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# Homelessness and older Australians: scoping the issues

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# List of acronyms

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
ACHA	Assistance with Care and Housing for the Aged
AIHW	Australian Institute of Health and Welfare
CACP	Community Aged Care Package
CDC	Consumer Directed Care
CSHA	Commonwealth State Housing Agreement
COAG	Council of Australian Governments
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
FAHCSIA	Department of Families, Housing, Community Services and Aboriginal Affairs
HAAG	Housing for the Aged Action Group
HACC	Housing and Community Care
HSAP	Housing Support for the Aged
HEF	Housing Establishment Fund
HES	Household Expenditure Survey
ILU	Independent Living Unit
LSAVH	Longitudinal Study of Australians Vulnerable to Homelessness
NAHA	National Affordable Housing Agreement
NHSC	National Housing Supply Council
NRAS	National Rental Affordability Scheme
NSW	New South Wales
OPHRSP	Older Persons High Rise Support Program
OPOP	Older Persons' Outreach Program
SAAP	Supported Accommodation Assistance Program

SHS Specialist Homelessness Services  
SIH Survey of Income and Housing  
VHC Veterans Home Care

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# Executive summary

## **Context**

This report is written in the context of the Australian Government's long-term goals of halving overall homelessness and offering supported accommodation to all rough sleepers who need assistance by 2020. It focuses on the implications of these goals for one specific demographic group, older Australians. It examines the nature and extent of homelessness in Australia's older population and considers the policy, practice and research responses that are required for this population group if the Australian Government's long-term goals are to be achieved.

By all recent estimates persons aged 55 and over comprise close to one-fifth of all homeless people in Australia. Hence, developing a strategy to address homelessness amongst the older population is a core requirement for Australia's homelessness strategy. Australia's population is ageing and persons aged 50 and over are predicted to more than double numerically from 2010 to 2050, and to increase as a proportion of the total population from 31.4 per cent in 2010 to 40.0 per cent in 2050. Hence, later life homelessness is likely to be a growing issue requiring sustained attention and sustainable strategies. Despite this, older homeless people have received less attention in public policy than other groups of homeless people, and there is no integrated strategy designed specifically to reduce the number of older people experiencing homelessness or at risk of homelessness. Such a strategy is required if homelessness amongst older people is to be effectively addressed.

## **Scope**

Understanding homelessness amongst older people requires a wide lens that encompasses older people who are homeless now and those who are vulnerable to homelessness in the near future. Many of those at risk of homelessness are so primarily because of the lack of secure, affordable and appropriate rental housing for older people in many parts of Australia. Addressing homelessness for this population group must have a twin focus, firstly on those whose homelessness is associated with long-term major life difficulties such as chronic mental illness, cognitive impairment and substance abuse, and secondly on those whose homelessness is precipitated essentially by termination of a lease or by an unaffordable rent increase and who are unable to find alternative housing.

## **Causes**

A number of Australian studies have examined the causes of homelessness in later life. For those experiencing long term homelessness key factors reported include alcohol abuse,

physical and mental health problems, depression and gambling. Several studies reported differences in the set of factors leading to homelessness between those with a long history of homelessness throughout their lives and those experiencing homelessness for the first time in later life. The former were more likely to have alcohol and mental health problems and to use illegal drugs. They were less likely to have worked regularly, to have been married and to receive assistance from family or friends. The latter were more likely to have had housing difficulties during their lives, to have limited financial reserves and to have experienced a housing crisis in later life that disrupted their tenancy. This housing crisis then had negative consequences for physical and emotional health and wellbeing. This pattern appears to be particularly prevalent for women where domestic violence, income insecurity, ill-health and age discrimination cumulatively led to housing insecurity and risk of homelessness. The current state of Australia's private rental market, characterised by chronic under-supply and high cost, seems likely to provide the conditions to foster housing-induced homelessness amongst the older population. This evidence on the causes of homelessness reinforces the view that it is important to have a twin focus when considering older person's homelessness, as proposed above.

## **Numbers**

Recent debates on estimates of the number of older homeless people in Australia have resulted in some uncertainty. Based on Chamberlain and MacKenzie's cultural definition, the *Counting the Homeless* report estimated 18,108 older homeless persons in Australia on Census night 2006, a figure reduced to 11,252 in the ABS recalculation in 2011 of the 2006 Census data. The two estimates concur that older people comprise just under one-fifth of all homeless people in Australia. Using the ABS recalculations, males comprise 65 per cent of homeless people aged 55 and over. The largest proportion of older homeless people reside in boarding houses (39 per cent), followed by 'staying with other households' (33 per cent), 'sleeping out' (13 per cent), 'staying in supported accommodation' (12 per cent) and 'in other temporary lodging' (3 per cent). There are more men than women in all homelessness residence categories, but women are over-represented in 'staying with other households', 'staying in supported accommodation' and 'in other temporary lodging'.

While there are uncertainties concerning the number of older homeless people, the number of older people 'at risk' of homelessness is almost completely unknown and has not been the subject of careful analysis. The starting point for estimates of those at risk of homelessness due to insecure or unaffordable housing is an examination of households living in the private rental sector. The 2006 Census enumerated 107,168 households in which the reference person was aged 65 and over living in the private rental sector. However, it is not known

what proportion of these households enjoy reasonably secure housing and what proportion live in precarious housing circumstances. Older people most at risk of homelessness are those living in private rented accommodation that has insecure tenure and/or is costly relative to their income and/or is unsuited to their needs as older people. There is evidence that increasing numbers of older people are living in such circumstances and if this is so it poses a major challenge for policies designed to reduce the incidence of homelessness in Australia's older population. There is an urgent need to develop estimates of the 'at risk' of homelessness older population.

## **Services**

There is evidence that many older people find it extremely difficult to access the services they require when faced with homelessness or the risk of homelessness. This is in part a consequence of the complexities of the service systems related to homelessness which include specialist homelessness services, the housing system, the social security system, the community and residential aged care system and the health system. What is clear is that an effective response to older person's homelessness will require service integration and collaboration amongst all of these sectors.

## **Specialist homelessness services**

The Assistance with Care and Housing for the Aged (ACHA) Program is a program targeted specifically for the older homeless and insecurely housed. ACHA works with older people who are homeless or at risk of homelessness to secure appropriate housing and to link older people with aged care, welfare and health services. The ACHA program appears to be uniquely placed to prevent homelessness amongst older people who are insecurely housed. However, the program has not been evaluated since its pilot in 1993, and it remains a small program with uneven coverage throughout the country.

The Supported Accommodation Assistance Program (SAAP), now the specialist homelessness services program (SHS) within the National Affordable Housing Agreement (NAHA), has been the major program for provision of services and assistance to homeless people since the 1980s. SAAP and SHS have tended historically to focus on the needs of rough sleepers, young people, and families escaping domestic violence. This has meant that older people have tended historically to be a much lower priority group. There is evidence that specialist homelessness agencies are increasingly seeking to engage with older homeless people, and the capacity of SHS agencies to address the complex and particular needs of older people needs to be addressed.

## Housing

The availability of suitable housing is central to the response to the needs of older people who are homeless or at risk of homelessness. In particular, there is a need to ensure a sufficient supply of good quality, affordable, secure and appropriate rental housing. In the first place, this requires a strong social housing sector oriented to the requirements of older renters. However, we lack clear evidence concerning the level of investment in social housing that is required to meet the overall demand for housing from older people at risk of homelessness.

Public housing is well placed to provide accommodation for older people who are at risk of homeless as it is secure and affordable, and much recent stock meets accessible or universal design standards. Public housing authorities are also paying greater attention to support and care provision for older tenants, although attention to this issue is variable. The main issue is the limited availability of public housing for older people relative to demand. There are currently lengthy public housing waiting lists in all states and territories. These exist alongside the expectation that state housing authorities will face an increasing demand for public housing from older people, including those aged over 85. There is as yet no clear analysis of the extent to which the increase in public housing supply via NAHA and the Social Housing Initiative has improved access to public housing for older private renters at risk of homelessness.

Like public housing, community housing provides an affordable alternative to private rental. The community housing sector is experiencing significant growth and its level of engagement with older people will be an important factor in ensuring sufficient provision of affordable, secure housing for older people at risk of homelessness. Through organisations such as Wintringham, non-government organisations have played a leading role in developing service-integrated housing for older people with high support needs who have been homeless or who are at risk of homelessness. Community housing has an important role to play in ensuring that housing of this kind for older people is available in all major Australian cities. The role played by the emerging, large 'growth providers' of community housing will be especially significant. The major providers of aged care and housing services for older people also have important roles to play in the development of housing for older people vulnerable to homelessness, not least through the revitalisation and refurbishment of their stock of independent living units (ILUs).

While the social housing system will need to carry much of the responsibility for meeting the housing needs of older people who are homeless or at risk of homelessness, the private rental sector will also need to be mobilised. No doubt a proportion of the housing currently

rented by older people is affordable, relatively secure and of a suitable standard, although much of it is not. However, we lack reliable data on the overall characteristics of this housing stock. Initiatives by the private sector to respond to the needs of low income older people through the provision of rental retirement villages have encountered major financial and management problems, and it appears clear that some form of public subsidy is required if the private sector is to become involved in specific housing provision for low income, older people on a large scale. In this respect, the National Rental Affordability Scheme established in 2008 appears to have some potential to increase supply, although it is too early in the life of the scheme to determine the impact it will have on affordable housing provision for older people at risk of homelessness. The level of financial support provided through Commonwealth Rent Assistance is a further factor impacting on the capacity of the private sector to deliver affordable housing for the older population.

### **Aged care**

Aged care services are an important part of the response to homelessness amongst the older population. Some older people who are homeless require the level of support and care that can only be provided in residential aged care. Others who are living in insecure or poor quality accommodation require home-based aged care services to support them in their daily living. There are a number of community care programs that provide outreach to older people who are homeless or living in marginal accommodation. Wintringham has pioneered the provision of service-integrated housing that involves both the provision of secure housing and support in the form of Community Aged Care Packages, and service integrated housing along these lines may be required in other population centres.

Access to residential aged care for older homeless people with high support and care needs is an important component of the homelessness response. Historically, this has been a major problem as mainstream aged care homes have been unable or unwilling to meet the needs of this client group, particularly those who have experienced long term homelessness and suffer from acquired brain injury or alcohol related brain damage. Organisations such as Wintringham in Melbourne and Mission Australia in Sydney have developed residential facilities specifically to address the needs of older people who have been homeless. In 2009 homeless older people received recognition as a 'special needs' group under the *Aged Care Act 1997*, and more recently the eligibility criteria for accessing aged care programs was clarified to enable operators of aged care facilities to accept people from age 50, thus recognising the premature ageing often associated with homelessness. The Commonwealth Government recently funded an additional three specialist residential aged care for homeless people, and in the 2011 Budget adjustments were made to aged care funding to

allow for the complex care that is often needed in providing assistance for people who were homeless once they are admitted to an aged care facility.

### **Conclusions and implications**

People aged 55 and over constitute approximately one-fifth of Australia's homeless population, and there is a large, but unquantified, number of older Australians at risk of homelessness due to their precarious housing circumstances. However, there is at present no systematic approach to addressing this problem and the relative neglect of older homeless people that has characterised homelessness policy since the 1980s continues. Policies to address this problem require a dual focus, firstly, on those older people who chronic mental health and substance abuse problems have resulted in homelessness in later life and, secondly, on those older people who are homeless or at risk of homelessness due principally to their precarious housing circumstances. These are the two dimensions of older persons' homelessness and both need to be addressed.

The policy and service response must be an integrated one and span the three primary areas: specialist homelessness services, housing and aged care. With respect to specialist homelessness services, there is a need to closely examine the ACHA model of service provision to ascertain its suitability as a foundation for expansion of specialised services to this group which would include information provision, crisis management, personal support and assistance in accessing housing and other services including aged care, social security and health services. There is also a need to review the engagement of specialist homelessness services (SHS, formerly known as SAAP services) with older people and to determine the role of SHS services with respect to this group and the relationship between SHS services and other services including ACHA and aged care services.

With respect to housing, the core issue is to provide a sufficient supply of good quality, secure, affordable and appropriate rental housing for older people. Social housing will need to play a central role, including public housing, community housing and the large providers of aged care and older persons' housing. The private rental sector will also need to be mobilised through various forms of public subsidy such as NRAS.

Improved access to aged care services for older people who are homeless or living in precarious housing is also critically important. Some homeless people require the high levels of support and care that can only be provided in residential aged care facilities and access to these facilities for older homeless people must continue to be improved. Older people living in sub-standard or marginal housing in the community require improved access to community care to support them in their daily living.

## Research

This report has scoped the main issues involved in responding effectively to issue of homelessness and older Australians, primarily relying on readily available secondary sources. The report identifies the broad contours of this issue. However, it also reveals that there are major gaps in our knowledge that impede the development of effective public policy. In order to address this issue effectively a stronger research evidence-base is required. Eight key areas requiring further research can be identified.

### *1. Estimating the number of older homeless people.*

Continuing work is being undertaken by the ABS to estimate the number of homeless persons in Australia, and further refinement of estimates of older homeless people will emerge from this research. The analysis of 2011 Census data when it becomes available in 2012, together with data from the 2001 and 2006 Censuses will provide a valuable picture of trends in later life homelessness. Further analysis of this data, especially on a geographic basis, will be particularly valuable in identifying the different character of later life homelessness in different parts of Australia.

### *2. Estimating the number of older people at risk of homelessness*

It is important to develop a clearer understanding of the number of older households occupying precarious housing in the private rental market. We know that many 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. However, the precise number and proportion of older private renters who are 'at risk' of homelessness has not been estimated. An analysis of Census data involving identification of a number of 'risk factors' could be undertaken to derive an estimate of the size of the population of older people 'at risk' of homelessness.

### *3. Understanding the causes of homelessness and pathways into homelessness*

Further studies are required of the causes of homelessness both of older people whose homelessness derives from their chronic personal problems and of older people whose risk of homelessness or actual homelessness is associated primarily with their precarious housing circumstances. Studies focusing on pathways into homelessness, identifying both the long-term life history factors resulting in precarious housing in later life and the short-term circumstances precipitating a housing crisis may be particularly valuable.

### *4. The role of specialist homelessness services*

There is insufficient knowledge and understanding of the appropriateness and effectiveness of the engagement of specialist homelessness services with older people. There are two

broad areas requiring research. Firstly, there is very limited information concerning the ACHA program which has been operating for two decades but which has not been evaluated since the early-1990s. Secondly, there is a need to review the engagement of SHS services with older people. The key research tasks are to identify the approaches that have been adopted by ACHA and SHS to working with older people and to assess their effectiveness in preventing later life homelessness and/or supporting older homeless people.

#### *5. Housing supply issues*

As well as researching rental housing demand from older people (see section 2 above), there is a need to examine the impact and effectiveness of recent initiatives in rental housing supply for older people at risk of homelessness. This includes identifying the priority that has been given to housing supply for older people relative to other groups through the social housing initiatives of recent years and through NRAS. Case studies of innovative housing in the social housing sector, particularly housing that is integrated with provision of support and care services, are needed to provide a foundation for best practice in the future. It is also important to continue to explore ways of attracting private sector investment and provision into affordable housing for older persons, and to develop further understanding of the incentives and disincentives for private involvement in this housing sub-market.

#### *6. Residential aged care and service-integrated housing for homeless people*

There is an important role for research in examining the impact of recent policy and funding changes designed to increase access to residential aged care by people with complex needs who have experienced homelessness. This might encompass analysis of the extent to which mainstream providers have become more responsive to the needs of homeless people as well as analysis of the operations and effectiveness of specialist facilities, including service-integrated housing, for older people who have experienced homelessness.

#### *7. Community aged care for homeless people*

Similarly there is an important role for research in examining the effectiveness of the various approaches to providing community aged care to older people living in sub-standard or marginal housing in the community. Greater understanding is required of the experiences both of mainstream providers and specialised services in providing community aged care to older people in precarious housing. The impact of these services on the lives of older people, and in particular their role in preventing homelessness, needs to be better understood.

