sourced from academic and grey literature with the aim of developing an appreciation of how older people's homelessness is conceptualised in other countries. In addition it provides an understanding of a range of policy and service responses and how if at all they are tailored to older people's needs. This, in turn, provides guidance for Australian policy concerning the housing and support of older people. It is a difficult task to translate international policies given the diversity in how homelessness is defined within unique social, economic and cultural situations of respective countries. There are also differences in the dominant research traditions. Consequently, the primacy of individual or structural factors in understanding older people's homelessness differs across countries. This also results in differing emphases on the immediate triggers of homelessness and the underlying causal factors (Fitzpatrick & Stephens, 2007).

Nevertheless, there are commonalities across the western world. A strong policy agenda linked to social inclusion is shared by many countries resulting in strong conceptual links, shared values of social justice and addressing disadvantage, and increasingly the financial benefits of providing affordable housing. In the US, Canada, and UK there is consensus that a shortage of affordable housing is the fundamental driver of the scale of homelessness and personal problems and trigger events such as substance misuse increase a person's vulnerability. Some countries such as Sweden and Netherlands have a stronger individualist tone in relation to the causes of homelessness. There is also increasing shared acknowledgement of the financial benefits of preventing homelessness and rehousing people quickly in comparison to maintaining a 'homelessness industry' (Culhane, 2008). There are strategic shifts towards Housing First and normalising approaches to homelessness in a number of countries. Whilst what is meant by Housing First varies widely, there is a move in the underlying philosophy from an emphasis on 'transitional' or 'staircase' models of provision towards a normalising approach focused on the rapid access to mainstream rented housing or other permanent solutions (Fitzpatrick & Johnsen, 2012). Furthermore, increased attention to homeless prevention is evident across the developed world. The US's policy and practice is directed to prevention and Housing First approaches which centres on quickly providing homeless people with housing and then providing additional services as needed (Culhane, Metraux, & Byrne, 2011). This is also strongly evident in Germany and Finland where there are concerted efforts to drive down rent arrears-related evictions (Fitzpatrick & Johnsen, 2012). The UK was seen to be vigorously pursuing prevention in the previous administration (Pawson, 2009). However, with the impact of the global financial crisis and policy changes of the Coalition Government administration elected in 2010, homelessness may be exacerbated (Fitzpatrick, Pawson, Bramley, & Wilcox, 2012).

It is not possible to compare the scale and rates of homelessness given that countries not only define homelessness differently but use different timescales and different methodologies (Fitzpatrick & Stephens, 2007). Whilst this is not the aim of this review it is important to note that Australia is seen to have a sophisticated understanding of homelessness (Fitzpatrick & Stephens, 2007) and has systematic robust data setting out the scale of the problem. Literature concerned with older people's homelessness commonly refers to older people's homelessness as hidden. This situation is changing with increasing recognition in both policy and community sectors that homelessness is experienced by significant numbers of older people.

This review is limited to an overview of the policy and systems concerned with older people's homelessness in the UK, Europe, the US, and Canada. As such the review is restricted to countries with similar welfare regimes to Australia and does not include the Asia Pacific, Mediterranean countries, or post socialist European countries. This review raises issues relating to policy and services having a dedicated focus for older people or whether older people needs can be met within generic homelessness and housing programs. An important focus of this discussion is the importance of strong links between the housing, homeless, health and aged care sectors.

### **3.1 Later life homelessness in the United Kingdom**

#### *Overview*

Consideration of homelessness for older people in the United Kingdom requires attention to the administrations in England, Scotland and Wales (Ireland is not included in this discussion). The policies and legal frameworks differ across these three countries.

#### *United Kingdom*

With the change in administration in the United Kingdom in 2010 there has been a marked change in homelessness policy (Fitzpatrick et al., 2012). It is difficult to discern the current policy context in relation to older people. Within the previous Labour administration in the United Kingdom there was a concentrated focus on older people's homelessness as part of a wide ranging policy agenda to end rough sleeping once and the expansion of homelessness resettlement services. However, since 2010 the Coalition Government has made changes to welfare protection and the housing safety net and, in the context of a recession, there has been an impact on homelessness figures generally. Since 2010 there have been economic and policy developments in the UK including economic recession, housing market downturn, and the welfare, housing and social policy reforms of the Coalition Government . Specialist research programs and service development focusing on vulnerable older people have not received continuing funding. In 2011, with the launch of *No Second Night Out* in London and

the Coalition Government's *Vision to end rough sleeping: No Second Night Out*, the policy and funding focus is concentrated on tackling rough sleeping. Given the current lack of current information on older people's homelessness with the new administration, and the dropping of a focus on older people's homelessness, this discussion is limited to considering the strengths and weaknesses relating to the policy in the Labour administration.

Overwhelmingly, the context for homelessness in the UK is the enforceable right to settled housing for homeless people. This enforceable right, a statutory duty, to permanent housing is the cornerstone of this country's homelessness policy. Under the Homelessness Act 2002, local authorities have a duty to develop a prevention focused homelessness strategy for their area. Whilst criticised for encouraging people to identify as homeless in order to gain access to housing and for failing to enhance people's welfare, the rights based model is seen to be on the whole 'fair' with respect to the housing needs that it addresses, and 'effective' in that it can bring about significant net gains in the welfare of the household it assists (Fitzpatrick & Pleace, 2011). Alongside the statutory safety net, two other key housing policy instruments are seen as having relatively good housing outcomes for poorer households. This includes the Housing Benefit, which paid up to 100 per cent of eligible rent for low-income households and a relatively large social housing sector, allocated according to need.

Scotland deserves particular mention as it has a wider safety net than the other countries in the UK and in Europe. Scotland with its devolved government has taken a different path to England by significantly strengthening its statutory safety net for homeless people (Fitzpatrick, 2009). The reforms, often described as radical, ensure all unintentionally homeless people will be entitled to settled housing and, more recently, a 'housing options' preventative model.

### *Definition*

The legal definition of homelessness in the UK is wider than many other countries. A statutory definition, derived from the Housing (Homeless Persons) Act 1977 and subsequent amendments entitles certain groups of homeless people priority status. This includes households which contain dependent children, pregnant women, adults who are vulnerable because of old age, mental illness, disability, or some other 'special reason'. This definition does not require that persons have actually left their home. As such, older people are owed a duty of provision of temporary accommodation until settled housing is available. This enforceable right is highly unusual in international homelessness policy.

Integral to the UK homelessness policy under the Housing (Homeless Persons) Act is the central role of local authorities (councils) in helping people without housing. The act sets out duties for councils in addressing homelessness (Pawson, 2009). Part of this obligation on local authorities is to conduct a formal assessment of a person's status under the act. Since 2002, central government has sought to prevent rather than accommodate homelessness. This encompasses helping households remain in their current accommodation, delay a move out of



current accommodation so an alternative can be planned, or find alternative accommodation. This placed a new duty on every housing authority to develop and publish a strategy or a review of homelessness in the local area. This included assessing the levels and likely future levels of homelessness in the district, cataloguing existing services aiming at preventing homelessness, those helping people find accommodation and support, and analysing the resources available in the area. This encourages an analytical planned approach to addressing homelessness. In addition to the homelessness strategies there has been the publication of 'good practice' advice.

### *Older people's homelessness in the UK*

During the term of the Labour government, the development of specialist programs for older people grew out of concerns that the needs of older homeless people were not appearing in older people's housing and homeless strategies. The UK Coalition on Older Homelessness was a lobby group of housing and homelessness agencies concerned with raising the profile of older homeless people in the UK. This group no longer exists.

The now non-operational Coalition on Older Homelessness supported a local approach to addressing older people's homelessness. This initiative resulted in a highly developed framework for working with older homeless people. This includes assessment protocols, descriptions of skills and expertise needed, and resettlement options including referrals to other services. A person centred approach alongside a consumer focus is recommended as a means to work with older people. The Older Homelessness Project made up of representatives from the different levels of government, peak bodies and agencies developed a set of recommendations on addressing the needs of older homeless people. Many local authorities produced older people's housing strategies. The strategies were informed by a local needs assessment. With a steering group of agencies across housing and aged care sectors, an older people's needs audit was undertaken within that locale. This needs assessment resulted in an understanding of the proportion of their older residents and their needs and informed how older people's homelessness could be addressed in the local area. A number of evaluations, small research projects and pilots concentrating on the needs of older people were conducted at council level. There was, however, limited recognition on a national level.

## **3.2 Later life homelessness in Europe**

### *Overview*

Europe has contributed substantial resources and commitment to understanding and addressing homelessness. The European Federation of National Organisations Working with the Homeless (FEANTSA) has been pivotal in enabling countries across Europe articulate national strategies to address homelessness. The national strategies consistently espouse

ending homelessness by embracing evidence based interventions that emphasise the provision of permanent housing (Benjaminsen & Dyb, 2011). The overall direction for homelessness policy, agreed by both researchers and policymakers in Europe, is the expansion of stable and affordable housing with appropriate supports. However, the details necessary to inform such a strategy is seen to require substantial knowledge development. Research is needed to inform evidence based practices (Culhane & Metraux, 2011).

Europe is a large region including countries with differing political economic and social systems. Homelessness is not 'the same' throughout the European Union. Sweden has a 'staircase' of provision with emergency shelters, intermediate forms of tenancy and then regular housing to those considered housing ready. However, people are evicted from the lower steps of the staircase if they fail to conform to the behavior expected of them and only a small minority 'climb all the stairs' to obtain a dwelling of their own (Sahlin, 2005). On the other hand, France has recently enacted a 'right to housing' but it is weakly implemented thus far (Fitzpatrick & Johnsen, 2012).

### *Definition*

The use of a well conceptualised definition of homelessness is seen to be a critical starting point for research and policy analysis. In recognition that a consensual definition of homelessness is needed across Europe to improve data collection and data analysis FEANTSA developed an operational definition of homelessness and housing exclusion, the ETHOS typology of homelessness. The ETHOS typology reflects the different pathways into homelessness and emphasises the dynamic nature of homelessness by accounting for the temporal dimension (Busch-Greertsema et al., 2010, p. 21). The definition of homelessness now utilised by the ABS is consistent with the ETHOS definition.

FEANTSA also adds considerable clarity in relation to how homelessness is measured and the links to policy aims. It emphasises the importance when counting homelessness to specify what is being measured. A homelessness measure may be the stock (point in time as Australia's census), the flow (the monthly reports of Australian's specialist homelessness services), and the prevalence (if homelessness was experienced during a person's lifetime). The dynamic nature of homelessness is also noted to be important in data collection to avoid duplication.

### *Older people's homelessness in Europe*

Discussion of older people's homelessness is very limited within Europe. Increasing numbers of older people going to shelters in the UK and France is noted. Denmark, the Netherlands and the UK all recognise the need for specific supported accommodation facilities for older people (Busch-Greertsema et al., 2010, p. 53). The provision of housing is ultimately seen as the primary solution to homelessness alongside additional health and social services for

individuals (Anderson, 2011). What remains unclear is how closely linked housing and services should be.

### **3.3 Later life homelessness in the United States**

#### *Overview*

The Housing First approach which involves rapid access to permanent housing with voluntary access to support services is the focus of homeless strategy in the United States. Since 1999, at least 30 per cent of federal funds for homelessness are allocated to permanent supportive housing, indicating the priority to permanent solutions. Housing First is in contrast to the staircase type models prevalent in some European countries.

The US legislation, The Hearth Act 2009 extends the McKinney-Vento Act 1987 with a strong focus on prevention, permanent supportive housing and rapid rehousing. The McKinney-Vento Act was seen as a comprehensive multifaceted Bill with far reaching effects. Amendments to the Act include the continuum of care approach to homeless service delivery and an integrated system of care (rather than silos).

Data sources in the US are robust and considered to be the best quality data in the world. The linked datasets across health, welfare and correctional services enables the rigorous assessment of specific homelessness programs, and large-scale longitudinal evaluations that can track people over time (Culhane & Metraux, 2008; Shinn et al., 1998) . The availability of the linked data has also enabled comprehensive costing of homelessness on a per (homeless) person basis and has enabled comparisons with the cost of housing a person (Culhane, 2008).

#### *Definition*

The US Department of Housing (HUD) defines a homeless person as someone who lacks a fixed, regular and adequate nighttime residence and who has a primary nighttime residence in a temporary shelter, an institution, or a public or private place not designed for regular sleeping accommodation. Changes in 2009 with the passing of the Hearth Act extends the definition of homelessness to include people who are losing their home in 14 days and lack support networks or resources to obtain housing; people who move from place to place and are likely to do so because of barriers such as access for people with disabilities; and people who are victims of domestic violence and sexual assault.

#### *Older people's homelessness in the US*

American literature on older people's homelessness highlights two patterns – the increase in numbers of older homeless people presenting to shelters given the demographic changes associated with population ageing (Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013) as well as new homelessness amongst elderly adults (Crane et al., 2005). The ageing of people

who have lived on the streets in the 1970s and 1980s is identified as being at a demographic crossroad (Culhane et al., 2013; Gonyea et al., 2010). This group now in their early fifties is experiencing premature old age. There is concern about the impending impact of their health and service needs. The homeless population is ageing by about two-thirds of a year every calendar year (Hahn, Bangsberg, & Moss, 2006). The Sixth Annual Homeless Assessment Report to Congress found that sheltered homeless population aged 51 to 61 has grown from 18.9 per cent of total sheltered persons in 2007 to 22.3 per cent in 2010 (Corporation for Supportive Housing & Hearth, 2011, p. 3). People aged over 62 increased slightly to 4.2 per cent. The relatively low percentage of persons over 62 is related to an eligibility to housing and pension benefits at that age.

First time homelessness as an older adult is directly linked to the increase in the rate of severe cost burden among elderly households by over 14 per cent (Sermons & Henry, 2010). This is an overrepresentation of severely cost-burdened older households among all households and a faster rate of growth among severely cost burdened elderly households. The safety net in the US is linked to age. Programs for seniors cannot be accessed until people are in their 60s. To receive the Supplementary Security Income you have to be aged 65. To be eligible for public housing for seniors the age is 62. Unemployment, with an inability to obtain work in middle age combined with a strict safety net is reported as having a strong impact on older people's homelessness within Chicago (Krogh et al., 2008). Other authors also highlight the links between the wage inequalities experienced by the baby boomer generation (Gonyea et al., 2010). A lack of affordable housing alongside poverty is associated with unemployment and is viewed as the critical factors associated with older people's homelessness risk (Gonyea et al., 2010).

Housing First is strongly supported as being the proven model program to increase the health outcome of homeless people (Krogh et al., 2008, p. 21). Exploring the creation of age specific housing and age specific wrap around services are also advocated. The integrative continuum of care model, as set out in the McKinney-Vento Act, is seen as the key to effective services for older people (Gonyea et al., 2010).

At the end of 2011, a policy paper by peak homelessness bodies, Corporation for Supportive Housing and Hearth, aimed at ending homelessness among older adults through permanent supportive housing was released after consultation with a wide range of stakeholders. The initiatives rest on the premise that the issues relating to ageing require creative solutions and centre around combining affordable housing and supportive services. Older adults, the term used in the US, refers to people aged 50-64 whereas elders are people aged 65 and over. This work sets out detailed guidelines and well as highlighting issues of concern in the sector in how it engages with older people. The core element in the recommendations is the provision of service enriched housing programs (termed service integrated housing in Australia), that is subsidised rental units with a continuum of care to meet individual's needs. The care, which is

tailored to their individual needs after an assessment by allied health and health professionals, is similar to HACC and the Aged Care Assessment Team (ACAT) assessments in Australia.

The strategies centre on:

1. Preventing homelessness - recognising the risk factors and high risk times at the time of initial assessment i.e. type of housing, how long can stay, how much pay in rent compared to income, tenure type
2. Rapid rehousing of recently homeless
3. Linking homeless service providers with affordable older adult housing
4. Permanent Supportive Housing for chronically homeless
5. Integrating housing with services i.e. residential care model

The concerns in the sector that are seen as important to address include:

1. Program barriers – communities implement a coordinated assessment process assuming that assigning people to programs will be enough to change outcomes without taking a look at programs services, requirements etc
2. Weak referrals
3. Narrow focus on intake – leave out prevention and diversion resources
4. Lack of evaluation
5. Front door sabotage

### **3.4 Later life homelessness in Canada**

#### *Overview*

Canada's National Homelessness Initiative, launched in 1999, emphasised the importance of community responses to homelessness with funding provided to community agencies to disperse funds locally. This is seen to be responsible for innovation and local action to deal with homelessness. At the same time, the lack of a national strategy is seen to result in a fragmented responses with the majority of investment directed to emergency services. Furthermore, investment in preventative programs is seen to have been insufficient. Since 2005, there has been increasing recognition of the need for a collaboration and partnership with the Government of Canada's Homelessness Partnering Strategy. This policy emphasises prevention and the need to consider contributing factors such as a lack of affordable housing, inadequate income, the high cost of living and lack of support for people leaving hospitals and prisons. Housing First is now recognised by the Canadian Government as a priority response and a number of initiatives are operating. In addition, a number of provinces have set 10 year plans with targets, benchmarks and rigorous evaluation protocols. Wider structural issues such as a lack of affordable housing remain with scholars asserting the need for support by all levels of government to the provision of housing (Gaetz, 2010).

Key writers assert significant structural changes in the economy, shifts in government policy that resulted in a cut in support for low income individuals and families, and a reduction in affordable housing stock have contributed to the acceleration in Canada's homelessness (Gaetz, 2010). There are no comprehensive figures on the scale of homelessness in Canada (Fitzpatrick & Stephens, 2007) although Gaetz (2010) reports that homelessness has increased in the past 15 years.

### *Definition*

Homelessness within Canada refers to people both sleeping rough and those sleeping in emergency shelters (Ploeg, Hayward, Woodward, & Johnston, 2008).

### *Older people's homelessness in Canada*

In line with the homelessness initiatives operating at a local level, research on older people and homelessness has centred on evaluations and small research projects attached to a locality (Canadian Pensioners Concerned Inc., 2006; Ploeg et al., 2008). Continuity of care (known in Australia as community aged care) is widely seen as a valuable model working with older people in health and mental health sectors, and is seen to ensure relational, informational and management continuity for clients (Ploeg et al., 2008). There is a small amount of literature in Canada with assertions that little is known of the characteristics, circumstances, health, housing and service needs of older adults (McDonald et al., 2007). McDonald's study in Toronto and Calgary found ageism combined with episodic unemployment, poor health and mental health, and living in poverty were linked to older people's homelessness (McDonald et al., 2004). McDonald argues the need for person centred models of practice to facilitate relationship building and establishing trust with older clients and the need for continuity of support and integrated team models.

## **3.5 Summary and implications for Australia**

Whilst the profile of older people's homelessness differs in the aforementioned countries there are core elements that can be discerned to inform addressing older people's homelessness. Importantly, the essential elements of older people's strategies and program design are seen in Australian practice. The clear difference across countries is whether homelessness policy identifies and plans for older homelessness people and thereby recognises the specialised program and service design required to address older people's needs.

The core elements of overarching homelessness policy apply to older people as well as other populations and include:

1. Housing First. The policy of Housing First has been evaluated to be highly effective in improving the stability and quality of life of highly vulnerable people with complex

needs (Fitzpatrick, 2009) and in assisting people experiencing first time homelessness and thereby limiting health impacts (Crane & Warnes, 2007).

2. Prevention. The difficulties low income people face in accessing affordable housing suggest the appropriateness of prevention and broadening the safety net to enable the rapid access to mainstream housing with appropriate support for people at risk.

In addition, older people's homelessness is part of homelessness policy and ageing policy. Across countries there is a clear identification that older homeless people fall between two portfolios, planning for older people and planning for homeless people, and there is the risk that their needs are not addressed well by either. In the previous Labour Administration in the UK, the ageing policy strategy, *Lifetime Homes Lifetime Neighbourhoods* there is recognition of homelessness as well as a clear platform that older people's policy has to link housing with care and support services. Arguably there is a need to clearly articulate this interconnection in an older person's housing policy. Furthermore, there is a consistent finding across countries that older people do not engage with the homelessness sector.

The core elements that characterise strategies for older people's homelessness include:

1. Programs are person centred. Person centred practice is the cornerstone of aged care policy and practice in Australia and internationally. In turn, it is considered essential in working with older people living precariously. Indeed, this practice model enables an individual comprehensive assessment.
2. Comprehensive assessment. The circumstances of an older person living precariously are sought and an assessment would incorporate housing needs (including access needs), psycho-social needs and health needs (including mental health, substance abuse). The timeliness of this assessment is also vital and enables putting in place appropriate measures to reduce risk and may include referrals for housing applications, welfare rights, health, community care and support, meals on wheels and social participation.
3. There is an acknowledgement of the differences between older people who have experienced homelessness over many years and those who are experiencing homelessness for the first time in their later years.
4. Housing is linked with support and care. Permanent supported living arrangements permit a level of support linked to the person's abilities and as need increases additional support can be made available. This model is integral to the aged care sector and service integrated housing in the social and market sectors. Service integrated housing applies equally to those older people who have experienced long

term homelessness and those experiencing homelessness for the first time in their later years.

5. Interventions to find housing for the recent older homeless are recommended to be swift and immediate and a priority to prevent entrenchment in street life (Cohen, 1999; McDonald et al., 2007). There is little research on how countries manage the role of housing and services – service integrated housing as it is known in Australia. This is important for informing evidence based practices as it remains unclear how closely linked housing and services should be.

In discussing international literature it is important to note that a large portion of international research, as here in Australia, is initiated by providers of homeless services with concerns of the growth in referrals of older homeless people to their agencies. As such, research is often small scale and generalisations cannot be made. However, it does provide a rich and detailed understanding of older people's circumstances.

The definition of homelessness impacts on the identified scale of the problem in each country. Homelessness is measured using differing definitions and methodologies, over different time-scales in each of the countries making a systematic comparative analysis almost impossible (Fitzpatrick, 2009). Alongside this is the complexity, in both theoretical and empirical terms, to comment on the causes of homelessness across countries. In particular, the primacy of 'structural' or 'individual' factors identified in reports may be influenced by the dominant research traditions and ideological assumptions found in different national contexts as much as the varying realities of homelessness (Fitzpatrick & Christian, 2006). In addition, some literature emphasises triggers to homelessness whereas other writers set out to describe underlying causal factors. Across the UK, Europe, US and Canada, despite the varying definitions of homelessness, there is a consensus developing that structural factors, in particular a shortage of affordable housing, are the fundamental drivers of homelessness, and that personal problems and 'triggers' increase an individual's vulnerability to the structural factors and to homelessness. In some countries such as Sweden and the Netherlands there is a stronger individualistic focus with links noted between homelessness and drug misuse. Despite these limitations there is a consistency across countries in relation to the factors that lead to older people's homelessness. In addition, an underutilisation of housing and homelessness services by older people across countries is also recognised.

The consideration of the international and policy and service frameworks in place in a range of Western countries provides important pointers for Australia's aims to understand and address older people's homelessness. Firstly, the typology set out in the literature review has resonance in both the Australian and international context, and that the pathways experienced in the housing crisis are different from the pathways experienced by those who have lived with iterative homelessness over many years. This also highlights that the pathways out of



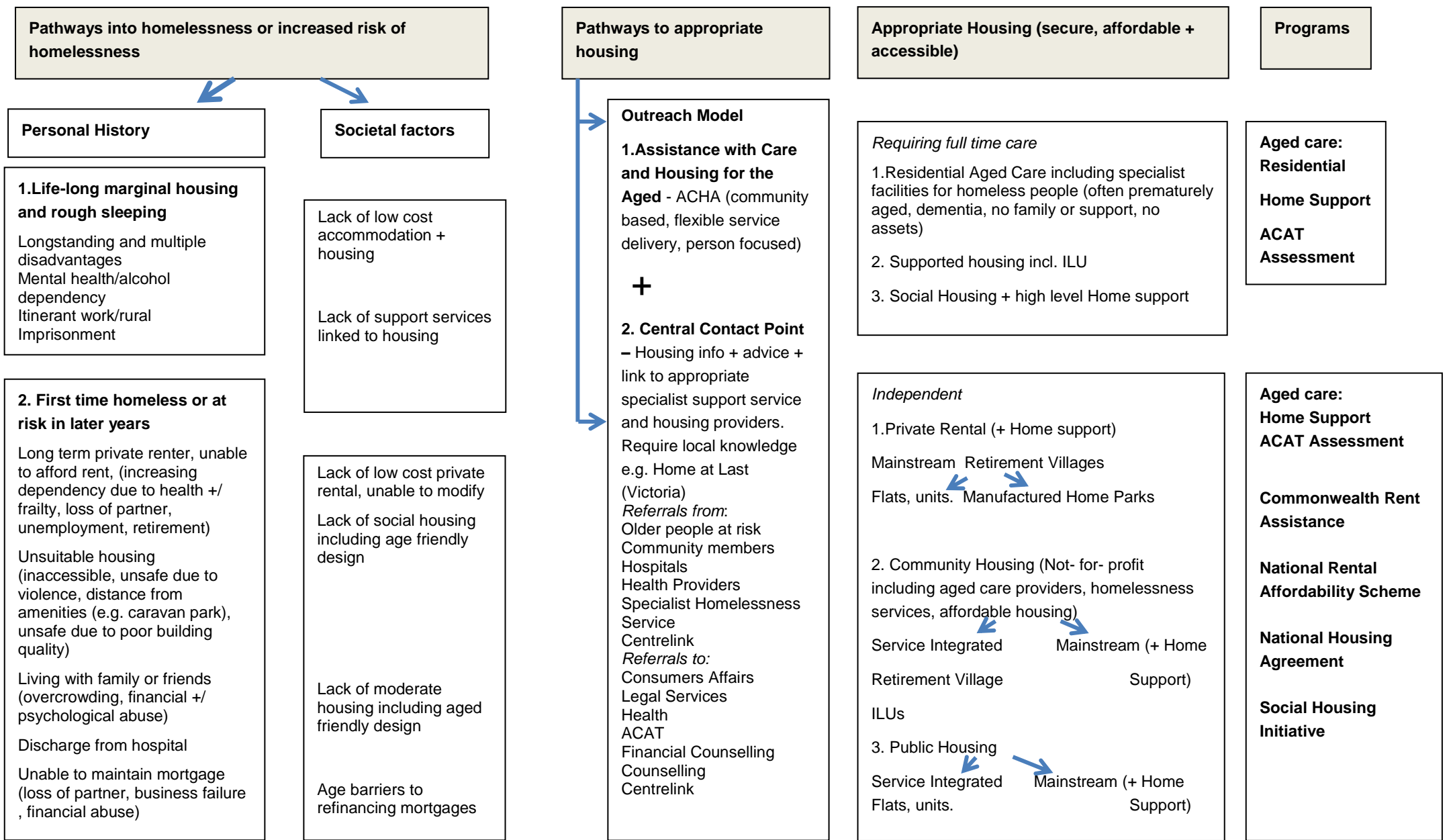
homelessness for these groups may take a different form. Secondly, there is also recognition of the precarious living conditions of older people that put them at risk of homelessness. This recognition is vital firstly for the prevention of older people's homelessness and also for understanding how the service sector can work cooperatively to keep older people housed. It is clear that western countries, with the exception of the former administration in the UK, do not have a tailored policy approach to older people's homelessness. However, important guidelines are in place.

