

Homelessness Green Paper Submission UnitingCare Ageing NSW.ACT

Executive Summary

There is a need for the recognition of older homeless people as a special needs group with particular housing and support needs and a proactive approach to developing specialist programs with a focus on early intervention and prevention of homelessness.

There is a real concern about the increasing risk of older people becoming homeless unless we effectively intervene now.

Goals:

1. Prevention

- Early identification of at risk populations through standardised assessment processes
- The Assistance with Care and Housing for the Aged (ACHA) program is inadequately resourced to provide crucial advocacy and early intervention to obtain and maintain housing and support for homeless and at risk groups

2. Enablement

- A flexible package of care that targets people who are homeless and at risk older people as a special needs group, with a lower entry age limit of 55 years (45 for indigenous people) and enables a person to 'age in place' through provision of case management and service support linked to housing options
- Age appropriate housing projects and support partnerships be facilitated for accommodating homeless and at risk older people in public and community housing
- Capital funding be provided targeting homeless older people for seniors living and residential aged care that provides continuity of care in the ageing process
- Addressing social isolation through provision of day centre funding for older homeless people to develop recreational and activity programs that meet their needs and preferences

Introduction

UnitingCare Ageing congratulates the Australian Government on their commitment to the needs of Australian citizen's who are disadvantaged and the development of the Social Inclusion policy agenda including the new approach to homelessness. These initiatives are essential to adequately address the real needs of this marginalised group. We welcome the focus on this neglected area of social policy and the opportunity to make a difference with the development of a co-ordinated response that will effectively address the complex nature of homelessness in Australia today.

However there are some concerns regarding the adequacy of the options proposed in the Green Paper- *Which Way Home?* for addressing the needs of older people who are homeless or at risk of homelessness. Foremost are:

- Lack of recognition of older homeless people as a special needs group with particular housing and support needs, and
- Reliance on SAAP and/or mainstream service provision rather than a proactive approach to developing specialist programs with a focus on early intervention and prevention of homelessness.

As a major not-for-profit provider of aged care services UnitingCare Ageing has considerable experience in providing services for older people who are homeless or at risk of homelessness. The organisation operates a range of community care services, supported accommodation and residential aged care for financially disadvantaged older people, including services targeting older homeless people such as the Assistance with Care and Housing for the Aged (ACHA) program, Community Aged Care Packages (CACP) for Homeless Older People (introduced as a trial by the NSW Department of Health and Ageing) and associated supported housing projects. Older homeless people are also accommodated in UnitingCare Ageing's independent living units (ILUs) and low and high care residential facilities services providing a continuum of care when community living is no longer possible.

Older People who are Homeless as a Special Needs Group

Evidence from service provision, program evaluations and research has demonstrated that older people who are homeless or at risk of homelessness have complex and multiple problems that cannot be adequately addressed either within the SAAP service system or by mainstream aged care service provision.

Older people who are homeless or at risk of homelessness are typically characterised by:

- social isolation, with few having any family or friends for support
- a history of transience and long term private renting in substandard accommodation, such as rooming/boarding houses, interspersed with episodes of primary homelessness
- poor living skills and inappropriate behaviours
- lacking knowledge of, or ability to access, available services
- a reluctance to accept help from services (Alt Statis and Associates, 1996; Kavanagh, 1997; Judd, et al, 2004).

Many older homeless people have chronic mental health problems or intellectual impairment, often exacerbated by long term drug or alcohol abuse. Increasing frailty and cognitive impairment in the ageing process puts them at risk of exploitation and/or eviction. The majority of older homeless people are prematurely aged due to lifestyle and inadequate health care; many with age related health problems and disabilities of people chronologically much older (Crane, 2001; Hecht & Coyte, 2001; Judd, et al, 2004). For this reason, most

researchers agree that for purposes of service provision, homeless people should generally be considered 'older' at age 50 years and over, with 45 years and over accepted for indigenous people due to shorter life expectancy (Judd, et al, 2004).

There is discordance between the statutory retirement age and practical employment for homeless people who are prematurely aged, as well as exclusion from many aged care and social programs. It can be argued that after the age of 50 there is little chance of a homeless person returning to work and a general reluctance by those in their 50's and over to use services available to homeless people of all ages (Crane and Warnes, 2001). This is supported by discrepancies in the reported number of older homeless people, with SAAP estimates significantly lower than estimates from research (Alt Statis and Associates, 1996; Judd, et al, 2004). The experience of ACHA workers also indicates that few older people who are homeless or at risk of homelessness seek assistance from SAAP or indeed any other services, despite the often poor functional ability of this target group and their evident need for aged or community care.