#### *8. The development of national and state strategies*

Finally, research can play an important role in underpinning national and state strategies designed to reduce homelessness amongst the older population. A central message of this

report is that reducing homelessness in the older population will require a far more integrated policy approach than is currently the case at national or state and territory levels. This report has scoped in broad terms the nature of the problem of later life homelessness and has identified the main components of an integrated policy approach. Further research pursuant to the directions indicated above has the potential to provide the evidence required to underpin the development of national and state strategies targeted on reducing homelessness amongst older Australians in the decade ahead.

# 1. Introduction

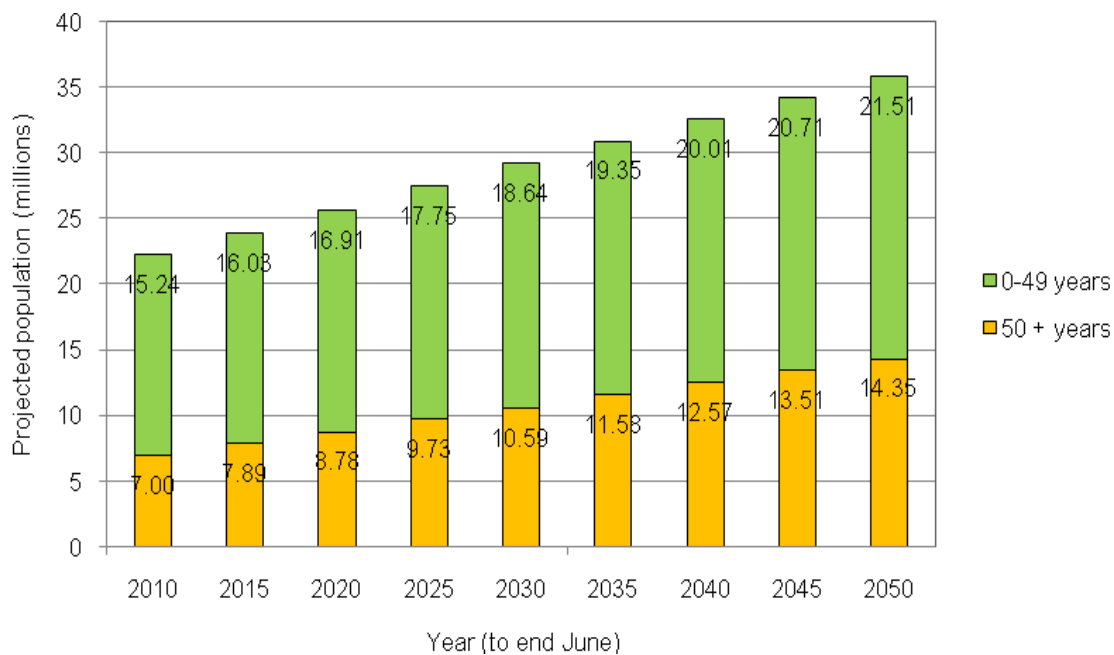
## Significance

The Australian Government's twelve year reform agenda for reducing homelessness is set out in its White Paper entitled *The Road Home: A National Approach to Reducing Homelessness*, published in December 2008 (Australian Government 2008c). The White Paper established two main goals: firstly, to halve overall homelessness by 2020; and, secondly, to offer supported accommodation to all rough sleepers who need assistance by 2020 (Australian Government 2008c, p. vii). The paper emphasised the importance of tailoring the national response to homelessness to the needs of particular groups including children, older people, young people and Indigenous Australians. However, the strategies set out to address homelessness were generic rather than being focused on particular demographic groups. This report, written in the context of the White Paper and its long-term goals, addresses the challenge of responding to homelessness within one specific demographic group, older Australians. It examines the nature and extent of homelessness in Australia's older population and considers the policy, practice and research responses that are required for this population group if the Australian Government's long-term goals are to be achieved.

Data from the 2006 Census shows that older people constitute a significant segment of the homeless population. In the *Counting the Homeless* report on the 2006 census, older people constituted 18 per cent of the homeless population (18,108 persons) (Australian Government 2008c, p. 5). This was an increase of more than 4000 people from the 2001 Census (Australian Government 2008c, p. 5) and equates to almost one fifth of the entire homeless population. In 2011, after a detailed review of data analysis methodologies, the Australian Bureau of Statistics (ABS) substantially amended the homelessness count reported for the 2006 Census, reducing the overall count from 104,676 to 63,469, an overall reduction of 41,207 persons (Australian Bureau of Statistics 2011a). According to the revised count, 11,252 people aged 55 and over were homeless in 2006, constituting as in the earlier count some 18 per cent of the overall homeless population. It is notoriously difficult to estimate the size of the homeless population, and the ABS continues to review the estimates from the 2006 Census. Furthermore, it must be borne in mind that the number of people who are homeless in any one year may be up to six times the single night estimate (Australian Bureau of Statistics 2011a). However, despite this imprecision, the presence of significant numbers of older people in the homeless population is incontestable. By all recent estimates persons aged 55 and over comprise close to one-fifth of all homeless people in Australia.

If trends in the homelessness population reflect broader demographic trends in the Australian population, the number and proportion of older homeless people is likely to increase in coming decades in the absence of ameliorating social policy. As shown in Figure 1, persons aged 50 and over are predicted to more than double numerically from 2010 to 2050, and to increase as a proportion of the total population from 31.4 per cent in 2010 to 40.0 per cent in 2050. If all other factors remain constant, homelessness amongst the older population will be a growing problem relative to homelessness in the population as a whole. Evidence presented later in this report points to factors that are likely to exacerbate this problem, such as the increase in the number of older people likely to be renting in the private market. This suggests that if the National Homelessness Strategy is to achieve its goal of halving homelessness by 2020, more sustained attention to the issue of homelessness and older people is required.

**Figure 1: Australian population projections by age**



Source: Data provided on request from Commonwealth Treasury

While some aspects of homelessness and the older population in Australia have been researched, there has not been a comprehensive approach to analysis of the nature, extent, distribution and causes of later life homelessness, and of the most appropriate policy and practice responses. Furthermore, it is not clear what combination of policy and service responses are required to ‘turn off the tap’ and ‘break the cycle’ (to use the terminology of

the *White Paper*) of homelessness in the older population. Currently policy and service responses to this population group are not well integrated. While there are numerous programs and initiatives for homeless people in general that older people can access, there is no integrated policy and service framework designed specifically to reduce the number of older people experiencing homelessness or at risk of homelessness. Older homeless people appear to have received less attention in public policy than other key groups of homeless people, for example, homeless families, young people, and women and children experiencing domestic violence.

There are relatively few specialist homelessness services and programs focused specifically on the needs of older people. One exception is Wintringham, a Melbourne-based organisation that is well known for its services to older people who have experienced primary homelessness and 'rough sleeping'. Wintringham's services include residential care facilities, housing options, and community aged care and outreach services. Another program focused on the needs of older people who are homeless or living in insecure housing is the Assistance with Care and Housing for the Aged (ACHA) program. ACHA is a national program that provides a number of services including housing advice and assistance and referral to care and support services such as Home and Community Care (HACC) and Aged Care Assessment Teams (ACAT), and health services. Outside of these and a small number of other services, older people are reliant on generic housing and homelessness services to address their needs. This paper will consider whether the current policy and service response is sufficient to reduce homelessness in the older population and to achieve the goals of the national homelessness strategy for this population group.

## **Aim and objectives**

The overall purpose of this report is to provide an overview of policy and research issues relating to homelessness and older Australians in order to provide a platform for the development of a more systematic policy approach underpinned by research evidence. The aims are to identify the range and extent of the needs, circumstances and characteristics of older people who are homeless or at risk of homelessness, to identify policy and practice options to address their needs, and to identify further research issues and directions. These aims can be expressed in the form of research questions:

1. What is currently known about the nature and extent of homelessness amongst older people in Australia and also those at risk of homelessness?

2. What are the characteristics of current policies and programs address the housing and related needs (support, care, etc.) of older people who are homeless or at risk of homelessness, and how effective are these?
3. What research options can be identified to add to our understanding of these issues and to underpin an integrated policy response?

## **Methodology**

This report is based on a review of the Australian and international literature on homelessness and older people and a review of current policies, programs and services based primarily on existing data sources, secondary data sources and searches of pertinent databases. This includes reviews of relevant academic research and published reports as well as other policy and program documentation, including governmental reports, concerning issues relating to older people who are homeless or at risk of homelessness.

## **Overview**

This report is a study of the policy and research issues concerning older people who are homeless and at risk of homelessness. Following this introductory chapter, Chapter Two examines what is known about older Australians who are homeless or at risk of homelessness, including the nature and prevalence of homelessness in Australia. Chapter Three critically examines the main policies, programs and services designed to address homelessness amongst older people in Australia, including both mainstream and specialist services. In the final chapter the report identifies key policy issues that need to be addressed and suggests future directions for research to underpin policy.

## 2. The nature and extent of homelessness amongst older people in Australia

### Introduction

Reducing homelessness is currently a social policy priority in Australia. There is strong interest in this issue across many sectors of Australian society. Homelessness is a significant issue in the national public discourse. However, it can be argued that there has been a tendency to dissociate older people from homelessness, which is more commonly identified with other population groups such as young people, families with children and Indigenous Australians. This may be partially linked to high home ownership rates amongst older Australians and perceptions that the majority of older Australians are generally well housed. Despite this, the evidence shows that significant numbers of older people live intermittently and sometimes continuously without shelter or secure accommodation, and many experience housing crises that may result in them becoming homeless or at risk of homelessness for the first time in later life. There is a great divide in Australia between those older people who have secure and stable housing as home owners, social housing tenants and private renters with secure tenancies and those who live precariously in private rental accommodation that is unsafe, expensive and insecure.

With evidence that homelessness amongst older people is a significant issue, there are important questions that need to be addressed. We need to know the extent of the problem, the life circumstances of those who are homeless, how our social, health and housing systems are tailored to assist older people, the strengths within Australia's policies and programs alongside their inherent challenges and gaps. We also need to increase our understanding and knowledge of the complex interplay of factors associated with homelessness amongst older people. This chapter discusses what is known about older homeless people, including the nature and extent of their homelessness, their distinctive problems and the effectiveness of different forms of assistance. Policies and programs will be referred in this chapter but will be taken up in greater detail in the following chapter which reviews the engagement of mainstream and specialist services with older homeless people.

### What does homelessness mean?

Understanding homelessness amongst older people requires a wide lens that encompasses older people who are homeless now and those who are vulnerable to homelessness in the near future. Australia's commitment to addressing homelessness emphasises prevention.

In relation to addressing homelessness amongst older Australians the precarious living circumstances of older people in private rental accommodation without security must be part of the homelessness discussion. There is increasing evidence that there are strong links between homelessness amongst older people and changes in the housing market (Crane et al. 2005; McFerran 2010; Westmore & Mallet 2011). This at-risk group will be discussed in this report alongside older people who are without shelter or living in insecure accommodation such as private boarding houses and rooming houses.

This assertion, to include older people who are homeless or at risk of homelessness, extends the cultural definition of homelessness widely accepted in policy and academic circles. The cultural definition, Chamberlain and MacKenzie's identification of shared community standards about the minimum housing that people have a right to expect, has underpinned Australia's counts of homeless people in the last three successive national censuses (Australian Bureau of Statistics 2011a). The census night enumeration includes additional deployments by census officers to go where homeless people are and utilisation of service provider data in an effort to accurately count homeless people at that point in time. As such the statistical estimate of Chamberlain and MacKenzie, *Counting the Homeless 2006* from the most recent census, will be included in discussions below of older people who are homeless. These figures equate to the cultural definition of homelessness of Chamberlain and Mackenzie and includes those experiencing primary, secondary and tertiary homelessness (Chamberlain & MacKenzie 2008)<sup>1</sup>.

Alongside the statistical estimates from Chamberlain and MacKenzie, revised figures from the ABS are included in this report. The ABS following the release of a discussion paper in March 2011 (2011a) and consultation process circulated a position paper which summarises and addresses the issues raised by stakeholders and discusses future initiatives in relation to improving data. This report, *Position Paper – ABS Review of Counting the Homeless Methodology* (Australian Bureau of Statistics 2011b) has slightly revised the March 2011

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<sup>1</sup> Primary homelessness includes all people without conventional accommodation, such as people living on the streets, sleeping in parks, squatting in derelict buildings, or using cars for temporary shelter. Secondary homelessness includes people who move frequently from one form of temporary shelter to another, and people residing temporarily with other households because they have no accommodation of their own and people staying in boarding houses on a short-term basis. Tertiary homelessness refers to people who live in boarding houses on a medium to long-term basis. They are homeless because their accommodation situation is below the minimum community standard of a small self-contained flat.

figures in relation to homeless older people. Thus, this scoping document includes the figures released in August 2011 and notes that a new methodology will be released in 2012 which will include the recompilation of consistent estimates from both the 2001 and 2006 estimates. As a result only limited details in relation to the count can be included in this report.

As noted above this report seeks to highlight the circumstances and needs of people at risk of homelessness. The inclusion of older people at risk of homelessness is consistent with the concept of homelessness set out in the National Affordable Housing Agreement (and the former SAAP legislation). As such SHS agencies provide services to homeless people, that is "persons who does not have access to safe, secure and adequate housing" (Australian Institute of Health and Welfare 2010a, p. 104). This definition gives services the auspice to assist those people without shelter and those who are at risk of becoming homeless. While this report seeks to include older people at risk of homelessness, detailed statistical estimates as provided by Chamberlain & MacKenzie in *Counting the Homeless* and the ABS in their review do not include statistics for this group. Their analysis is not tailored to estimate people at risk of homelessness. These issues will be taken up in the discussion below.

This report will outline the issues for older people in two main sections; older people experiencing homelessness and older people at risk of homelessness. Older people experiencing homelessness is a category that includes people in a diverse range of circumstances including those without shelter, those in boarding houses, those in homeless accommodation and those staying with friends. The second group, older people at risk of homelessness are the marginally housed. They typically live in the private rental market, lack secure tenure and have low incomes that make them vulnerable to high rents and rent increases. For these reasons they are potentially at risk of losing their accommodation and homelessness.

It is important to recognise that setting up categories to describe homelessness amongst older people is somewhat artificial as older people do move from rough sleeping to insecure housing and some people who for their whole lives have lived in private rented housing may find themselves without shelter for a period of time. Iterative homeless, the repeated and ongoing movement through tenuous housing with sleeping rough, is seen to be associated with short and long term contexts of homelessness (Robinson, C 2003). The setting of categories also poses difficulties in describing the group's characteristics and problems as health concerns or substance abuse is not restricted to one group. Indeed assumptions cannot be made, for many older people at risk of homelessness are independent and

experience good health. The White Paper has been criticised for assuming that older homeless people are likely to have experienced mental illness, cognitive impairment and substance abuse (Fiedler 2010). Care must be taken not to construct homelessness as individual pathology but to conceptualise it within a framework including structural and personal factors. The small samples in some Australian research projects addressing these topics also impede generalisations so discussions in this report are more accurately concerned with trends and commonalities. The practice knowledge of service providers assists in describing a group's characteristics.

## **Who is an 'older' homeless person?**

There is no consensus among policy makers, service providers, and researchers about the age when 'older' in the context of older people's homelessness begins (Crane & Warnes 2010). It is important to contrast how 'old' is viewed in relation to homelessness and to wider society. The perspectives that inform gerontology and ageing policy, productive ageing and healthy ageing, challenge stereotypes of older people as frail and disengaged from work and 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 necessarily the age at which a person becomes 'old'. Indeed this is mirrored in policy with changes in the age for eligibility for the aged pension, changes in retirement provisions and so forth. However in relation to homelessness, the research literature and practice knowledge from service providers stress that people who have experienced homelessness and difficult life circumstances consistently present with premature ageing and accompanying physical and mental health problems.