## 4 Research Design

Our understanding of older people's homelessness, as discussed in the preceding chapters, is developing but remains limited in Australia and other Western countries. This discussion highlighted the need to consider three different groups of people when considering older people's homelessness; older people who have longstanding complex disadvantages associated with iterative homelessness; those experiencing homelessness for the first time in their later years; and older people who are living precariously in private rental accommodation. The three groups can be seen to have two different pathways into homelessness; those with long-life marginal housing; and those as a consequence of renting privately face homelessness or increased risk of homelessness. The differences in factors associated with homelessness or risk of homelessness for each group means there is little overlap between them, indicating that the pathways out of homelessness need to be considered carefully. The pathways out of homelessness for these two groups are likely to differ. This is evident in the review of international policy frameworks in relation to older people's homelessness. The pathway centres on the level of support and care that is required for housing to be appropriate and sustainable. Housing is the core element with design and program structures that permit the integration of care and support tailored to the needs of the older person. Service integrated housing will permit ageing in place.

### 4.1 Focus of the project

Figure 1 represents an 'at a glance' picture of the pathways in and out of homelessness that we understand from the Australian (and international) literature and Australia's policy and service structure. This chart provides a reference point for the rest of this report. It attempts to account for the complex reality of older people's homelessness as well as showing that an integrated policy response does not mean that all programs have to cater for all groups and every individual in any of the group, but that a coherent set of strategies are needed to present appropriate responses to different needs.



**Figure 1. Pathways in and out of homelessness for older Australians.**

In line with this framework this report aims to:

#### ***4.1.1 Understanding the extent and nature of older people's homelessness.***

To provide a context to assist in planning and framing older people's homelessness, the report develops a point in time understanding of the numbers of older people living precariously within Australia. As such, it will build estimates of those with long term insecure housing and those renting privately who are at risk of homelessness with unaffordable levels of rent. This data set out in Chapters Five and Six is new knowledge and will assist in developing a policy response to address homelessness experienced by this group.

- A. Older people enumerated as homelessness by the ABS Census is considered in detail and accounts for gender, dwelling types and geography. Data drawn and developed from the ABS 2006 and 2011 Census does not permit outlining a trend; however with the constraints of available data the Australian situation in relation to older people's homelessness is set out in detail.
- B. An analysis is undertaken of older people at risk of homelessness. The aim is to respond to limited understanding of the extent of the phenomena of being at risk of homelessness. Our policy response will be limited if we do not improve the measures to understand the extent of severe housing stress. Responding to this need is complex and problematic and relies on access to large robust datasets. This section engages with these issues and explores 'risk of homelessness' quantitatively. Firstly, the enumeration of older people enumerated as living in marginal housing from the 2011 Census is considered. Older people living in non-private dwellings considered at risk are also considered.

The largest portion of this section considers and operationalises two methods for quantifying severe housing stress. After reviewing both the ratio and residual methods to determine at risk of homelessness, data from the Australian Government Housing dataset (Commonwealth Rent Assistance data) is analysed to quantify the numbers of older people living precariously within Australia. Measuring at risk of homelessness is undertaken drawing on the knowledge that older people living in private rental are at risk; in particular those people paying high proportions of their income in rent. It is important to highlight that unaffordability is not the only circumstance associated with older people's homelessness. Changes in life circumstances such as health impacts and inaccessible housing are two prominent reasons alongside affordability that can put people at risk of homelessness.

### ***4.1.2 Australia's programs and how they assist older homeless people***

This section of the report sets out to examine the structure of the service system including links across portfolios and programs that facilitate prevention and pathways out of homelessness for older people. The prominent portfolios with mandates for older people's interests - specialist homelessness services, housing, and aged care - are examined in detail in Chapters Seven and Eight. This section aims to gauge the appropriateness and effectiveness of these programs with older people living precariously.

- A. Chapter Seven considers the programs that specifically work with people at risk of homelessness or experiencing homelessness. The generic program, the SHS, is examined in detail in relation to how it engages with older people. The analysis of data purchased from the AIHW is a comprehensive examination and provides valuable findings on their older clients as well as understanding the role of specialist homelessness services in working with older people. This material updates the detailed examination in Lai's 2003 report. This is followed by an analysis of the ACHA program in Australia, a relatively small specialist program, which as part of the aged care portfolio assists older people in housing crisis. This analysis is informed by discussions with ACHA workers. Together this material provides an account of the effectiveness of support programs in meeting the needs of older people and provides information from which to build and link to the appropriate housing for older people.
  
- B. The discussion moves from the specialised to the large portfolios engaged with older people's interests. Housing, in particular older people's housing is considered in detail. To provide background information on older people's housing, a detailed profile of older people's tenure is drawn from the 2006 and 2011 Census. This material customised with ABS's TableBuilder, whilst not sufficient to substantiate a trend, does affirm patterns in older people's home ownership and private rental tenure with older people that were highlighted by prominent Australian researchers (Jones, Bell, Tilse, & Earl, 2007). The discussion moves to focus on affordable housing, a clear requirement in addressing older people's homelessness. Current data is presented on older people living in social housing. In addition, discussion centres on the impact the Social Housing Initiative and NRAS has had on housing for financially disadvantaged older people. This section considers residential aged care as a form of older people's housing.

This section concludes with a review of a range of Australian housing programs, both mainstream and specialised, that provide appropriate (that is

secure, affordable and accessible) housing for older people. These case studies provide exemplars of good practice and innovation. Interviews with providers from a range of services working with vulnerable older people provide the material for this section. It is from this that an understanding of the key factors imperative in the design and implementation of housing (in particular service integrated housing) that pathways out of homelessness for a diverse range of older people can be drawn.

### ***4.1.3 Pathways out of homelessness for older Australians***

This final section, Chapter Nine brings together the main elements to consider in a strategy to address later life homelessness. The material from the literature review, both Australian and international, is combined with the findings and understandings that arise from the number of investigations in this report. The focus is on the knowledge that is needed to inform an older people's strategy and as such the core strengths and weaknesses of the Australian responses are outlined. This includes the larger portfolios of housing and aged care as well as the specialist services working with homeless people. This discussion culminates in a set of key issues considered imperative in the design of strategic measures to address later life homelessness in Australia.

## 5 The extent and nature of homelessness in later life in Australia

### 5.1 Introduction

This chapter presents evidence on the extent and nature of homelessness amongst older people utilising data from the ABS. The Census data provides a point in time enumeration of the number and circumstances of older people experiencing homelessness. This material addresses the following questions:

- What proportion of homeless people are in later life?
- What proportion of people in later life are homeless?
- What are the housing characteristics of older homeless people?
- What are the gender, age and locational characteristics of older homeless people?
- What can we conclude about the nature and characteristics of homelessness in later life?

### 5.2 Homelessness in later life in Australia

There were 14,851 people aged over 55 years enumerated as homeless on Census night in August 2011. In 2006, there were 12,461 people considered homeless in this age group. Whilst this represents an increase in numbers the rate per 10,000 of the population dropped slightly from 15.4 in 2006 to 14.6 in 2011. A trend cannot be determined accounting for the 2001 Census as the age range figures for people experiencing homelessness are not available at this time.

**Table 1. Number and proportion of older homeless persons, 2006-2011.**

Age	2006			2011		
	no.	%	Rate per 10,000 of the population	no.	%	Rate per 10,000 of the population
55–64	6,950	8	31.7	8,649	8	34.6
65–74	3,560	4	25.9	4,174	4	25.7
75 and over	1,951	2	15.4	2,028	2	14.6
<b>Total over 55 years</b>	<b>12,461</b>			<b>14,851</b>		

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

Within the homeless population 14% of people are aged over 55 years. The percentages range for people aged over 55 as a proportion of the homeless population from 9% in the Northern Territory to 17% in Queensland.

**Table 2. Proportion of older homeless people by State or Territory, 2011.**

	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.	N.T.	A.C.T.	AUST.
	<b>Number</b>								
Total Homeless Persons	28,190	22,789	19,838	5,985	9,592	1,579	15,479	1,785	105,237
Total Homeless Persons 55+	4,530	2,710	3,446	817	1,497	253	1,424	172	14,849
Proportion of older homeless people (%)	16	12	17	14	16	16	9	10	14

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

Of the 5,514,776 people who are aged 55 and over in Australia, less than 0.3% are homeless. However, in the Northern Territory over 4% of people over 55 are homeless. Whilst the overall number of homeless people in the Northern Territory is less than most other states and territories in Australia, the proportion far exceeds those in other states.

**Table 3. Proportion of older homeless people in total population, 2011.**

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
	<b>Number</b>								
Total 55+	1,828,387	1,372,809	1,069,897	457,158	529,255	147,499	32,829	76,942	5,514,776
Total 55+ Homeless	4,530	2,710	3,446	817	1,497	253	1,424	172	14,849
Prop. of people homeless in later life (%)	0.25	0.20	0.32	0.18	0.28	0.17	4.34	0.22	0.27

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

The operational groups considered homeless by the ABS includes people sleeping out (commonly known as rough sleeping) , living in improvised dwellings, crisis accommodation and housing that is insecure, considered inadequate, and does not permit a person to have control of, and access to space for social relations (Australian Bureau of Statistics, 2012, p. 5). As evident in Table 4 there has been an increase in the numbers and proportion of older people living in all the categories of living circumstances considered homeless, with the exception of the proportion of older people living in boarding houses. Boarding houses and other temporary accommodation remain the living circumstance of a high proportion of older homeless people. The figures for sleeping rough and in improvised dwellings have decreased but the proportion is higher with a fifth of older homeless people living in harsh conditions.



**Table 4. Proportion of older people in total homeless population, 2006-2011.**

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

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

The changes can be seen clearly in Table 5, showing the increases of older people living in all forms of circumstances considered homeless. The highest percentage increase was with older people staying in supported accommodation for the homeless, in other temporary lodgings and living in severely crowded dwellings.

**Table 5. Changes in living conditions of older homeless people, 2006-2011.**

	2006	2011	Change	% Change
Improvised dwellings – tents or sleeping out	1,316	1,411	95	7
Supported accommodation for the homeless	1,319	1,916	597	45
Staying temporarily with other households	3,237	3,858	621	19
Staying in boarding houses	4,293	4,759	466	11
Other temporary lodging	147	198	51	35
Persons in severely crowded dwellings	2,142	2,709	567	26
<b>All homeless 55+</b>	<b>12,460</b>	<b>14,851</b>	<b>2,391</b>	<b>19</b>

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

### 5.2.1 The demography of older homeless people

The location of older people experiencing homelessness has remained fairly consistent between 2006 and 2011. Whilst the numbers have increased in all states, the proportions remain stable with exceptions in Queensland where there has been a decrease of 2 per cent, and in Victoria and New South Wales there has been an increase of 1 per cent.

**Table 6. Location of older homeless people by States, 2006-2011.**

Location	2006		2011	
	No.	%	No.	%
New South Wales	3,729	30	4,530	31
Victoria	2,098	17	2,710	18
Queensland	3,089	25	3,446	23
South Australia	785	6	817	6
Western Australia	1,146	9	1,497	10
Tasmania	187	2	253	2
Northern territory	1,322	11	1,424	10
Australian Capital Territory	105	1	172	1
Australia	12,461	100	14,851	100
<b>Total Homelessness Persons in Australia</b>	<b>89,728</b>		<b>105,237</b>	

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

As seen in Table 7 the percentage change is highest in the Australian Capital Territory; however the real numbers are low.

**Table 7. Changes in numbers of older homeless people across States, 2006–2011.**

	2006 55+ Homeless	2011 55+ Homeless	Change from 2006 to 2011	% Change from 2006 to 2011	
New South Wales	3,729	4,530	801	21	↑
Victoria	2,098	2,710	612	29	↑
Queensland	3,089	3,446	357	12	↑
South Australia	785	817	32	4	↑
West Australia	1,146	1,497	351	31	↑
Tasmania	187	253	66	35	↑
Northern Territory	1,322	1,424	102	8	↑
Australian Capital Territory	105	172	67	64	↑
<b>Australia</b>	<b>12,461</b>	<b>14,851</b>	<b>2,390</b>	<b>19</b>	<b>↑</b>

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

At the time of writing, estimates of homelessness at Statistical Area Levels had not been released with selections of age. The numbers of older homeless people living remotely would be useful to know, particularly in relation to informing the design of service provision.

## 5.2.2 The housing characteristics of older homeless people

Table 8 sets out the nature of housing older homeless people are staying in. As noted in previous years, the majority of older people are living in insecure places including boarding houses, staying with other people and living in severely overcrowded dwellings.

**Table 8. Category of older people's homelessness across States, 2011.**

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

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

The rates of homelessness per 10,000 of the population highlight the quantum difference between the Northern Territory and other states. The rates of older people living in improvised dwellings, tents or sleeping out are 43.2 per 10,000 for the 65-74 cohorts while the rates in other states ranged from 1.3 to 4.2. This rate decreases with age, with a rate of 31.2 for the 75 years and over cohort, whilst other states range from 0 to 1.6 per 10,000. The rate for every category of homelessness is many times higher in the Northern Territory. The category that stands out is the rate for severe overcrowding with a rate of 288 per 10,000 65-74 cohort, and 448 per 10,000 for those 75 years and over. In the other states range from 0 to 3.7 per 10,000 for the older people aged over 75 years.

**Table 9. Rate of homelessness per 10,000 for older people across States and categories, 2011.**

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

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

### 5.2.3 Gender

Homelessness is experienced differently by men and women. Men largely make up the numbers of older people rough sleeping and staying in boarding houses. Women, on the other hand, do not generally live in boarding houses and according to the Census enumeration are decreasing in numbers in this accommodation. There is evidence from Australian research of the violence (indeed further violence) that women experience in boarding houses. Recent research from Chamberlain (2012) in Victoria has highlighted the number of illegal boarding houses in Melbourne and other parts of Victoria most of which are likely to be recorded as private dwellings and not boarding houses (non-private dwellings) in the Census count.

**Table 10. Change in homeless categories amongst older men and women, 2006-2011.**

	Older Men					Older Women				
	2006	2011	Change	% Change		2006	2011	Change	% Change	
Improvised dwellings, tents or sleeping out	908	1,039	131	14	↑	408	372	-36	-9	↓
Supported accom for the homeless	748	1,137	389	52	↑	571	781	210	37	↑
Staying temporarily with other households	1,649	2,150	501	30	↑	1,588	1,708	120	8	↑
Staying in boarding houses	3,358	3,886	528	16	↑	935	874	-61	-7	↓
Other temporary lodging	81	110	29	36	↑	66	90	24	36	↑
Persons in severely crowded dwellings	946	1,192	246	26	↑	1,196	1,519	323	27	↑
<b>All homeless 55+</b>	<b>7,688</b>	<b>9,521</b>	<b>1,833</b>	<b>24</b>	<b>↑</b>	<b>4,772</b>	<b>5,330</b>	<b>558</b>	<b>12</b>	<b>↑</b>

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

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

### 5.2.4 Homeless people aged over 75

The numbers of people aged over 75 experiencing homeless has increased slightly since 2006 from 1,950 to 2,028 people in 2011. The percentages across all forms of homelessness remain fairly constant. Although the figures are not large, most of this older cohort aged over 75 years are staying temporarily in boarding houses. Those aged over 75 living in these circumstances defy the reduced life expectancy associated with older people living in substandard conditions. It is startling that for a relatively small public outlay people aged over 75 could in the last years of their life have safe secure housing.

**Table 11. Proportion of homeless people aged over 75 years.**

	2006			2011		
	75 years and over	Total homeless	%	75 years and over	Total homeless	%
Improvised dwellings, tents or sleeping out	173	7,247	2	125	6,813	2
Supported accom for the homeless	254	17,329	2	371	21,258	2
Staying temporarily with other households	338	17,663	2	387	17,369	2
Staying in boarding houses	770	15,460	2	608	17,721	3
Other temporary lodging	7	500	2	18	686	3
Persons in severely crowded dwellings	403	31,531	2	519	41,390	1
<b>All homeless 55+</b>	<b>1,950</b>	<b>89,728</b>	<b>2</b>	<b>2,028</b>	<b>105,237</b>	<b>2</b>

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

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

The releases to date from the ABS on homelessness do not enable further investigation of issues surrounding older people and cultural background. Furthermore, the 2001 homelessness figures, whilst reanalysed with the changed methodology for assessing homelessness, have not been released in age cohorts and therefore trends from 2001 to 2011 in relation to older people's homelessness cannot be ascertained.

### 5.3 Summary and implications

Older people make up a significant portion of the homeless population in Australia. The numbers of older people living in homelessness within Australia are increasing with 12, 246 people in 2006 and 14,851 people in 2011. The proportion of older people in the total homeless population remains much the same.

The detailed tables in this section highlight where older homeless people are living and where intervention and support services need to be directed. In addition, this material brings attention to the lack of basic shelter for a significant number of older Australians and the need for the provision of appropriate housing.

The next chapter considers, in detail, those at risk of homelessness given the above figures enumerated by the Census are somewhat arbitrary in considering older people's homelessness in Australia. Arguably, equal attention should be paid to the many older people vulnerable to homelessness in the private rental market due to security or suitability issues.

## **6 The extent and nature of older people at risk of homelessness in Australia**

A central feature of homelessness programs and policy in Australia and internationally is prevention. *The Road Home* identified homelessness prevention as one of the three key elements of a national homelessness policy vision required to meet the goals of reducing homelessness. There is universal affirmation of this policy approach by peak bodies and homelessness researchers. Prevention is a platform of FEANSTA in Europe and the National Alliance to End Homelessness in the United States. Furthermore, there is growing evidence that the prevention of homelessness is more cost effective in comparison to responding to people after they have lost their housing (Culhane, 2008; Flatau, Zaretsky, Brady, Haigh, & Martin, 2008). Prevention of homelessness in simple terms is to keep at risk individuals and families from becoming homeless, and to house people in permanent living situations as soon as possible.

Estimating the number of older people at risk of homelessness is important for developing effective solutions to the problem. However, difficulties remain in defining 'risk' and in ascertaining what data is needed to estimate the number and circumstances of older people at risk of homelessness. There is a stark contrast between the detailed attention paid to enumerating the number of homeless people in Australia and our lack of understanding of the extent of older people at risk of homelessness.

In this section we explore a number of avenues of understanding older people at risk of homelessness. Firstly, the marginal housing figures enumerated by the ABS from the 2011 Census are examined. In addition, an examination of people in non-private dwellings is set out. A number of groups of people living in non-private dwellings are worthy of consideration in 'at risk' discussions particularly people in prisons and detention centres. Thirdly, the larger part of this section considers estimations of older people at risk of homelessness using data from the Australian Government Housing Dataset, in particular older people receiving Commonwealth Rent Assistance.

### **6.1 Older people living marginally enumerated in the Census**

In addition to estimates of homelessness, the ABS also publishes estimates of people living in marginal housing. These forms of housing are considered to sit *just* outside the definition of homelessness. This includes people living in a crowded dwelling (as distinct from severely crowded dwellings enumerated as homeless), in other improvised dwellings and living long term in caravan parks. The ABS acknowledges people living in other forms of marginal housing such as unsafe housing with structural problems and where residents are in constant threat of violence cannot be obtained from the Census (Australian Bureau of Statistics, 2012, p. 55). In relation to caravan park residents, people considered 'grey nomads' are not



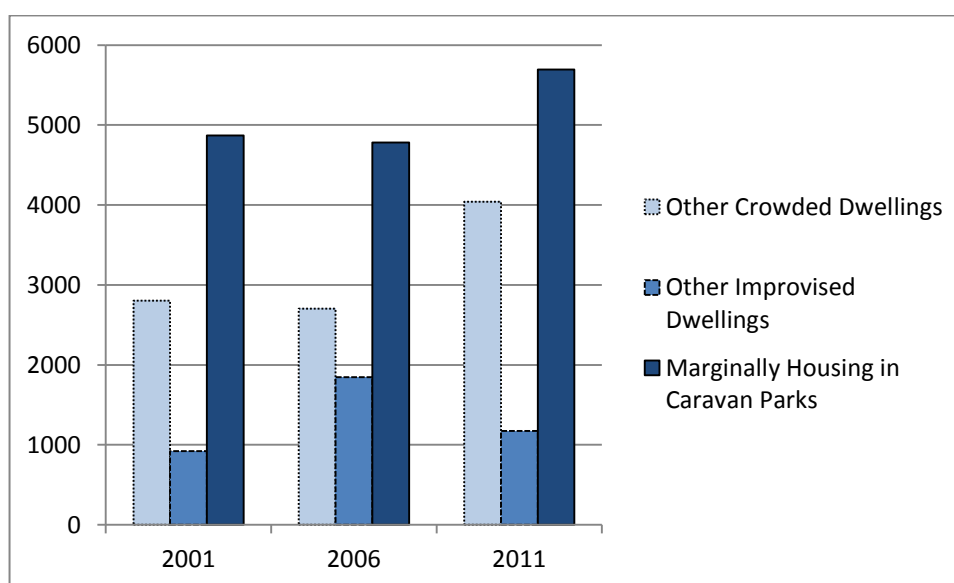
considered to be living in marginal housing. Attributes identifiable in the Census that build a profile of grey nomads includes all people in the dwelling where aged 55 or over, not in the labour force; they were staying in a caravan, cabin or houseboat, and reported having no usual address. The majority were enumerated in holiday destinations (Australian Bureau of Statistics, 2011 p. 64).

The ABS has released figures for the 2001, 2006 and 2011 Census which enables consideration of patterns over a longer period for those living in marginal housing. As seen in Table 12, there are increases in numbers and proportions of older people living in marginal housing from 2001 to 2011. The considerable change is the number of older people living marginally in caravan parks, which has risen from 5 per cent of total persons in 2001 to 44 per cent of total persons in this form of accommodation in 2011.

**Table 12. Number and percentage of older people, 55 years and over, living in Other Marginal Housing 2001, 2006, 2011.**

	2001		2006		2011	
	no.	%	no.	%	no.	%
Persons Living in Other Crowded Dwellings	2,803	6	2,702	6	4,041	7
Persons in Other Improved Dwellings	920	18	1846	24	1173	26
Persons who are Marginally Housed in Caravan Parks	923	5	4782	38	5695	44

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



**Figure 2. Changes in numbers of older people living in categories of marginal housing, 2001-2011.**

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

As seen in Table 13, higher numbers older women live in crowded dwellings. However, more older men live in improvised dwellings and substandard caravan parks than older women.

**Table 13. Older men and women living in marginal housing, 2011.**

	Men over 55	Women over 55
Persons living in Other Crowded Dwellings	1,870	2,168
Persons in other Improvised Dwellings	780	394
Persons who are Marginally Housed in Caravan Parks	3,808	1,885

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

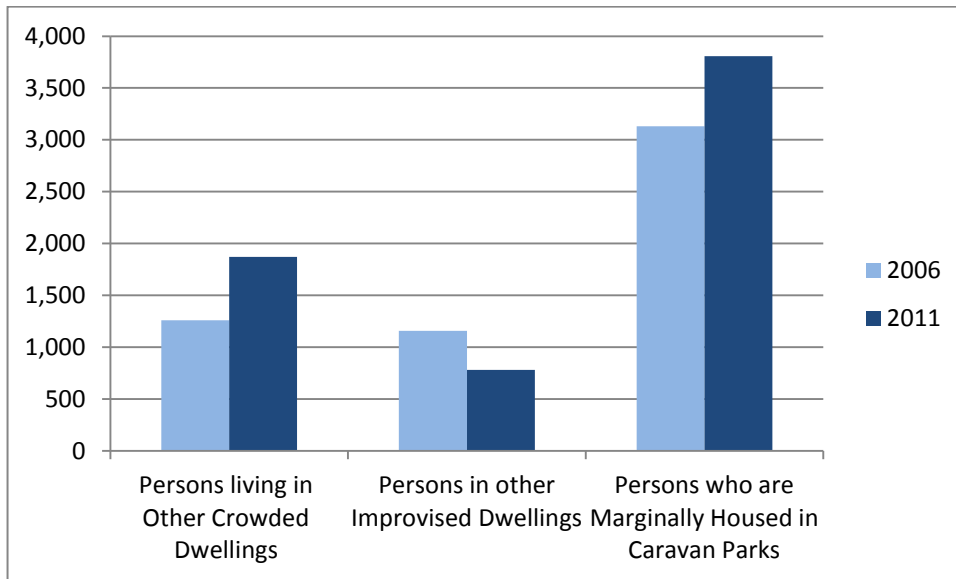
The number and proportion changes from 2006 to 2011 are seen in greater detail in Table 14. The proportion of older men and women living in other crowded dwellings is increasing but remains proportional across 2006 and 2011 when considering the increases in the total homeless population. Both increases in numbers and increases in proportion are noted for both older men and women in other improvised dwellings and marginal caravan parks. From 2006 to 2011 the proportion of older men in the total marginally housed population has risen from 15 to 17 per cent. For older women the increase has been from 3 to 9 per cent of the total marginally housed population. Marginal caravan parks are housing increasing numbers of older men and women with older men in 2011 making up nearly a third of all people living in substandard caravans.