Barriers to Mainstream Service Provision

Many older homeless people are mistrustful of any form of authority such as government agencies, welfare, health and community services. They value their 'freedom' and independence and often reject offers of help as unwanted intrusions and restrictions on their preferred lifestyle or they see themselves as undeserving (Alt Statis and Associates, 1996; Crane, 2001; Kavanagh, 1997; Judd, et al, 2004). Experience has shown that it may take months to build rapport and trust to overcome resistance before appropriate services can be provided, yet few mainstream service agencies have the time or the resources demanded. Other barriers to mainstream service provision identified by ACHA workers include:

- Limited service availability or capacity
- Inflexibility of support services
- Eligibility criteria
- Cost of services (Judd et al, 2004)

Long waiting lists and bureaucratic restrictions and regulations impede access to many aged and community services for older homeless people. Challenges to service delivery, such as squalid living conditions and aggressive behaviour that raise OH&S and resource issues for workers, may also inhibit mainstream agencies from accepting clients from this target group.

Currently when assisting people in the 55 – 65 age group there are difficulties with the Aged Care Assessment Teams (ACAT), who decline to assess this age group on the grounds that they do not fit the "Aged" criteria, so there is a need to recognise the needs of this target group who are ageing prematurely due to their lifestyle and address the need for a cohesive, systemic response to avoid people falling through service gaps.

Case managed packaged services that are suitable for meeting complex care needs, such as CACP and Extended Aged Care at Home (EACH), are in short supply and there are limited concessional places in residential aged care for financially disadvantaged older people. Moreover, older homeless people do not always fit into the chronological age and functional ability brackets required by many program funding guidelines, even though they may lack the capacity to live independently without some form of support. For example, research has shown that the most important assistance required by older homeless people was help with accessing services from other agencies and help with establishing and maintaining a tenancy - very different points of focus from mainstream aged care services (Judd et al, 2004).

Policy Response

The need for special assistance for financially disadvantaged older people who are homeless or at risk of homelessness was first recognised by the Commonwealth Government in 1993 when it funded the ACHA program to assist older people who are renting or who are homeless to meet both their accommodation and support needs and prevent premature entry to residential care (Alt Statis and Associates, 1996). However, despite the demonstrated effectiveness of ACHA as an outreach and advocacy service that links housing and support for disadvantaged older people, it is inadequately funded to meet demand although it did receive increased funding of \$5.7m over 4 years in the 2007-08 Budget . Note, none of this funding has yet been allocated to services . (Alt Statis and Associates, 1996; ACSA, 2008).The ACHA program does need continued and substantial growth to meet the needs of older people who are insecure tenants.

The Commonwealth Advisory Committee on Homelessness, in a 2001 consultation paper, acknowledged the particular vulnerability of older homeless people whose needs will require a substantial increase in housing and support services over the coming years. The Committee placed the primary responsibility for this on the Department of Health and Ageing by recommending the creation of a specialist unit within that Department to ensure that they are identified as a special needs group for aged care purposes. The Supported Accommodation Assistance Program (SAAP) has also identified the need for specialist services for older homeless people due to premature ageing issues that are not easily addressed with the SAAP system but, because of chronological aged barriers, may exclude them from mainstream aged care (Commonwealth Department of Family and Community Services, 2003).

In NSW CACPs have been allocated specifically to homeless older people and UnitingCare is a provider of these services in Sydney and Newcastle areas. These services are linked to the ACHA services and provide a service continuum. The Department of Health and Ageing NSW office undertook an evaluation of these CACP homeless specific programs which included many of the issues relevant to providing aged care to this target population, including the connection with the ACHA program and the essential mental health services collaboration. We understand that the evaluation report,

which was completed several years ago, was forwarded to the Department of Health and Ageing in Canberra for comment and clearance but has not been released.

Despite these reports, no action was taken by the previous Government to address the needs of older homeless people. The difficulties in obtaining exact estimates of the number of homeless or at risk older people due to their 'hidden' nature, with only a small proportion accessing SAAP services. Numbers of at risk older people are also under-represented in mainstream community care services. This is due to the inability of community care services to be provided to people who have no stable accommodation in which to deliver these care services. A focus on meeting the demand for services from other special needs groups, such as CALD and Dementia (within a generally ageing population), have allowed the particular needs of the elderly homeless to be obscured.