Scholars of homelessness in the United Kingdom (Crane & Warnes 2001), United States (Kisor & Kendal-Wilson 2002).and Australia (Judd et al. 2003; Rota-Bartelink & Lipmann 2007) define 'older' as 50 and above. A recent Australian exploratory study utilised 55 years (Westmore & Mallet 2011). The lower age is recognition of the premature ageing homeless people commonly experience as a consequence of long term stresses and socio-economic disadvantage. Furthermore, there are gender and ethnicity differences. The criteria for older people who are homeless from Indigenous populations has been defined as 45 years and over (Judd et al. 2003). The age of 45 was also utilised in another recent study of older homeless women (McFerran 2010). McFerran states this benchmark reflects the lower life expectancy of the Indigenous women who were included in her study and follows the norm in domestic and family violence research.

It is widely accepted that older people cannot be satisfactorily defined by chronological age classifications alone. The 'younger' age conceptualisation for people experiencing homelessness can result in a mismatch with service provision guidelines given that HACC and Community Aged Care Packages (CACP) providers often interpret eligibility as 65 years (despite no age limitations in the respective legislation). There is increasing flexibility however, as the Australian Government has supported the criteria of 50 years and over for service providers of aged care facilities to the homeless (Wintringham 2007). With the ABS, the definition changes according to the purpose. Although 'older people' are not defined when counting the homeless, other census-based research refers to older people as those aged 65 years and over (Australian Bureau of Statistics 2010). The census form gathers age as a continuous variable but statistics are usually reported in ten year categories. This can pose difficulties in seeking to conduct analysis of older people experiencing homelessness using the benchmark of 50 years and above. Given research, statistical reports, government literature, and service provider material are not consistent in the age they present as an older person, age in years will be clearly noted alongside findings and tables in this report.

Life course theory assists in understanding the arbitrary nature of having a marker in years to represent an older person. This perspective highlights that where we are in our lives is shaped by a lifetime of experience. In relation to 'old age' we need to understand it as part of the entire course of human life. Conditions of living such as social class, occupation, education, and health are all determinants. Biological research also demonstrates that people do not suddenly become old at the time we have defined as 'old age' (Moody 2010). With such a lens, the focus is on the person, their life experiences and their current circumstances and needs rather than their actual age. The life course perspective respects people who at 80 are well and active, and people who at 45 are experiencing health and cognitive decline as a result of a life of disadvantage. Transferring this perspective to people experiencing homelessness or at risk of homelessness in later life, the overriding concern is to account for their circumstances and their needs in the context of their life experience not their chronological age.

The following two sections discuss older people who are homeless and older people at risk of homelessness. Within each section we will consider each groups characteristics and problems, estimations of numbers, service responses and noting applicable services and programs.

## Older people experiencing homelessness

Older people in this category include those commonly described as 'sleeping rough' as well as people living in improvised dwellings, people who are temporarily living with friends or family with nowhere else to live, and people living in rooming houses, boarding houses and temporary accommodation provided by specialist agencies. Our understanding of the life circumstances for older people experiencing homelessness is predominately drawn from Australian research with some relevant international material, and representations from service providers in Australia's homelessness sector. It is only recently that older people who are homeless have been seen as a group with distinctive circumstances and needs. Older people as a distinct group in homelessness research became apparent in the late 1980's in the United States (Cohen & Sokolovsky 1989), in the late 1990's in the United Kingdom (Crane 1999) and Australia (Kavanagh 1997). Research in Japan on older people and homelessness has emerged as a consequence of that countries prolonged recession (Aoki 2003; Okamoto 2007).

### ***Reasons for homelessness***

Research in Australia and internationally highlights the integration of individual and structural factors in understanding the causes of homelessness amongst older people (see Crane & Warnes 2010; Judd et al. 2004; McFerran 2010; Westmore & Mallet 2011). The work of Judd et al (2004) provided the first detailed understanding of older people's homelessness within Australia. This work was pivotal in linking older people's homelessness to a lack of appropriate or acceptable housing alongside individual concerns such as financial difficulties, health issues and family problems. The data was drawn from across Australia and highlighted the importance of ACHA in preventing older people's homelessness as well as providing support alongside rehousing assistance. Importantly this study found that older people experiencing homelessness have a desire for security and to live independently.

Collaborative research between Australia, the United Kingdom and the United States clearly outlines the commonalties and differences in relation to the reasons for homelessness amongst older people (Crane et al. 2005). Identical methodologies were employed in all three countries, including a sample population of people who had become homeless during the two years prior to participation and were aged over 50 years. The study included 125 questionnaires in Melbourne, Australia. In relation to the findings from Melbourne, the factors reported by older people as contributing to their homelessness were problems with whom they lived, followed by physical and mental ill health and problems associated with housing itself (Rota-Bartelink & Lipmann 2007). Case workers reported problems with alcohol, followed by physical and mental health factors. The authors found that there was an

underutilisation of housing and support services amongst recently homeless older people. They also suggest that people who had previously been homeless appear to be more resigned to their homelessness than those who had not had prior experience of homelessness. Issues relating to depression and gambling were also found to be significant. This study also highlighted that many respondents, due to mental or psychiatric health, demonstrated a lack of insight which may have affected the reliability of responses. Key worker feedback was utilised to control for potentially unreliable responses. The planned Longitudinal Study of Australians Vulnerable to Homelessness may provide valuable understandings of these factors over time and their links to homelessness (Melbourne Institute of Applied Economic and Social Research nd).

The three nation study compared the responses from those who became homeless for the first time in later life with those who had experienced homelessness on one or more previous occasions. This comparison confirmed two distinct later life pathways, highlighted in Judd et al.'s (2004) research and reconfirmed in recent research carried out by Hanover in Melbourne with older people experiencing homelessness or housing crisis (Westmore & Mallet 2011). 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 totally longer than three years. Those who had previous experience of homelessness were twice as likely as those who first became homeless to have never been married and the men were less likely to have worked regularly throughout their adult lives. Those with previous experience of homelessness were also more likely to have moved several times in the three years to becoming homeless. Those who had previously experienced homelessness were more likely to have had problems with alcohol, have had mental health problems, and occasionally used illegal drugs. The previously homeless were less likely to receive assistance from family or friends, more likely to attend a day centre for meals, and less likely to seek access support from a housing support worker or social worker.

The conduct of Crane et al.'s (2005) study provided an opportunity to consider pathways into homelessness in the context of distinctive welfare policies and the presence or absence of services or atypical features of individuals across the three countries. The sample of newly homeless older people (they became homeless during the previous two years) included 122 in Boston, 131 in England and 124 in Melbourne. The majority of subjects had reached later life without previously being homeless. Most cases involved personal problems and incapacities, policy gaps and service delivery defects. In all three countries, recent changes in housing markets and housing management practices were implicated in many of the

transitions to homelessness (Crane et al. 2005). In Melbourne, participants living in private rental housing had been made insecure by 'up-market' housing developments. Particular deficiencies of the welfare safety net were also found, where health and welfare services do not have the responsibility or resources to search for people with unmet treatment or support needs and weak informal support networks. Gambling problems were more prevalent in the Australian findings, where 38 per cent of participants self identified as having gambling problems whereas only 5 per cent of English respondents did (Rota-Bartelink & Lipmann 2007). Importantly, the results indicate that the reasons why older people become homeless are similar across the three countries.

The English scholars in the tri-nation study, Crane & Warnes (2007) also conducted a longitudinal study with 64 older homeless people, all aged 50 or more who had resettled in supported housing from homeless people's hostels run by three organisations. Their progress was monitored for two years, with interviews at their new home at three months and then at six months. For those that had settled interviews were conducted every six months until 24 months had lapsed. For those who were experiencing difficulties or were unsettled interviews were conducted every three months. The factors that significantly associated with remaining housed and settled included: previous stable accommodations histories, revived contacts with relatives, taking up activities, and regular help from housing support workers. Unsettledness and tenancy failure were associated with prolonged prior homelessness, worries about living independently, and continuing contacts with homeless people. The authors note it is important to help people quickly when they first become homeless. Systematic monitoring is also crucial once people are settled. This support needs to be individualized and available for as long as the client experiences difficulties. The need for a range of housing options is also highlighted; ranging from independent accommodation to care facilities.

Hanover's research also found individuals experienced varying levels of vulnerability and disadvantage prior to a housing crisis (Westmore & Mallet 2011, p. 2). From interviews with 14 older people, they found most people had a long history of private rental, were on a Centrelink pension and had no financial reserves. They found participants took one of two routes, having had a multiple disadvantages over the long term culminating in a housing crisis or homelessness as a result of a single event which disrupted their tenancy. Importantly this study also found it was the lived experience of housing crisis and homelessness that had a significant effect on all participants' physical and emotional health and wellbeing. These consequences included significant anxiety and direct violence. The

finding that older people experiencing homelessness are at increased risk of violence is confirmed in a number of studies (McFerran 2010; Westmore & Mallet 2011).

With increasing attention to the needs of older women experiencing homelessness in Melbourne and Sydney, two exploratory research projects recently undertaken in Australia assist in understanding the particular circumstances of urban older women (McFerran 2010; Sharam 2008). These two studies sought to understand the structural and personal factors surrounding women's lives. Research to date on older women and homelessness has largely been commissioned by community agencies given they have experienced increased referrals for the provision of appropriate housing and support for older women (Kliger, Sharam & Essaber 2010; McFerran 2010). Research in Victoria and New South Wales has highlighted a lack of service options for older women who are homeless or at risk of becoming homeless (Kliger, Sharam & Essaber 2010; McFerran 2010; Murray 2009). The Australian research to date highlights the interaction between poverty, violence, gender and homelessness. Single women are vulnerable to homelessness due to a range of circumstances including economic disadvantage related to low income and lack of savings, lack of equity in housing and the high cost of private rental accommodation and home ownership (Kliger, Sharam & Essaber 2010 p3). The women participating in all research projects are clear in their suggestions for overcoming their circumstances, emphasising the need for affordable and safe housing. Indeed for some the inappropriate housing many women are living in subjects them to further violence. It is important to note on the whole this group of women are not requiring aged care, and it is not appropriate for residential care facilities to be considered an option for most if not all the women.

The research of McFerran (2010) has received the attention of the media, policy stakeholders and researchers. This exploratory study challenges many of the perceptions Australians have of people experiencing homelessness and demonstrates the necessity of incorporating housing risk in research on older women and homelessness. Furthermore, the study highlights the relationships between structural factors including poverty, gender, and lack of affordable housing alongside difficult personal circumstances. McFerran interviewed 31 women aged 45 and older and found that the women had experienced multiple disadvantages in their lives, balancing abusive relationships, poor health and economic insecurity. Most had remained independent and working. Many had also brought up children. However, as women 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. These findings are further supported by international research, in which women (not only older women) saw poverty, limited education, violence and addiction in their families and

relatives as the main causes of homelessness (Enders-Dragasser 2010). McFerran asserts women who are older and living alone will be poorer than men their age, less able to maintain homeownership, and less able to compete in the private rental market for affordable accommodation. She states they will be at risk of homelessness, largely as a result of the entrenched social and economic advantage that continues to separate the experiences of women and men (McFerran 2010, p. 15).

Service providers in Australia hold the view that older homeless people do not access mainstream homeless services in their true numbers. It has been proposed that older people believe that existing homeless services don't address their complex needs and are often too independent to use them (Fiedler 2010; Judd et al. 2004; Lipmann 2009). It has also been proposed that older homeless Australians struggle on in isolation and extreme hardship and do not receive the assistance they need (Mission Australia Community Services 2008).

### ***The number of older people experiencing homelessness***

The Australian Bureau of Statistic's Homeless Enumeration Strategy, operating since 1996, puts in place a range of arrangements to identify homeless people within the community including visiting locations where homeless people are known to be and recruiting people from the homeless population and service providers to assist in the count as well as extending the enumeration period. As noted above two sets of figures are set out to reflect the number of older people experiencing homelessness at this point of time, census night in August 2006. This includes the estimates of Chamberlain and MacKenzie given it informed the White Paper alongside the figures of the ABS in their revision of the methodology. In their report *Counting the Homeless*, Chamberlain and MacKenzie distinguish between primary, secondary and tertiary homeless. For the purposes of this report, concerned with older people experiencing homelessness, these figures are aggregated.

According to *Counting the Homeless* (Chamberlain & MacKenzie 2008) the 104,676 identified as homeless in Australia, 18,108 were aged over 55 years of age. If 45 years is defined as older (as it is by some scholars), 30,314 older people are experiencing homelessness. In the reanalysis of the figures, the ABS (2011b) effectively revise downwards the numbers of people in the homeless population from 104,676 to 63,469 of which 11,252 are over 55 years of age (and 20,009 are over 45 years of age).

Table 1: Profile of older people experiencing homelessness

Category of Homelessness	45 years and older				55 years and older			
	Male	Female	Total	%	Male	Female	Total	%
Improvised dwellings, tents or sleeping out	1,923	856	2,779	14	982	438	1,420	13
Staying in Supported Accommodation for the Homeless	1,641	1,208	2,849	14	749	572	1,321	12
Staying with other households	3,301	2,870	6,171	31	1,926	1,788	3,714	33
Boarding houses	6,006	1,562	7,568	38	3,448	986	4,434	39
Persons in other temporary lodging	378	264	642	3	192	171	363	3
<b>Total according to ABS Review (2011b)</b>	<b>13,249</b>	<b>6,760</b>	<b>20,009</b>	<b>100</b>	<b>7,297</b>	<b>3,955</b>	<b>11,252</b>	<b>100</b>
<b>Total according to Counting the Homeless (2008)</b>			<b>30,314</b>				<b>18,108</b>	

Source: Australian Bureau of Statistics (2011b); Chamberlain & Mackenzie (2008)

As evident in Table 1 homelessness among older people is set out in categories linked to questions in the census form and incorporating the additional measures of field staff counts and data from the records of specialist homelessness agencies. As a result of the methodological review, the ABS has created a new category, *Persons staying in other temporary lodgings* which reclassified the people living in boarding houses (Australian Bureau of Statistics 2011b, p. 7). The discussion below relating to older homeless people is organised according to these ABS categories and includes the August review figures of the ABS and the *Counting the Homeless* figures. This commentary highlights the complexities surrounding the enumeration of homeless older people but also provides an understanding of the life circumstances of older people and the nature of homelessness itself.

## **Improvised dwellings, tents or sleeping out**

Of the 1,420 older people over 55 years (2,779 people over 45 years) identified as living in *improvised dwellings, tents or sleeping out*, it is likely that a large proportion of these, but not necessarily all were rough sleepers (Australian Bureau of Statistics 2011a). The differences in the figures in *Counting the Homeless* and the ABS revision are a result of excluding construction crews, owner builders and hobby farmers in the revision. The nature of these properties were analysed in greater detail in the 2011 census to assist in classification.

The reality of homeless people's lives impedes accurate counting. This includes the 'hidden' nature of rough sleeping. The Australian Bureau of Statistics clearly acknowledge the complexities of estimating homelessness (Australian Bureau of Statistics 2011b). Many older people, particularly women, actively seek hidden places to ensure their safety. Service providers and older people report that many people actively avoid being included in the count on Census night (Sharam 2010). The winter conditions at Census time also impede counting as older people cannot be found in their usual locations. A small research project which conducted a subsequent count in one local council area found very different numbers of older people sleeping rough (Vincent 2004). Street counts of homeless people also find very few women (Kliger, Sharam & Essaber 2010). Women who are rough sleepers go to great lengths to hide themselves, and will not be found in any census count (Sharam 2010). This reality reinforces the hidden nature of homelessness experienced by older women.

In recognition of the difficulty in enumerating primary homelessness, some states and territories carry out regular counts of rough sleepers to supplement census data. This is often carried out at different times of the year and may use different methodologies including street counts or the capture-recapture methodology. The latter counts a sample of the population at two points in time and adjusts for double-counts. In South Australia the capture-recapture methodology was used to count their primary homeless population in the City of Adelaide (D'Onise, Wang & McDermott 2007). Whilst recognising that this was carried out several years after the 2001 census, the results indicated a dramatic uplift (over four times) of the census data which the authors attributed to either an undercount in the 2001 census or an unprecedented increase in homelessness. The inherent characteristics of homelessness experienced by this group of vulnerable people constrains accurate enumeration and results in a lack of reliability with counts. One possible way of validating the census data would be to combine a capture-recapture process with the census methodology to take place at the time of the census. In this way it would be possible to gauge whether the census data is in fact accurately reflecting the number of older people experiencing primary homelessness. In response to the inherent complexities of estimating

homelessness the ABS is introducing additional data sources to complement census estimates including the new Specialised Homeless Services collection, and the Statistical Longitudinal Census Dataset (Australian Bureau of Statistics 2011b).