**Table 14. Older men and women aged 55 years and over living in marginal housing, 2006-2011.**

	Men over 55		Women over 55		Total Persons	
	2006	2011	2006	2011	2006	2011
<b>Numbers</b>						
Persons living in Other Crowded Dwellings	1,258	1,870	1,444	2,168	43,149	60,875
Persons in other Improvised Dwellings	1,156	780	688	394	7,724	4,504
Persons who are Marginally Housed in Caravan Parks	3,130	3,808	1,648	1,885	12,444	12,963
<b>%</b>						
Persons living in Other Crowded Dwellings	3	3	3	4		
Persons in other Improvised Dwellings	15	17	3	9		
Persons who are Marginally Housed in Caravan Parks	25	29	13	15		

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

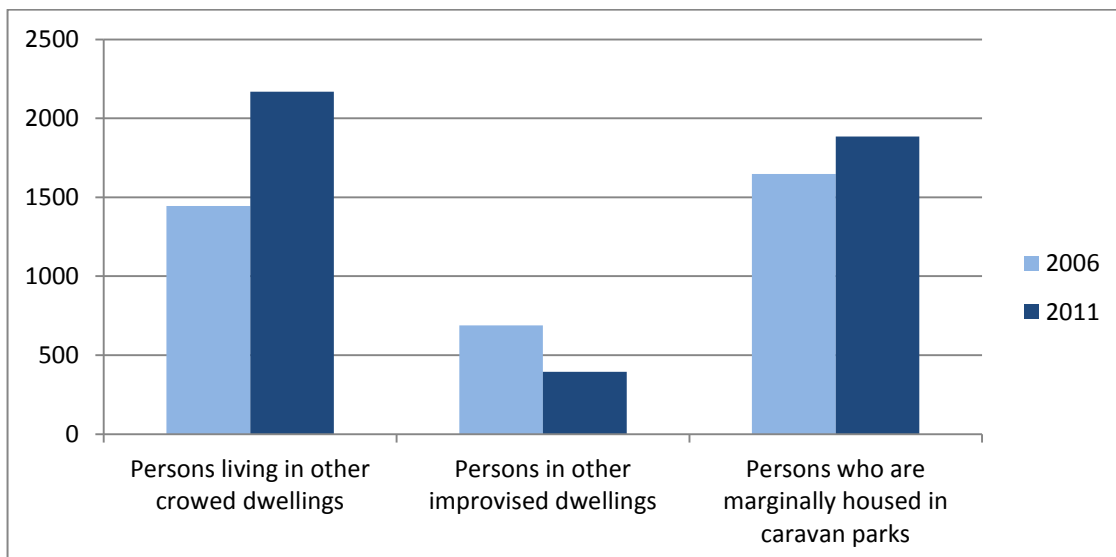
Figure 3 highlights the dwelling characteristics of older men living in marginal housing. From 2006 to 2011 there have been increases in older men living in other crowded dwellings and in substandard caravan parks. The number of older men living in improvised dwellings has decreased from 1,156 men to 780.



**Figure 3. Numbers of older men living in marginal housing, 2006-2011.**

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

The living circumstances for older women in marginal housing differ. The numbers of older women living in other crowded dwellings has increased from 1,444 in 2006 to 2,168 in 2011. In comparison to older men, few women live in improvised dwellings and this has decreased since 2006. Again, fewer women live in caravan parks both in numbers and proportion, but the numbers have increased since 2006.



**Figure 4. Numbers of older women living in marginal housing, 2006-2011.**

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

The steps undertaken by the ABS Census to enumerate people living marginally in a number of dwellings is a positive undertaking. This count not only permits tracking changes in these forms of substandard accommodation but draws attention to the lack of security and poor living

conditions that are experienced by many people. By considering conditions that sit just outside the definition of homelessness our focus is on the precarious lives of older people rather than whether a person is 'homeless' or 'not homeless'.

## 6.2 Non private dwellings

Non-private dwellings are a classification of housing utilised by the ABS in examining Census figures and are defined as dwellings that do not have private facilities for cooking. Residents of non-private dwellings are usually non-related persons. This classification includes a diverse range of dwellings including staff quarters, boarding houses, nursing homes and prisons. Some of these living arrangements are secure including nursing homes. People living in non-private dwellings such as hospitals (not psychiatric) would on the whole return to secure housing in the community. Guided by the literature both here in Australia and internationally there are living arrangements within the non-private dwellings classification that include people at risk of homelessness. This includes older people at risk when they are discharged from prison and immigration detention centres. By far the largest group are men in prisons. Table 15 sets out people over 55 living in dwellings and circumstances that place them at risk on release. Categories that are included in the homelessness enumeration conducted by ABS Homelessness count - boarding houses and homeless shelters - are not included in enumeration below. Please note, people classified as managers and staff would be included in the figures in the table below as work status cannot be ascertained from Counting Persons Place of Enumeration tables in ABS TableBuilder.

**Table 15. Older People in non-private dwellings at risk of homelessness, 2006-2011.**

Type of Non-Private Dwelling	2006			2011		
	Men	Women	Total	Men	Women	Total
Psychiatric hospital or institution	1,157	1,094	2,251	1,091	1,136	2,227
Other welfare institution	999	990	1,989	850	788	1,638
Prison, corrective institution for adults	1,424	88	1,512	1,951	109	2,060
Immigration detention centre	16	0	16	89	8	97
<b>Total</b>	<b>3,596</b>	<b>2,172</b>	<b>5,768</b>	<b>3,981</b>	<b>2,041</b>	<b>6,022</b>

Source: Customised table from ABS TableBuilder Census 2006 and 2011. Counting: Persons Place of enumeration.

## 6.3 Estimating the number of older Australians at risk of homelessness

Our discussion so far has considered how the Census figures assist in understanding older people at risk of homelessness. There has been considerable work by housing researchers on measures to understand and measure housing affordability. This section draws on this work to consider methodologies for understanding an extreme form of housing stress, 'at risk of homelessness', and then moves to operationalise two methods, ratio method and residual method, using data from the Australian Government Housing Dataset. This section aims to explore estimating the numbers of older Australians at risk of homelessness based on a national dataset of older Australians, all recipients of Centrelink benefits and rent assistance.

### How we understand unaffordability and risk of homelessness

The concept of housing affordability is concerned with the relationship of housing costs and household income, and draws attention to housing costs considered too high relative to household income. Housing affordability, or housing stress as it is often known, is used by different people for different purposes including the real estate industry in relation to housing prices and the social service sector to highlight increments in the cost of private rental housing. Both foci, the cost of servicing mortgages and the cost of rent, is also the focus of considerable housing research. Given the range of avenues in which it is used the concept of housing stress can be used as a general statement to reinforce that the cost of housing in an area is excessive or as specific rigorous measurement. Thus, housing affordability is a simple concept that is challenging to measure. There are a number of measurements used by housing researchers to establish a benchmark for affordability. These measures include:

1. *Ratio method.* With this method housing unaffordability arises when housing costs are above a certain proportion of household income. There are a number of calculations:
  - a. The 30 per cent benchmark is most commonly used. As such a household is said to be experiencing housing stress when it is paying more than 30 per cent in housing costs (Henman & Jones, 2012). This is used in relation to either rent costs or mortgage costs.
  - b. A second version of the ratio method includes only those households in the bottom 40 per cent of the (equivalised) income spectrum, known as the 30/40 rule when calculating housing unaffordability.
  - c. A third version defines lower income households as those containing the 30 per cent of people with equivalised disposable household income between the 10th and 40th percentiles. People in housing stress are those with lower income who spend 30 per cent or more of their gross household income on housing costs. People in the bottom income decile are not included as the ABS has expressed

concerns that the average expenditure pattern of these people are comparable to people with much higher income levels, suggesting they may have access to other economic resources. The Social Inclusion Board used this indicator in their report, *How Australia is Faring* (Australian Social Inclusion Board, 2012).

In addition, technical issues associated with these measures include which form to use and whether to account for gross or net household income. The choice of income provides significantly different estimates of the proportion of people living in unaffordable housing.

The ratio method is easy to apply and understandable. It is amenable to use by a range of people in different sectors. It can also be readily utilised to compare different geographical areas. However, it is largely seen to be too simplistic to accurately reflect the variety of household and family types (Waite & Henman 2006). It is also criticised for failing to take into account differences in living standards and a person or families particular needs. Expenses such as vital medication costs, heating, or distance required to travel for services are a few of expensive variable living costs that are not accounted for in the ratio method. Furthermore, it does not distinguish between households with identical housing ratios but where the quality of the housing, household income and standard of living differ markedly. The use of the 30/40 rule does address some of these limitations as it omits high income earners in the calculation (Henman & Jones, 2012).

2. *Residual method.* Unaffordable housing under this method arises when a household after paying housing costs has insufficient money (the residual) to meet the costs of living (that is, food, clothing, transport, medical care etc.). As such this measure is linked to concepts of poverty and social exclusion. Some authors (Burke, Stone, & Ralston, 2011) assess income adequacy for housing costs after payment of essentials, rather than the other way around (Henman & Jones, 2012).

The residual method is seen to provide a more accurate assessment of a household's living standard given it considers the residual income after housing costs. It is however much more complex to use and requires a separate benchmark for each type of household such as family, single, aged couple. Arguably the calculation is also needed for specific geographies given the differences in the costs of living across locations in Australia. The development of benchmarks in Australia falls into two broad approaches, the poverty line (of which there are a number of forms) and budget standards.

The budget standards methodology involves identifying and costing a 'basket of good and services' required by a specific household type (such as an aged couple, a family with two children) in a given location to achieve a specified standard of living (low cost,

modest). Australia's budget standards have been meticulously developed by the Social Policy Research Centre (Saunders et al., 1998) and include a range of family types with different standards of living. Of interest to this report is the standard Saunders developed for older people living frugally. Other researchers have built on this work and have developed measures for all capital cities and some regional areas for a range of household types. Budget standards measures is now an important resource for operationalising housing affordability (see Waite & Henman 2006).

The housing affordability methodologies and assumptions are a starting point for understanding 'at risk' of homelessness. To state simply, at risk of homelessness is an extreme 'score' of housing affordability. It is acknowledged however that whilst unaffordable housing is a prominent risk for older people other issues put them at risk.

A common reason identified by service providers that places older people at risk of homelessness is inaccessible and unsafe housing. Older people who have become increasingly frail are unable to continue living in their rental property due structural and design issues such as stairs or an inaccessible bathroom. This is of concern for older tenants in circumstances where the landlord is not in a position or does not agree to make the property accessible. This is also of concern for older residents of caravan parks who are unable to walk to the ablution block because of increasing frailty.

The use of measures to estimate risk of homelessness is underdeveloped. Yet within Australia a small group of researchers have undertaken very detailed and considered work to understand and measure financial hardship and housing need across a range of family arrangements. Waite et. al (2009) utilised a subset of Centrelink's one per cent national administrative data sample covering 16, 806 and followed recipients over three years to explore housing stress. They drew on Saunders' Lower Cost Budget Standards (LCBS) to inform their 'short term low cost standards', a more frugal measure than Saunders's low cost standard. Waite et.al (2009) outline they further reduced the cost of living measure from Saunders's 'low cost' standard'. This standard, a frugal level below which it becomes increasingly difficult to maintain an acceptable standard of living because of the increased risk of deprivation and disadvantage (Saunders et al., 1998, p. 63) was adjusted to a 'short-term low cost' standard by excluding depreciation costs of household durables that have a lifetime of more than one year (including furniture, cutlery and crockery, white goods, televisions and durable clothing). This arguably fits with the reality of how many financially disadvantaged older people live.

The following section utilises the above measures, ratio and residual methods, to explore enumerating older people 'at risk' of homelessness on a national level. The aim of this task is to consider the use of risk measures centred on housing affordability to the main client group of older people renting in the private market. This project will demonstrate the usefulness of



both the ratio and the residual method (with the LCBS) as a measure of housing affordability, as well as quantify the numbers of older people, both men and women at risk of homelessness. The Australian Government Housing Data set was utilised as it provides details on income units receiving Commonwealth Rent Assistance in particular the three key data items household income, household rent and household structure. This dataset provides access to national figures of people on low incomes (that is a pension, benefit or family tax benefit) who rent privately. CRA is a form of housing assistance paid to people on a low income who rent in the private market. The amount of rent assistance is proportional to the rent paid and is capped. The dataset relates only to Centrelink beneficiaries and therefore would exclude people on a low income with high rent who are not receiving any income maintenance. On the other hand Centrelink clients provide a large population from which estimates of homelessness risk can be ascertained. This data relates to June 2012 and as such is not in line with the timing of the ABS Census as it was undertaken in August 2011. Whilst this is a limitation it does provide an exploration of measuring risk from a rigorous Australian dataset. The Census does provide these three key data items however income and rent figures are self-reported, can be missing and it is unclear if rent assistance would be included in the income reported by residents in the Census form. Whereas, Centrelink require accurate verified figures of rent to enable the calculation of rent assistance. In addition they have accurate income figures for their clients.

In this study variations of the ratio and residual methods are used to measure at risk of homelessness. A form of the ratio method has been used by researchers to gauge 'at risk of homelessness'. Households that spend more than 50% of their income on rent are considered to be at risk of homelessness (R. Fiedler, Schuurman, & Hyndman, 2006; Shinn, 2010). Only households renting in the private rental sector are considered in this work. Whilst homeownership and renting in social housing does not eliminate the risk of homelessness, private renters are considered to be at greater risk given they have a limited ability to reduce their housing costs, cannot draw on home equity as mortgagees can and do not have the security of tenure found in social housing. Within Australia there is considerable evidence that older households have unsuitable and insecure housing as a consequence of high and rising rents combined with low incomes and limited supply of affordable rental housing in many locations (Morris, 2011; Westmore & Mallet, 2011). The use of the 50 per cent threshold to gauge the risk of homelessness does not mean people will become homeless but that the preconditions exist that might lead to homelessness.

The form of the residual method used to measure at risk of homelessness in this study draws on the 'low cost budget standard' for older people. This considers people are living frugally. Any person living below this standard of living would risk deprivation and disadvantage (Saunders et al., 1998, p. 63). As such an older person at risk of homelessness would be determined by:

Household income – Housing Costs (in private rental) = Residual Income

If Budget Standard (Older Person Low Cost) > Residual Income = Older Person is considered at risk of Homelessness

The most accurate means of ascertaining risk of an individual or household being at risk of homelessness would entail knowing the income and housing costs at this unit level. Some studies utilise a mean housing cost. Furthermore, average housing costs can be drawn for a location (e.g. Brisbane mean private rent) or from a national database (e.g. Australian mean private rent can be drawn for locations within the ABS Census data).

Using the ratio method and LCBS method for measuring at risk of homelessness is illustrated below by taking the example of a single older woman living on the aged pension renting in inner Brisbane. The median rent in Brisbane for a one bedroom flat in the June quarter of 2012 is \$300 (for a two bedroom flat the median rent is \$385). Income would include the aged pension of \$377.75 per week (includes the pension supplement) plus the maximum amount of CRA, \$60.10 (June 2012 rates). Utilising both the Ratio method and the LCBS method an older woman renting a one bedroom flat in Brisbane relying on the pension is at risk given the unaffordable nature of her rent payments.

*Ratio method:*

$$\frac{300}{377.75 \text{ (pension)} + 60.10 \text{ (CRA)}} \times 100 = 68\% \text{ (> 50\% AT RISK)}$$

*LCBS method:*

**IF: Income** (377.75 pension + 60.10) **less LCBS** (252.60) < **Rent** (300) = **AT RISK**

## Methodology

Spreadsheets were purchased from the AIHW, the agency responsible for the Australian Housing Dataset consisting of a five way table aggregated for Australia:

- Gender – of the reference person who are in an income unit in receipt of CRA.
- Age in ranges: under 55, 55-64, 65-74, 75-84, 85+.
- Family situation: single no children, single with children, couple no children, couple with children.
- Income including rent assistance of income unit per fortnight in increments: up to \$499, \$500-\$749, \$750-\$999, \$1000-\$1499, \$1500-\$1999, \$2000 plus.

- Amount of rent paid by the income unit in increments: less than \$149, \$150-\$199, \$200-\$249, \$250-\$299, \$300-\$349, \$350-399, \$400-\$449, \$450-\$499, \$500 plus.

The data provided related to income units. An income unit comprises a single person (with or without dependent children) or a couple (with or without dependent children). Single Centrelink recipients living together in the same household are regarded as separate income units. Initial requests to have data by location, a greater variety of family situations and smaller rent bands were beyond the project's budget.

This data has three important limitations that affect the utilisation of measures to calculate 'at risk' of homelessness:

1. Income is in ranges of: up to \$499, \$500 - \$749, \$750-\$999, \$1000-\$1499, \$1500-\$1999.
2. Rent in bands of \$49
3. Family situation is limited to four types – single with no children, single with children, couple with no children and couple with children. Thus it is unknown how many children are in the family unit for both single persons and couples.

The steps undertaken to ascertain an indicator of older people (income units) being at risk comprise:

1. The construction of 32 tables consisting of women and men in different cohorts in different family situations. As such women and men separated into cohorts of 55-64, 65 -74, 75-84, 85 plus for each family type, single with no children, single with children, couple with no children, couple with children. As noted above the gender relates to the reference person in an income unit in receipt of CRA.
2. Undertaking two calculations to ascertain a measurement of 'at risk' were undertaken for the 32 income units detailed above – the *ratio* method and the *low cost budget standard* method. Given both the income received and rent paid fortnightly for each income unit was in bands two calculations were carried out:
  - 1) assuming low rent and high income
  - 2) assuming high rent and low income

In this way, the number estimated to be at risk will lie within these two figures.

For the *ratio* method:

$$\text{IF } \frac{\text{Rent}}{\text{Income (including CRA)}} > 50\% = \text{AT RISK}$$

For the *low cost budget standard* method:

$$\text{IF Income less LCBS*} < \text{Rent} = \text{AT RISK}$$

To bring the LCBS formulated in February 1997 to a June 2012 level (the point in time collection of the CRA data) Sydney's Consumer Price Index (CPI) was used given Saunders costed the original LCBS on Sydney residents. The baseline CPI attached to February 1997 was the current index at that time collected in December 1996 - 67.2. The CPI for Sydney in June 2012 was 100.5 (Australian Bureau of Statistics, 2013). As noted above a limitation of the LCBS is that it is based on Sydney and as such does not reflect the cost of living throughout Australia. However, the LCBS used in this project excludes housing and thereby removes a major cost that differs across Australia. Ideally the use of LCBS would be required for every locale within Australia; an almost impossible task. Saunders (1998, p. 626) suggests a single national index whilst imperfect as an preferable alternative.

As noted above Saunders meticulously calculated budget standards for a range of family types with different standards of living. Of interest for this study are the low cost budget standards developed for a single aged female, an aged couple, a single parent with one child and a couple with two children. Given no standard was developed for a single aged male, the single aged female was applied to both men and women aged over 55 in this project. The calculation for an aged couple was applied to couples aged over 55 in this project. Given it is unknown from the CRA data the number of children the assumption was made that a single person cared for one child and a couple cared for two children – both budget standards prepared by Saunders. As such the assumptions about family size are a limitation of this project.

**Table 16. Calculations to adjust LCBS across different family types from 1997 to 2012.**

	Single aged (Female)	Aged Couple	Single with 1 child	Couple with 2 children
Saunders Low Cost Budget Standards	215.00	295.60	371.80	602.10
Excluding housing costs	46.10	47.50	155.90	196.00
LCBS exclude housing per week Feb 97	168.90	248.10	215.90	406.10
LCBS exclude housing per week June 12	252.60	371.04	322.89	607.34

In Australia, as of June 2012, 1,490,563 people receive either full or part CRA. As seen in Table 17, 419,288 recipients of CRA are aged 55 years and over. People aged over 55 years make up 28 per cent of all CRA recipients. This includes older people living alone, in a couple relationship and those caring for children.

**Table 17 Recipients of Commonwealth Rent Assistance, June 2012.**

	55 years and over	All age groups
Women	225,512	849,621
Men	193,776	640,942
Total	419,288	1,490,563

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Table 18 sets out the different family types, with women and men aged 55 years and over identified as the reference person for the income unit and the corresponding numbers of income units that are at risk of homelessness. The numbers at risk are set under the two methods of measuring risk of homelessness: the ratio method and then LCBS method. With both the ratio method and the LCBS method there is an upper and lower level – that is the lower and higher number of income units that are subject to risk.

It is clear there are gender differences evident in Table 18 with greater proportions of women at risk of homelessness using both the ratio and the LCBS method. In considering gender differences consideration is given only to single men and women, with or without responsibility for children. Other women or men whilst identified as reference persons are living as part of a couple; gender only relates to the person receiving the rent assistance through their payment. All cohorts of single women with or without children are at higher risk of homelessness using the ratio method and the LCBS method with the exception of single men, aged 55-64 under the LCBS method. The upper band under the ratio method identify 9,089 single women aged 65-74 years at risk whereas the upper band for single men aged 65-74 years is 1,280. The same pattern is evident for the LCBS method. The upper band under the LCBS method identify 23,421 women in this cohort while 12,154 men are identified to be at risk. This pattern with higher numbers of women in the upper band is evident in all but one cohort under both the ratio and LCBS methods.

**Table 18. Older women and men at risk of homelessness using the Ratio and LCBS method as of June 2012.**

	Ratio				LCBS			
	Women		Men		Women		Men	
	lower	upper	lower	upper	lower	upper	lower	upper
55-64 Single no kids	1,795	14,342	978	8,215	4,914	25,342	5,391	32,161
55-64 Single with kids	7	59	9	46	39	378	42	257
55-64 as part of Couple no kids	202	605	182	268	680	8,964	438	2,722
55-64 as part of Couple with kids	3	15	4	7	57	248	303	1,047
65-74 Single no kids	78	9,089	68	1,280	186	23,421	184	12,154
65-74 Single with kids	0	1	0	4	97	291	3	46
65-74 as part of a Couple no kids	37	213	117	429	35	12,590	744	9,861
65-74 as part of a Couple with kids	1	1	2	8	14	78	40	207
75-84 Single no kids	49	5,373	23	1,464	156	9,074	80	6,986
75-84 Single with kids	0	0	0	0	17	25	4	14
75-84 as part of Couple no kids	6	64	14	113	95	6,351	168	5,288
75-84 as part of Couple with kids	0	0	0	0	3	6	20	20
85+ Single no kids	11	1,771	6	276	51	5,393	13	849
85+ Single with kids	0	0	0	0	0	0	0	0
85+ as part of a Couple no kids	2	8	3	10	13	346	30	922
85+ as part of a Couple with kids	0	0	0	0	0	0	4	4
<b>Total over 55 years at risk</b>	<b>2,191</b>	<b>31,541</b>	<b>1,406</b>	<b>12,120</b>	<b>6,357</b>	<b>92,507</b>	<b>7,464</b>	<b>72,538</b>

Source: Calculated from Australian Institute of Health and Welfare 2012 unpublished data.

The other element of note is the effect that caring for children has on being at risk. As evident in Table 19, under the ratio method the proportions for all cohorts at risk of homelessness is much lower for older people caring for children than those who are not. This applies to both single men and women and couples caring for children. The income protection associated with Family Tax Benefit is likely to assist people's ability to manage rental payments.

It is also evident that a single status (with no children) for both men and women places them at higher risk of homelessness under the ratio method. This is evident across all cohorts.

**Table 19. Number and proportion of older women and men at risk utilising the Ratio Method as of June 2012.**

	Single no kids		Single with kids		Couple no kids		Couple with kids	
	No.	%	No.	%	No.	%	No.	%
Women 55 -64	47,848	3.8-30	2,552	0.3-2.3	24,898	0.8-2.4	1,262	0.2-1.2
65-74	49,475	0.2 -18.4	443	0-0.2	31,323	0.1-0.7	226	0.40
75-84	36,445	0.1-14.7	66	0.0	14,680	0-0.4	15	0.0
85+	14,640	0.1-12.1	2	0.0	1,637	0.1-0.5	0	0.0
Men 55-64	43,731	2.2-18.8	1,337	0.7	19,873	0.9-1.3	5,979	0.10
65-74	39,625	0.2-3.2	255	0-1.6	33,552	0.3-1.3	1,129	0.2-0.7
75-84	18,800	0.1-7.8	23	0.0	21,991	0.1-0.5	123	0.0
85+	3,834	0.2-7.2	0	0.0	3,512	0.1-0.3	12	0.0
<b>Total over 55 years</b>	<b>254,398</b>		<b>4,678</b>		<b>151,466</b>		<b>8,746</b>	

Source: Calculated using Australian Institute of Health and Welfare 2012 unpublished data.

This pattern is also evident in Table 20 where the proportion of people at risk of homelessness utilising the LCBS is much lower for older women and men caring for children.

**Table 20. Number and proportion of older women and men at risk utilising the Low Cost Standard Budget Method as of June 2012.**

	Single no kids		Single with kids		Couple no kids		Couple with kids	
	No.	%	No.	%	No.	%	No.	%
Women 55 -64	47,848	10.3-53	2,552	1.5-14.8	24,898	2.7-36.0	1,262	4.5-19.7
65-74	49,475	0.4-47.3	443	21.9-65.7	31,323	0.1-40.2	226	6.2-34.5
75-84	36,445	0.4-24.9	66	0.0-25.8	14,680	0.6-43.3	15	20.0-40.0
85+	14,640	0.3-36.8	2	0.0	1,637	0.8-21.1	0	0.0
Men 55-64	43,731	12.3-73.5	1,337	3.1-19.2	19,873	2.2-13.7	5,979	5.1-17.5
65-74	39,625	0.5-30.7	255	1.2-18.0	33,552	2.2-29.4	1,129	3.5-18.3
75-84	18,800	0.4-37.2	23	17.4-60.9	21,991	0.8-24.0	123	16.30
85+	3,834	0.3-22.1	0	0.0	3,512	0.9-26.3	12	33.30
<b>Total over 55 years</b>	<b>254,398</b>		<b>4,678</b>		<b>151,466</b>		<b>8,746</b>	

Source: Calculated using Australian Institute of Health and Welfare 2012 unpublished data.

The development of knowledge in relation to being at risk of homelessness due to unaffordable rent is worthwhile not only in creating a model of extreme housing stress but also as a valuable guide for policy deliberations on social housing stock, rent levels and appropriate levels of assistance. The above analysis suggests that older women are at a greater risk of homelessness than older men and that caring for children protects against risk amongst older people.

However, the use of both the ratio and residual method to measure at risk of homelessness is challenging. There is a huge variability in the number of income units calculated to be at risk. Thus, analysis cannot be anything but subjective. The worth of the above methods, ratio and LCBS, would be greatly enhanced with precise figures for income and rent. Arguably a LCBS tailored to the locale would also advantageous. However this is a very ambitious project and there are questions about the worth of undertaking such a geographically tailored approach (Saunders 1998). A large sample with income units in a range of geographies with precise costings would provide a means to determine the issue of unaffordability and how this is linked to hardship and older people's risk of homelessness.

However, we know that risk of homelessness is not only about affordability for older people. There remains a need for improving measures to estimate at risk of homelessness. Further exploration and discussion is needed on risk measures, how they are defined and a



consensus is needed on how to use these measures. More thought is needed on what creates risk. It would be useful to undertake case studies of older people who are homeless and if possible consider their living circumstances and costs of living in the time leading up to their homelessness.

## **6.4 Summary and implications**

This chapter with a focus on exploring the numbers of older people at risk of homelessness acts as an important adjunct to enumerating the numbers experiencing homelessness. The rationale rests on the arbitrary line between homelessness and being at risk of homelessness as experienced by many older people in Australia. The focus has been on those enumerated as being in marginal housing considered to be just below the standard of homelessness as defined by the Australian Bureau of Statistics including substandard caravan parks and overcrowded houses; the older people resident in forms of non-private dwellings that are known to be linked to a risk of homelessness, that is being in prison and psychiatric hospitals; and older people at risk due to unaffordability in the private rental sector. The use of housing affordability methods as measure of homelessness risk is shown to be highly variable. However, despite the limitations, the data suggests older women are at higher risk in comparison to older men and that caring for children lessens the likelihood of risk.