### **Staying in supported accommodation for the homeless**

Specialist homelessness services (formerly Supported Accommodation Assistance Program) offer multiple support services and accommodation including night shelters and crisis refuges utilised by some homeless older people. These agencies assist the ABS in the enumeration of homeless people on census night by releasing administrative data and conducting 'sticker' enumeration strategies. Older people account for 12 to 14 per cent of those residing in this accommodation. Older people make up a relatively small proportion of specialist homelessness service users (the average age of SHS clients is 32 years). However, males in the age group 45 to 64 years are amongst the highest repeat users of specialist homelessness services (Australian Institute of Health and Welfare 2010a). Although more females (especially young females) use specialist homelessness services compared to men, in the older age groups, the differences are less obvious (Australian Institute of Health and Welfare 2010a).

Researchers seeking to quantify older homeless women note difficulties with using data from specialist homelessness services. While women have been a major client group for specialist homelessness services, this is largely women with children who are homeless as a consequence of domestic violence and not older women. In relation to older women, Sharam (2010) describes the difficulty of utilising SAAP (as it was known) data as a chicken and egg situation: if a group is not recognised for SAAP funding then access to services is restricted and then there is no data to support funding.

### **Staying with other households**

Nearly a third of older people identified as homeless were staying with other households. There has also been considerable attention under the ABS review to older people staying with other households who were in effect 'grey nomads'. The ABS has proposed that there is a need to better differentiate between groups of homeless people and grey nomads. The ABS excluded 2,469 people classified as grey nomads in their 2011 review (Australian Bureau of Statistics 2011a). The identifying characteristics of this group were that they were all over the age of 55 years, predominantly stayed in holiday destinations on census night and mainly indicated a usual address within Australia a year earlier. They were also not 'long-term residents of caravan parks'. However, the key point was that all residents identified themselves as not having a usual address where they had lived, or intended to live

for a period of six months (Australian Bureau of Statistics 2011a, p. 24) . This variable was deemed as homeless in *Counting the Homeless* (Chamberlain & MacKenzie 2008). Although they have not been included in the homelessness figures, the ABS acknowledges that some of those identified as 'grey nomads' may in fact be homeless (Australian Bureau of Statistics 2011b). Similarly 3,472 people who rented a cabin, caravan or houseboat and identifying themselves as not having a usual address were also excluded (Australian Bureau of Statistics 2011a). This included some older people in their fifties and sixties though it was predominantly younger people. An assumption was again made that these people were travelling and not homeless. There were concerns in the ABS review submissions that categorisation of people as grey nomads may be leading to under-estimates of the number of older people living in caravan parks (Australian Bureau of Statistics 2011b p22).

### **Boarding houses**

Given the iterative nature of homelessness, rooming houses and boarding houses are utilised for shelter alongside crisis accommodation run by homelessness services. Boarding houses, rooming houses and private hotels are housing types that provide low cost accommodation for lower-income people of all ages (Greenhalgh et al. 2004). By definition people enumerated in boarding houses are 'homeless', however many view boarding houses as a legitimate form of accommodation. The *Counting the Homeless* project had a number of difficulties with estimating homelessness from Census data specifically in relation to the classification of boarding houses. This has been carefully considered in the methodological review by the ABS. The ABS in the review has estimated the proportion of older people (aged over 55 years) in boarding houses to be 39 per cent of all people living in boarding houses (38 per cent are aged over 45 years) (refer Table 1). Older people in boarding houses are predominantly men (78% for over 55 years and 80% for over 45 years). As such older men are over represented in boarding house residents.

There are difficulties in using the census data to identify boarding houses; this partly relates to the lack of a consistent definition. The ABS characterises boarding houses as private dwellings with five or more unrelated residents where the majority of residents are not working and incomes are below \$600 per week. However the common definition of boarding houses takes into account the extent of sharing and the lack of control a person has over the management of the accommodation including the need to comply with house rules and bills paid by manager or proprietor (Australian Institute of Health and Welfare 2005). Typically they offer long term single or shared rooms, often furnished, with basic amenities – such as a shared bathroom, kitchen and laundry – and no, or limited, security of tenure (Australian Institute of Health and Welfare 2007a; Jones et al. 2010, p. 275). Traditionally, most

boarding houses have been privately run, although the community and public sectors are also sometimes involved in the provision of boarding houses (Jones et al. 2010, p. 60). Boarding houses are generally located in urban areas with 74.3 per cent of those identified in *Counting the Homeless* living in the major cities of Australia (Australian Bureau of Statistics 2011a, p. 74). Boarding houses vary widely in quality with most boarding houses being operated primarily as low-cost accommodation rather than as formal services for older people (Jones et al. 2010, p. 60).

In terms of the cultural definitions of homelessness, in its current form the census does not distinguish between those occupying boarding house accommodation in the short-term (less than 12 weeks) relative to those occupying boarding houses in the medium to longer term. This distinction between short-term occupancy (secondary homelessness) and medium to long term occupancy (tertiary homelessness) is relevant only in so far as it would provide a better understanding of the nature of homelessness amongst older people and the level of immediate need. The ABS acknowledges that the rules to estimate the homeless population in boarding houses are the most complex within the *Counting the Homeless* methodology (Australian Bureau of Statistics 2011b). It aims to continue its analysis and refine the rules for identifying boarding houses.

There have also been concerns that unregistered rooming houses have not been included in the statistics produced by either the ABS (2011a) or Chamberlain and Mackenzie (2008). The term rooming house is sometimes used synonymously with boarding house (Davis 2001; Shelter SA 2004; State Government Victoria 2010). However the various working definitions vary and include accommodation which is available on a commercial basis for at least three people (Shelter SA 2004) or a building with one or more rooms occupied by four or more people (State Government Victoria 2010). Such a definition would include far more dwellings than were captured on Census night. Based on their knowledge of metropolitan and regional Victoria, the Council for Homeless Persons has indicated that some rooming houses were missed by the census resulting in an undercount. They argue that some landlords withheld census forms from residents or refused entry to houses. In other cases they suggest residents were not supported in completing their forms (Council to Homeless Persons 2009).

While a number of publications indicate that there are proportionately high numbers of low-income older people living in boarding houses (Morris, A, Judd & Kavanagh 2005; Tupicoff 2001) there is limited research into boarding houses that specifically target older people. However, literature has highlighted the danger of exploitation, substandard living conditions, and inadequate accommodation resulting from lack of government regulation of providers

(Shelter SA 2004). Alongside the predominance of violence in women's lives leading up their homelessness there is also the greatly added risk of further violence whilst living in boarding houses (Murray 2009). Queensland, Victoria and the ACT now have tenancy regulations for boarding houses. Queensland was the first state in Australia to introduce mandatory accreditation for accommodation providers of residential services. This accreditation-based quality framework protects minimum standards of living conditions, providing residents with rights including protection from arbitrary eviction, and it enables a dispute resolution process. However many boarding house operators chose not to attempt accreditation. The level of impact is difficult to establish as the number of businesses operating are often under-reported or disputed, however, it is generally acknowledged there has been a significant loss of accommodation across the industry in Queensland recently (Department of Families 2009).

There is a need to understand in greater detail the life of older people in boarding houses. Not only is there a lack of understanding of what constitutes a boarding house but the quality of accommodation and services vary greatly. Whilst exploitative accommodation does exist there are also models similar to congregate housing that can offer quality accommodation for older people. There is a need to explore this sector in much greater detail.

### **Caravan parks**

While boarding houses are more widely found in urban areas, caravan parks can be said to have taken over the role of providing cheap accommodation in regional centres, country towns and remote locations (Chamberlain & MacKenzie 2003, pp. 38, 51). As such this discussion is included alongside boarding house material. There are calls for marginal residents of caravan parks to be included as homeless. The homelessness figures provided by both Chamberlain and Mackenzie (2008) and the ABS (2011b) do not include marginal residents of caravan parks. Other researchers including Reid, Griffin and Murdoch (2005), Giovanetti, Murdoch and Edwards (2007), Ackland, Murdoch, Navaratnam and Carney (2009) have taken the view that marginal residents of caravan parks are part of the tertiary homeless population. However, Chamberlain & MacKenzie (2008) discussed these issues in the *Counting the Homeless report*. Chamberlain and Mackenzie were concerned that some residents of caravan parks may have occupied cabins thereby meeting the minimum housing standard. Whereas it was possible to use socio-economic factors to distinguish those residing in boarding houses from those residing in hotels when analysing the data in the category "*boarding houses, hotels*" it was not possible to separate those in caravans from those in cabins or houseboats. Chamberlain and Mackenzie (2008) took the view that cabins were the primary form of dwelling in caravan parks and cabins were likely to have

better facilities than caravans. This inability to distinguish is important because the argument has been made that caravan parks fulfil the same function as boarding houses in regional areas. In addition, Chamberlain and Mackenzie (2008, p. 5) state:

“... it is difficult for people in the broader community to accept that some caravan park residents are ‘homeless’ when 80 per cent of people in caravan parks are either on holiday or have purchased a caravan, typically following retirement”

Marginal residents of caravan parks were defined as people who were renting a caravan in a caravan park, with no-one in the caravan having full-time employment and all persons in the caravan residing at their usual address (Chamberlain & MacKenzie 2003, 2008). They were identified from the census category “*cabins, caravans and houseboats*”. Of the people identified in the 2006 census as being marginal residents of caravan parks, 71 per cent were housed in caravan parks outside of capital cities with the remainder mostly located in caravan parks in the industrial areas or outer suburbs of major cities (Chamberlain & MacKenzie 2008). Of the 17,497 marginal residents of caravan parks, 42 per cent (7,349 people) are over the age of 55 years (Chamberlain & MacKenzie 2008). The ABS has yet to review these figures.

Caravan parks in this paper are distinguished from manufactured home parks. Whilst both have mobile homes as dwellings caravan parks differ in a number of ways. Caravan parks are not age specific and residents have access only to the communal facilities of the park including bathrooms and laundry.

### **Persons in other temporary lodgings**

The revised statistics by the ABS indicate a number of key changes including the introduction of a new category ‘*Persons in other temporary lodging*’ (Australian Bureau of Statistics 2011b). These figures were reclassified for the *Counting the Homeless* category of tertiary homeless. These people were reported in the census as not having a usual address and included people staying in public and private hospitals and hostels for the disabled.

### **Conclusions**

The above discussion highlights the complexities surrounding the enumeration of older people experiencing homelessness. The iterative nature of homelessness means that older people move from and between the above mentioned forms of accommodation as well as sleeping without shelter. They are also hidden; often older people, women in particular avoid counting. Many scholars have noted the difficulty in ascertaining detailed empirical data on older people and homelessness (Judd et al. 2004; Kliger, Sharam & Essaber 2010; McFerran 2010; Sharam 2008). This is reinforced by the ABS (2011b). There is widespread acknowledgement by the ABS, service providers, and academics that there is a risk when

relying on the census data that a proportion of those who are insecurely housed will not be included in the counts of homelessness. This includes older people who are renting in insecure, poor quality and inappropriate housing conditions in unregistered rooming houses and caravan parks. It is difficult to establish to the extent to which older people are living in these forms of marginal housing.

The various forms of accommodation utilised by homeless older people not only highlights the lack of security and often unsuitable living conditions but also the health consequences that accompany these places. Older people are at increased risk of violence as well as mental stress and anxieties given their living environments are unsafe and insecure. These issues are also evident for older people living in insecure private rental accommodation and will be discussed in the next section.

## **Older people at risk of homelessness**

Addressing the issue of homelessness amongst older people requires a focus on those at-risk of homelessness as well as those currently experiencing homelessness. The importance of early intervention for those older people described earlier in the report whose homelessness is associated with long term mental illness, drug and alcohol abuse and related factors has been stressed in a number of research studies of older homeless people (Crane & Warnes 2007; Rota-Bartelink & Lipmann 2007). However, a potentially much larger group of older people are vulnerable to homelessness primarily as a consequence of housing market factors rather than issues of complex individual problems. Analysis of these housing market factors is central to an understanding of the causes of homelessness in later life and appropriate policy and program responses.

Many commentators have described the great economic divide that exists between older people who are homeowners and those who are renters, especially tenants in the private rental market (Fiedler 2009; Howe 2003; Jones et al. 2004; Judd et al. 2004). Most older Australians have secure accommodation either in their own homes, in public housing or in certain parts of the private rental market. The 2006 Census enumerated 107,168 households in which the reference person was aged 65 and over living in the private rental sector (ABS customised tables). However, it is not known with any degree of precision what proportion of these households enjoy reasonably secure housing and what proportion live in precarious housing circumstances. Older people most at risk of homelessness are those living in private rented accommodation that has insecure tenure and/or is costly relative to their income and/or is unsuited to their needs as older people (Faulkner 2009; Fiedler 2009; Morris, A, Judd & Kavanagh 2008). There is evidence that increasing numbers of older

people are living in such circumstances and if this is so it poses a major challenge for policies designed to reduce the incidence of homelessness in Australia's older population.

In broad terms, the factors resulting in greater numbers of older people living in precarious housing in the private rental sector are housing supply problems linked to increasing demand from older people as well as from other population groups. The under-supply of rental housing, and particularly affordable rental housing, in many parts of Australia including the capital cities is well documented (Australian Government 2008b; Yates et al. 2004). Several factors explain this under-supply including systemic factors such as the lack of institutional investment in rental housing in Australia and local factors such as gentrification of inner-city suburbs that drive up rents and reduce the stock of boarding houses and flats (Fiedler 2010). There is extensive concern that the supply of low cost rental housing is insufficient to meet current and future demand from an ageing population (Aged & Community Services Australia 2004, pp. 322-3; Flood & Baker 2010; Jones et al. 2007; Productivity Commission 2011b), and that the scarcity of affordable housing has become a serious contributor to poverty and disadvantage among older Australians (Fiedler 2009; Morris, A 2009a).

Rental housing supply problems for older Australians may also be exacerbated by the small number of older renters relative to other groups of private renters. Older households constituted only 5.9 per cent of all private rental households (National Housing Supply Council 2010). It has been suggested that this could partially explain the lack of incentive to supply age-friendly accommodation other than age-specific living options (Davy et al. 2010). A further factor is the limited supply of social housing in recent decades which has increased pressure on the private rental market. The private and not-for-profit providers of older persons' housing have focused on retirement villages marketed in the main to home owners. Private sector provision of rental villages has experienced significant financial and management difficulties (Jones 2007).

A key consequence of the overall supply problems in the private rental market is that rental levels in Australian capital cities are high relative to the income of many older people. For example, the median rent in Brisbane is \$280 a week which represents 72 per cent of the single aged pension (including rent assistance)<sup>2</sup>. The rapid rise in Australian property prices

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<sup>2</sup> At time of writing, aged pension for a single person is \$658.40 per fortnight. Maximum rent assistance is \$115.20 per fortnight (applicable if fortnightly rent is more than \$256 per fortnight). With a fortnightly rent of \$560 (median for Brisbane) 72% of income is paid in rent. With a fortnightly rent of \$640 (mean for inner Brisbane) \$83 per cent of income is paid in rent (Centrelink 2011; Residential Tenancy Authority 2011).

over the last decade, particularly in inner-city metropolitan areas, has contributed to this affordability problem for older renters (Aged & Community Services Australia 2004; Morris, A, Judd & Kavanagh 2005). In this context, it is not surprising that a significant proportion of older renters experience housing stress (Mission Australia (2008) with approximately 30 per cent of recipients of Commonwealth Rent Assistance (CRA) aged 65 and over spending 30% or more of their income on rent. Of greatest concern, 6.5 per cent of CRA recipients aged 65 and over spend over half their total income on rent after CRA payments (Australian Institute of Health and Welfare 2007b p15). These older renters are extremely vulnerable to homelessness in a context where steep rises in rents are not uncommon.