There is a long standing recognition within Australia of older people living precariously in substandard inaccessible and unaffordable rental accommodation. Whilst this chapter has focused on economic measures of being at risk of homelessness it is important that other factors namely substandard and inappropriate housing are also important factors in considering risk for older people. The following chapter considers in detail two agencies that provide outreach and support for older people experiencing or at risk of homelessness.

## **7 Outreach homelessness services and older people**

### **7.1 Introduction**

This section will consider the two homelessness programs that are responsible for addressing homelessness amongst older people. The first, the specialist homelessness services, a program that is incorporated into the National Affordable Housing Agreement, has responsibilities for older people as well as all other population groups. The second, ACHA, is a specialised program within the Department of Health and Ageing which aims to address and prevent homelessness amongst older people.

### **7.2 Specialist homelessness services**

The aim of exploring data collected from the AIHW's SHS Collection is to

1. To understand what SHS are doing for older people
2. What were older people's housing status before seeking assistance
3. What are older clients seeking out of contact with specialist homelessness services
4. What services are older clients getting from specialist homelessness services

SHS offer a range of dedicated interventions to assist people who are homeless or are at imminent risk of becoming homeless. The services are on the whole provided by the not-for-profit sector. Some services are for particular target groups such as refuges for women and children escaping violence and others are generic and offer services to those who require support. Support services include crisis accommodation, meals, emergency assistance, counseling and assistance with permanent housing. Older people tend to access the agencies offering generic services but not exclusively. There are approximately 1,480 SHS agencies throughout Australia (Australian Institute of Health and Welfare, 2012, p. 1). Under the National Affordable Housing Agreement (NAHA) and the NRAS agreements, extensive data has been collected by specialist homelessness services and collated by the AIHW. All SHS agencies reported monthly on their activities; this commenced in July 2011. To understand the extent and nature of the contact of older people with specialist homelessness services, data from this collection strategy was purchased from the AIHW and then analysed. The data covering the period 1 July 2011 to 30 June 2012 provides a current and detailed understanding of older people's engagement with specialist homelessness services. The data collection reported here focuses on older people who were assisted. The AIHW advises there is considerable missing data with the records pertaining to unassisted people. The data in this section relates to older persons as defined as aged 55 years and over.

### **7.2.1 Proportion of older people as clients of SHS**

During 2011-2012, 13,755 older people received specialist homelessness services. This represents 6 per cent of all clients (Australian Institute of Health and Welfare, 2012, p. 47). The SHS collection report defined older people as being 55 years and over (Australian Institute of Health and Welfare, 2012). This mirrors the age marker for older people in this report.

However, given the different age definition the AIHW reports on older people as clients of SHS and its predecessor SAAP are not directly comparable. Lai's Monograph (2003), the detailed analysis of older people as clients of the SAAP defined older people as aged 50 years and over for non-Indigenous clients and 45 years and over for Indigenous clients. It is estimated that there were 8,580 older clients in 2000-01, 9.3 per cent of all SAAP clients (whose ages were known) who totaled 92,640 in that year. Lai reports the proportion of older people among SAAP clients remained quite stable at around nine per cent over the five years from 1996-97 to 2000-01.

As the specialist homelessness services provide assistance to people experiencing homelessness or at imminent risk of homelessness it is important to consider both the estimates from the 2011 Census of homeless older people and older people living in marginal housing considered at risk of homelessness. It is important to note the SHS relates to service use over a twelve month period, whereas the Census is a point in time measure. On Census night, August 2011, 14 per cent of all homeless persons were aged 55 and over - 14,850 older Australians. At the same point in time, 10,909 older people were enumerated to be living in marginal housing including other crowded dwellings, other improvised dwellings and marginally housed in caravan parks. This section is based on the client data, not the support periods submitted by the SHS agencies from 1 July 2011- 30 June 2012 to the AIHW. The SHS Collection is compiled by the AIHW; this section is based on analysis of spreadsheets purchased by ISSR from the AIHW. All tables and figures presented below do not represent all clients aged over 55 years. The AIHW state that agencies did not have specific data on large numbers of clients including older people. Therefore the data below represents an understanding of the characteristics of older people reported by SHS.

#### **Demography**

Table 21 shows the number and percentage of older clients of SHS by State and Territory. This data reflects the most recent State of residence for older clients. In 2011-2012, 40 per cent of all older clients of SHS nationally accessed SHS services in Victoria. Services in New South Wales and Queensland were accessed by 21 per cent and 16 per cent respectively. Just fewer than 10 percent of older clients accessed SHS services in South Australia and Western Australia, whilst services in Northern Territory, Tasmania and Australian Capital Territory were accessed by three per cent, two per cent and one per cent of older clients respectively.

**Table 21. Distribution of older SHS clients by State and Territory cited as last residence, 2011-2012.**

Most Recent State of Residence						
	Men 55+		Women 55+		Total 55+	
	No.	%	No.	%	No.	%
NSW	1,223	23	1,015	18	<b>2,238</b>	<b>21</b>
Vic	1,851	34	2,537	46	<b>4,388</b>	<b>40</b>
Qld	987	18	737	13	<b>1,724</b>	<b>16</b>
SA	427	8	433	8	<b>860</b>	<b>8</b>
WA	493	9	459	8	<b>952</b>	<b>9</b>
Tas	128	2	104	2	<b>232</b>	<b>2</b>
NT	198	4	170	3	<b>368</b>	<b>3</b>
ACT	100	2	47	1	<b>147</b>	<b>1</b>
<b>Total</b>	<b>5,407</b>	<b>100</b>	<b>5,502</b>	<b>100</b>	<b>10,909</b>	<b>100</b>

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Table 22 shows that Victoria has the highest proportion of older clients - 9 per cent record Victoria as their place of most recent residence. It also shows seven per cent of older Northern Territory residents were over 55 years. All other states had either 5 or 6 per cent of its client base as older.

**Table 22. Proportion of older SHS clients by most recent state of residence, 2011-2012.**

	Most Recent State of Residence								
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
54 and under	33,925	46,573	30,000	17,317	15,441	4,224	5,076	2,732	<b>155,288</b>
55 +	2,238	4,388	1,724	860	952	232	368	147	<b>10,909</b>
<b>% Older Clients</b>	<b>6</b>	<b>9</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>5</b>	<b>7</b>

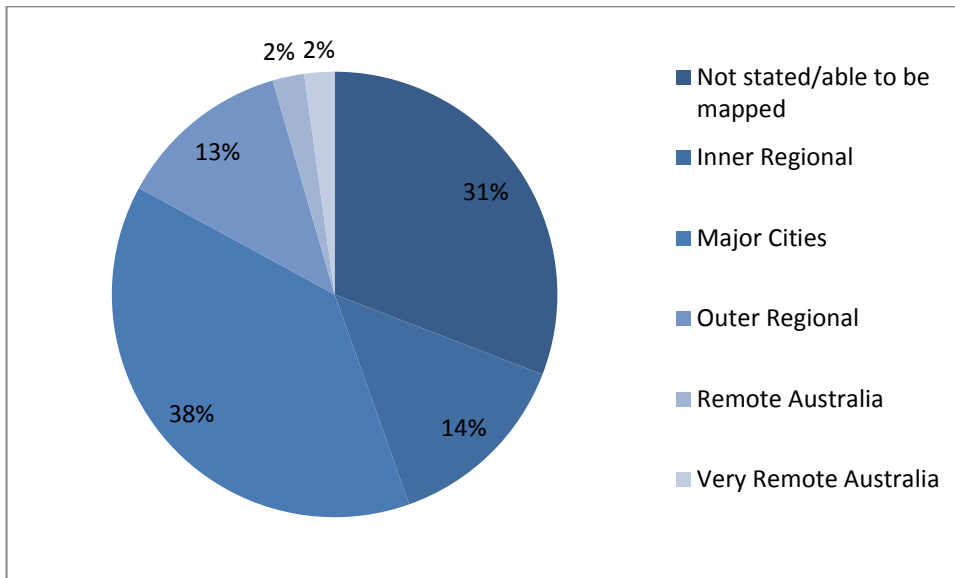
Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Note: 63,048 clients aged 45+ did not state most recent state of residence.

### Geography of older SHS clients

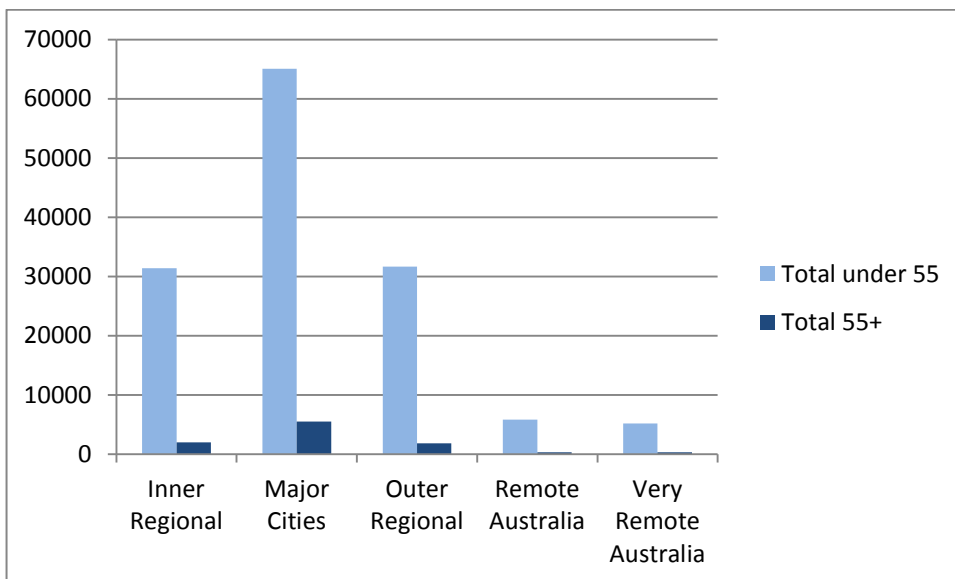
The number of older SHS clients in urban, rural and remote locales is linked to the availability of services geographically. Figure 5 shows that for the 12 months 2011-2012, 38 per cent of older clients accessed SHS services in major cities. Indicative of Australia's urban population density inner regional and outer regional worked with 14 per cent and 13 per cent of older clients. Two per cent of older clients were accessing services in remote and very remote

Australia respectively. A large percentage, 31 per cent were reported by the AIHW as not able to be mapped.



**Figure 5. Location of older clients of SHS services, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).



**Figure 6. Numbers of younger and older SHS clients by geography, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

As set out in Table 23 a greater proportion of older clients compared to younger clients (less than 55 years of age) accessed SHS services in major cities. All inner regional outer regional remote and very remote had roughly the same proportion of older clients, at five and six per cent.

**Table 23. Proportion of older and younger clients by geography, 2011-2012.**

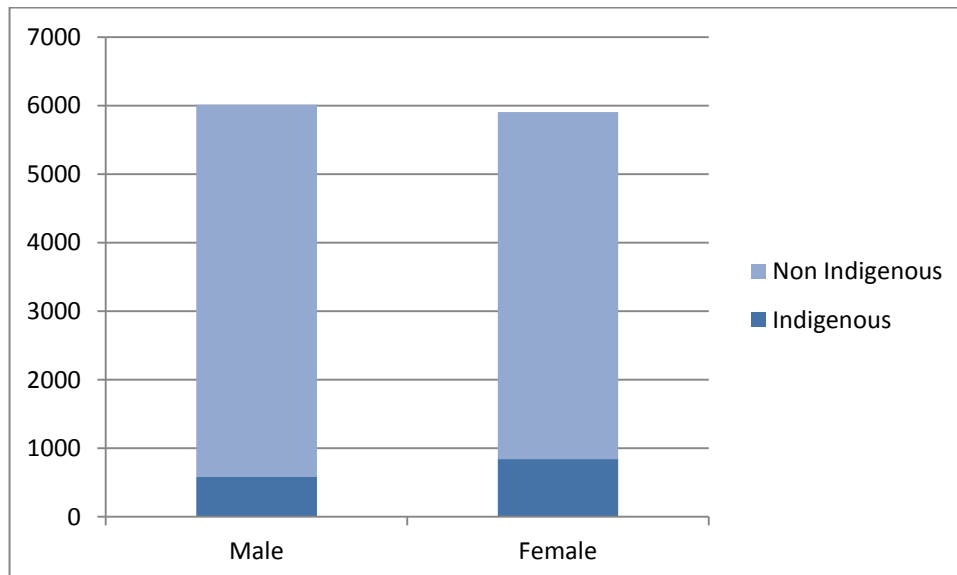
	Inner Regional	Major Cities	Outer Regional	Remote	Very Remote
Clients younger than 55	94%	92%	95%	95%	94%
Clients older than 55	6%	8%	5%	5%	6%

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

## Ethnicity

### Older clients – Indigenous and Non Indigenous

Older indigenous clients as with younger Indigenous clients access SHS services at a higher rate than non-Indigenous.

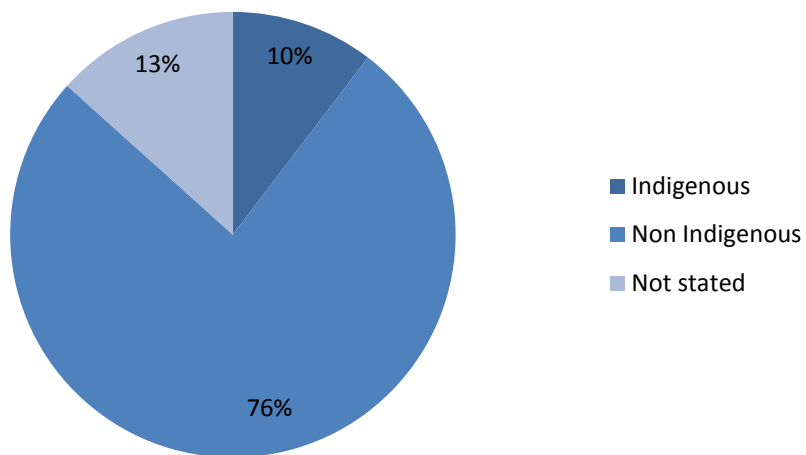


**Figure 7. Numbers of Indigenous and Non Indigenous older SHS clients, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Note: 1837 Men and Women aged over 55 did not state heritage.

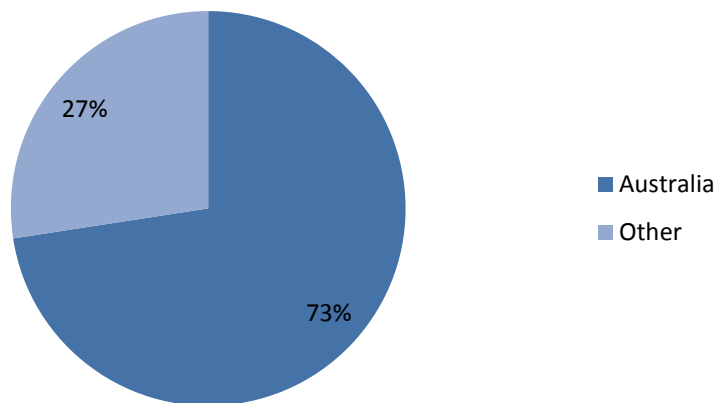
Of the older clients of SHS, 10 per cent are Indigenous (see Figure 8). This contrasts with Indigenous peoples 55 years and older make up approximately one per cent of the Australian population of over 55's.



**Figure 8. Proportion of Non Indigenous and Indigenous SHS clients, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

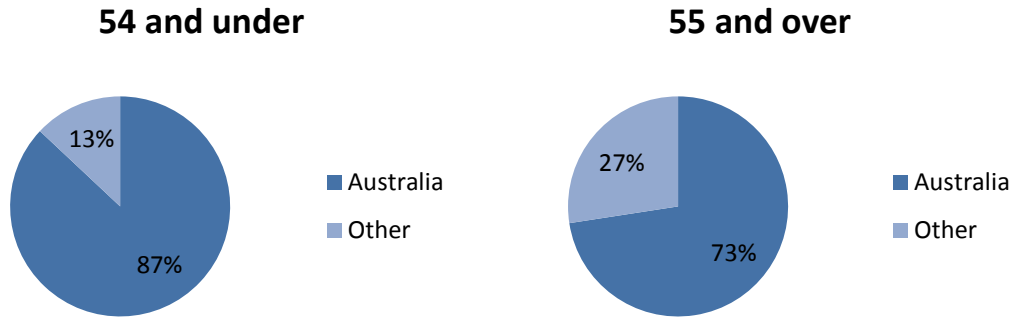
Almost three quarters of older clients of SHS are Australian born. As Figure 9 shows 27 per cents of older clients have been born overseas. Compared with younger SAAP clients, older clients are more likely to have been born outside of Australia.



**Figure 9. Proportion of older SHS clients born outside of Australia, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

As Figure 10 shows, people born outside of Australia make up 27 per cent of older clients, but only 13 per cent of clients younger than 55.

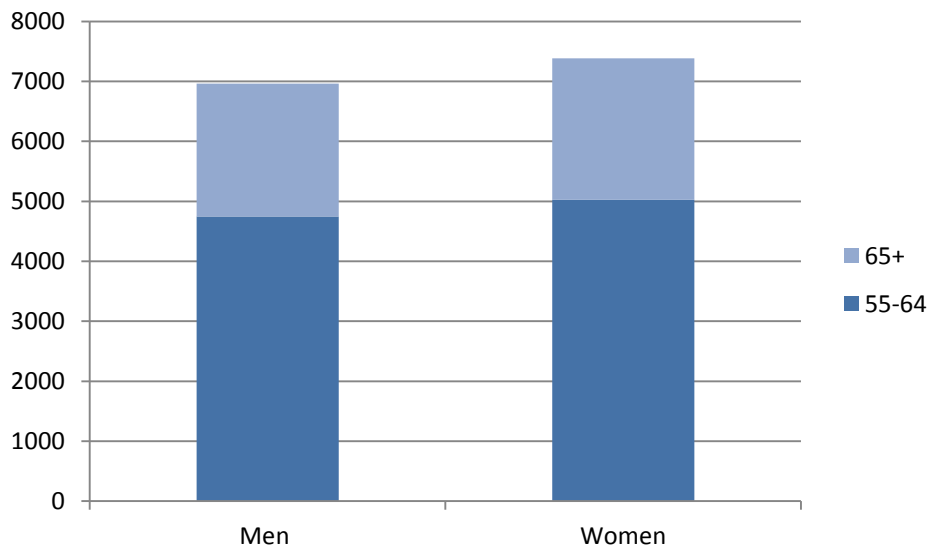


**Figure 10. Proportion of older and younger SHS clients by country of birth, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

### Gender

Females make up the majority of SHS clients. They represent 59 per cent of SHS clients, with males representing 41 per cent. Younger women under 35 were the group most likely to access SHS (Australian Institute of Health and Welfare, 2012, p. 7). With older people, women make up 51 per cent of SHS clients, whereas men make up 49 per cent. As seen in Figure 11, of the 7,383 older women clients, 5,024 were aged between 55 and 64 years of age and 2,359 were aged over 65 years. Of the 6,963 older men, 4748 were aged between 55 and 64 years of age and 2,215 were over 65. The proportion of men and women as older clients of SHS is similar.



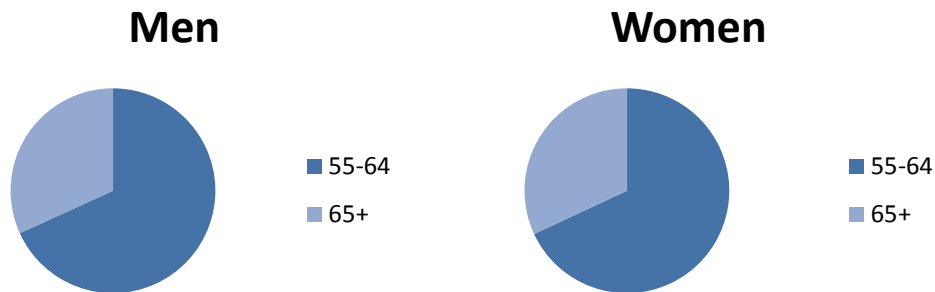
**Figure 11. Older SHS clients by gender and age, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

It is also important to note that older people living precariously tend to in the younger cohort, aged between 55 and 64 years. As seen in Figure 12 the age proportions across genders are



the same with both men and women aged between 55 and 64 years of age are 68 per cent of the older SHS clients with 32 per cent of women and men being 65 years and over.



**Figure 12. Older men and women as SHS clients by age groups, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

### ***7.2.2 Reasons older people seek assistance from SHS***

Table 24 sets out the reasons people seek assistance from SHS, breaking down the gender into two groups, older (55 years plus) and younger cohorts (54 years and under). The main reason older women seek assistance from SHS services is domestic violence (26 per cent). This mirrors the dominant reason for younger women at 29 per cent. For older men the main reason for seeking assistance is financial difficulties. The new collection records utilised by SHS agencies breaks housing issues into a number of reasons including housing affordability stress, housing crises, inadequate or inappropriate dwelling conditions and previous accommodation ended. A quarter of older women and younger women present with housing issues as their main reason. For older men 35 per cent present with housing issues, whilst for younger men 30 per cent present with housing issues. Gambling, problematic drug substance and alcohol use presented very low as primary reasons for seeking assistance. These issues are identified as causes of homelessness in Melbourne particularly for older men (see Crane et al., 2005). However, these problems may not be identified as the main reason for seeking assistance.

**Table 24. Main reason for seeking assistance, younger and older men and women, 2011-2012**

	Older Women	%	Young Female	%	Older Men	%	Young Male	%
Financial difficulties	1,292	17	14,372	11	1,453	21	11,523	13
Housing affordability stress	354	5	4,851	4	381	5	3,132	4
Housing crises	590	8	12,514	10	830	12	11,164	13
Inadequate or inappropriate dwelling conditions	636	9	9,728	8	771	11	7,366	8
Previous accommodation ended	258	3	4,384	3	487	7	4,714	5
Time out from family/other situation	120	2	2,590	2	98	1	1,753	2
Relationship/family breakdown	206	3	6,460	5	190	3	4,736	5
Sexual abuse	0		453	0	0		62	
Domestic and family violence	1,938	26	36,855	29	140	2	7,821	9
Non-family violence	65	1	797	1	35	1	376	
Mental health issues	139	2	1,228	1	194	3	1,739	2
Medical issues	161	2	605		282	4	647	1
Problematic drug or substance use	5		709	1	45	1	1,483	2
Problematic alcohol use	0		317		176	3	941	1
Employment difficulties	0		117		0		256	
Unemployment	0		159		0		362	
Problematic gambling	9		9		22		85	
Transition from custodial arrangements	0		461		76	1	2,297	3
Transition from foster care and child safety res. Placement	0		245		0		213	
Transition from other care arrangements	0		277		34		344	
Discrimination (incl. racial and sexual)	0		74		0		36	
Itinerant	63	1	1,387	1	189	3	1,746	2
Unable to return home due to environmental reasons	21		448		48	1	440	1
Disengagement with school or other education and training	0		281		0		372	
Lack of family and/or community support	116	2	1,208	1	150	2	1,005	1
Other	471	6	6,012	5	506	7	5,475	6
Not stated	856	12	20,950	16	788	11	17,298	20
<b>Total</b>	<b>7,384</b>		<b>127,505</b>		<b>6,964</b>		<b>87,395</b>	

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

### 7.2.3 Assistance provided to older people from SHS

Most clients of SHS seek and are provided with more than one service. A client may be seeking advocacy to prevent an eviction, meals, support and counselling. Table 25 sets out the services older men and women sought and what SHS were able to assist with. Most clients, both older men and women are seeking assistance with sustaining their tenancy and thereby preventing eviction. Roughly the same amount of older men and older women, 86 per cent and 85 per cent respectively seek assistance with sustaining tenancy. The data suggests it is easier to find emergency accommodation for older men than it is for older women, with 72 per cent of older men being assisted and 60 per cent of women assisted. Both older men and older women are assisted in the same proportion for all the other categories of assistance offered by SHS.

**Table 25. Needs identified by older men and women, and services provided, 2011-2012.**

	Men			Women		
	Need	Provided	% Assisted	Need	Provided	% Assisted
Short term/emergency accom.	2,316	1,671	72	1,299	781	60
Med term/transitional housing	1,186	407	34	823	272	33
Long term housing	2,081	226	11	1,789	189	11
Sustain tenancy/prevent eviction	1,793	1,536	86	1,789	1,515	85
Prevent foreclosure/mortgage arrears	73	47	64	96	67	69
General Assistance & support	5,980	5,898	99	6,421	6,265	98
Specialist Services	1,897	1,447	76	1,923	1,487	77

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Data was requested on unassisted older people who had approached SHS for services. The SHS collection provides a measure on the number of instances where a request for services resulted in a person not receiving assistance at that time (Australian Institute of Health and Welfare, 2012, p. 85). The data is incomplete and is not appropriate for inclusion in this report.

#### Source of Referral

Table 26 outlines the formal referral source for older people. The largest number of older men and older women do not seek assistance from a SHS service with a formal referral.

Government agencies refer just under a sixth of older people to SHS. The police are responsible for referring 12 per cent of older women, whereas only two per cent of older men are referred by police. Court referrals also show these differences. It is noteworthy that aged care services, largely agencies working in the community aged sector refer few older men, 20 in total and no women.

**Table 26. Referral source of older clients of SHS, June 2012.**

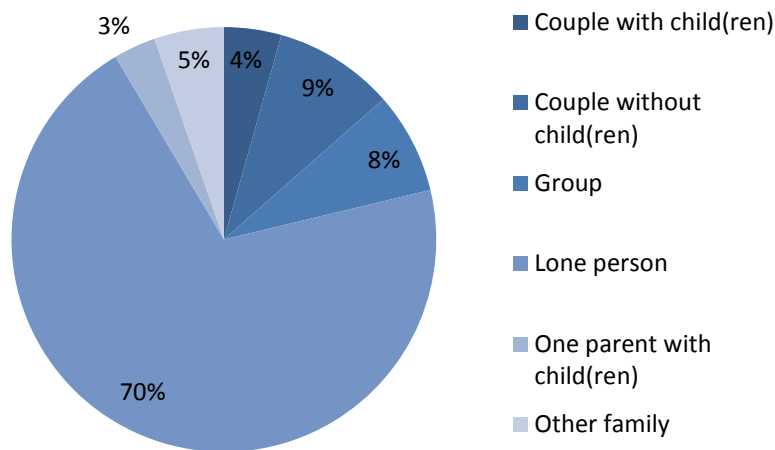
	M 55+	F 55+
Specialist Homelessness Agency/outreach worker	573	441
Telephone/crisis referral agency	144	189
Centrelink or employment service case worker	223	159
Child protection agency	0	21
Family and child support agency	0	22
Hospital	198	122
Mental health service	84	83
Disability support service	0	0
Drug and alcohol service	77	0
Aged care service	20	0
Social housing	228	229
Youth/juvenile justice correctional centre	0	0
Adult correctional facility	120	21
Legal unit (including legal aid)	0	29
School/other education institution	0	0
Police	144	765
Courts	22	156
Immigration department or asylum seeker/refugee support service	12	10
Other agency (government or non-government)	815	934
Family and/or friends	417	535
Other	412	520
<b>No formal referral</b>	2,601	2,201
<b>Total</b>	6,090	6,437

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

## 7.2.4 Circumstances of older clients of SHS

### Presenting unit

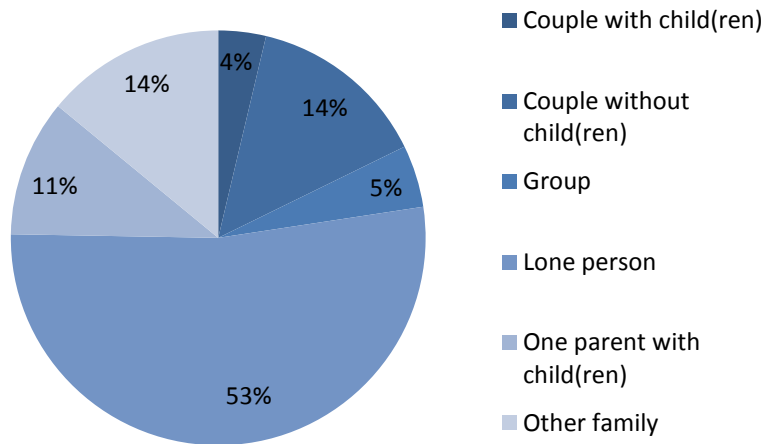
As seen in Figure 13 the large majority of older men presenting to SHS (70 %) are presenting as a lone person. Nine per cent of men presented as part of a couple, and a further four per cent presented as a couple with children. Family obligations were a part of older men lives with three per cent presenting with a child or children, eight per cent with other family.



**Figure 13. Living arrangements of older men on first reporting, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Just over a half of older women presented to SHS as a lone person. As seen in Figure 14, nine per cent of women aged over 55 presented as part of a couple, with a further 14 per cent presenting as part of a couple with children. A higher proportion of older women, 11 per cent presented with a child or children or with other family (about 14 %).

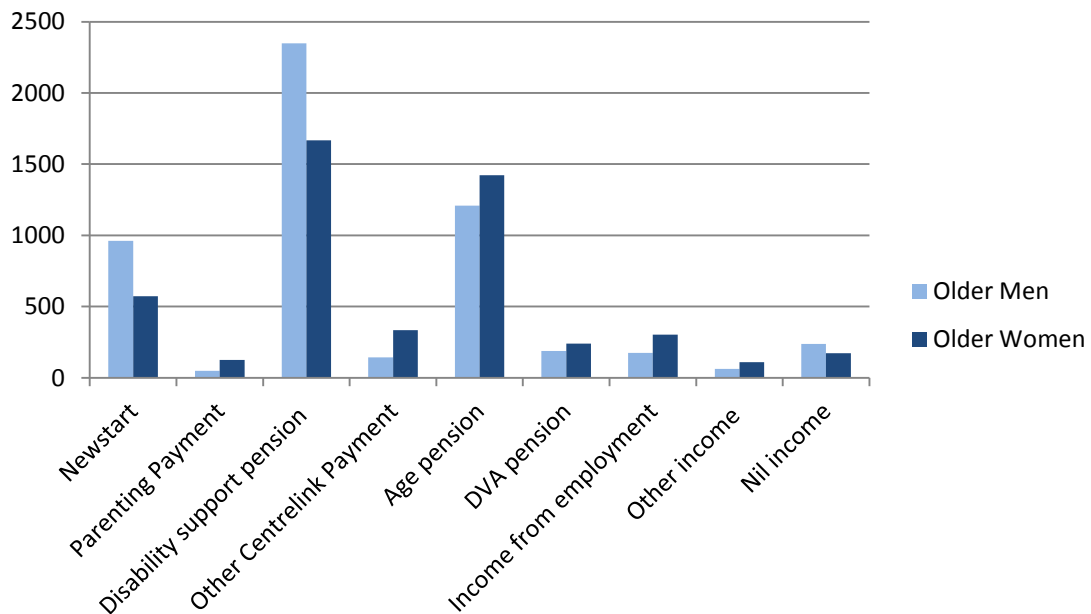


**Figure 14. Living arrangements of older women on first reporting, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

### Income

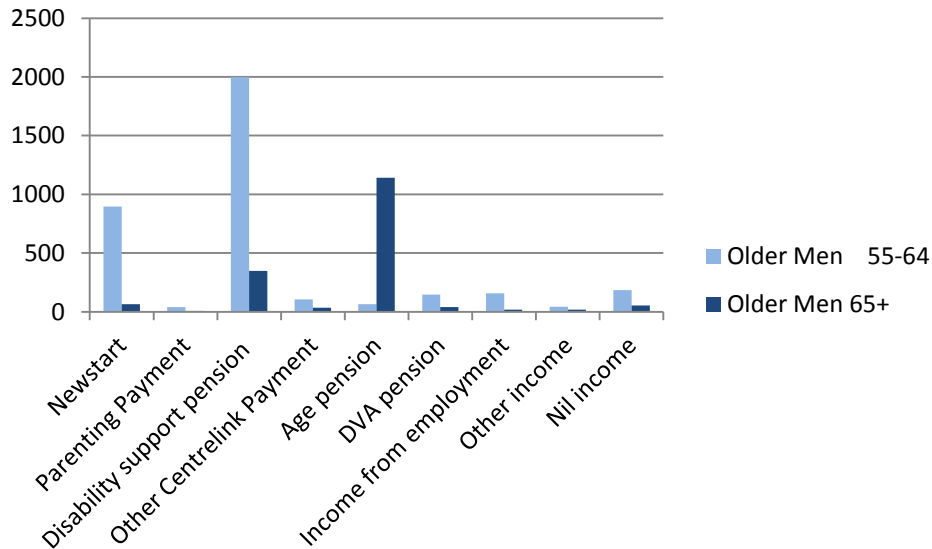
It is interesting to note in Figure 15 the main source of income for older men and older women is the Disability Support Pension followed by the Age Pension.



**Figure 15. Source of income for older clients of SHS, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

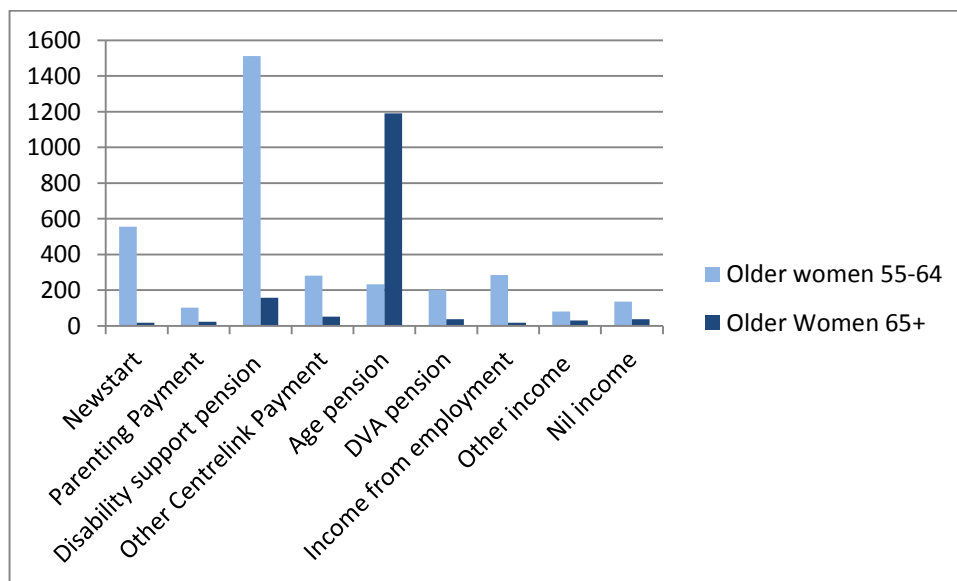
Looking at this accounting for gender and cohorts below which eligibility for the age pension aligns (around 65) it can be seen the Disability Pension is linked to the younger cohort, 55-64 years of men.



**Figure 16. Source of income for older men as clients of SHS, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

This pattern is also evident with older women. Although with an eligibility for the Age Pension (just under 65 years) more women in the 55-64 cohort receive this pension



**Figure 17. Source of income for older women as clients of SHS, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

### **7.2.5 Housing arrangements of older clients of SHS**

Table 27 compares the housing arrangements on becoming a client of SHS. It compares the housing arrangements of younger and older men, and younger and older women. Older women are more likely to have been living in their own home. Indeed there is marked difference between older women (12 %) and the other cohorts (ranging from one to four per cent). It would be useful to cross tabulate women's housing arrangements on referral and

reasons for seeking assistance; the higher proportion of older women leaving their own home may be linked to the high incidence of domestic violence experienced by older women. Across all cohorts the private rental sector was the main housing arrangement; 21 per cent and 22 per cent for younger and older men respectively, and 30 per cent and 28 per cent for younger and older women respectively. Of interest is the relatively large number of older women and men, 18 per cent and 24 per cent who have come from public rental housing. The reasons behind these figures requires further analysis as the figures across cohorts for community housing and transitional housing arrangements are very similar. Men, particularly older men form the higher proportion with a history of living in a boarding house. Younger clients are more likely to have been living in a rent free arrangement. There are high proportions of people coming from a housing arrangement with no tenure. By considering the dwelling type of people at the time of seeking assistance from a SHS we can further understand the no tenure arrangements.



**Table 27. Tenure arrangements of younger and older men and women before assistance, 2011-2012.**

	Younger Male	%	Older Men	%	Younger Female	%	Older Women	%
Renter - private	10,938	21	1,152	22	23,221	30	1,459	28
Renter - public	4,281	8	986	18	9,502	12	1,232	24
Renter - community	1,450	3	218	4	2,833	4	233	5
Renter - transitional	1,284	2	61	1	1,934	2	57	1
Renter - caravan park	861	2	120	2	961	1	69	1
Renter - boarding/rooming house	3,736	7	420	8	3,156	4	194	4
Renter - emergency	2,381	4	171	3	3,563	5	123	2
Other renter	1,590	3	163	3	2,029	3	127	2
Rent free - private/public	3,387	6	120	2	5,715	7	168	3
Rent free - community/transitional	298	1	0	0	653	1	22	0
Rent free - caravan park/boarding house/emergency	1,405	3	67	1	2,111	3	60	1
Other rent free	2,371	4	130	2	3,626	5	135	3
Life tenure	20	0	0	0	47	0	11	0
Owner - shared equity/being purchased/owned	623	1	173	3	3,330	4	641	12
Other	609	1	92	2	780	1	39	1
No tenure	17,804	34	1,482	28	14,587	19	561	11
<b>Total</b>	<b>53,040</b>		<b>5,355</b>		<b>78,049</b>		<b>5,131</b>	

Missing 51706 (men) + 35946 (women)

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Consideration of the dwelling type of SHS clients provides additional clarity on the living circumstances of clients at the time of presentation. Table 28 highlights the number and proportion of older men who are 'sleeping rough' in an improvised dwelling, no dwelling or in a vehicle. Indeed a comparable figure of 16 per cent is coming from boarding houses and emergency accommodation. Apart from the 61 per cent of older men who were living in a house, townhouse, flat, caravan, tent, and cabin or boat the remainder were living in dwellings with no tenure. On the other hand, 11 per cent of older women are living in dwelling with no

tenure. These groups of older men and older women with no tenure are considered homeless under the ABS definition of homelessness.

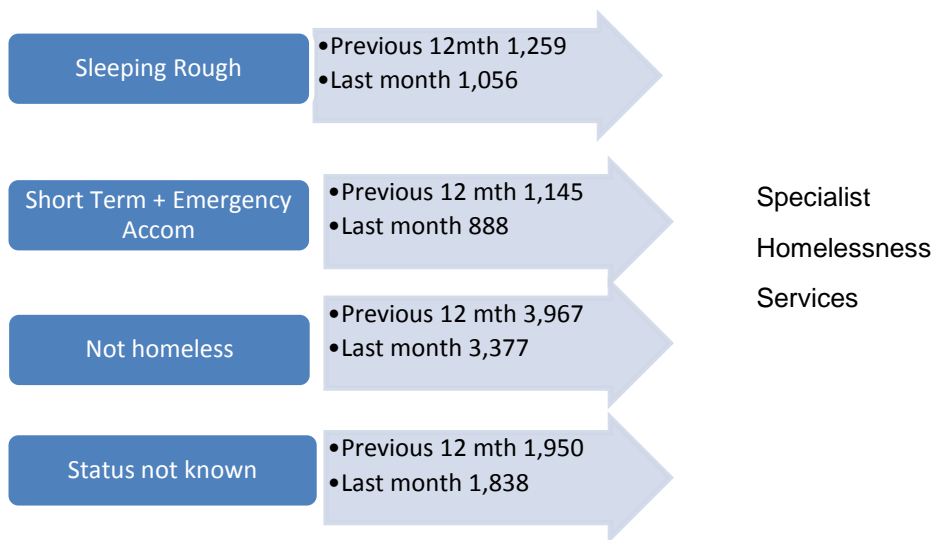
**Table 28. Dwelling type of younger and older men and women on referral, 2011-2012.**

Dwelling Type - First Reported	Younger males	%	Older Men	%	Younger female	%	Older Women	%
House/townhouse/flat	34,683	61	3,265	58	70,593	81	4,875	85
Caravan/tent/cabin/boat	1,788	3	215	4	1,830	2	132	2
Improvised dwelling/no dwelling/vehicle	7,322	13	855	15	3,532	4	173	3
Boarding house/emergency accom/hotel	7,801	14	887	16	8,068	9	348	6
Hospital/psychiatric hospital/disability support/rehab.	1,487	3	181	3	915	1	71	1
Adult or youth correctional facility	1,982	4	111	2	413	0	20	0
Boarding school/aged care facility/immigration detention	46	0	28	0	54	0	29	1
Other	1,403	2	124	2	1,297	1	67	1
<b>Total</b>	<b>56,512</b>		<b>5,666</b>		<b>86,702</b>		<b>5,715</b>	

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

### ***7.2.6 Homelessness history of older clients of SHS***

Both sleeping rough and short term accommodation are considered homeless circumstances. As seen in Figure 18 in relation to men over 55 years of age most have not been homeless in the previous month or in the previous 12 months. In addition, 3,957 men aged over 55 were not homeless in the previous year whereas 2,404 older men were homeless staying in short term and emergency accommodation or sleeping rough.

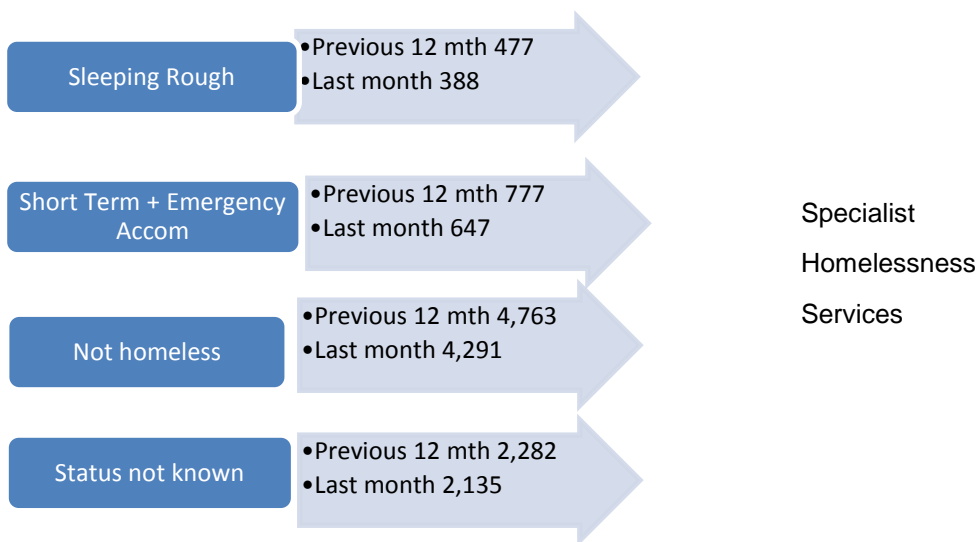


**Figure 18: History of homelessness amongst older men, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Note: These numbers will not add to the total amount of male clients as multiple responses to this question are valid.

The vast majority of women aged over 55 presenting to SHS had not been homeless in the past 12 months. 4,763 older women had not been homeless in the previous year. A total of 1,254 women were homeless, that is sleeping rough or staying in short term or emergency accommodation in the past 12 months. The homelessness status of a large number of women was unknown by SHS staff.



**Figure 19: History of homelessness amongst older women, 2011-2012.**

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Note: These numbers will not add to the total amount of female clients as multiple responses to this question are valid.

### ***7.2.7 Summary and implications***

The aim of this section is not to critique the work of the specialist homelessness services. SHS remains one of the major programs in Australia that assists homelessness people. However it is important to consider what agencies in Australia assist older people who are homeless or at risk of homelessness. The data above suggests that SHS agencies are not utilised widely by older people and that SHS agencies cannot on their own be responsible for assisting older people living precariously to exit homelessness. In considering the options for developing a response to older people living precariously it is important to build on what is working well rather than expecting agencies to be everything to everyone. It is acknowledged within the welfare and housing agencies including SHS that services specialise and concentrate on working with one client group, such as women and children escaping violence or youth. This focus on specialisation is discussed within the literature, and researchers and practitioner alike advocate for having services dedicated to older homeless people (Crane & Warnes, 2005). On the other hand there is a strong argument for generic services to be able to assist all referrals. Indeed this remains the position of the 'no wrong door' policy with various State, Territory homelessness strategies. However just as working with youth or women escaping domestic violence there are specialist skills attached with working with older people particularly those with care and support needs. The aged care system, both community and residential, is a complex system. Agencies with specialist skills in working with older people, knowledge of the health and disability issues associated with later years, as well as service integrated housing are often needed to provide appropriate housing and support assistance to older Australians living precariously. As with other specialised groups SHS are then in a position to refer to agencies that are skilled in working with older people. It is recognised however that older is such a wide cohort, an age of 55 and older (and may include people younger than this who have prematurely aged) and as such needs are not homogeneous. Indeed some clients, part of the older cohort, may find it appropriate to seek assistance with SHS, and the SHS service may be in a position to assist. The need remains however for collaboration with organisations such as those funded under ACHA which provide person centred assistance to older people in a housing crisis.

### 7.3 Assistance with Care and Housing for the Aged (ACHA)

The section aims to

1. To understand what ACHA agencies are doing for older people
2. How this specialised program differs from generic homelessness services

The ACHA program, operating since 1993, supports older people who are homeless or insecurely housed. The program is funded through the Commonwealth Department of Health and Ageing and implemented through community agencies and aged care providers working within the community. There has been limited data available on the work of ACHA agencies since its inception in 1993. In the past year however this has changed with Program Activity Reports released for 2009-10, 2010-11 and 2011-12. However, the data available is not as detailed as that available in relation to SHS. Requests to purchase data from the Department of Health and Ageing in relation to ACHA service delivery was not possible as at that time a tender was open. The material in this section is drawn from the Program Activity Reports and discussions with eight ACHA workers.

The number of agencies informing the latest report is 45. These agencies are spread across Australia:



The program has been criticised in the past for an adhoc service system and for its small scale (Howe, 2003). However in 2013, The Department of Health and Ageing expanded the AHCA program with 13 new service outlets funded in outer regional, remote and very remote areas of Australia. The ACHA program will remain in its current form until June 2015. The ACHA program along with the Commonwealth HACC Program, National Respite for Carers Program, and Day Therapy Centres are to be consolidated under the new integrated Commonwealth Home Support program on 1 July 2015 (Australian Government, 2012). It is planned for this program to receive growth funding each year.

The ACHA program links older Australians who are homeless, or at risk of being homeless, with suitable accommodation and care services. The support provided by ACHA services includes assistance with locating suitable accommodation, advice on housing applications, advocacy, coordinating removals and assisting access to accommodation-related legal and financial services. ACHA services also link clients, when needed, to aged care and welfare services. Most ACHA agencies are outreach services; though a small number of support vulnerable older people 'on site' in accommodation such as hostels.

The 45 ACHA service outlets across Australia at the time of the 2011-12 report received \$4.637 million from the Government and supported 4,239 vulnerable people gain access to care and housing. The average cost per client of service provision is \$1,094. The services work equally with men and women, though sites do differ in the ratio of men and women they work with, for example Housing for the Aged Action Group in Melbourne largely work with older women.

**Table 29. Summary of Assistance with Care and Housing for the Aged Program Activity.**

	2009-2010	2010-2011	2011-2012
<b>Clients assisted</b>	3,842	3,858	4,239*
<b>ACHA Funding</b>	\$4,439,215	\$4,515,040	\$4,637,000
<b>Average cost per client</b>	\$1,155	\$1,300	\$1,094
<b>Cost ranges per client</b>	\$347-5,517	\$302-5,347	\$267-5746
<b>Average age of clients</b>	67 years	68 years	70 years
<b>Largest group of clients</b>	39% over 70 years ; 70% over 60 years	38% over 70 years; 75% over 60 years	33% 60-69 years; 32% 70-79 years
<b>Length of client service</b>	25% assisted for up to 4 weeks, 28% for more than 6 months	19% assisted for up to 4 weeks, 30% for more than 6 months	14% assisted for up to 4 weeks, 41% for more than 6 months
<b>Gender of clients</b>	51% Men 49% Women	53% Men 47% Women	51% Men 49% Women
<b>Clients with CALD backgrounds</b>	946 (25%)	992 (26%)	1,213 (29%)
<b>Clients with Indigenous heritage</b>	338 (9%)	406 (11%)	202 (5%)

Source: Department of Health and Ageing 2013.

Note: The 2011-12 figure includes 3,979 primary clients and 507 secondary clients (clients living with the primary client seeking assistance). The 2011-2012 data also includes clients who were clients referred between ACHA service outlets; 2011-12 is the first year this was recorded.

The ACHA program is designed and funded on the premise that vulnerable older people have specialised needs. Discussions with ACHA workers across Australia highlight the core elements of the program. These facets include:

1. Utilise a person- centred focus. A feature of aged care policy and practice, a person centred focus alongside one on one contact with older clients enables building of trust and facilities undertaking a comprehensive assessment.
2. A comprehensive assessment includes not only housing need but health, family, housing history, care and legal needs. This enables appropriate referrals to be in place to community agencies including legal centres, aged care providers, Meals on Wheels etc.

3. The knowledge base of ACHA workers includes tenancy rights, the systems around a range of public and community housing applications, health knowledge including concerns often associated with older people including dementia, chronic disease, frailty, elder's rights, knowledge of legal avenues in cases of elder abuse, cultural norms, and local accommodation options such as appropriate caravan parks, sensitive real estate agents.
4. The program facilitates flexibility to enable working with older people in a variety of circumstances with the local context. This is seen to be core strength of the program.
5. The program enables working one to one with a client, sometimes over a period of months to secure housing or support. The role encompasses linking people with suitable housing, referring them on to appropriate services and also offering emotional and practical support including assisting clients in the process of moving their belongings. Older people find it difficult to navigate the housing and aged care systems and assistance is needed to undertake the administrative tasks. In addition, ACHA workers advocate for their clients. Older people are seen to 'accept' the system and do not assert their entitlements or rights.

ACHA is a relatively small program that is not widely recognised by the welfare and aged care sector. Its role in housing older people assists prevents people being prematurely place into an aged care facility. Although in place since the early 1990's the ACHA program is firmly within a Housing First framework; providing people with housing and additional services if needed. ACHA is a specialised program that respects the particular needs of older people, and offers a service tailored to the specific needs of the individual. Importantly ACHA has an outreach model, working in people's homes and communities rather than expecting older people to travel to them. This in turn gives the ACHA workers and the program a window into the disadvantaged lives of their clients and an understanding of their needs.

## **7.4 Conclusion**

This discussion of the two specialist homelessness programs does not set out to provide a comparison as they work in different contexts, offer different services and have very different funding arrangements. Importantly they vary greatly in size. Both have and will continue to assist older people who are experiencing homelessness or at risk of homelessness. It is important however in this report concerned with meeting the needs of older people to outline the elements which are key to a positive engagement with older people. The evidence that older people are underrepresented as clients of specialist homelessness services is borne out in this analysis. On the other hand ACHA as part of the aged care portfolio is tailored specifically to the needs of older people. Whilst not a program that provides ongoing care (although a few agencies do work with vulnerable individuals over the long term) the service design provides flexibility and tailored assistance to older people in housing crisis. A focus of



both agencies is linking people to affordable secure housing – this is examined in detail in the following chapter. The low availability of suitable housing options, high rentals and high competition for rental properties is identified by ACHA workers in the 2011-2012 ACHA Program Activity report (Assistance with Care and Housing for the Aged Program, 2013, p. 10) as the most significant limitation on early and optimal housing outcomes for ACHA clients.

## 8 Affordable housing with support for older people

Housing is a foundation of social inclusion. Importantly, the framework of social inclusion emphasises the interrelationships between housing, health, and employment domains in the experiences of people's socio-economic disadvantage. In relation to older people it is not only access to housing but also the appropriateness of housing and support services that is imperative. This report highlights that appropriate housing for older people is the key for social inclusion and encompasses affordability, accessibility and safety in locales linked to service and transport hubs that enable connection for health welfare and social reasons. The importance of home and place long recognised as essential to wellbeing in gerontological literature is supported in homelessness initiatives with the focus on "housing first", prevention and early intervention to ensure people's residency.

In relation to older people a discussion of the range of housing options with the capability to alleviate the housing exclusion of older people is inseparable from discussions from care. For this reason this chapter connects housing with aged care. Whilst housing and residential aged care facilities are separate policy portfolios and conceptualised in very different ways, the former associated with home and independence, the latter with shared living and care this does not reflect the strong interconnection in practice between housing and care for older people. This has particular relevance in relation to older people who have been homeless; issues which will be taken up in this chapter. It is helpful to look at older people's housing and accommodation as a continuum with independent living in the community at one end and high level residential care at the other end with a range of service integrated housing in between. Australian aged care is available for people living in the community and as part of residential care, with both low and high levels of care available for people in either locale. Australia over the past three decades has had strong recognition and support of community aged care; this focus is strengthened in the recent aged care reform package *Living Longer Living Better* (Australian Government, 2012). In Australia older residents in many forms of housing irrespective of tenure – suburban houses, public housing units, retirement villages, caravan parks, and rooming houses - can access community care. On the other hand, for some older people residential aged care is the most appropriate form of accommodation. Thus this discussion of affordable housing and its impact on older people living precariously includes this entire range of accommodation forms within Australia.