The disadvantageous position of many older people in the private rental market is exacerbated by their fixed, low income and their increasing frailty and health problems (Fiedler 2009). These factors, it has been argued, make it difficult for older people seeking accommodation to compete with younger people on working incomes. Older people require housing that accommodates their disabilities, that does not require extensive maintenance and that is located close to amenities and public transport. Many older people place a high value on housing that is located in familiar neighbourhoods. These factors, together with cost, limit the choices of older people. Furthermore 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. 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 (see also Judd et al. (2005)).

Fiedler (2009) argues that the private rental market fails to offer many older people their four most fundamental housing needs: security of tenure, affordability, a reasonable standard of housing and appropriate design and adaptability. Several small scale studies support this view. Morris, Judd and Kavanagh (2005) conducted a study comprising 59 interviews with ACHA clients and 15 interviews with ACHA managers across three states, including Victoria, NSW and South Australia. They concluded that the changing nature of the housing market was making it increasingly difficult for older people to find affordable, adequate and secure accommodation. Morris conducted qualitative interviews with a small sample of low income older people renting privately in Sydney. He found that they experienced constant financial and emotional stress and that their functioning was concerned with everyday survival (Morris, A 2009b). The older people in Morris's study had minimal or no family and social networks. There is evidence that older women renting privately may be in more precarious housing situations than men (Judd et al. 2004) and service records suggest that there is a

predominance of women as clients of the ACHA program in regional areas (Aged & Community Services Australia 2008). Living in precarious housing in the private rental sector has been linked to prematurely moves into residential care (Howe 2003; Productivity Commission 2011a, p. 322).

The ageing of the population referred to at the beginning of this report is highly likely to exacerbate the availability and affordability of suitable rental housing for older people. Based solely on the anticipated growth of the older population, it has been projected that by 2026 there will be 419,000 older people living in the private rental sector (Jones et al. (2007). This may well be an underestimation. A recent report on home ownership indicates a drop of 10 per cent in home ownership rates amongst low income households over the decade 1996-2006 (Flood & Baker 2010). At the same time, there has been a large increase in the proportion of those aged 50-64 still carrying mortgage debt (Wood et al. 2010). Yates has predicted a long term decline in home ownership rates of up to 10 per cent by 2050 (Yates et al. 2008). If current trends continue, the number of older people potentially at-risk of homelessness during the next decade may substantially increase (Faulkner 2009).

In this housing market context, the occurrence of housing crises for individual older renters is commonplace. Crises may be precipitated by a change in housing or personal circumstances or both. Unaffordable rent increases commonly precipitate a housing crisis. Feidler (2009) argues on the basis of practice experience that it is not uncommon for older tenants to be faced with one-off rent increases up to \$380 per month. During 2009-10, the Housing for the Aged Action Group received 727 referrals of older renters experiencing acute housing difficulties (2010). Some 37 per cent of these involved older people leaving their accommodation because they could not afford rental increases (most were reported as already paying 50-70 per cent of their income in rent). A further 60 per cent received a notice to vacate because the landlord was selling or renovating the property (or for some other unspecified reason) and 2.5 per cent received a notice to vacate for rent arrears. Overall, 70 per cent of those in housing difficulties were women and 50 per cent were aged over 70.

The change in personal circumstances that appears to be most commonly associated with a housing crisis is loss of a partner (Morris, Judd and Kavanagh (2005). In a recent study of older homeless women in Sydney, one third of the women had lost their home after separation from or death of a partner (McFerran 2010).

Anecdotal evidence from service providers suggests that older renters who are vulnerable to homelessness as a consequence of their precarious housing have quite different life histories to older people who find themselves homeless as a consequence of individual

problems such as mental illness or drug and alcohol abuse. Many older people who face housing-induced crises appear to have been adequately housed for most of their lives but have never attained or have dropped out of home ownership. Factors such as loss of employment, perhaps associated with ill-health or workplace discrimination, loss of a partner or loss of a secure housing arrangement, often combined with little or no family support, can precipitate a life crisis and the onset of homelessness.

An important factor in preventing homelessness at this point is access to housing advice and assistance and associated support. The availability of such services will be considered in the next section of the report. There is evidence that many older people do not seek housing assistance through mainstream housing support services, and health and aged care services where 'at risk' older people are most likely to make contact are not skilled in identifying and dealing with housing problems (Faulkner 2009; Rota-Bartelink & Lipmann 2007). Health care and social care professionals are not adept at identifying housing problems when responding to the needs of older people (Crane & Warnes 2010; Fiedler 2010), and it has been proposed that aged care staff should be trained to identify housing problems and refer to specialist older persons housing and support agencies such as ACHA where required (Fiedler (2010).

Any strategy designed to 'turn off the tap' and prevent homelessness amongst the older population must address homelessness that is the result primarily of housing market factors as well as homelessness that stems primarily from the complex problems of individuals. As discussed in the next section this might involve a range of responses including greater awareness of housing issues amongst health and aged care services, expansion of housing advice and support services to assist older people in housing crisis and greater provision of affordable housing.

# 3. Policy, service and research issues

## Introduction

The material in this report helps us understand what it is like for older people to live without secure accommodation, to be unable to afford increasing rents and be in constant fear of eviction. The research and practice knowledge shared by service providers indicate the scale and depth of multiple disadvantage experienced by older people without secure shelter, tailored support and care, and financial resources. Arguably this group, the most vulnerable of elderly people, remain one of the 'hidden' groups affected by homelessness (Mission Australia 2008). The challenge is to determine how the increasing numbers of older people who are homeless or at risk of homelessness will be supported and housed. These older Australians have a degree of access to a wide range of housing and accommodation options, residential and community based aged care supports, and welfare and health programs. However there are significant areas that need attention. This section will outline the policy and programs that operate within Australia for older people and review their strengths and gaps in relation to those who are homeless or at risk of homelessness. Exemplars of service provision for older people who are homeless or at risk of homelessness exist in Australia but arguably there is a need for an expansion of services, further policy refinement and an integration of services if the aim of reducing homelessness amongst older Australians can be achieved. Managing homelessness or potential homelessness is not just the responsibility of government but requires greater awareness within the wider community of the problem and the recognition that everyone deserves a decent place to live no matter what their age and circumstances (Faulkner 2009, p. 15).

Before looking in detail at the policies and programs that can assist an older homeless person, it is imperative to account for the research finding that older homeless people often find it difficult or impossible to access services (Rota-Bartelink & Lipmann 2007). The bearing of this is linked to the evidence that two thirds of the newly homeless population had never been homeless before (Crane et al. 2005) and that people who were recently homeless were more willing to access or accept formal and informal supports than people whose prior experience has resulted in an impression that these services were unwelcoming or inappropriate (Rota-Bartelink & Lipmann 2007). A very clear finding of Crane & 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 long histories of homelessness to settle. This was reinforced in the three nation comparative study of homelessness among older people across Australia, the United

Kingdom and the United States (Lipmann, Mirabelli & Rota-Bartelink 2004) and advocated in recent Hanover research (Westmore & Mallet 2011).

A number of factors that impact on older people's relationship with services have been identified. Firstly, the systems surrounding older people who are homeless or at risk of homelessness are complex. Encompassing a web of policy and service areas including housing, residential and community aged care, income maintenance (for rent assistance), health care and specialist homeless services makes navigating the system for older people and service providers very difficult (Rota-Bartelink & Lipmann 2007). There has been an ongoing discussion within the aged care sector that provides support for older people of the complexity of this system, and of the overlapping of the services on one hand and gaps on the other. This was clearly evident in Hanover's recent research in which the service system for older Victorians was mapped (Westmore & Mallet 2011). The Productivity Commission's Report, *Caring for Older Australians* has made significant recommendations with the aim of simplifying access to the system and to provide a wider range of community care services (Productivity Commission 2011b).

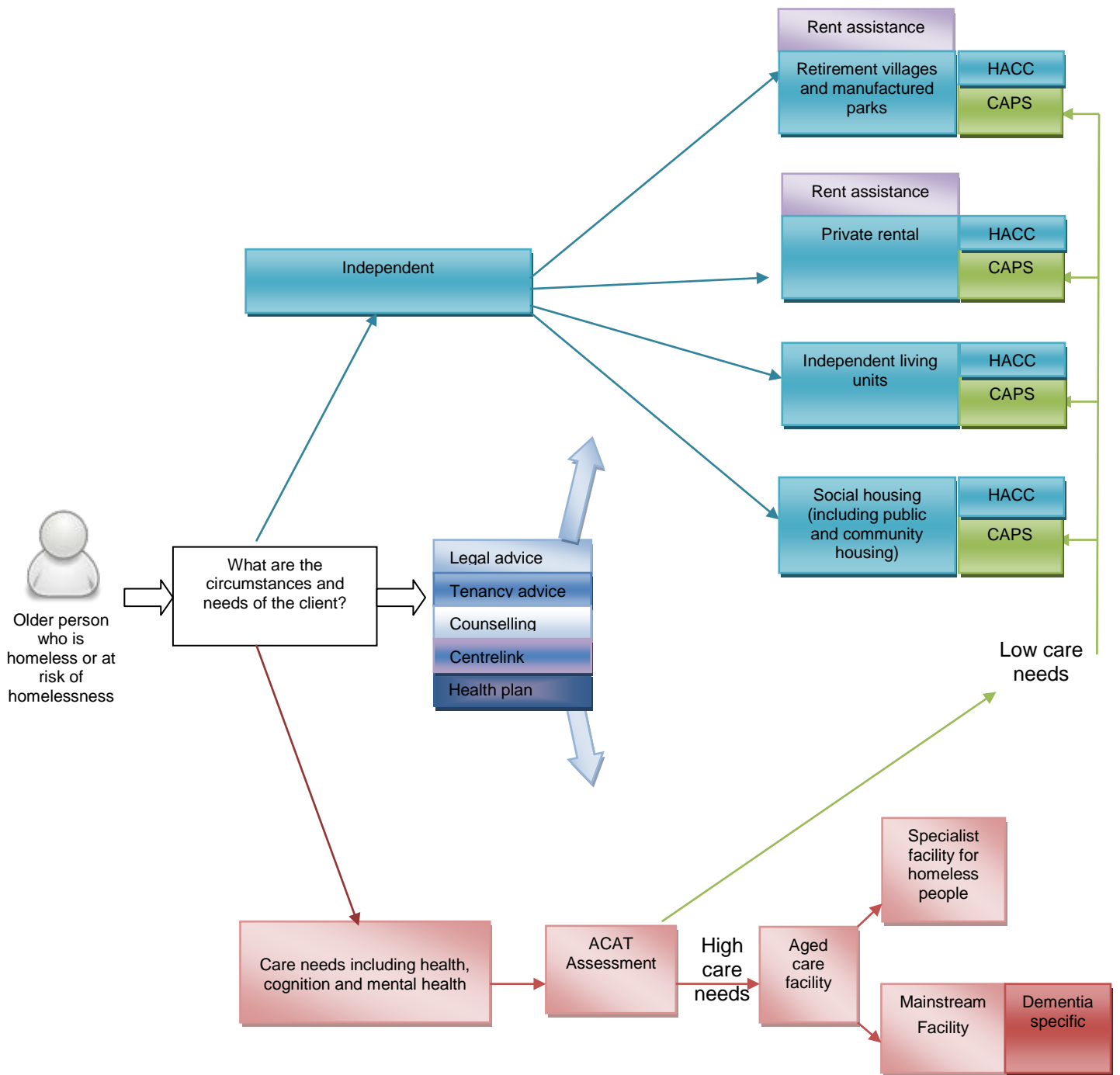
Secondly, a number of authors highlight that health care and social care professionals rarely encounter homelessness among the many problems of older people (Crane & Warnes 2010; Fiedler 2010). Lipmann is highly critical of aged care organisations that concentrate on the more lucrative market of mainstream demand and overlook the needs of the aged homeless population (Lipmann 2009). He asserts workers within the aged care sector act as gatekeepers and hinders older homeless people being able to access mainstream aged care services. Lipmann advocates the need for a change in the paradigm in which the aged care sector works. This is clearly summed up by Lipmann (2009), where he argues that we need to stop thinking of aged homeless people as being *homeless* and elderly. By seeing them as *elderly* and homeless, by seeing the person first, agency workers will see they have the right to access the aged care that the rest of Australia's older people expect. This will be discussed further in the section below on aged care, for significant steps have been taken to address this but further work remains to be done in the sector.

Thirdly, older people do not utilise housing assistance through mainstream housing support services (Fiedler 2010; Judd et al. 2005). Judd et al (2005) state older people do not know where to go for assistance. In addition, special homeless services funded under the National Affordable Housing Agreement (formerly SAAP) are under-utilised by older people (Fiedler 2010; Rota-Bartelink & Lipmann 2007). Furthermore, there is the complication that 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. The majority of aged

care agencies have not heard of the ACHA Program, even though they are funded by the same department (Fiedler 2010). Fiedler advocates that a standardised procedure should be in place whereby aged care staff are trained to identify housing problems and automatically refer an older person to an appropriate specialist older person's support agency where required. There are also suggestions that Centrelink could assist by flagging clients that are at risk of homelessness (Australian Bureau of Statistics 2011b; Westmore & Mallet 2011).

Fourthly, many older people experiencing or faced with homelessness wish to maintain their independence. They are reluctant to seek out services and are rarely assertive about their rights and consequently become lost to the system (Lipmann 2009 p275). This is linked to the practices older homeless people maintain so they can remain 'hidden'; they consider it wiser and safer to not draw attention to themselves. This is also strongly asserted in relation to older homeless women and their need to remain hidden to keep safe when living without shelter or in boarding houses (McFerran 2010). Service providers relate of the importance of building relationships with their clients to enable trust to be built and it is from this platform that housing and health issues can start to be addressed.

In summary, meeting the needs of older people who are homeless or at risk of homelessness is a challenging area of service delivery necessitating bringing together multiple programs from a number of sectors. As illustrated in Figure 2, these programs include but are not restricted to aged care both residential and community care; the private, public and community housing sectors; specialist housing and accommodation for older people; income maintenance as part of Centrelink or Veteran's Affairs; and health care. Older people who are homeless, who have been living without shelter or in crisis accommodation for many years, may experience multiple health and social needs. They may be living with a decline in cognitive functioning due to years of substance abuse, premature ageing due to many years without permanent shelter and poor nutrition, mental health concerns and may have no contact with family or supports other than specialist homeless services. An older person living in a rented flat in an inner city suburb facing eviction due to high rent increases may otherwise have good physical health and be independent. They are likely to be experiencing stress and anxiety given the lack of alternative housing they can avail. These points highlight the need for any consideration of an older person with a housing crisis to not be limited to the need for housing and shelter, and instead to provide careful consideration of their circumstances and needs. This is shown in Figure 2, where it can be seen that the interaction of multiple systems and programs can ensure a life of quality for older people.



**Figure 2: Services and programs linked to quality of life for an older person who is homeless or at risk of homelessness**

This interplay of policies, programs, and services applies to service provision for any older person and constitutes good practice across the wider health, welfare and aged care sectors. This framework, a systemic understanding of an older person's needs and circumstances is vital for older people who are homeless or at risk of homelessness. These three program areas, specialist homelessness areas, housing (and rent assistance), and aged care all have vital parts to play in preventing and addressing homelessness amongst older Australians and are reviewed below. The health system, including the mental health sector, is an integral part of this discussion, and whilst health care is incorporated in community care services and residential aged care, and linked to specialist homeless services, it is beyond the scope of this document to address the wider health system's engagement with older people who are homeless or at risk of homeless. The integration and collaboration between mainstream and specialist homelessness services are widely recognised as critically important to assisting homeless older people.

## **Specialist homeless services**

There are two specialist homelessness programs that have a responsibility to address homelessness amongst older people. The first is Assistance with Care and Housing for the Aged (ACHA), a specialised program which aims to address and prevent homelessness amongst older people. The second is the specialist homelessness services, incorporated into the National Affordable Housing Agreement, which has responsibilities for older people as well as all other population groups.