Given the diversity in the range of older people's housing the first section of this chapter firstly provides an overview of housing for older Australians. Drawn from the 2011 Census this overview provides a current context for older Australian's housing tenure as well as patterns since the 2006 Census. This focus includes patterns of tenure including ownership, and rental housing for older people including a detailed snapshot of social housing and private rental housing. Inclusive in this discussion of rental housing are rental retirement villages, manufactured home parks and caravan parks. As part of this analysis is an examination of the

large incentive programs, NRAS and its impact on housing for financially disadvantaged older people. The role and place of independent living units and specialist funding for residential aged care as part on older people's affordable housing is also detailed.

The second section considers the range of housing and support programs that provide pathways out of homelessness for older people. Given the complexity and range of housing options offering an array of support options alongside different funding sources (some longstanding, some relatively new) this section will outline a range of 'innovative housing solutions' within Australia that assist financially disadvantaged older people and importantly enables them to age in place. Australia provides quality programs and practice that impacts on housing for disadvantaged older people; pathways that can be drawn on and expanded to address later life homelessness. This section will encompass the diverse pathways experienced by older people ranging from those who experience multiple exclusion as well as those who have lived conventional lives and now in their later years' experience homelessness or risks associated with homelessness. To illustrate the range of pathways a number of agencies and their practice will be outlined as case examples. This material drawn from interviews and personal communication with service providers provides a description of the program, funding sources as well as outlining their mode of practice. From these descriptions key factors can be discerned that are integral to the success of their programs in enabling pathways out of homelessness for older people. This section is not an inventory; many providers and programs offering innovative and effective housing and support for older people are not included given space restraints.

## **8.1 Overview of older person's housing, 2011**

The growth in the population of older Australians is well recognised. This section provides an overview in the context of the demographic changes in the housing tenure of older Australians. This material is drawn from the 2006 and 2011 Census data of the Australian Bureau of Statistics. The tables have been constructed utilising the online subscription tool, TableBuilder Pro and presents a range of material relevant for this chapter including the tenure patterns for older people in social housing and private rental. Consistent with the rest of this document the age of 55 years and over is used as a marker for an older person.

Housing researchers make a decision when utilising data from the Census whether to use data relating to households or dwellings. The ABS publishes data on the number of households in relation to housing statistics. Care must be taken in comparing material on the characteristics of housing within Australia. In this report data relating to people in dwellings was utilised for a number of reasons. Firstly, a focus on people is consistent with other material in this report; the ABS Homelessness figures drawn from the Census enumerates persons not households. Secondly, this report seeks to discuss older people with particular tenures as a proportion of the population – therefore counts of persons not households is needed. People living in non-private dwellings, residential care facilities termed nursing homes and hostels in the Census

dictionary are linked to the dwelling type. These forms of dwellings are important considerations when considering older people's housing.

There are limitations with the utilisation of Census data to enumerate people and their tenure type. All people in the household are enumerated in terms of the dwelling characteristic. For example a dwelling owned by an older couple would enumerate both as owners correctly. However if they had someone renting a room, this persons tenure as a renter would not be accounted for. The tenure of unrelated persons are not picked up.

To enumerate the tenure of older persons a number of steps were undertaken in TableBuilder. The tenure type is linked to the dwelling (Australian Bureau of Statistics, 2011a) and for these reasons the material presented below draws on the tenure type of the dwelling (TEND is the ABS variable). All reference persons living in that dwelling are included, and as such provide an understanding of all reference persons over 55 in the dwelling. In addition, the place of enumeration (not place of usual residence) was used in all tables in this chapter.

In the following tables, older people as owners and mortgage holders as well as renting in various forms of social housing and the private rental market have been developed. Tenure type is linked to landlord type to give an understanding of the different types of rental arrangements, for e.g. private or public rental. From this overall discussion of older people's tenure the next section considers Australian models of affordable housing.

### **8.1.1 Home owners**

When considering tenure, the largest group of older Australians is home owners. Table 14 sets out in more detail the change from 2006 to 2011 in home ownership and purchasing with a mortgage for people aged over 55 years. The proportion of older people who own their home outright, termed 'owners', has decreased by 4.9 per cent. In 2006, 1,744,190 older people who owned their own home represented 63.8 per cent of the total number of people aged over 55 living in occupied private dwellings (2,666,439). In 2011, 1,882,678 owned their own home; this represented 60.5 per cent of all Australians aged over 55 living in occupied private dwellings. On the other hand, the number and proportion of older people who are purchasing their home with a mortgage or under a rent buy scheme has increased from 14.5 to 17.7 per cent. These changes are in line with commentary by Yates and colleagues (2007) of the changing home ownership patterns of older people. Increasing numbers of older people are experiencing housing stress as a consequence of mortgage payments (Wood, Colic-Peisker, Berry, & Ong, 2010).

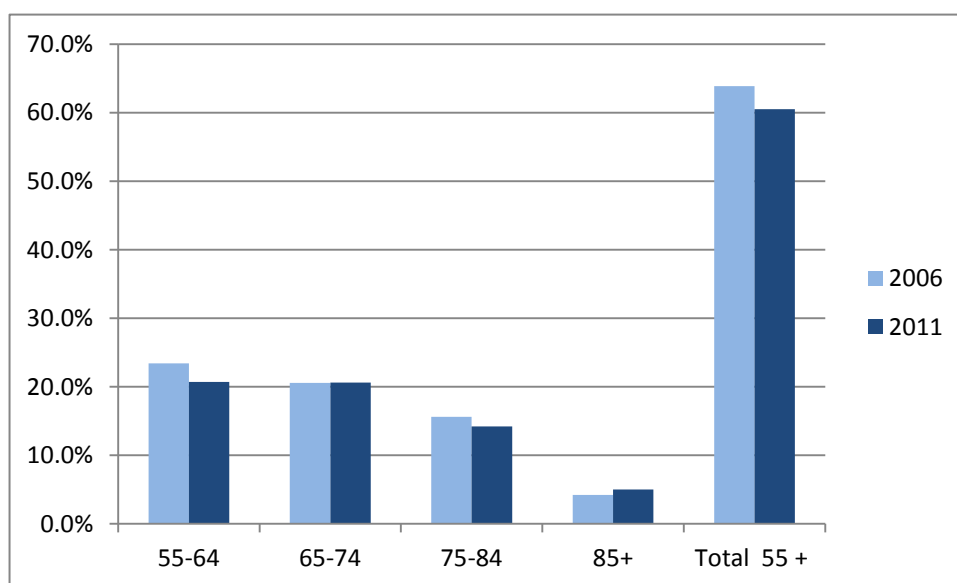
**Table 30. Changes in home ownership amongst older people, 2006–2011.**

	Owners				Purchasing with a Mortgage			
	2006		2011		2006		2011	
	No.	%	No.	%	No.	%	No.	%
55-64	639,729	23	644,997	21	310,171	11	421,234	14
65-74	562,123	21	640,753	21	60,452	2	97,663	3
75-84	427,087	16	441,707	14	20,496	1	25,580	1
85+	115,253	4	155,221	5	4,520	0	5,659	0
<b>Total 55 +</b>	<b>1,744,190</b>	<b>64</b>	<b>1,882,678</b>	<b>61</b>	<b>395,643</b>	<b>15</b>	<b>550,136</b>	<b>18</b>

Source: Customised table from ABS TableBuilder 2006 and 2011; Owners: 2011 RPIP by TENLLD = 'owned outright', 2006 RPIP by TEND = 'fully owned'. Purchasing with a mortgage: 2011 RPIP by TENLLD 'owned with a mortgage', 2006 RPIP by TEND = 'being purchased' + 'being purchased under a rent/pay scheme'.

Note: Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

It can be seen in Figure 20 from 2006 to 2011 there has been a downward movement in the proportion of home ownership for all cohorts of older people with the exception of those aged over 85 years.



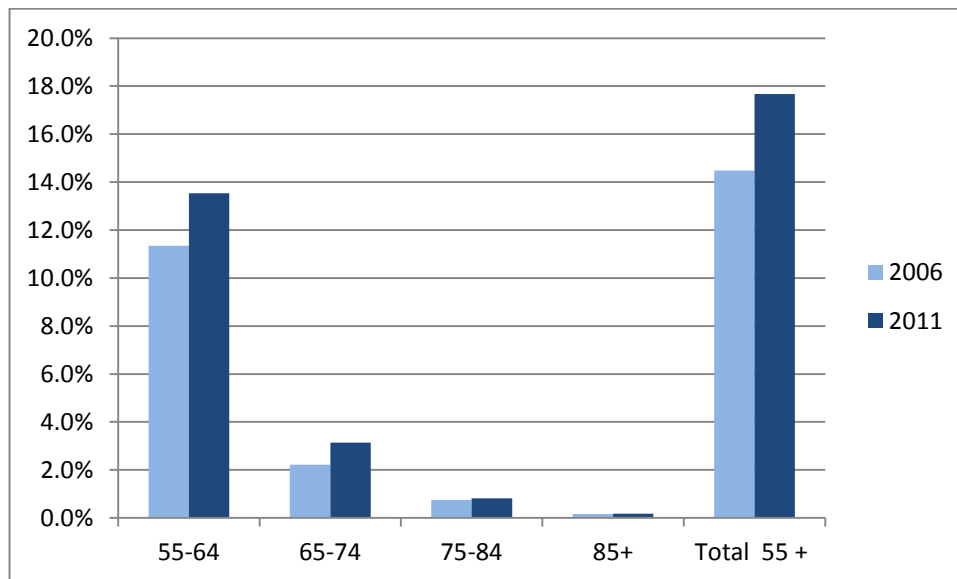
**Figure 20. Trend of older people by cohorts as home owners, 2006-2011.**

Source: Customised table from ABS TableBuilder 2006 and 2011; Owners: 2011 RPIP by TENLLD = 'owned outright', 2006 RPIP by TEND = 'fully owned'. Purchasing with a mortgage: 2011 RPIP by TENLLD 'owned with a mortgage', 2006 RPIP by TEND = 'being purchased' + 'being purchased under a rent/pay scheme'.

Note: Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

This pattern is mirrored in the upward move from 2006 to 2011 of older people purchasing their home with a mortgage or rent buy scheme. This pattern is largest in the 55-64 year cohort with an increase of just over 2 per cent. The cohorts, 75-84 years and 85+ remain stable from

2006 to 2011. The majority of the 55- 64 cohort are likely to be employed. However it is important to see how this trend moves across time with higher proportions of older people in the 65-74 cohort financing a mortgage.



**Figure 21. Movement in older people by cohorts purchasing a home, 2006-2011.**

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) Owners: 2011 RPIP by TENLLD = 'owned outright', 2006 RPIP by TEND = 'fully owned'. Purchasing with a mortgage: 2011 RPIP by TENLLD 'owned with a mortgage', 2006 RPIP by TEND = 'being purchased' + 'being purchased under a rent/pay scheme'.

2) Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

The pattern of less older people, in both numbers and proportions owning their home and increasing numbers and proportions financing a mortgage has consequences for the social and private rental markets. This is discussed in the following sections.

### **8.1.2 Social Housing**

Social housing, housing managed and owned by public sector agencies and community housing organisations is well placed to provide secure and affordable rental housing for older people. A long standing commentary exists of the limited availability in social housing relative to demand within Australia (Australian Social Inclusion Board, 2012; Jones et al., 2007). Social housing in Australia at less than 5 per cent of all housing is small by international standards (Lawson & Milligan, 2007, p. 20). This section examines trends in social housing for older people, and whilst accounting for public and community housing it is helpful to consider it as a whole given the shift within Australia for non-government agencies to deliver public services. Since the 2006 Census a number of factors have resulted in the bringing together of the public and community housing sectors. Changes in housing policy, funding and regulatory settings has resulted in an significant increase in the role of community housing providers (V. Milligan, Hulse, & Davidson, 2013). There has also been a transfer of stock from public housing to community housing providers. In addition under the Social Housing Initiative both public and

community housing providers were allocated funding. As a consequence it is useful to look at social housing as one system; to consider patterns in public housing and community housing separately would not account for the transfers across the sectors. Table 31 sets out the change in social housing tenure amongst older people. There has been an increase in the numbers of older people living in social housing (public housing and community housing) rising from 159,369 persons to 178,153 persons. The additional 18,784 places however represent a slight decrease in proportion from 5.8 per cent to 5.7 per cent (rounded to 6% below) of older people in social housing as a proportion of older people in private dwellings.

**Table 31. Older people living in social housing, 2006 and 2011.**

	Public Housing	Community Housing	Social Housing	%
2006	135,344	24,025	159,369	6
2011	150,922	27,231	178,153	6

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2)2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.

3)Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

Older people whilst historically beneficiaries of public housing tenancy have in the past two decades competed with other groups with special needs and high priority needs (Jones et al., 2007). However the proportion of older people in public housing and community housing remains high. As shown in Table 32, 47 per cent of public housing tenants in 2011 are people aged over 55. The figure is higher for community housing; in 2011 51 per cent of tenants are aged over 55 years. Both public housing and community housing have increased the proportion of their tenancies for older tenants.

**Table 32. Older people as a proportion of total tenants in social housing, 2006-2011.**

Age	Community Housing		Public Housing		Total Social Housing	
	2006	2011	2006	2011	2006	2011
Total 55+	24,025	27,231	135,344	150,922	159,369	178,153
Total Pop	54,022	53,392	308,353	322,158	362,375	375,550
%	<b>45</b>	<b>51</b>	<b>44</b>	<b>47</b>	<b>44</b>	<b>47</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.

Table 33 shows the number of people aged over 55 years living in social housing across Australian states and territories in 2006 and 2011. New South Wales houses more than a third of all older social housing tenants. Whilst there have been increases in social housing in all states, the Northern Territory has decreased and the ACT has remained the same.

**Table 33. Older people living in social housing, 2006-2011.**

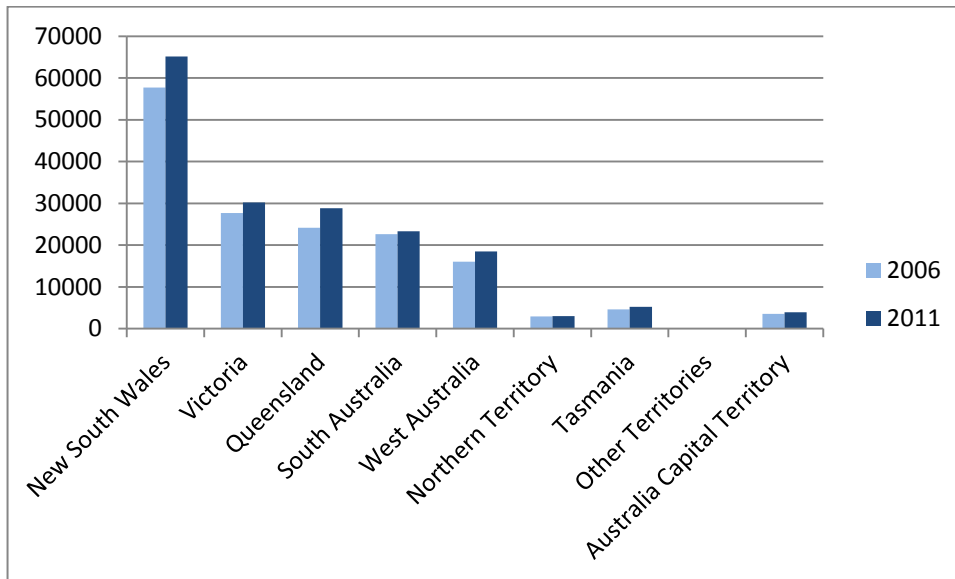
	2006		2011	
	No.	%	No.	%
New South Wales	57,714	36	65,163	37
Victoria	27,658	17	30,179	17
Queensland	24,128	15	28,832	16
South Australia	22,648	14	23,311	13
West Australia	16,040	10	18,463	10
Northern Territory	2,909	2	3,026	2
Tasmania	4,640	3	5,192	3
Other Territories	59	0	89	0
Australian Capital Territory	3,573	2	3,898	2
<b>Total</b>	<b>159,369</b>	<b>100</b>	<b>178,153</b>	<b>100</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Social Rent combines 'rented: State or territory housing authorities' + 'rented: housing cooperative, community or church group'.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Social Rent combines 'state or territory housing authority' + 'housing co-operative (community/church group)'.





**Figure 22. Older people living in social housing, 2006-2011.**

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Social Rent combines 'rented: State or territory housing authorities' + 'rented: housing cooperative, community or church group'.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Social Rent combines 'state or territory housing authority' + 'housing co-operative (community/church group)'.

The growth in the number of people aged over 55 housed in social housing can be seen in more detail in Table 34. There has been an increase in both public and community housing across all states in Australia. Northern Territory requires special mention. Northern Territory has had a marked decrease in community housing with an increase in public housing to affect an net increase of 297 older persons being housed. This is linked to the replacement of community rental housing by a remote public housing model managed by Territory Housing (Porter, 2009). By considering social housing as a whole, there is an additional 18,784 older people living in affordable housing.

**Table 34. Older people in public housing and community housing, Changes 2006-2011.**

Location	Form of Social Housing	2006	2011	Change
New South Wales	Public Housing	50,278	55,670	↑5,392
	Community Housing	7,436	9,493	↑2,057
Victoria	Public Housing	23,411	25,471	↑2,060
	Community Housing	4,247	4,708	↑461
Queensland	Public Housing	19,994	24,288	↑4,294
	Community Housing	4,134	4,544	↑410
South Australia	Public Housing	19,076	19,417	↑341
	Community Housing	3,572	3,894	↑322
Western Australia	Public Housing	13,410	15,551	↑2,141
	Community Housing	2,630	2,912	↑282
Tasmania	Public Housing	3,977	4,224	↑247
	Community Housing	663	968	↑305
Northern Territory	Public Housing	1,734	2,563	↑829
	Community Housing	1,175	463	↓712
Australian Capital Territory	Public Housing	3,414	3,667	↓253
	Community Housing	159	231	↑72
Other Territories	Public Housing	50	71	↑21
	Community Housing	9	18	↑9
<b>Total</b>	<b>Public Housing</b>	<b>135,344</b>	<b>150,922</b>	<b>↑15,578</b>
	<b>Community Housing</b>	<b>24,025</b>	<b>27,231</b>	<b>↑3,206</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'.

As set out in Table 35 over a half of new tenancies (9,804) were for people in the 55-64 cohort. A third of the new tenancies in social housing were for people in the 65-74 cohort, with 5,140 people being housed. Of interest is more people in the 85+ age group were housed than in the younger cohort of 75-84. The facilitation of independence and accessible housing for this older group by both public and community providers enables the continued tenancy of older people and thereby permits ageing in place.

**Table 35. Changes in social rental by cohorts of older people for 2006–2011.**

Age Group	Community Housing			Public Housing			Total Social Housing		
	2006	2011	Change	2006	2011	Change	2006	2011	Change
55-64	5,651	6,779	1,128	52,749	61,425	8,676	58,400	68,204	9,804
65-74	6,027	7,256	1,229	43,841	47,752	3,911	49,868	55,008	5,140
75-84	8,188	8,457	269	30,876	32,122	1,246	39,064	40,579	1,515
85+	4,159	4,739	580	7,878	9,623	1,745	12,037	14,362	2,325
<b>Total 55+</b>	<b>24,025</b>	<b>27,231</b>	<b>3,206</b>	<b>135,344</b>	<b>150,922</b>	<b>15,578</b>	<b>159,369</b>	<b>178,153</b>	<b>18,784</b>

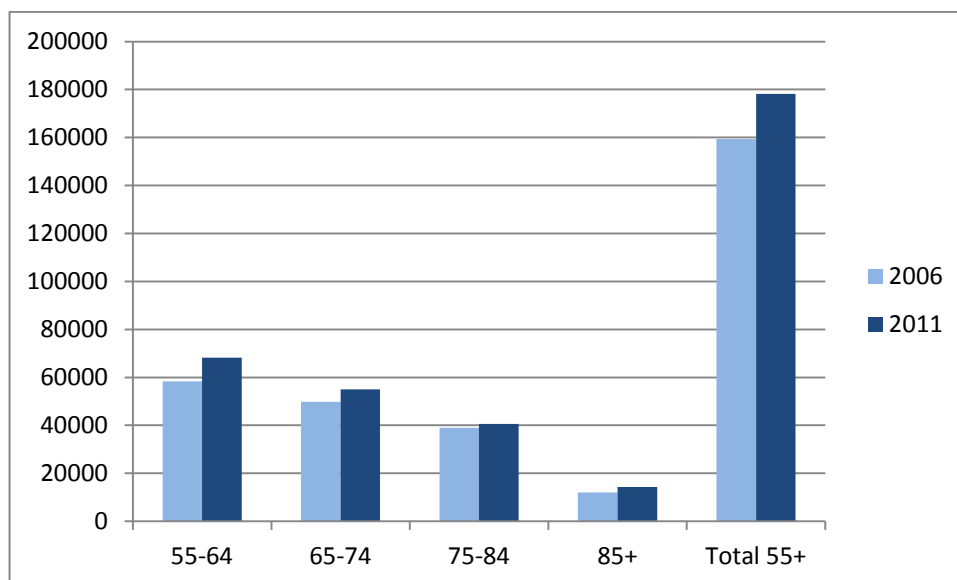
Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.

The change in older people's tenancy in social housing by cohorts can be seen in Figure 23.

The increases can be seen in all cohorts from 2006 to 2011.



**Figure 23. Social rental by cohorts, 2006-2011.**

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Social Rent combines 'rented: State or territory housing authorities' + 'rented: housing cooperative, community or church group'.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Social Rent combines 'state or territory housing authority' + 'housing co-operative (community/church group)'.

The proportion of older people in community housing and public housing by cohorts are set out in Table 36. The increase in tenancies for older people is seen in the community housing sector. Community housing tenancies for the 65-74 cohort has increased from 11 to 14 per cent of all tenancies. Indeed larger increases for all cohorts of older people can be seen in the community housing sector in comparison to the public housing sector.

**Table 36. Proportion of older men and women in social housing, 2006-2011.**

Age	Community Housing				Public Housing				Total Social Housing			
	2006	%	2011	%	2006	%	2011	%	2006	%	2011	%
55-64	5,651	10	6,779	13	52,749	17	61,425	19	58,400	16	68,204	18
65-74	6,027	11	7,256	14	43,841	14	47,752	15	49,868	14	55,008	15
75-84	8,188	15	8,457	16	30,876	10	32,122	10	39,064	11	40,579	11
85+	4,159	8	4,739	9	7,878	3	9,623	3	12,037	3	14,362	4
<b>Total (incl under 55)</b>	<b>54,022</b>		<b>53,392</b>		<b>308,353</b>		<b>322,158</b>		<b>362,375</b>		<b>375,550</b>	

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. 2011 Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. 2006 Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.

Table 37 sets out the gender proportions for the changes in both public housing and community housing. Whilst there are minor differences, the change in proportions of male and female tenancies is fairly even across genders from 2006 to 2011.

**Table 37. Proportion of older tenants in forms of social housing, 2006–2011.**

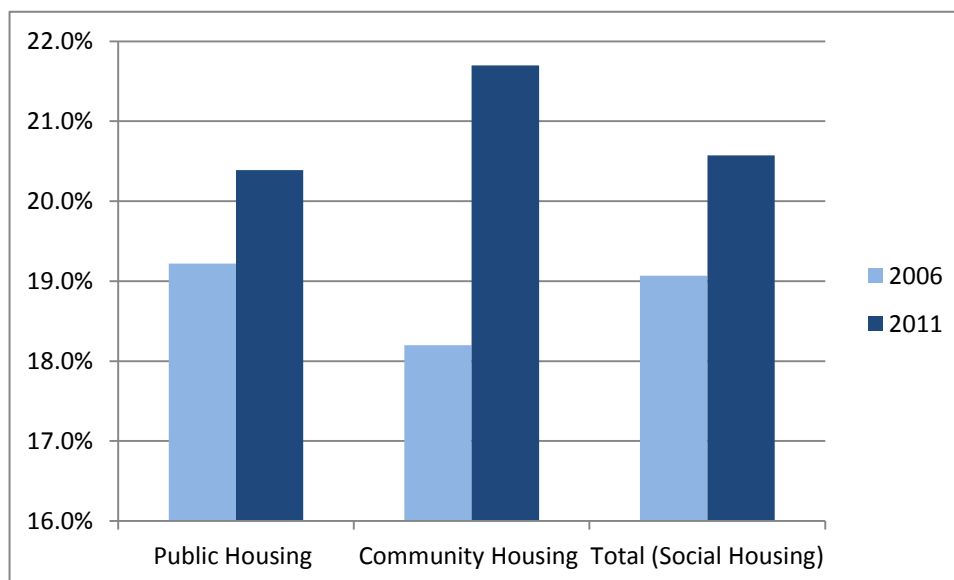
	Public Housing		Community Housing		Total (Social Housing)	
	2006	2011	2006	2011	2006	2011
<b>Persons</b>						
Men 55+	59,263	65,678	9,831	11,584	69,094	77,262
Women 55+	76,083	85,245	14,192	15,646	90,275	100,891
<b>Per cent %</b>						
Men 55+	19.2%	20.4%	18.2%	21.7%	19.1%	20.6%
Women 55+	24.7%	26.5%	26.3%	29.3%	24.9%	26.9%

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Note: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.

Figure 24 sets out the proportion for both 2006 and 2011 to male tenants and female tenants respectively and highlights the similarity across genders clearly.

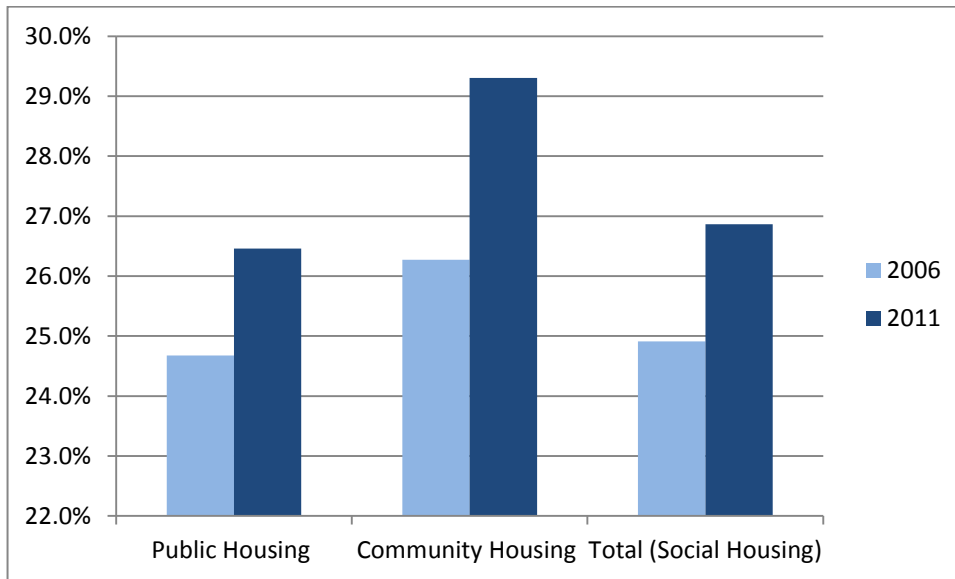


**Figure 24. Changes in proportion of older male tenants, 2006-2011.**

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.



**Figure 25. Changes in proportion of older female tenants, 2006-2011.**

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes: 1) 2011 data derives from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'rented: State or territory housing authorities'. Community Housing = 'rented: housing cooperative, community or church group'. Social Rent combines Public and Community Housing.

2) 2006 data derives from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Public Housing = 'state or territory housing authority'. Community Housing = 'housing co-operative (community/church group)'. Social Rent combines Public and Community Housing.

The increases in social housing units that resulted from the Social Housing Initiative has continued to support older people. Social housing, both the community housing and public housing remains an essential form of housing for older people, both older men and older women. The role of community housing for older people is increasing and reflects wider changes within the sector. Social housing offers some of the most innovative forms of affordable appropriate housing for financially disadvantaged older people; this will be expanded on in Section 8.2.

### **8.1.3 Independent Living Units**

A specialist form of social housing are independent living units; modest forms of service integrated housing commonly located with retirement villages and residential aged care facilities operated by the not-for-profit sectors. There are also a small number of independent living units (ILUs) units integrated into the local community and managed by local government. Many independent living units built from the 1950s to the 1980s continue to house older people, providing support and care to varying degrees. Specifically designed to provide affordable, independent housing for disadvantaged older people, approximately 34,700 ILUs were built in Australia between 1954 and 1986. The federal government provided funding for construction where local government or communities could supply land. ILUs can be rented or a licence to occupy purchased. Purchase options are far less common (McNelis & Sharam,

2011). ILU's as self-contained units were specifically available to people 65 years and older who could live independently with assistance from external agencies if required.

Independent living units have been viewed as an important source of housing for older Australians with low income and little or no assets. FaHCSIA funded the establishment of a database setting out details of the stock of ILU's, their condition and intentions of the providers in relation to this stock. This provides a current inventory of this form of affordable housing, and assists in understanding the future viability of this form of accommodation. As set out in Table 38, of the ILUs counted in 2002, 26 per cent have been lost. The losses have been particularly acute in Queensland (49%), Western Australia (34%) and Tasmania (33%). Some organisations no longer provide ILUs while some have reduced their number of ILUs. The reasons for this are not known and require further investigation. The loss of stock is attributed to some being demolished and not replaced while others have been redeveloped or refurbished for people with higher incomes.

**Table 38. Inventory of Australian independent living units.**

State	ILUs in 2002	2010 ILU orgs	Orgs ceased providing ILUs	Total losses	% ILU losses
New South Wales	2,209	-264	-263	-527	-24
Victoria	3,393	-153	-620	-773	-23
Queensland	2,354	-923	-232	-1,155	-49
South Australia	2,429	26	-3	23	1
Western Australia	3,017	-717	-296	-1,013	-34
Tasmania	284	-84	-10	-94	-33
<b>All states</b>	<b>13,686</b>	<b>-2,115</b>	<b>-1,424</b>	<b>-3,539</b>	<b>-26</b>

Source: Figures from McNelis & Sharam (2011).

In contrast some providers in the not-for-profit sector have used funding from NRAS to refurbish units for financially disadvantaged older people. ILU's remain a unique form of social housing for older people with low income and limited assets. In addition it provides design models for future social housing initiatives.

### 8.1.4 Private Rental Market

The number of older people renting privately in Australia has increased by 100, 826 persons from 2006 to 2011. As set out in Table 39, at the time of the 2011 Census 336,174 people aged 55 years and over rented privately whereas in 2006, 235,348 persons rented privately. This represents an increase in proportion from 8.6 to 10.8 per cent. Private rental includes paying rent to a real estate agent and to another person not in the household. As noted previously, the Census is unlikely to enumerate people renting in a garage or under a house; these renters are likely to be counted with the tenure of the owners. The trend apparent with this group is the subject of concern in relation to housing affordability and risk of homelessness; issues highlighted by Jones et al (2007).

**Table 39. Older people in private rental, 2006–2011.**

Year	Number	%
2006	235,348	9
2011	336,174	11

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + 'rented person not in the same household' + 'rented: Other landlord type' + 'rented: landlord type not stated'.

2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas)'.  
Note: Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

It has been widely recognised for decades that the minority of lower income older people who rent are in far more difficult housing circumstances than owner occupiers (Howe, 2003; Jones et al., 2007; Judd et al., 2004). Given the material disadvantages experienced by older people who rent in the private sector and the connection with precarious living and homelessness this form of tenure requires considerable attention.

Drawing on the 2006 and 2011 Censuses does not permit examining a trend in older renters in Australia. We are however able to see an increase in the number and proportion of older renters. There has been concern that the numbers of older people renting will increase markedly over time. Jones et al (2007 p x) argued that Australia is experiencing a sustained increase in the number of lower income older renters and projected that this demand will drive a strong and continuing demand for older persons' rental housing over the next two decades and beyond. Drawing on the 2001 census data Jones et al projected the number of people aged 65 and over living in lower-income rental households will increase by 115 per cent from the 2001 estimate of 195,000 to 419,000 in 2026. Consideration of the increases between 2006 and 2011 supports this assertion.

New South Wales has the highest proportion of older renters at 32.9 per cent with Queensland and Victoria at 24.5 per cent and 22.4 per cent respectively. The proportions by State and



Territory have remained relatively stable since 2006, with New South Wales having a slight drop in proportion.

**Table 40. Proportion of older private renters by State, 2006–2011.**

	2006		2011	
	Number	%	Number	%
New South Wales	79,172	34	110,650	33
Victoria	52,309	22	75,470	22
Queensland	58,183	25	82,410	25
South Australia	14,421	6	22,107	7
West Australia	22,399	10	31,317	9
Tasmania	5,632	2	8,458	3
Northern Territory	1,484	1	2,964	1
Australian Capital Territory	1,734	1	2,755	1
Other Territories	14	0	43	0
<b>Total</b>	<b>235,348</b>	<b>100</b>	<b>336,174</b>	<b>100</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.  
 Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + 'rented person not in the same household' + 'rented: Other landlord type' + 'rented: landlord type not stated'.  
 2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas).

**Table 41. Older people in private rental by age, 2006–2011.**

Age	2006	%	2011	%
55-64	132,159	5	189,453	6
65-74	61,248	2	88,813	3
75-84	33,643	1	44,449	1
85+	8,298	0	13,459	0
<b>Total</b>	<b>235,348</b>	<b>8</b>	<b>336,174</b>	<b>11</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.  
 Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + 'rented person not in the same household' + 'rented: Other landlord type' + 'rented: landlord type not stated'.  
 2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas).

**Table 42. Older people in private rental by gender, 2006–2011.**

	2006		2011	
	No.	%	No.	%
Men	143,799	5	200,680	6
Women	91,549	3	135,494	4
<b>Total</b>	<b>235,348</b>	<b>8</b>	<b>336,174</b>	<b>11</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + 'rented person not in the same household' + 'rented: Other landlord type' + 'rented: landlord type not stated'.

2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas)'.  
3) Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

**Table 43. Older People by gender and cohorts in private rental, 2006–2011.**

Age	2006						2011					
	Men	%	Women	%	Total	%	Men	%	Women	%	Total	%
55-64	84,547	3	47,612	2	132,159	5	116,859	4	72,594	2	189,453	6
65-74	38,146	1	23,102	1	61,248	2	54,821	2	33,992	1	88,813	3
75-84	17,881	1	15,762	1	33,643	1	23,616	1	20,833	1	44,449	1
85+	3,225	0	5,073	0	8,298	0	5,384	0	8,075	0	13,459	0
<b>Total</b>	<b>143,799</b>	<b>5</b>	<b>91,549</b>	<b>3</b>	<b>235,348</b>	<b>9</b>	<b>200,680</b>	<b>6</b>	<b>135,494</b>	<b>4</b>	<b>336,174</b>	<b>11</b>

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + 'rented person not in the same household' + 'rented: Other landlord type' + 'rented: landlord type not stated'.

2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas)'.  
3) Per cent is based on the total number of persons (all reference persons) aged 55 and over living in occupied private dwellings, 2006 2,732,176 persons and 2011 3,112,205 persons.

**Table 44. Older People renting privately by location, 2006–2011.**

State and Territory	55-64		65-74		75-84		85+		Total	
	2006	2011	2006	2011	2006	2011	2006	2011	2006	2011
New South Wales	45,669	63,333	20,325	29,293	10,703	14,008	2,475	4,016	79,172	110,650
Victoria	28,608	41,498	13,592	19,950	7,966	10,668	2,143	3,354	52,309	75,470
Queensland	32,681	45,875	15,423	22,672	8,143	10,705	1,936	3,158	58,183	82,410
South Australia	7,694	12,000	3,707	5,571	2,383	3,354	637	1,182	14,421	22,107
West Australia	12,385	18,319	6,014	7,839	3,219	3,964	781	1,195	22,399	31,317
Tasmania	2,793	4,266	1,611	2,358	973	1,385	255	449	5,632	8,458
Northern Territory	1,143	2,199	250	615	76	134	15	16	1,484	2,964
Australian Capital Territory	1,175	1,931	323	505	182	235	54	84	1,734	2,755
Other Territories	14	34	0	9	0	0	0	0	14	43

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + 'rented person not in the same household' + 'rented: Other landlord type' + 'rented: landlord type not stated'.

2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas).

The form of housing that is included in private rental encompasses private dwellings. As such forms of accommodation, termed non private dwellings by the ABS, including boarding houses, nursing homes, accommodation for the retired or the aged are not incorporated. Private dwellings are self-contained and included retirement villages, manufactured home parks and caravan parks where older people rent. Many rental retirement villages (often encompassing ILU's) are owned and managed by not-for-profit providers and are part of the community housing sector. Private dwellings are distinct from nursing homes and accommodation for the aged (former hostels in the aged care sector) as they are not self-contained and meals are provided.

### **8.1.5 Commonwealth Rent Assistance**

CRA, whilst an income maintenance payment, is the largest direct outlay for housing assistance within Australia (Gilmour & Milligan, 2012). CRA is a supplement paid to people in receipt of a pension or benefit who are renters. It aims to assist with the cost of housing. As with the pension the rate of CRA is indexed to the Consumer Price Index twice a year in March and September. As evident in Table 45, 340,762 people aged over 55 received CRA as of June 2012. This represents approximately 7.6 per cent of the total population aged 55 years and over in Australia. This figure is based on the number of people aged 55 and over in private dwellings from the 2011 Census: 3,112,205 people.

**Table 45. Older People receiving Commonwealth Rent Assistance, June 2012.**

	Receiving full CRA	Not receiving full CRA	Total
Female	109,975	54,934	<b>164,909</b>
Male	113,229	62,624	<b>175,853</b>
Total	223,204	117,558	<b>340,762</b>

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

CRA continues as the most common form of housing assistance for older people with a limited low income. Jones et al (2007, p. 85) notes that the Australian Government expenditure on rent assistance exceeds social housing expenditure. Using data relating to June 2002, Jones et al (2007, p.85) identified that the ratio of persons aged 65 years and over in receipt of CRA to persons aged 65 years and over in public housing at approximately 3:2. Using the focus in this report, people aged 55 years and over, the ratio of older people receiving rent assistance compared to older people in public housing is approximately 7:3. Social housing is not used in this calculation as rent assistance is available to people in community housing. Older renters continue to be more likely to receive housing assistance in the form of rent assistance than in the form of direct provision of public housing.

CRA does have a positive impact on housing affordability. It is unable however to adequately assist older people who are paying high levels of rent given the ceiling on the amount of the supplement. Writers note that the maximum payment has not kept pace with rent increases and does not vary across rental market (Colic-Peisker, Ong, & McMurray, 2009). Furthermore, equity issues remain. Whilst both receive assistance from the public purse, the older person in public rental housing will have affordable rent and consequently a frugal standard of living whereas an older person in private rental housing is more likely to have unaffordable rent and a deprived standard of living.

### **8.1.6 National Rental Affordability Scheme**

NRAS has been responsible for stimulating private and not-for-profit investment in affordable housing. It is a supply response with the aim of creating 50,000 new affordable rental places across Australia in the years 2008 to 2016. Tenants, eligible low and moderate income households, pay rent 20 per cent below the market rate. Incentives are paid to the providers and investors responsible for the development of the rental housing.

Understanding the reach of affordable housing specifically for older people is less known. According to the latest NRAS report, released in December 2012, of the 15,719 occupants at that point in time, 1880 tenants are aged 55 years and over. This represents 12 per cent of occupants. Data obtained from the Affordable Housing Unit, FaHCSIA set out in Table 46, outlines the incentives allocated and reserved for older people by the developers in their application as of July 2012.

**Table 46. National Rental Affordability Scheme incentives allocated and reserved for older people, July 2012.**

Applicant	State	Incentives Allocated (Tenanted or available for rent)	Incentives Reserved (Not yet delivered)	Total
Illawarra Retirement Trust	NSW	19		19
Aged Care and Housing Group	SA	22		22
Adelaide Workmen's Home Inc	SA	70	71	141
ECH Inc	SA	119	1	120
James Brown Memorial Trust	SA	44	31	75
UnitingCare	ACT		12	12
UnitingCare	NSW	27	228	255
Gladstone Central Committee	QLD	21	36	57
Amana Living Inc	WA	22		22
Centacare	TAS	18	7	25
<b>Total</b>		<b>362</b>	<b>386</b>	<b>748</b>

Source: Department of Families, Housing, Community Services and Indigenous Affairs 2012 (unpublished data).

This list is not exhaustive and since receiving this data incentives have been delivered. As noted by the agency administering the National Rental Affordability Scheme other providers may be renting housing to older people. Indeed this is the case with anecdotal evidence that providers in Queensland such as Horizon Housing Company Ltd and Care Housing and Baptist Community Services in NSW and the ACT are renting to older people, some who were previously at risk of homelessness.

The uptake of NRAS incentives by not-for-profit providers with expertise in aged care and retirement living sectors has resulted in stock designed to permit ageing in place. Accommodation has been built with age appropriate design features in areas close to service centres and on transport routes. Again the extent of age appropriate housing is not known but units built under NRAS have been taken up by providers who specialise in housing for older people and have purposively designed accommodation for the needs of older people.

Examples of the role of NRAS funding in the provision of housing for vulnerable older people is seen in the following two profiles:

ECH Inc. is a large, long established, not-for-profit agency in South Australia providing affordable housing, residential and community aged care for older people. It received funding in the first NRAS round for the rehabilitation of 120 retirement units in Adelaide to provide

affordable rental retirement accommodation for financially disadvantaged older South Australians. The units were at the time 35-45 years old and needed significant renovation to meet current standards for access. The dwellings are fitted with design features that particularly assist older people, optimise accessibility and reduce ongoing costs for tenants. The dwellings target older people (over 60 years) on low incomes, particularly those on the Age Pension, with rents at below 74% of market rates. All of the units are well located closer to community resources such as public transport and shops, and are in suburbs where rising property prices have made rent increasingly unaffordable for older people living on low incomes. ECH has also committed to maintaining the units as affordable retirement rental properties beyond the life of the NRAS funding agreement.

The James Brown Memorial Trust also in South Australia aims to provide low cost single bedroom accommodation to persons who are, or at risk of becoming homeless. The Trust as a housing provider does not provide support services per se. All residents have pre-existing relationships with support programs. The support agency is contracted once the older person becomes a tenant to remain engaged with the client and provide support. The site previously included ILU's which were demolished and redeveloped. Whilst not exclusively for older people the tenants include elderly single people with limited contact with family and friends.

Both these agencies provide affordable service integrated housing, and demonstrate the opportunities available for wider development of affordable appropriate housing for financially disadvantaged older people through NRAS funding. In the case of James Brown cottages housing was provided to people who have multiple disadvantages including cognitive and health impacts.

While it is acknowledged the aims of the program are to provide housing to low and moderate income households, NRAS can meet the needs of very poor older people including those with a history of homelessness or at risk of homelessness. Whilst there is "almost no robust information provided about the scheme's outcomes and effectiveness" (V Milligan & Tiernan, 2011, p. 402) the program is largely viewed positively. There has been commentary that given the ten year life of the program there is little long term certainty for tenants living in NRAS subsidised units. Providers advocate extending the operation of the subsidy for longer than 10 years with a subsidy of \$15,000 rather than \$10,000 to enable housing disadvantaged people with no capacity to pay market rents. It is also put forward that this will enable the development of underutilised land held by the not-for-profit sector.

In a submission to the Victorian Government, the Council to Homeless Persons advocate modifying the NRAS program in line with the US Low Income Tax Credit program and set aside a percentage of NRAS housing stock to meet the needs of people who are homeless or on fixed or extremely low incomes (Council to Homeless Persons, 2012). Gilmour & Milligan (2012) note however that achieving housing affordability for the lowest income households and

in high cost locations is proving challenging even for not-for-profit organisations. They argue that contributing factors including the high cost of land in cities, high cost private finance and the inadequacy of the CRA payment. However, there are concerns about NRAS as 1) where ongoing funding will come from when NRAS funding runs out (Equality Rights Alliance, 2012); 2) the flat rate subsidy is likely to be inadequate to ensure that affordable housing projects in high cost areas are viable on an on-going basis, the current scheme is unlikely to contribute to development of a sustainable affordable housing sector (Lawson, Berry, Milligan, & Yates, 2009); 3) the current economic climate raises considerable uncertainties about the capacity of a scheme to attract private investors (Lawson et al., 2009); 4) the current design of the scheme for low and moderate household is seen not sufficient to achieve affordable rents for special needs households or those on low and very low incomes or in high cost locations (Lawson et al., 2009).

NRAS remains an innovative policy that has increased the supply of affordable housing including service integrated housing for disadvantaged older people. In a context of dwindling affordable accommodations, NRAS is making a positive contribution to the development of affordable housing projects (Equality Rights Alliance, 2012; Gilmour & Milligan, 2012; Lawson et al., 2009).

### **8.1.7 Aged Care Facilities**

The total number of people over 55 years living in residential aged care facilities increased from 160,130 to 176,042, an increase of 10 per cent in the years 2006 to 2011.

**Table 47. Older people in residential aged care facilities, 2006–2011.**

	2006		2011	
	Men	Women	Men	Women
Nursing home	28,403	69,394	38,811	88,493
Accommodation for the retired or aged (not self-contained)	16,975	45,358	14,059	34,679
<b>Total</b>	<b>45,378</b>	<b>114,752</b>	<b>52,870</b>	<b>123,172</b>

Source: Customised table from ABS TableBuilder 2006 and 2011.

Notes: AGEP Age (5 Year Groups) and SEXP Sex by NPDD Type of Non-Private Dwelling; Counting: Persons Place of Enumeration 2006, Counting: Persons, Location on Census Night 2011

Within Australia there are 20 residential aged facilities that receive specialist funding, a viability supplement, for accommodating people who had formerly been homeless. This includes 10 in Victoria, five in New South Wales, one in South Australia, two in Queensland and two in Western Australia. Facilities providing residential care for former homeless people is an integral part of strategies to assist older people who have complex health needs as a consequence of 'living rough' for many years.

There is concern of the design and weighting of the Aged Care Funding Instrument (ACFI) which utilises three domains for calculating funding for each resident, Activities of Daily Living, Behaviour and Complex Health Care needs. The concern centres on the ACFI does not accurately reflect the challenging nature of care required for formerly homeless people. Funding for behaviours is less in comparison to Complex Health Care and Activities of Daily Living yet it is the domain that largely applies to residents who were formerly homeless (Noone, 2011). Added to this is that aged care facilities offering care to the formerly homeless do not have the support of the resident's family and friends in providing care; facilities have to do the things that family would do for the resident such as taking them out, visiting the dentist or shopping.

### **8.1.8 Conclusion**

The above portion of this chapter sets out that there are changes surrounding older people's tenure within Australia. With decreases in the proportion of people over 55 years owning their home, and corresponding increases in the number of older people entering their retirement years with a mortgage or renting in the social and private markets, the housing context in which Australia's income maintenance and community aged care operates is changing.

The lack of affordable housing in Australia is attributed to the limited supply of social housing in recent decades and the low supply of affordable private rental stock. Initiatives by the Commonwealth that have resulted in increases in the supply of affordable housing through the Economic Stimulus package and NRAS have resulted in appropriate and affordable housing for older people. However, the supply has been unable to meet the demand for affordable housing (Australian Social Inclusion Board, 2012).

However, the low supply of private rental, particularly in Australia's larger cities, results in rents that are high relative to the income of many older people. In addition, steep rises in rents are not uncommon. Australia's regulatory framework surrounding the private rental market is seen to be weaker than USA and Europe given regular rent increases are permissible and leases are commonly for 12 months or less (Hulse, Jacobs, Arthurson, & Spinney, 2011). Service providers cite that increasing frailty and health problems make it difficult for older people seeking accommodation to compete (J. Fiedler, 2009). Older people require housing that accommodates changes in their abilities, does not require extensive maintenance, and is located close to amenities and public transport. Many older people place a high value on housing that is located in familiar neighbourhoods. The lack of availability of age-friendly housing and the unwillingness of many landlords to modify houses in line with support needs, results in many older people living in housing that is poorly suited to their physical needs and requirements. Some older people's homes are unsafe with poor security, and are of substandard quality with mold and disrepair (Westmore & Mallet, 2011). Older people are afraid to raise concerns about their place for fear of rent increases and losing tenure. For these



reasons, Fiedler (2009) argues that older people are the least able of all demographic groups to cope with the requirements of private market renting.

## **8.2 Innovative Housing offering pathways out of homelessness for older people**

This section outlines a range of housing and support programs that provide pathways out of homelessness for older people. The consideration of housing and accommodation for older people who have lived precariously requires the integration of funding and programs from a range of portfolios including housing, aged care both residential and community, specialist homelessness programs as well as consumer affairs. As set out below, agencies assisting older people who are homeless or at risk of homelessness utilise funding from a range of government and philanthropic sources. A number of Australian programs and practice that impact on housing and support for disadvantaged older people are outlined below with the intention of providing templates for innovative practice that can assist in addressing later life homelessness. The agencies work encompass the diverse pathways experienced by older people including those experiencing multiple exclusion and those experiencing homelessness or at risk of homelessness for the first time in their later years. From these descriptions key factors can be discerned that are integral to the success of their programs in enabling pathways out of homelessness for older people.

### **Housing advocacy and support for older people living in the community**

#### *Profile – Housing for the Aged Action Group*

In Melbourne, the Housing for the Aged Action Group has operated for 15 years to assist older people who are at risk of homelessness. It has a prevention and early intervention focus. HAAG draws on funding from Commonwealth and Victorian Governments across the portfolios of aged care, consumer affairs, and homelessness to provide a number of services:

- A tenancy service which focuses on private renters and assists when tenants leave their accommodation, bond returns, disputes with landlords, assisting with new accommodation. Older people require advocates to navigate complex housing applications. Funding is from Victorian Consumer Affairs.
- A retirement housing service working with older people renting in retirement villages including ILUs. HAAG assist with the complex contractual and financial arrangements that are often associated with this form of accommodation. Funding is from Victorian Consumer Affairs.
- An outreach program, funded through the Commonwealth ACHA program assisting older people at risk of homelessness

- Funded by the Victorian Government in April 2012 as part of Homelessness Action Plan and the National Homelessness Partnership Agreement, *Home at Last* is a one-stop shop of housing information, support, advice and advocacy. *Home at Last* provides information services to older people in insecure housing (short lease, expensive private market) who need to implement a future affordable housing plan, and intensive assistance to older people with impending risk of homelessness. The design of this service is in line with the aged care policy reforms set out in *Living Longer Living Better*. In particular the implementation of a gateway to enable older people and their families to access information and assist in navigating the complexity of community programs. *Home as Last*, with its Victorian focus provides regional information.

HAAG is a flagship agency providing a dedicated service to vulnerable older people. Their client base tends to be people who are experiencing economic hardship often linked to high rents. Close to 70 per cent of HAAG's clients are older women. The workers utilise a person centred approach and provide assistance tailored to the circumstances and needs of their client. Their work rests on established relationships with health, aged care and housing agencies with the region. The workers assist older people to navigate the complex aged care, housing, and homelessness services, as well as providing ongoing advocacy for some people. Tailored assistance to vulnerable older people enables them to remain living independently in the community and lessens premature entry to residential aged care. Many clients on resettling with housing remain independent, Others draw on mainstream community aged care support. In addition older people, often former clients are part of the agency's membership and assist other clients.

HAAG has drawn together funding from a variety of sources to provide a holistic housing and support service for vulnerable older people in Melbourne. In the last 12 months this has expanded to a state wide housing information and support service. Their specialised skills with older people and strong networks in their region facilitate the positive housing and support outcomes for the clients of their service. The person centred approach with clients and the no wrong door policy are integral factors in working with vulnerable older people.

## **Community care and support for older people with complex needs living in the community**

### *Profile – Footprints*

Footprints in inner Brisbane, is a not-for-profit provider of community based services to a range of people with multiple disadvantages. Footprints draw on funding from Commonwealth Department of Health and Ageing and Queensland Health. Alongside working with people with disabilities and people with mental health issues they work with community living older people who are homeless or at risk of homeless. They provide street outreach for older people sleeping rough and living in boarding houses and other forms of marginal housing. The majority of their clients have complex needs in addition to their housing needs, including substance abuse issues, mental illness and cognitive impairment. They receive referrals from increasing numbers of older people who are new to homelessness. Economic reasons rather than multiple disadvantages are seen to be the underlying factors. As with HAAG they are seeing increasing numbers of older women. For all clients, Footprints aim to assist people with independent living in the community whilst respecting the client's choice of lifestyle. The agency utilises a person centred approach and as such provides community care and practical support for marginal living older people. This may also necessitate implementing a mental health recovery plan. In addition to working with older people living precariously they continue to work with these clients once placed in social housing; the provision of ongoing support is seen as necessary for some clients who have multiple needs.