### ***Assistance with Care and Housing for the Aged***

The Assistance with Care and Housing for the Aged Program is the only program targeted specifically for the older homeless and insecurely housed. The program is managed by the Commonwealth Department of Health and Ageing and implemented through organisations funded by the Commonwealth Government. These include community agencies and aged care providers working within the community. In addition to assisting with housing for low income, frail older people, agencies provide links for their clients to services such as Home and Community Care, Aged Care Assessment Team (to facilitate Community Aged Care Packages), health and welfare services. There is no prescribed age range for service users but priority is given to those aged over 70 years (50 for ATSI service users) (Australian Government 2008a). There are currently 42 ACHA providers although the numbers vary across the states and territories (Australian Government 2009). It is not clear how many people are supported under the scheme. Some have reported 3,000 clients a year (Coles and Jones et al. 2010) with others claiming 6,000 people a year (Melville 2008). Housing for the Aged Action Group, an ACHA agency in Victoria, reported that the majority of referrals

were in private rental (80%) (Fiedler 2010). Others were couch surfing (10%) or in health crisis accommodation (10%). Most were about to become homeless (over 60%). On the other hand, the study of ACHA agencies in Victoria, New South Wales and South Australia, reported a smaller proportion of people were in private rental and a greater number in public housing (over 15%) or staying with friends or relatives (over 15%) (Judd et al. 2005). There are also some suggestions that there may be variations in the gender split at the state level (Judd et al. 2004) with service records suggesting there is a predominance of women in more regional areas (Aged & Community Services Australia 2008). At the state level, in Victoria, Housing for the Aged Action Group (HAAG) (Fiedler 2010) reported 70 per cent of their referrals were from women. The most commonly preferred outcomes for ACHA clients is to obtain public sector housing given it is affordable and provides secure tenure (Judd et al. 2004). However, in many cases, due to the limited availability of public housing, private rental may be the only option. Whilst most clients may be housed in public housing, private rental remains the second most common type of housing (Judd et al. 2004).

The ACHA program is uniquely placed to prevent homelessness amongst older people who are insecurely housed. However it is difficult to be definitive about outcomes of this program as it has not been evaluated since its pilot in 1993 and research is limited to one study (Judd et al. 2005). Both the evaluation and research reported highly positive outcomes from the service (Alt Statis & Associates 1996; Judd et al. 2004). The evaluation reported 80 per cent of ACHA clients were able to continue living in the community following intervention. Recognition was made of the complexity of support that was required to assist the client group and the need to negotiate multiple support systems (Alt Statis & Associates 1996). Whilst this evaluation and reports from service providers provide a snapshot of their engagement with older people at risk of homelessness and account for high caseloads there is no robust data from which to draw recommendations about this program and its effectiveness. The glaring gaps in information include no understanding of client numbers, the nature of the assistance given, and the outcomes for clients. Whilst there are 41 agencies in Australia, the geographical coverage is patchy. For example, Tasmania has one funded position. Rural Australia is substantially unserved (Aged & Community Services Australia 2008). Funding has remained static since its inception in 1993. There is wide criticism that the service remains grossly under-funded since its inception (Aged & Community Services Australia 2008; Fiedler 2010; Judd et al. 2004). The current allocation for ACHA represents 0.5 per cent of the total budget for homelessness, a disproportionately small amount compared to the increases in homelessness and housing poverty for older people. ACHA remains a minor program within Australia.

The service model for this program is client centred and systemic recognising the interplay of housing and accommodation needs with health, aged care, financial, and support needs. At least 40 per cent of ACHA work is considered preventative, addressing issues such as rent arrears to prevent eviction. The other focus is to directly secure housing for older people. ACHA uses a case management model to provide a range of services in addition to housing including financial and income maintenance, legal issues, practical assistance such as moving, community aged care and support, linking people with community programs and follow up and monitoring. This necessitates negotiating complex service interfaces. Such a service model respects the complex needs many people who are homeless or at risk of homelessness have. There is a strong justification in researching this program much more closely to determine how it assists and can assist older people at risk of homelessness and the opportunity its expansion can provide in assisting older people at risk of homelessness in a cost effective way.

### ***The Specialist Homelessness Services***

Since 2009, the National Affordable Housing Agreement (NAHA) has incorporated specialist homelessness services (SHS), formerly known as the Supported Accommodation Assistance Program (SAAP). Both programs, SHS and SAAP, are referred to here. Since the 1980s, SAAP has been the major program for provision of services and assistance to homeless people. In 2007-2008, before the establishment of the NAHA, there were approximately 1550 SAAP agencies. The agencies are responsible for services including crisis accommodation, transition support services to assist people to establish a tenancy, homeless persons support services which provided meals, showers and recreation services and a telephone referral service which provided information on services and made appropriate referrals (Lipmann, Mirabelli & Rota-Bartelink 2004).

SAAP has tended historically to focus on the needs of rough sleepers, young people, and families escaping domestic violence. This has meant that older people have tended to be a much lower priority group. Although older homeless people were identified as one of the sub-groups of the SAAP client groups, they were not identified as a specific need or target group, nor were their particular needs, housing preferences or outcomes articulated within SAAP programs and policies (Judd et al. 2003). In 2008-2009, people aged 65 years and over were the least likely to become a SHS client: for every 10,000 people in Australia in this age group, there were eight clients which equates to 1 in every 1,250 (Australian Institute of Health and Welfare 2010a, p. 17). It has been noted with respect to older women, that if a group is not recognised for SAAP funding then access is restricted, and data to justify funding is then limited (Sharam 2010). It has been argued that the 'generic homeless

service system is not adequate for meeting the needs of older people who are homeless' (Judd et al. 2003).

It is difficult to quantify the reach of support specialist homelessness services has to older people. While we estimate the number of older homeless people on census night, the SAAP data collection estimates the number of people who have used SAAP funded services over a given year (Erebus Consulting Partners 2004). The support offered by SAAP and SHS is much wider than accommodation services. Yet accommodation variables are the means used to estimate homelessness from census data.

There is evidence that specialist homelessness agencies are increasingly seeking to engage with older homeless people. There is increasing recognition of older people experiencing homelessness and the specific problems they face including premature ageing and difficulties accessing the aged care system. Accounting for the complex care needs of older people including stable and affordable housing, health, community support within a planned and coordinated approach is seen to be appropriate practice (Wright-Howie nd). However, the evaluation of SAAP in 2004 points to serious limitations in response to the complex needs associated with older people who are homeless.

There are reports that people with a range of high level and complex needs, which compound or contribute to their homelessness, present a challenge to SAAP providers and that older people are often excluded due to the inability of agencies to meet these complex needs (Erebus Consulting Partners 2004). Such complex needs include mental health issues, drug and alcohol disorder, behaviour disorder, intellectual disability, chronic health problems and sexual abuse (Erebus Consulting Partners 2004). Service providers report that such clients, with complex and multiple needs require an intensive response, for a lengthier period of time, which can both extend and complicate service provision. In this National Evaluation of SAAP it was noted that although most SAAP workers indicated that they believed they could work with anyone, it was also reported that with high levels of demand, services were able to select clients and in doing so would choose those who were easier to work with, thus leaving a residue of more difficult clients with inadequate access to appropriate services (Erebus Consulting Partners 2004). Another report which examined appropriate responses for homeless people with high level and complex needs (Ecumenical Housing Inc & Thomson Goodall Associates Pty Ltd 1999) identified a range of critical gaps in allied service systems which impacted upon effective SAAP service delivery for these groups.

The admission and turn away data, provided for the Australian Health and Welfare, indicated that SHS agencies were operating at or close to capacity at all times. This data

demonstrated that nationally approximately 89 per cent of requests for SHS services were provided with the support that had been requested with 88.5 per cent of the unmet requests being for the core provision of accommodation. One of the barriers to the SAAP system not achieving outcomes for clients included the lack of exit points/housing/ability to stage progression (Ecumenical Housing Inc & Thomson Goodall Associates Pty Ltd 1999 p93,100).

The engagement of specialist homelessness services with older people, both men and women requires careful consideration. Older people will present to SHS agencies with complex needs including housing, health and care needs; there is a need for greater understanding of older people's needs and collaboration with service providers working with older people.

## Housing

The availability of suitable housing is central in responding to the needs of older people who are homeless or at risk of homelessness. There is an overwhelming acceptance within gerontology of the importance of home and place to older people, and the strong links to this has to their wellbeing (Andrews & Phillips 2005; Peace, Holland & Kellaheer 2006). Attachment to place and feelings of home have been found across a range of environments including the traditional family home (Easthope 2004; Wiles et al. 2009), retirement villages (Bernard et al. 2012; Evans 2009), public housing (McNelis 2007), service integrated housing (Peace, Holland & Kellaheer 2006) and neighbourhoods (Wiles et al. 2009). For elderly men living in substandard accommodation in inner Sydney, their concept of home was the neighbourhood where they had lived for many years (Russell 2005). Many studies have shown that the meaning of home for older people is closely linked to sense of place, independence, control, and belonging (Kontos 2004; Peace, Holland & Kellaheer 2006). Housing for older people involves a number of other distinctive issues, including the need to integrate housing with care and the importance of older people being able to age in place. While a large range of accommodation types constitute the living environments of older people only some incorporate care and support structures. While not all older people require care and support, housing needs to be age appropriate and be able to facilitate changes in a person's abilities and the receipt of community care and support if needed in the future.

The primary policy for older people's housing within Australia has been support for home ownership. Approximately 77 per cent of households in which the reference person is aged 65 years and over are home owners. Close to 15 per cent of such households are rental households, as shown in Table 2. Home ownership remains a cornerstone of housing policy

for older Australians (Jones 2011). It provides important benefits for older people. Home ownership reduces the costs of living in later life (Bradbury & Gubhaju 2010). It provides secure tenure and a range of psycho-social benefits including independence, autonomy and a sense of belonging (Olsberg & Winters 2005). There is also increasing recognition of the housing equity home owners can draw on if needed to support life style and/or costs of care in later life.

**Table 2: Housing tenure of households in which the reference person is aged 65 +, Australia**

Housing tenure of households (private dwellings)	Household reference person aged 65 + (%)			
	65-74 years	75-84 years	85+ years	65+ years
Fully owned	75.1	78.5	76.6	76.5
Being purchased	7.5	3.3	2.7	5.4
Total owned/purchased	82.6	81.8	79.3	81.9
Rented	15.2	13.8	14.0	14.5
Other (rent free, life tenure, other tenure)	2.2	4.4	6.7	3.6
Total	100.0	100.0	100.0	100.0
Number of households ('000)	739.6	539.9	149.5	1428.9

Source: Customised tables from ABS 2006 Census

Many scholars have noted the economic divide that exists between older people who own their home and those who rent (Howe 2003; Jones et al. 2004; Morris, A 2009b). Many older private renters experience housing affordability problems even taking into account rent assistance. Social housing provides housing affordability, reasonable housing quality and secure tenure, but is available for only a small proportion of older people as shown in Table 3. If homeless amongst older Australians is to be addressed a key requirement will be to ensure provision of an adequate supply of low cost rental housing for older people either through the social housing system or via the private rental market. This housing will need to be linked to appropriate care and support services for people as they age and be provided in locations that facilitate ageing in place.

**Table 3: Landlord type of rental households (private dwellings) with household reference person aged 65 +, Australia 2006 (%).**

Landlord type of rental households (private dwellings)	Household reference person aged 65 +			
	65-74 years	75-84 years	85+ years	65+ years
Public housing	38.6	41.6	37.8	39.6
Community housing	5.2	11.0	20.0	8.8
<b>Total social housing</b>	43.8	52.5	57.8	48.3
Real estate agent	26.1	18.8	15.2	22.4
Parent or relative	8.2	10.3	10.5	9.1
Other person	17.7	14.5	12.5	16.0
Caravan park	1.3	1.3	1.3	1.3
Employer	2.9	2.7	2.7	2.8
<b>Total private rental</b>	56.2	47.5	42.2	51.7
Total	100.0	100.0	100.0	100.0
No. of households ('000)	112.9	74.0	20.8	207.7

Source: Customised tables from ABS 2006 Census

### ***Social housing***

The social housing sector in Australia primarily comprises public housing provided by state housing authorities and housing provided through community housing providers. It also includes the independent living units provided by not-for-profit organisations involved in aged care and housing for older people. Since 2007, the decline in the level of social housing provision over the previous decade has been arrested through new investments via the Commonwealth Government's Social Housing initiative. This initiative will provide over \$5 billion by 2012 for the construction of over 19,300 new social housing dwellings, and a further \$400 million for repairs and maintenance to existing social housing dwellings (Australian Government 2011). As this initiative continues, some of the planned new houses will assist older people experiencing homelessness or at risk of homelessness. However, it is unclear what overall level of investment in social housing is required to meet the overall demand for housing from older people at risk of homelessness.

## **Public housing**

Public housing owned and managed by state and territory governments, has a long history of providing many older people with secure, affordable housing. The focus on older people as recipients of public housing has waxed and waned over time. In the early years of the Commonwealth State Housing Agreement (CSHA) in the 1940s, 1950s and early-1960s, older people were not a high priority. However, from the late 1960s to the early 1990s there was a substantial increase in the number of public housing dwellings provided for older people. During these two decades older renters relying on the aged pension were viewed as one of the principal categories of lower-income people receiving public housing (Jones et al. 2007), and by 1986 people aged 65 and over comprised 25 per cent of public housing tenants. Over the last two decades older people have had to compete for public housing places with other categories of people with special needs and priority housing needs. However, the number and proportion of older people in public housing remains high (Australian Bureau of Statistics 2009). Priority access is given in most housing authorities to older people with high support needs, particularly those in the 85+ age group.

Public housing is well placed to provide accommodation for older people who are homeless or at risk of homeless. Public housing is affordable and provides security of tenure to older tenants that is not available in the private rental market (Davy et al. 2010; Fiedler 2009). Since the 1990s, much new public housing has been designed to accommodate the needs of tenants with disabilities. A new development funded from the Social Housing Initiative in Fairfield, Western Sydney showcases age appropriate design, and a location that connects older people to their community hub and services.

Historically State Housing Authorities have not viewed it as their responsibility to provide support and care services to their older tenants (Jones et al. 2007). However, the growing number of older people who are ageing-in-place in public housing has led to housing authorities paying greater attention to support and care provision, although the extent to which housing authorities take responsibility for care and support is still variable. Public housing tenants are entitled to aged care services such as Home and Community Care and Community Aged Care Packages on the same basis as other older Australians. Some tenants have complex needs requiring on-site support and there are examples of public housing authorities partnering with other agencies to provide support of this kind.

One example is the Older Persons High Rise Support Program (OPHRSP) involving partnership between Victorian public housing authorities and the Aged Care Program of the Victorian Department of Human Services. The scheme provides services to older tenants residing in 11 older persons high-rise public housing estates in the inner suburbs of

Melbourne. The client group includes those with a mental illness, drug or alcohol dependence and acquired brain injury. This scheme is characterised by the presence of on-site workers acting as a point of contact for services and engaging with isolated tenants. The scheme is flexibly funded to accommodate the needs of tenants with a range of complex needs and delivered through community and regional health services and the Salvation Army (Jones et al. 2010).

Another relevant Victorian scheme is the Housing Support for the Aged Program (HSAP) which provides support to public housing tenants aged over 50 years with a similar profile to those in the Older Persons High Rise Support Program. The service provides practical assistance in attending appointments as well as enabling links with social and recreational activities (Jones et al. 2010). The scheme receives referrals from the Community Connection Program which is a program of assertive outreach designed to engage with those who are homeless or living in insecure or low-cost accommodation. Programs such as HSAP and OPHRSP show how public housing can partner with other organisations to provide viable housing and support options for older homeless people with complex needs.