## **Housing for low income older people**

### *Profile – ECH, Adelaide, South Australia - Community housing*

ECH Inc. is a long established, not-for-profit agency in South Australia providing affordable housing, residential and community aged care for older people. It is a large provider with more than 1650 affordable independent retirement accommodation units across 98 locations throughout Adelaide and Victor Harbor, 11 residential care centres as well as community programs. ECH Inc. received funding in the first NRAS round for the rehabilitation of 120 retirement units in Adelaide to provide affordable rental retirement accommodation for financially disadvantaged older South Australians. The NRAS financed dwellings are for older people aged over 60 years on low incomes, with rents at below 74% of market rates. All of the units are located close to community resources such as public transport and shops, and are in suburbs where rising property prices have made rent increasingly unaffordable for older people living on low incomes.

*Profile – Seniors Central Living, Fairfield, New South Wales – Public housing*

Housing NSW's Central Living development is located in the heart of Fairfield city centre within easy walking distance of public transport and shops. It comprises 44 two-bedroom units, one retail unit, two common rooms, car parking and open and landscaped areas.

The Fairfield Central Living project is based on the Humanitas Foundation concept developed in Rotterdam, The Netherlands. Humanitas focuses on older people's quality of life, their autonomy and independence. It is a social housing development for older people on medium to low incomes, albeit with different degrees of emphasis.

The Fairfield Central Living project is a \$12.3 million complex funded with public funds through the Nation Building Economic Stimulus Plan. Housing NSW purchased the site as a land and building package with existing development approval. Approval for design changes was able to be fast tracked by the Nation Building Task Force design review panel.

## **Housing and residential care for older people with complex care needs**

*Profile - Wintringham, and Wintringham Housing Ltd Melbourne, Victoria*

Wintringham, a public company, provides a range of services including residential aged care facilities, independent housing with associated care and support, outreach and community care and support to older people living in boarding houses and low cost private rental accommodation.

Wintringham Housing Ltd develop, purchases and manages a range of housing across Melbourne and regional Victoria all for people aged over 50, have a low income, without assets and be at risk of homelessness. The housing stock of 196 includes rooming houses, inner city apartments and independent living units in a village. The support needs of residents differ – some sites house independent people, other sites house people with high support needs. Wintringham is also an Approved Provider for community and residential aged care services and uses its own staff to deliver Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) packages. Approximately 50 per cent of tenants receive care through CACPs or EACH packages. If residents' level of frailty increases to the point that they can no longer live independently, even with assistance from CACPs, they are assisted to move into Wintringham's hostel and nursing home accommodation.

Wintringham was a pioneer in developing aged care and housing for a previously homeless older people. With five aged care facilities they provide over 235 places for older people. Many have complex problems including mental health issues, intellectual disability, alcohol problems and behavioural problems. They are for people aged 50 and over. One aged facility is very similar to a share house with carers on site.

### *Mungkadinamanja Flexible Aged & Disability Service, Groote Eylandt*

Mungkadinamanja Aged and Disability Services is a flexible aged care centre providing day care services, respite services, HACC services as well as AHCA services for homeless people. In the indigenous community on Groote Eylandt the risks of homelessness for older people are linked to overcrowding and financial abuse. Many of the older people experience increasing disability due to Machado Joseph Disease. The Arhmen Shire Council is augmenting their ACHA and community aged care program with residential aged care. Currently, the ACHA program may have to fly people at risk to Darwin to ensure their safety. The aged care facility near completion will have 10 places in addition to respite to assist the vulnerable older community members.

### *St Bartholomew's House*

St Bartholomew's House is an established Perth based not-for-profit with a long history of working with homeless and disadvantaged people mainly men. The agencies focus on housing has in recent years has been augmented by community aged care and ACHA services to provide outreach. St Bartholomew's draws on State government funding for housing and mental health services, and Commonwealth funding for aged care capital and care funding. As well as providing accommodation and support for homeless people, the agency also provides these services for people with mental health issues. The James Watson Hostel provides low care permanent accommodation for 20 homeless, or at risk of homelessness, men.

### *Older Persons' High Rise Support Program, Victoria*

The Older Person's High Rise Support program provides monitoring and support to tenants of 11 older persons high-rise public housing estates in the inner suburbs of Melbourne. On-site workers use a case management approach to ensure isolated and vulnerable tenants are linked to support and services. These tenants often lack support from friends and family and may have a history of not being well linked into health and community services. Tenants are commonly living with a mental illness, drug or alcohol dependence and acquired brain injury.

The workers outreach to actively seek out and engage isolated older tenants. Additionally, the workers provide an accessible point of contact, information and referral for all tenants, contributing to their sense of safety, independence and security and enhancing their involvement in social activities and community life. Workers have a flexible pool of funds that are used to assist tenants to overcome a pressing need or to access services. These funds are targeted to vulnerable tenants who have unmet complex needs.

Support services are provided by state government community health services and one large church organisation. Support workers provide case management, social support, monitoring, practical assistance, recreational activities and links to health and community services.

Informal support amongst tenants is encouraged. A range of allied health workers, including a podiatrist and masseuse, from the local community health service visit the two high-rise buildings on a regular basis.

A pool of flexible care funds is available to assist tenants, especially those with complex needs. Flexible care funds are used for a variety of purposes including paying for expenses such as over the counter medication. Funds are also used for the salaries of the support workers who link tenants to mainstream services including community health, housing and community care services. Tenants are referred for ACAT assessment if it felt that a higher level of care, including CACPs, is required.

The program was introduced following a study of the support needs of older people in inner-city, public housing, high-rise towers that cater primarily for older people. The report identified a significant proportion of older tenants who were socially isolated, who suffered from conditions such as mental illness, drug and alcohol dependence and acquired brain injury, but who were not accessing health and community support services. The program is targeted at such vulnerable and isolated older tenants, particularly those who are frail or who have disabilities.

### ***8.2.1 Summary and implications***

Australian agencies, largely in the public and not-for-profit sectors, have been responsible for innovative housing that meets the needs of financially disadvantaged older people. There are a relatively small number of agencies particularly when compared to the growth in the for-profit retirement village industry. However the models of housing are of an international standard, are diverse in design and provide opportunities for these models to be expanded on to meet the needs of vulnerable older people and in offering pathways out of homelessness. Older people experiencing or at risk of homelessness are not a homogenous group and housing needs to respect this diversity and offer a range of service models.

## 9 Towards an integrated strategy to reduce later life homelessness

This chapter outlines key factors drawn from the research projects in this report that have implications for policy to address older homelessness in Australia. All the policy implications and comments are framed within Australia's social inclusion policy and draws on the three key principles identified by the Social Inclusion Board (Australian Government, 2011, p. 10) upon which policy should be based:

1. *The way you treat people matters.* It is not enough to focus on what support is provided, it matters how it is provided.

2. *Continuity of support is essential.* Episodic care based around discrete crises with a withdrawal of services in between is an inefficient and ineffective way to address entrenched disadvantage. Services need to focus less on requiring people to complete processes and more on developing relationships between service providers, understanding their broader needs, and treating them with dignity and respect by providing emotional as well as practical support. The relationship between a person and service provider can be disempowering or empowering, dignified or undignified. The service provider makes significant impact on outcomes.

3. *A focus on addressing structural barriers must be maintained.* For individuals, more work is needed to implement a holistic response to disadvantage that reduces the structural barriers that cause one disadvantage to lead to others. Services should address the longer term causes of a client's social exclusion as well as assist them at times of crisis, through, for instance, combining skills training and drug and alcohol rehabilitation with homelessness services.

Implementing these principles requires a reconsideration of the ways in which services are delivered to the most vulnerable. Services must be delivered in a holistic, whole-of-life way, over a longer period than is currently the case.

### 9.1 The nature of older people's homelessness

The literature within Australia and in western countries highlights the need to consider three different groups of people when considering older people's homelessness. The three groups have two different pathways into homelessness and indicate that the pathways out of homelessness need to be considered carefully.

## **1. Older people who have longstanding complex disadvantages associated with iterative homelessness**

Older people who have experienced long term homelessness commonly have complex health needs including chronic illness, mental health issues and substance abuse concerns. Premature ageing is prevalent with this group and dementia like symptoms are a consequence of a long period of substance abuse and poor nutrition is also common. This group is largely made up of older men but older women also need to be considered. The people in this group have lived in improvised dwellings, on the streets, in emergency accommodation, in boarding houses (often substandard).

Pathways out: Supportive housing with high levels of support and care. This ranges from service integrated units with a high level of community care either on site or visiting, share houses with a full time resident carer, and specialised residential aged care service designed for the former homeless. Older people who have experienced long term homeless will continue to require intensive support throughout their lives. This group of people largely do not have the support of family. As such care and support encompasses not only assistance with activities of daily living and nursing but additional needs such as dentistry.

## **2. Older people experiencing homelessness for the first time in their later years**

This distinctive group is evident in Australia and in a number of other western countries. People in this group have largely led 'conventional' lives with histories of independence, work and raising a family. The circumstances underlying their housing crisis are varied; and there needs to be further work understanding their history and the events leading up to and surrounding first time homelessness in later life. Most had been in low paid and or insecure employment across their working careers and as a result had not accumulated financial reserves. The loss of a partner in turn can impact on ability to afford rental payments. On the other hand situations surrounding financial abuse and business failures also result in older people losing their housing. Overcrowding is also an issue. Health concerns affecting people's ability to live independently in their home, and costs of medical care are also prominent in the literature. The housing crisis these older people find themselves in has marked effects on their health and wellbeing effects, particularly anxiety and depression.

The prominent reason in the literature surrounding homelessness for people in their later years is unaffordability. Most people in this group are renting in the private market. On a fixed low income they are unable to manage high rents or absorb rent



increases. There is also increasing evidence that access issues prevent older people maintaining their tenure in the private rental market.

Pathways out: Intervention should focus on supporting these people for a short period of time to facilitate their exit from homelessness. This response is recommended to be timely so high levels of anxiety and depression is prevented. A timely response requires access points to enable older people to seek assistance. We know from research that older people have a lack of knowledge of where to go for assistance. This requires services with the welfare, aged care, housing and homelessness sectors being aware of older people's issues and being able to facilitate appropriate assistance. In addition, older people require access to information; this is discussed below in service integration. Indeed, prevention rests on older people accessing services and seeking assistance before a housing crisis is reached. The provision of affordable appropriate housing is the core pathway out. To enable ageing in place housing should be service integrated; housing that is designed to accommodate people's changes in health and abilities. This group of older people is not homogenous. A large portion of this group of people is self-reliant whereas others will require community care and ongoing assistance for health needs. Assistance needs to encompass an assessment and referral to appropriate community aged care and welfare support services if required. Some people in this group may benefit from employment assistance services.

### **3. Older people who live precariously in private rental accommodation.**

In many ways people in this group share characteristics with people homeless for the first time in later life. They are predominately renting in the private market, a form of housing that results in severe housing stress. This group differs in that they have housing, but their security is precarious.

Pathways out: Prevention of homelessness is the essential need for this group of people. As highlighted above the core pathways of appropriate and timely assistance before a housing crisis alongside an availability of affordable service integrated housing are the core elements in preventing this group of people entering homelessness.

There remains a need for a stronger evidence base in relation to homelessness and housing crisis as experienced by older people. In particular we need an understanding of older people's varied life histories in different geographies across Australia and how this is related to homelessness. In particular research attention needs to develop greater understanding of older people at risk of homelessness; and what differentiates between those able to maintain a home and those who experience a housing crisis. There is a fine line between an older person

experiencing homelessness living in a rooming house (and thereby enumerated in the homelessness figures) and someone living under an owner occupier's house without kitchen amenities and no tenure who is not picked up in the homelessness estimates but at risk of homelessness.

## **9.2 The extent of older people's homelessness**

At 14 per cent of the homelessness population in Australia older people are a significant group. This rate has remained consistent since 2006. However, as reported in detail above, the numbers of older people experiencing homelessness is increasing, with an increase of 2,390 people, a 19 per cent increase. The increases are seen across older people living in improvised dwellings, sleeping out and staying temporarily with other households.

The increases in numbers of older people needs to be viewed within the context of the demographic changes underway with the cohort aged over 55 within Australia. The other factor is the persistent deep poverty of older people who live in substandard housing. They commonly do not have tenure. This highlights the importance of having a tailored response for older people's homelessness to ensure older Australians have access to housing as they age.

We are beginning to understand a number of other factors are important in relation to the nature of older people's homelessness. Firstly, older men appear to make up a larger proportion of the long term homeless. It is suggested that older women are more likely to be associated with being homeless for the first time in later life. This is not conclusive however and research is needed to examine gender and homelessness. This observation is not aimed to segment older people according to gender and the evidence is not strong for either gender to be more significant or to be increasing at a significant rate. However it is vital that a gendered analysis of older people's homelessness is part of policy and program design and delivery. Life circumstances such as a history of violence followed by a lack of safety and security in substandard housing is likely to be experienced differently by men and women; which may in turn have an impact on health and wellbeing as well as the form of housing that may be optimal to ensure long term safety and security. Our understanding of these issues has largely been informed by small research projects and there is a need for larger studies to explore the role of gender in older people's homelessness.

Secondly, location is also a very important facet to consider in relation to older people's homelessness. Location is linked to the nature of the homelessness, as seen with much higher proportions of overcrowding in the northern band of Australia. There are also structural barriers that affect some geographies to a greater degree which in turn impacts on the rate of homelessness; high private rentals and a lack of social housing in some areas such as the Sunshine Coast Queensland and Darwin results in an inability to secure housing for older people.

The Census enumeration of homelessness in Australia is a well-respected high quality count and provides a point in time enumeration of homeless older people. This report argues that in addition to this enumeration and strategies to reduce the numbers of homeless people it is vital to consider the increasing numbers of older people at risk of homelessness. Understanding the nature and extent of older people at risk of homelessness is underdeveloped in Australia. Researchers have conducted considerable work in understanding and measuring housing affordability but here remains a need to attend to the difficulties in measuring 'at risk of homelessness'.

We undertook to explore two methods for enumerating risk. Operationalising the ratio method and the residual method (Lower Cost Budget Standard) resulting in markedly different estimations of risk of homelessness. The ratio whilst commonly used in media, lobbying and policy circles is seen to be a crude measure. Nevertheless in relation to presenting at risk, it clearly articulates how high portions of income, over 50 per cent, outlaid in rent is unsustainable and places people at risk. The LCBS method results in higher estimations of older people at risk; a number of housing researchers have noted that the use of LCBS results in higher estimates (Burke et al., 2011; Henman & Jones, 2012). The use of this sophisticated measure brings attention on what is required to live frugally and provides evidence that many older renters are living well below community standards. This measure requires a range of accurate data sources and is sensitive to geographical differences in the cost of living. It is used though in this project without the housing component and thereby eliminates a major cost variation that exists across Australia.

We have a long understanding from Australian research dating back to the 1970s of the frugal lives of many older people reliant on the aged pension and renting privately. Understanding the extent of the problem of older people being at risk of homeless poses methodological difficulties and thereby hinders the design of appropriate policy and programs. The exploration of two measures to operationalise at risk of homelessness in this project suggests that gender and caring for children are important factors. Older women are at risk of homelessness is higher numbers and proportions across all age groups. In addition it was found that caring for children protected older people from being at risk.

### **9.3 Integrated policy**

Reducing homelessness in the older population will require a far more integrated policy approach than is currently the case at national state and territory levels. The development of an integrated response to reduce homelessness amongst older people rests on recognising the diversity of circumstances and needs of the different client groups. The summary in the above discussion of the nature and extent of later life homelessness in Australia provides a typology of the pathways in and the pathways out of homelessness. The identification of the three groups offers a means of conceptualising the complex reality of the problem and the

policy and service responses. In turn this highlights the need for policy to be integrated in two broad ways

1. Linking housing with ageing policy
2. Integrating services with older people

### **9.3.1 Affordable housing is an ageing policy issue**

There is a weak connection between housing policy and ageing policy in Australia. The reasons are complex but the lack of integration is largely due to the legacy of policy design decades ago. Housing and ageing has historically operated as different portfolios, with housing as part of State and Territories administration and ageing responsibilities with the Commonwealth. Consequently they are conceptualised separately. Coupling housing and ageing policy has long been advocated by gerontologists and housing researchers (Howe, 2003; Jones, Howe, Tilse, Bartlett, & Stimson, 2010). We understand from a large body of evidence from gerontology that appropriate housing is the cornerstone to wellbeing, health, social participation and preventing premature entry into residential care. In essence housing should be at the centre of ageing policy because it is central to wellbeing in later life. This need is brought into a sharper focus when considering the needs of older people experiencing or at risk of homelessness. The preventative role of appropriate affordable housing connects ageing policy with homelessness policy.

This need is brought into sharper focus given the changes in tenure for older people. We found since 2006 decreasing numbers of older people own their own home, increasing numbers of older people go into their later years with a mortgage, and increasing numbers of older people are renting privately. These changes provide an important contextual understanding of the precarious lives of increasing numbers of older people.

A systematic approach encompassing housing and ageing policy was clearly outlined in the Productivity Commission's report *Caring for older Australians* (Productivity Commission, 2011) but largely absent in the Australian Government's Aged Care Reform Package, *Living Longer Living Better* (Australian Government, 2012). Homelessness and housing are ageing policy issues and there remains a need to link homelessness in later life to ageing policy. The link between both portfolios is housing. Housing is the core of homelessness policy - affordable accessible housing. The Housing First strategy fits well with older people. In essence Housing First encompasses a form of housing that is suited to older people accompanied by additional services as needed. In relation to older people support can take a range of forms with independence on one end and a high level of care at the other. A high level of care can be provided within the community and in residential care facilities. It is helpful to consider residential aged care as a form of accommodation. In this way we consider housing with care and support in two ways below – community living and living in residential care facilities.

## Community Living

Housing, in particular affordable service integrated housing is the core of social inclusion for older Australians living in the community. As outline above older people experiencing first time homelessness and being at risk of homelessness are renting privately. The high cost of renting in the private market makes it the least suitable option for older people. Some ACHA workers with access to brokerage funds to assist older renters question the sustainability of this form of housing for older people in the long term. High and increasing rents in many parts of Australia, in both cities and rural areas in the context of a fixed low income alongside accommodation and contributes to the increasing numbers of older people living precariously. High rents and the predominance of inaccessible private rental housing does not permit older people to age in place.

Community living remains the preferable housing option for most financially disadvantaged older people. This is in line with older people's preference and the core essence of aged care policy in Australia. As outlined above both the not-for-profit and public housing sectors within Australia have developed and managed innovative models that provide financially disadvantaged older people with housing that enables ageing in place. The models of service integrated housing are of international standards but the implementation remains underdeveloped in Australia (see Jones et al 2007). The success or otherwise of information gateways and outreach models to assist vulnerable older people relies on the stock of affordable housing that facilitates ageing in place. An increase in affordable accessible housing stock in many locales in Australia has meant that ACHA workers have been able to secure housing for older people who are homeless. However, discussions with ACHA workers highlight that in many areas this stock has reached saturation point largely because of the completion of Social Housing Initiative.

In addition providers within Australia tailor their community care programs to match their clients. Mainstream community care and support is appropriate for many older people who are financially disadvantaged living in community and public housing. 'Specialist' community care providers work with people with complex needs such as the older public housing tenant group. Community care providers also work with people living in marginal housing such as boarding houses. However, the security of this housing is tenuous for many older people and the accommodation will not permit ageing in place.

The public and community housing sectors have developed with the assistance of the Social Housing Initiative and NRAS innovative housing for financially disadvantaged older people. This stock, affordable and accessible, enables older people to age in their community and restores their wellbeing health and social connections. The challenge is to develop the sound practice of the public and community housing providers developing service integrated housing for poor older people. Given the scale of change with increasing numbers of older people

facing extreme housing stress the need for additional affordable accessible housing is imperative.

### **Residential Aged Care**

Residential aged care is an appropriate form of housing for some older people with assessed complex needs as a consequence of homelessness. Australia has organisations with specialised skills in working with older people who have experienced multiple exclusion homelessness for many years. These agencies, including Wintringham in Melbourne, St Bartholomew's in Perth and Mission Australia in Sydney provide residential care for older people who have complex needs including premature ageing, mental health issues, forms of dementia as a consequence of substance abuse, on ongoing substance abuse issues. The model of care within these agencies provides important service and practice knowledge to enable housing and caring for people with complex needs. Importantly these initiatives address a historical legacy in which older homeless people were largely not considered for placement in the residential aged care sector.

It is unlikely that mainstream aged care providers have the model of care to respond to the needs of older people who have experienced multiple exclusion homelessness. A generalist approach across the entire aged care sector, that is paying a supplement for previously homeless residents, is unlikely to result in successful outcomes for the residents. The Viability Supplement currently paid to specialist aged care providers to meet the needs of former homeless individuals ensures funding is targeted to selected providers who have a model of care in place to assist older people with complex needs and have demonstrated skills and commitment in this area. Funding specialist agencies to provide specialist care rather than spreading resources across the whole sector is a preferable strategy.

The funding mechanism ACFI has been the subject of concern expressed by Wintringham and Mission Australia. The ACFI is not considered to accurately reflect the complex care needs of older people who have lived with homelessness. They argue the categories within the instrument are not weighted in a manner to allocate funding appropriate for the behaviour issues and holistic care that is provided to older homeless people. There has been recent doubt expressed of the viability of continuing this form of specialised residential aged care and the need to increase subsidies for the elderly homeless (Lauder, 2013).

### **9.3.2 Service integration**

An integrated policy response does not mean that all programs have to cater for all groups of homeless older people and every individual but that a coherent set of strategies are needed to present appropriate responses to the different needs of each older person. As with housing and aged care policy noted above, recognition is needed of the models that work well within

Australia and building on these models rather than expecting each agency whether they are part of the housing, aged care or homeless sector to work closely with older people.

Both the literature here in Australia and internationally highlight the lack of engagement by the service sector with older people and conversely the reluctance and or resistance of older people to seek assistance from generalist agencies. We need to think about where older people at risk are or how we get to know them and assist them. Both these issues are considered below.

### **Information for older people**

We understand that older people, in particular those experiencing first time homelessness do not know where to access help. Furthermore if they do seek assistance from general agencies such as housing authorities or Centrelink they are not referred on. An integral feature of homelessness strategies within Australia is the no 'wrong door' policy and there remains a need for agencies to have greater understanding of older people's needs and appropriate referral pathways. It seems that passing on appropriate information is not being undertaken by the service sector. Many ACHA workers assert the importance of linking older people with resources not just giving them a telephone number (or web address).

Whilst service providers has competing demands in busy service delivery points there remains a need for general community agencies including housing authorities, Centrelink, health services to assist older people in housing crisis. There seems to be a need for older people to be recognised as a group that experiences homelessness; this may be more germane if they present as 'conventional' people.

Consideration must also be given to the promotion of services that assist older people in housing crisis. The framework of social inclusion highlights older people in housing crisis are excluded from housing, financial resources, information and appropriate assistance. There is a need for greater integration across the service sector to recognise and assist vulnerable older people.

### ***Gateway***

The implementation of gateways is receiving considerable attention in relation to service design for older people. A major recommendation of the aged care policy reform *Living Longer Living Better* is the establishment of a gateway, a single entry point, to assist older people, families and carers in navigating the aged care system. The gateway is planned to include a national contact centre, a website and a central client record. The provision of single access points reduces the number of organisations and professionals that older people have to deal with. Largely associated with health and aged care for older people this model is also used for older people experiencing a housing crisis. A new project in Victoria operates with a similar model providing a central contact point for older people who are at risk of

homelessness. This service *Home at Last*, is funded through the Homelessness Action Plan and works alongside the organisation's ACHA program and tenancy advice service. Whilst operating for under a year the service has had very positive outcomes in assisting older people; and is currently being evaluated.

There are a number of important factors that require consideration in relation to gateways as a means of assisting older people in housing crisis. The nature of issues affecting older people's housing risk includes structural issues linked to both national and local contexts. Furthermore, personal concerns include universal issues such as health or accessible housing and factors that are part of the older person's locale and culture. Our knowledge of these issues is developing in relation to older people's homelessness and more research is needed to understand the range of issues that older Australians face. The nature of these issues has a huge impact on the form a housing gateway for older people. As well as increasing our knowledge of the nature of older people's homelessness, consideration needs to be given to regional or locality based gateways. For example it is questionable whether the circumstances and needs of an older Torres Strait Islander woman in far north Queensland and the needs of an older man living in substandard room in Melbourne can be addressed by one national gateway. To assist vulnerable older people and develop a pathway out of homelessness there is a need to have a knowledge of local cultures (new overseas migrant populations, indigenous people coming to towns during the wet season), community profiles (tourist areas, mining impact, gentrification), and local resources (stock of social housing, appropriate emergency accommodation, 'good' caravan parks, aged care services, Meals on Wheels, respite). The need to understand local contexts suggests the need for regional gateways to assist older people in housing crisis.

## **Outreach**

As outlined in this report outreach that provides assistance to older homeless people include the generalist program Specialist Homelessness Services and the small program within the aged care portfolio, Assistance with Care and Housing for the Aged. A key question is what balance should be sought between enhancing the capacity of generalist services to support older people, and further developing the capacity of the specialist agency ACHA to provide outreach in more communities. The generalist services with the mandate to assist homeless people and those at risk of homeless are responsible for a diverse group of people in crisis and on the whole do not engage well with older people. Conversely older people do not engage with them. This does not reflect on the agency but is more of a recognition of the specialist skills that are required to work with older people. It may be an option for further development of specialised services to expand existing agencies with established expertise, namely ACHA. A key facet of ACHA is the centrality of its outreach model. It is argued ACHA's outreach model is an essential element is being able to engage with and assist older people in housing crisis.



With a holistic approach centred on the older client, ACHA works across the portfolios of housing, aged care, tenancy and legal rights. This small program works solely with older people and largely works with an outreach model although there are a small number of ACHA agencies that work with a particular group of houses. Building on a program that works well with older people and knowledge base within an established service structure is likely to more cost effective and produce clear outcomes. A vital part of their specialised knowledge is understanding the complexities of the aged care system including the range of community supports and residential age care options. Ancillary to this is knowledge of aged related health concerns such as dementia and frailty. The program's person centred focus facilitates forming relationships with their older clients. This is considered imperative to the success of the program. Many older clients are facing extreme loss and anxiety, ill health, exploitation and humiliation and have little understanding of the service sector. As such ACHA with a person centred and outreach approach is well placed to assist older people in housing crisis. The emphasis on this program is on enabling older people to continue living normal lives by addressing their housing and support needs.

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Institute for Social Science Research  
Level 4, General Purpose North No.3 (Building 39A)  
The University of Queensland 4072  
Telephone: (07) 3346 7646 | Facsimile: (07) 3346 7646  
Email [issr@uq.edu.au](mailto:issr@uq.edu.au) Web [www.issr.uq.edu.au/](http://www.issr.uq.edu.au/)