There are, however, two main factors that limit the role that public housing can play in meeting the demand for housing from older people at risk of homelessness. Firstly, it has been alleged that there remains a large proportion of existing stock which is not suited to older people. The Older Persons Affordable Housing Alliance (2009) argues that some public housing stock does not have the simple design features that would support older people such as accessible bathrooms and open plan living areas. As with private rental accommodation, it is often difficult to adapt and upgrade housing to suit the needs of older people (Aged & Community Services Australia 2004).

The second factor alluded to earlier, is the limited availability of public housing for older people relative to demand. There are currently lengthy public housing waiting lists in all states and territories. These exist alongside the projection that state housing authorities will face an increasing demand for public housing from older people, particularly those aged over 85 (McNelis et al. 2008, p. 6). McNelis (2004) argues that the decrease in usable stock of independent living units (ILUs) will also result in greater public housing demand from older people. He estimated in 2008 that public housing meets 42 per cent of demand from eligible older persons. If it is to continue to meet this level of demand, then an average of an additional 4,391 older person households will have to be housed each year to 2016 (McNelis et al. 2008 p6).

In summary, the availability of public housing is a key consideration in preventing homelessness amongst older people. Public housing is secure, affordable and increasingly

suitable for older people, and public housing authorities are increasingly concerned to find ways to support the tenures of older people including those with high support needs. For many years, public housing has been a significant means of providing housing for low income older people. However, In the two decades leading up to the recent housing initiatives there had been a significant decline in public housing stock partly due to decreased levels of funding at State and Federal levels (Australian Housing and Urban Research Institute 2004). This has meant that many older people who would have been able to resolve their housing problems in the private rental market through the acquisition of public housing have been unable to do so (Morris, A, Judd & Kavanagh 2005). There is as yet no clear analysis of the extent to which the increase in supply via NAHA and the Social Housing Initiative has improved the overall situation of older private renters at risk of homelessness.

### **Community housing**

Community housing, is a form of social housing provided by or managed by a community housing organisation. It includes housing co-operatives, housing associations and local government housing that provide low cost accommodation for financially disadvantaged people who are eligible for public housing including special needs groups such as people with disabilities, women, indigenous people and older people. Community housing type is usually publicly subsidised, and often receives additional contributions from churches and charities.

Like public housing, community housing provides an affordable alternative to private rental. On average, for community housing tenants, nearly 73 per cent of household income is left after paying rent. Currently, there are 930 community housing organisations in Australia (Australian Institute of Health and Welfare 2010b). Community housing continues to be a form of social housing in strong demand with nearly 50,000 applicants on community housing organisation waiting lists at 30 June 2009 with 45 per cent of these applicants being in 'greatest need' (according to the national standard of greatest need). Nearly 10,000 households were newly allocated a community housing dwelling during 2008–09 with over one-third of these households homeless at the time of allocation (Australian Institute of Health and Welfare 2010b). With the current diversification of the social housing system, and a target of 35 per cent of social housing to be managed by community housing organisations by 2014 this sector will experience marked change (Wiesel, Easthope & Liu 2011). Of particular significance are the large 'growth' providers, relatively large community housing organisations usually established with public support to provide community housing

on a larger scale. These large community housing providers have the potential to play key roles in the expansion of social housing for older people.

The community sector plays an important role in affordable rental housing for older people. Whilst small in comparison to public housing, the community sector presents with a commitment to older people with limited means as well as being responsible for innovative models of service integrated housing<sup>3</sup>. These include organisations that specialise in working with older people who are insecurely housed or homeless, for example, agencies such as Wintringham (Judd et al. 2003); organisations providing distinctive service types such as Abbeyfield Housing which is a form of congregate housing; and organisations involved in innovative approaches to service integrated housing, for example, the Benevolent Society of NSW and its Apartments for Life project (Jones et al. 2010). Agencies such as the Benevolent Society and Wintringham are also providers of aged care. These examples whilst representing a small portion of Australia's community housing sector include projects with housing design and location that is sensitive to older people's changing needs, alongside a provision of supports and care tailored to the resident's requirements as well as providing links to their neighbourhood and community.

Accommodation provided by agencies such as the Benevolent Society's proposed Apartments for Life and the units designed for older people with a range of needs at Wintringham, provide best practice models for accommodation specifically designed for older people ranging from those with few assets reliant on a fixed income to very vulnerable people with complex health and social needs. Abbeyfield, a group home of low income older people is an alternative model of community housing. An 'ordinary' house with a number of older people living together with on-site housekeeper enables older people with few resources to live in their local community. Community care services are able to be taken up by residents if they are needed.

A significant part of the community housing sector since the 1950s, managed by not-for-profit organisations in the aged care sector, is Australia's stock of independent living units (ILUs). Whilst often co-located with aged care facilities, an ILU is a self-contained dwelling where an older person can live independently. They are sometimes managed on site by caretakers, and maintenance of grounds and minor repairs is the responsibility of management. It is estimated that over 34,600 ILUs were constructed in the 1950s to 1980s

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<sup>3</sup> Service integrated housing refers to all forms of housing for people in later life where the housing provider deliberately makes available or arranges for one or more types of support and care, in conjunction with the housing provision (Jones et al. 2010).

but it is not known exactly what proportion of these are currently available as low cost housing for older people (Jones et al. 2008; McNelis 2004; Older Persons Affordable Housing Alliance 2009).

The ongoing use of ILU's as housing for older people is compromised by a number of issues. Firstly, the stock is now old. Most of the units were built before 1975 and have largely not been maintained. Whilst there are benefits of this type of housing for older people, concerns have been expressed about the age of the housing stock (Jones et al. 2008; McNelis 2004). Linked to this is the concern that a significant amount of the stock does not meet contemporary community standards of a liveable space. Traditionally ILU's were very small, one bedroom with a kitchenette. Secondly, providers managing ILU's are discontinuing their operation. There is the possibility that some of this stock will be lost as organisations opt to refurbish stock and market new schemes to those with more assets as a means of raising revenue. On the other hand, the National Rental Affordability Scheme (NRAS) has the capacity to assist in the redevelopment of ILUs.

The current stock of independent living units in Australia is viewed as a one important source of housing for older people with low incomes and little or no assets. McNelis (2004) asserts these units are a 'forgotten social housing sector' with the potential to provide rental housing for poorer older Australians. He also suggests that this type of housing would be better targeted to those who are homeless or at risk of homelessness. .

Research is currently being undertaken to set up a national database of ILU providers. Funded by FaHCSIA this database will give details of the number, condition of units. The future plans of the providers in relation to these units is also being ascertained (Keys 2010). This is a positive initiative given the uncertainty of the amount of stock, its condition and importantly whether it meets contemporary standards of a liveable space for an older person. There are opportunities for this form of housing to assist older people who have experienced homelessness or are at risk of homelessness. Not all, but a large part of the stock is located alongside specialised housing for older people.

### ***Private rental housing***

It has been suggested that the limited capacity of the public sector to provide for the anticipated demand for affordable rental housing for lower-income older Australians 'directs attention towards the market sector as a complementary source of supply' (Jones et al. (2007, p. 108). An Aged and Community Services Australia report suggests that a properly managed mix of public, community and private sector involvement may improve housing options for older people (Aged & Community Services Australia 2004). Approximately 6.7

per cent of older households were private renters in 2007-2008 (National Housing Supply Council 2010). However, the number of renters is projected to grow over the next twenty years, with private rental demand projected to rise sharply over the period from 2008 to 2028 (National Housing Supply Council 2010).

The private sector has had a significant role in older people's housing with the accelerated growth of retirement villages owned and operated by the private sector in the past three decades. One commentator has observed that the majority of change and innovation in older people's housing has happened in the private housing market, outside the scope of government policy intervention (Howe 2003). Stakeholders and scholars have stressed the potential of the private sector to transform the aged housing and care environment (Aged & Community Services Australia 2004; Jones et al. 2007). The private sector also operates many boarding houses and caravan parks used by older people as well as general housing such as houses and flats. The quality of the accommodation provided through the private sector varies greatly. Housing and accommodation in the private sector will be reviewed in this section in terms of meeting the needs of older people who are homeless or at risk of homelessness.

Two programs, Commonwealth Rent Assistance (CRA) and the National Rental Affordability Strategy (NRAS) are relevant to this discussion. CRA is a major form of direct housing assistance paid to individuals in receipt of a pension who rent in the private market. Older people who are unable to access social housing or choose to rent privately may receive this supplement to their aged pension.

A number of concerns have been raised about the effectiveness of CRA. Firstly, CRA is capped and therefore its value is eroded in areas where housing costs are high (Aged & Community Services Australia 2008). Berry and Hall (2002) argue that CRA has failed to sufficiently alleviate housing stress for lower income households. CRA is also only effective if there is a sufficient supply of affordable dwellings in the private rental market. This is of prime importance in the current rental market where affordable housing stocks are low, with a vacancy rate below 3 per cent in consecutive years since 2005 in most state capitals (National Housing Supply Council 2010 p94). Wood & Forbes (2001) contend that the taxation system, through negative gearing provisions and capital gains exemptions, has contributed to this trend by encouraging investors to purchase high value properties. As at 30 June 2007, there were 215,081 age pensioners receiving CRA (Department of Families Housing Community Services and Indigenous Affairs 2008 p38). However, with national rents consistently increasing, the rates of CRA paid to elderly low income Australians, means that the affordability issue is not adequately resolved.

Scholars assert that whilst rent assistance was and is part of the income maintenance system it should also be viewed as a housing assistance program. Rent assistance is widely viewed as inadequate relative to the levels of rent (Burke & Hulse 2010 p16). It is widely argued that CRA is not adequately resolving stress for older people renting in unsubsidised accommodation. This group remain at risk of homelessness given the severe financial hardship and financial exclusion they experience (Morris, A. 2006).

The National Rental Affordability Scheme was established in 2008 to address the shortage of affordable rental housing by offering financial incentives to the business sector, private investors and not for profit housing providers to build and rent affordable dwellings. The incentive, payable either as a grant or refundable tax offset, is paid annually for up to 10 years. The investor must rent dwellings to eligible tenants, charge rent at least 20% below the market rent and provide the dwelling for participation in the scheme for 10 years. The aim is to fund 50,000 properties. The scheme has been somewhat slow to get established (Burke & Hulse 2010). There is widespread interest and take up in the scheme in both the community sector including providers of older people's housing and the private market. It is too early in the life of the scheme to determine the impact it will have on affordable housing for older people.

### **Retirement villages**

In Australia, retirement villages have become synonymous with specialised housing for older people. The number of retirement villages has effectively doubled since 1990, with the growth now accelerating and expected to double within the next seventeen years (Robinson, S 2008). A retirement village is an age-segregated residential environment restricted to people aged 55 years and over. They comprise scaled down houses or units, with some developments designed to meet the support needs of older people. There are usually communal areas for social and recreational activities. Retirement villages are not aged care facilities although villas are often co-located with residential care facilities. The co-location of villas and aged care facilities was originally developed by not-for-profit providers, although in recent years for-profit providers are also gaining aged care licenses and providing their version of ageing in place. Residents in retirement villages as any community living older people are eligible for community aged care and support services. Most villages have on site management, assist with general maintenance of the housing and grounds and offer cleaning and personal care for a fee. Many villages will provide some level of on-call health assistance in the event of an emergency.

Howe observes that the retirement village industry has demonstrated a remarkable responsiveness to demand-side factors, delivering a diverse range of products that appeal to a diverse range of consumers of varying financial resources (2003). Stimson's (2002) study of the retirement village sector proposed three broad types of retirement villages: resort style, modest, and affordable. All three forms are developed and managed by both the for-profit and not-for-profit sectors. Alongside the range of models that make up the retirement village sector, there are large variations in the contractual and financial arrangements. There has been a large growth in the number of retirement village developments targeting older people with a higher income; they are often marketed as 'resorts' or 'lifestyle villages' and include options to purchase or lease dwellings. Most retirement village residents gain entry through the capital from selling their home (Davy et al. 2010), so for lower-income older people who are not homeowners and who are dependent on the age pension, most retirement villages are financially inaccessible. There is a lack of unified legislation for the operation of retirement villages in Australia, as each state and territory has enacted its own specific legislation (Jones et al. 2010). Some retirement villages have been developed as affordable housing with units for rent by both the for-profit and not-for-profit sectors. These villages target older people who are wholly or partly dependent on the aged pension (Jones et al. 2008). However, a key question is whether low-income households who do not own their own home can afford to enter retirement villages.

### **Rental retirement villages**

Rental retirement villages are clusters of housing units, usually around 40 to 100 units, mainly provided by the for-profit sector. Rental villages are subject to state and territory residential tenancy legislation in most jurisdictions. Rental retirement villages are similar in layout and design to other retirement villages, albeit considerably more modest. The cost for the older resident is often set at 85 per cent of the age pension, including rent assistance (Jones et al. 2010). This was a fast growing segment of affordable rental housing for older people in the early-2000s (Jones et al. 2007). Private sector companies such as SunnyCove, Village Life, and Oxford Crest rapidly developed a stock of 'assisted-living, rental villages', and have established a network of older persons' housing throughout the country. Villages are targeted towards people who are able to live independently in the community.

When rental retirement villages were initially introduced around 2000 they were in high demand, but some of them later experienced major financial and management difficulties, including high vacancy rates which made them unviable (Jones et al. 2010). As an initiative, however, the development of the affordable rental village can be seen as an attempt to meet both the need and the demand for service integrated housing for older people who have

limited or no financial resources (Jones et al. 2010). As Jones et al (2010) point out, the need for affordable forms of service integrated housing for older people remains a significant gap that has not yet been met by the community or public sectors. Indeed, one of the key challenges facing the retirement village industry is how to do more in relation to incorporating housing choices affordable to the 'asset poor' and 'income poor'. Initiatives and incentives, such as the National Rental Affordability Strategy (NRAS) could, potentially, help to address this increasing gap.

### **Manufactured home parks**

In Australia there is an increasing number of older people who live in manufactured home estates and residential parks in which the occupancy is restricted to senior citizens (Jones et al. 2010). Manufactured home parks are often marketed as retirement villages. The forms of housing in these parks range from manufactured or relocatable homes to small cabins and caravans (Jones et al. 2010). Usually, residents own their own home and lease the site it is located on as well as paying a small charge for the use of facilities and amenities (Jones et al. 2010). This type of arrangement is particularly suitable for older people who have down-sized but who do not have sufficient assets to buy into a conventional retirement village. Some manufactured home parks offer rental homes. Such an arrangement may also enable some residents to be eligible for Commonwealth Rent Assistance (Jones et al. 2010). The homes are often two bedroom, self-contained with car accommodation and a garden around their cottage. They park may offer recreational facilities. They are not co-located with residential care facilities.

### **Aged care**

Aged care services available for the care and support of older people in Australia include Home and Community Care, Community Aged Care Packages, and Residential Aged Care Facilities. Aged care services range from low intensity support through community care to higher level community packages through to high level care in residential care facilities. Home and Community Care (HACC) generally provides a low level of support. Community Aged Care Packages (CAPS) and Residential Aged Care cover a range of support from low to high care. These three forms are briefly described followed by commentary on how the social disadvantage of homelessness may result in access difficulties or exclusion from these services.

## ***Community aged care***

There are two main community aged care programs, HACC and CACP, which aim to assist older people to remain living in the community and to address premature admission to residential care.

The HACC Program is a joint Australian, State and Territory Government Initiative. It provides services such as domestic assistance, personal care as well as professional allied health care and nursing services, in order to support older Australians (and younger people with a disability) to be more independent at home and in the community and to reduce the potential or inappropriate need for admission to residential aged care. The program provides a basic level of support to recipients and their carers for a small fee. HACC is widely used by older Australians, with 616,000 clients in 2009-2010 (Australian Government 2010) and assists them to remain living independently in their own home. There is a specialised community aged care program for veterans, the Veteran's Home Care (VHC), which shares many characteristics of HACC services.

CACPs provide community aged care to assist frail older Australians to remain living in their own homes. They are individually planned and coordinated packages of care funded by the Commonwealth Government as part of the aged care portfolio to provide for the complex care needs of older people living in the community. They aim to be very flexible and are designed to help with individual care needs. Fees apply for the service, but the Commonwealth funds CACP approved providers with a daily subsidy per package to supply and coordinate aged care services for frail older people. To receive a CACP, older people are assessed by an Aged Care Assessment Team (ACAT) as requiring at least low level care. Two other programs Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACH D) also provides services for high-level care needs at home (and equate to nursing home care). As part of the Commonwealth aged care system providers are required to provide care to financially disadvantaged people.

Ideally, the provision of HACC and CAPSs rests on the assumption that older people live in housing that is stable, safe and suitable for their needs. Community aged care is widely used within Australia by older people and their carers and has successfully aligned the provision of aged care to older people's preference to remain living at home. However older people experiencing homelessness or at risk of homelessness are not living in a stable or safe environment and this can preclude receipt of community aged care and support or more the provision of these services extremely difficult (Faulkner 2009). There are innovative community aged care programs designed to address these issues, largely in major cities. These include Footprints in New Farm Brisbane that offers flexible community aged care for

older people living in insecure housing (boarding houses) common in that locale and Royal District Nurses Homeless Program in Melbourne that provide active outreach (including primary care) to those homeless or in low cost accommodation. Many older people however who are living in insecure housing are limited in their access to community aged care. This is important to note as inadequate community aged care is often linked to premature entry to a nursing home.

Wintringham in Melbourne having receipt of community aged care package funding for homeless people found the lack of a home for many of their clients largely precluded effective assistance. For this reason they built a range of affordable housing options for their clients into which aged care could be provided. They found in this process that the provision of safe and affordable housing with appropriate levels of support forestalled the need for many clients to go into residential care (Lipmann 2009). As such the provision of care to this vulnerable group aligned with the aim of this program in the general population, that is, the avoidance of premature entry to residential aged care. Wintringham also note the conduct of effective community aged care also rests on the augmentation of a strong outreach program, such as the ACHA program. It is clear from this example effective provision of services to older people experiencing or at risk of homelessness required accessing and negotiating funding and support from a number of programs from a number of portfolios, namely community aged care as part of the aged care portfolio, affordable housing from (say) NRAS, and outreach support through ACHA, and ultimately capital and funding support for residential aged care facilities.

### ***Residential aged care***

Formerly known as hostels and nursing homes, residential aged care facilities provide care for those older people unable to live independently in the community. While aged care facilities have traditionally accommodated older people from the mainstream of society there are specialist facilities for groups such as war veterans, Indigenous people or those from non-English speaking backgrounds. Most facilities provide a secure area and/or a special program for people suffering with dementia. To live in an aged care facility or have respite an older person has to be assessed by an Aged Care Assessment Team (ACAT). The assessment will determine the level of care required. Built within the *Aged Care Act 1997* is a requirement that every facility must have a certain number of residents who cannot pay an accommodation payment. Hardship provisions exist to help residents who have genuine difficulty paying fees and payments.

There are a number of issues that impact on older people who are homeless or at risk of homelessness accessing Australia's aged care system. Firstly, older homeless people have

not traditionally been seen to be part of the mainstream aged care system. Lipmann (2009) argues that aged care providers have long overlooked the needs of the aged homeless population and have concentrated instead on mainstream demand. Lipmann states that elderly homeless men and women are aged care's 'forgotten people'. Lipmann argues that homeless older people have historically been thought of as *homeless* and elderly rather than *elderly* and homeless and he seeks a change in perception so that older homeless people have similar access and rights as the general population of older people to aged care services. Service providers such as Wintringham in Melbourne and Mission Australia in Sydney have successfully addressed the limitations of the aged care system by building residential facilities (low and high care) for elderly homeless people. Other providers, often from the not-for-profit sector, such as Linsell Lodge in South Australia cater specifically for financially disadvantaged older people. However, there appears to be a lack of recognition and interest in working with homeless people and their complex needs amongst many mainstream aged care providers (Lipmann 2009).

In recent years a number of initiatives have partially addressed the historical neglect of homeless people in the aged care sector. These include the inclusion of homeless older people as a 'special needs' group under the *Aged Care Act 1997*. Operating since 2009, this provision recognises that homeless older people having a right to aged care services. In addition, the eligibility criteria for accessing aged care programs has recently changed with providers of aged care facilities for the homeless accepting people aged 50 and over (Wintringham 2007). While the *Aged Care Act 1997* does not specify a minimum age for care, 65 years is commonly utilised within the aged care sector. Lowering the age limit respects the premature ageing associated with homelessness and acknowledges that the nature of issues affecting elderly homeless do differ from the general older population.

In the main this relates to older people who have experienced long term homelessness and who experience acquired brain injury, and alcohol related brain damage. While these conditions do present with dementia-like symptoms and a complexity of care similar to dementia secure units in mainstream nursing homes, the age of people in nursing homes is much older than those who lived precariously. Advocates for specialist facilities for people with dementia-like symptoms as a result of long term homelessness, argue that the behavioural characteristics commonly associated with this population can differ significantly from that of age related dementia particularly with regard to social skills and social interactions resulting in a completely different set of complex care needs (Rota-Bartelink 2006). The Commonwealth Government has recently acknowledged this by funding three specialist facilities for homeless people (Easton 2011). In the recent 2011 Budget,

adjustments were made to the Aged Care Funding Instrument to account for the complex care that is often needed in providing assistance for people who were homeless once admitted to an aged care facility (Arbib 2011).

A discussion about integration or specialisation for older homeless people needs to be carried out as part of the design of aged care initiatives to address homelessness amongst older people. As part of this it is important to note that the mainstream aged care sector has not traditionally catered for or shown an interest in this population (Lipmann 2009). Yet with initiatives instigated by the Commonwealth Government including lowering entry age limits, increasing funding to account for extra care required for homeless people, and capital grants to build specialised facilities, noteworthy steps are being made for homeless older people to be resident in mainstream facilities.

## **Policy and service implications**

There is a wide repertoire of possible policy and service responses that need consideration to address homelessness amongst older people. Australian Governments have acknowledged the prevalence and seriousness of homelessness and it is of prime importance that older people are included in the discussions and interventions. The heterogeneity of the older population applies equally to older people who are homeless or at risk of homelessness. A range of service responses are needed. Some older people may need secure housing. Some older people may need specialist support and care for activities of daily living as well as complex health care in addition to accommodation. Both structural and personal factors need to be addressed. Gender is an important consideration for the experiences of older men and older women differ. This report highlights the importance of engaging with older people to work with them to understand what their needs and strengths are. To achieve this, understanding why older people are reluctant to seek assistance is a priority.

There is a need for an expansion of services, further policy refinement and an integration of services if the aim of reducing homelessness amongst older Australians is to be achieved. A significant challenge is to determine how the increasing numbers of older people at risk of eviction and homelessness will be supported and housed. This includes an expansion of secure and affordable housing across all sectors, public, community and private. The findings from the review of ILUs may assist with this. The contribution of NRAS is yet to be assessed but it appears to have the potential to assist with appropriate housing for older people. It is vital that housing is not only affordable but age appropriate and permits older people to age in place. This requires modifying existing stock and incorporating accessible design principles in new stock. Service integrated housing models across the social and

private housing sectors assist with this aim. In relation to the private rental market, there needs to be recognition of the role of tenancy laws combined with inadequate supply in generating older people's homelessness. Reforms to tenancy laws that provide fairer timeframes on notices to leave and regulation of tenancy databases may assist in mitigating homelessness (Tennant et al. 2010).

A number of agencies within Australia provide exemplars of 'best practice' service models and practice. Having engaged with people experiencing multiple disadvantages over many years they have developed services and programs that are tailored to the needs of their clients. This includes aged care facilities for the most vulnerable older people with very complex needs after years without shelter at Wingtringham in Melbourne and Mission Australia in Sydney. In addition there is public housing for older people in the centre of the community hub at Fairfield in Western Sydney which will enable ageing in place and the planned Apartments for Life for Northern Sydney in development by the Benevolent Society, which is a respected model of service integrated housing for older people including those with low means. There are community aged care programs that are creative in working with homeless older people in our inner urban cities. Whilst innovation in practice is not limited to these examples there are models of practice that can be drawn on. Whilst it is recognised that the ACHA program has not been evaluated and has been the subject of limited research this service model engages with older people in their individual context to address their concerns. The ACHA model provides the opportunity for a case worker to engage with older people to address their concerns relating to housing, welfare or health.

Conversely, there remains a lack of recognition of older people who are homeless or at risk of homeless. Homeless people have largely been excluded from the aged care sector. Lipmann's assertion of the need for the wider aged care, health and housing sectors to think of people as *older people* first and *homeless* second is relevant across all sectors.

Older people along with service providers, peak bodies and families have long voiced concerns regarding the complexity, quality and inflexibility of aged care and seniors programs, and these concerns were recently affirmed in the Productivity Commission's Report, *Caring for Older Australians*. The complexity of the systems that surround older people who are homeless or at risk of homelessness makes entering and negotiating the system very difficult. It is clear that many older people are reluctant to access services and the complexity of navigating multiple programs may contribute to this. People subject to ongoing stress and anxiety without secure accommodation are not well positioned to negotiate complex systems.

To assist with complex systems, information services can assist older people and service providers alike. The importance of such a service was recently recognised in Great Britain where a national housing options information service was established by the Brown Government in 2008 (now replaced by *First Steps*). A similar service was operated for some time by HAAG in Melbourne (Fiedler 2010). This 'one-stop' information service assisted aged care and other older persons' services when they identified an older person in housing difficulty. This was considered necessary by HAAG due to the increasing complexity of the housing support systems where a range of options had to be explored depending on the circumstances and needs of the client. Such a service assists in acknowledging the interconnection of multiple services and programs that is needed to address homelessness amongst older people.

This report has highlighted that we need a holistic understanding of the scale and dimensions of older people's homelessness and the future trends. There is an understanding of the processes leading up to homeless amongst older people. We also have some knowledge of what older people find important and what services and programs deliver this effectively. There is a need however to further understand, refine and challenge our current responses to older people's homelessness.

## **Research implications**

This report has scoped the main issues involved in responding effectively to issue of homelessness and older Australians, primarily relying on readily available secondary sources. The report identifies the broad contours of this issue. However, it also reveals that there are major gaps in our knowledge that impede the development of effective public policy. In order to address this issue effectively a stronger research evidence-base is required. Eight key areas requiring further research can be identified.

### *1. Estimating the number of older homeless people*

Continuing work is being undertaken by the ABS to estimate the number of homeless persons in Australia, and further refinement of estimates of older homeless people will emerge from this research. The analysis of 2011 Census data when it becomes available in 2012, together with data from the 2001 and 2006 Censuses will provide a valuable picture of trends in later life homelessness. Further analysis of this data, especially on a geographic basis, will be particularly valuable in identifying the different character of later life homelessness in different parts of Australia. For example, what are the differences in the living circumstances of homeless people in urban and rural Australia? Analysis of this data will also provide a foundation for assessing the need for certain types of specialised services

in particular localities, e.g. the need for residential aged care facilities catering to the needs of homeless people.

## *2. Estimating the number of older people at risk of homelessness*

There is a stark contrast between the detailed attention that has been paid to estimating the number of homeless people in the population and the lack of attention to estimating the number of people at risk of homelessness. This is especially problematic in the area of homelessness and the older population. In particular, it is important to develop a clearer understanding of the number of older households occupying precarious housing in the private rental market. We know from survey data, qualitative research studies and anecdotal information from service providers that many 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. However, the number and proportion of older private renters who are 'at risk' of homelessness has not been estimated. It would be possible using Census data to identify the number and proportion of older private rental housing who are characterised by a number of 'risk factors' including high rent, low income, location in areas of declining supply of private rental, age, disability, gender, type of housing, type of landlord, etc. On this basis, estimates of the size of the population of older people 'at risk' of homelessness could be derived.

## *3. Understanding the causes of homelessness and pathways into homelessness*

Research on the causes of homelessness in later life in Australia is at an early stage, with only a handful of studies undertaken to this point. Further studies are required both of older people whose homelessness derives from their chronic personal problems and of older people whose risk of homelessness or actual homelessness is associated primarily with their precarious housing circumstances. Studies focusing on pathways into homelessness may be particularly valuable. Such studies would identify both the long-term life history factors resulting in precarious housing in later life (e.g., life events associated with never obtaining or dropping out of home ownership) and the short-term circumstances precipitating a housing crisis (e.g. unmanageable rent increases, termination of lease, etc.). Such studies could also examine the engagement of older people with the service system to identify the most efficacious interventions to prevent homelessness (and/or missed opportunities). Some such studies have been published recently based on case studies of older people seeking assistance from homelessness services. These need to be complemented with larger scale studies perhaps including studies based on service records. There is also a need for studies to be conducted in a variety of locations to understand the different dynamics that operate in, say, different states and territories, in urban and rural areas, etc.

Differences between the factors impacting on later life homelessness in indigenous and non-indigenous households also should be investigated.

#### *4. The role of specialist homelessness services*

There is insufficient knowledge and understanding of the appropriateness and effectiveness of the engagement of specialist homelessness services with older people. There are two broad areas requiring research. Firstly, there is very limited information concerning the ACHA program which has been operating for two decades but which has not been evaluated since the early-1990s. Anecdotal information indicates that numerous approaches to working with older people who are homeless or living in precarious housing have developed through ACHA in many different parts of the country. An important research task is to document these approaches and to assess their effectiveness in preventing later life homelessness and/or supporting older homeless people. Secondly, there is a need to review the engagement of SHS with older people. There is a need for greater understanding of the difficulties that SHS have experienced in engaging with this group, of the changes that appear to be taking place as increasing numbers of older people present for assistance at SHS agencies, and of the roles that SHS can play alongside ACSA and other services in homelessness prevention and support for older people. Specialist homelessness services can play important roles in preventing later life homelessness and supporting older homeless people including information provision, crisis management, personal support and assistance in accessing housing and other services including aged care, social security and health services. Improved understanding of what approaches work best in what circumstances is required.

#### *5. Housing supply issues*

As well as researching rental housing demand from older people (see section 2 above), there is a need to examine the impact and effectiveness of recent initiatives in rental housing supply for older people at risk of homelessness. There is a strong demand for rental housing supply from many groups within the community and it is important to identify the priority that has been given to housing supply for older people relative to other groups through the social housing initiatives of recent years and through NRAS. It is also important to monitor and assess the impact of changes in social housing allocations policies by state and territory housing authorities on access to social housing from older people, and the impacts of changes in housing design policies. Case studies of innovative housing in the social housing sector, particularly housing that is integrated with provision of support and aged care services, are needed to provide a foundation for best practice in the future. It is also important to continue to explore ways of attracting private sector investment and provision

into affordable housing for older persons, and to develop further understanding of the incentives and disincentives for private involvement in this housing sub-market. The adequacy of CRA as a rent supplement for older people should also be examined, as well as the role of CRA in attracting private investment in older person's housing.

#### *6. Residential aged care and service-integrated housing for homeless people*

There is an important role for research in examining the impact of recent policy and funding changes designed to increase access to residential aged care by people with complex needs who have experienced homelessness. This might encompass analysis of the extent to which mainstream providers have become more responsive to the needs of homeless people as well as analysis of the operations and effectiveness of specialist facilities, including service-integrated housing, for older people who have experienced homelessness.

#### *7. Community aged care for homeless people*

Similarly there is an important role for research in examining the effectiveness of the various approaches to providing community aged care to older people living in sub-standard or marginal housing in the community. Greater understanding is required of the experiences both of mainstream providers and specialised services in providing community aged care to older people in precarious housing. The impact of these services on the lives of older people, and in particular their role in preventing homelessness, needs to be better understood.

#### *8. The development of national and state strategies*

Finally, research can play an important role in underpinning national and state strategies designed to reduce homelessness amongst the older population. A central message of this report is that reducing homelessness in the older population will require a far more integrated policy approach than is currently the case at national or state and territory levels. This report has scoped in broad terms the nature of the problem of later life homelessness and has identified the main components of an integrated policy approach. Further research pursuant to the directions indicated above has the potential to provide the evidence required to underpin the development of national and state strategies targeted on reducing homelessness amongst older Australians in the decade ahead.

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