Preventing Homelessness and Enablement for Older People

Extensive experience in service provision and research has confirmed the importance of secure, affordable and appropriate housing in the delivery of aged care services and the successful maintenance of elderly people in the community. Further, linking housing with appropriate support for disadvantaged older people is vital for alleviating or preventing homelessness. To achieve this, we need to develop services that focus on:

1. Prevention:

- Early identification of at risk populations through standardised assessment processes which have the capacity to trigger prioritisation for intervention and support needs to be developed as part of the community care reforms.
- The ACHA program needs to be adequately resourced to provide crucial advocacy and early intervention to obtain and maintain housing and support for homeless and at risk groups, such as older people who have been long term private renters on a pension, who live alone and who are frail and/or developing dementia or living in severe domestic squalor; and older people who are boarding house residents with a history of mental health or drug/alcohol abuse; to prevent sliding into homelessness. Initiation of appropriate community support interventions can play a major part in preventing primary homelessness or a return to homelessness.
- Early identification of older people at risk of homelessness and initiation of appropriate community support interventions can play a major part in preventing primary homelessness or a return to homelessness. For example, many older people referred to ACHA are Department of Housing tenants who have a history of transience and social dislocation and who are unable to cope with independent living. Programs such as ACHA can intervene to sort out tenancy problems and organise support services before eviction or abandonment of housing occurs.
- Resources are required so services can flexibly meet the diverse needs of the older person in a cost effective and timely way to prevent the

need for higher cost services such as hospitalisation for extended periods. Flexibility of service provision is needed to address varied levels of support, as determined by health problems and the degree of social isolation.

- Capital funding for appropriate models of accommodation support is required to ensure that these vulnerable people do not end up homeless in their old age.

2. Enablement:

- A flexible package of care that enables a person to 'age in place' through provision of case management and service support linked to housing options is required. Case management support is effective in providing the needed one point of contact for the older person and building a relationship of trust is essential to overcome barriers to acceptance of services. This takes time and commitment by experienced staff who are supported to engage effectively with older people who are homeless or at risk of homelessness. In the absence of informal support from family or friends, a single point of contact with a case manager for ongoing monitoring and support as needed is critical to successful housing outcomes for older homeless people.
- Resources are needed for relocation and/or establishment of a stable home environment that is not readily available to frail or disabled older people on a pension. Research indicates that the housing preferences of older homeless people are dictated by their strong desire for independence (Judd, et al, 2004). Thus, boarding houses are usually disliked because they lack privacy and facilities for independent living. Likewise, retirement villages and residential aged care facilities are generally not favoured unless specifically designed to be low cost and flexible (e.g. Wintringham <http://www.wintringham.org.au>). Public and community housing are preferred over private rental because of security and affordability, as well as for suitable amenities and relative ease of maintenance, allowing for modifications and ageing in place. Location is also important, with easy access to shops and transport a priority for independent living. However, older homeless people are by no means a homogenous group and it was evident from the study, as from service experience, that a range of housing and support options are required to meet needs and preferences.
- Social isolation is a major issue for older people who are homeless or at risk of homelessness. Facilitating social connectedness through appropriate day centre activities has been shown to significantly reduce social isolation and improves long term outcomes (Judd, et al, 2004).

Recommendations for Action

Older homeless people have the same aspirations as the general aged population, i.e. they want a secure and affordable place to live as independently as possible with support available if needed. They are elderly people who need, and are entitled to, aged and community care, yet do not have equitable access to services due to their complex support needs and

housing circumstances. It is therefore essential that older homeless people be recognised as a special needs group by the Government and specialist programs are developed that effectively link housing with appropriate support services. We therefore recommend that:

- The ACHA program which is an outreach and advocacy program targeting homeless and at risk older people, be appropriately resourced including brokerage funds, to expand their role in homelessness prevention
- A flexible care program that encompasses CACP and EACH programs, that targets homeless and at risk older people as a special needs group, with a lower entry age limit of 55 years (45 for indigenous people) is approved
- Age appropriate housing projects and support partnerships be facilitated for accommodating homeless and at risk older people in public and community housing
- Capital funding be made available to organisations targeting homeless older people for building for seniors living and residential aged care services that provide continuity of care in the ageing process (e.g. 'Wintringham' model)
- Day Centre funding to target older homeless people and develop recreational and activity programs that meet their needs and preferences (e.g. 'Men's Shed' model)

With an ageing population in Australia, there is an evident need for specialist services for this marginalised and vulnerable group of older people. The numbers of older people accessing SAAP funded services are relatively low. The AIHW's "Australia's Welfare 2007" states 122,768 people were considered homeless on census night 2001, and over 65 years old only comprise 2.6% of males and 1.6% of females using SAAP services. The majority of people accessing SAAP are under 45 years old. Research estimates that over a quarter of a million elderly Australians are potentially at risk of homelessness (Judd, et al, 2004; Jones, Bell, Tilse & Earl, 2004). With declining home ownership in Australia and a high demand, high priced rental market this number can only be expected to increase unless we intervene now.

Conclusion

UnitingCare Ageing currently provides community and residential aged care service support for older people who are homeless or at risk of homelessness and recognises the need for a co-ordinated and integrated policy approach to move forward. We are committed to supporting this very disadvantaged and vulnerable group of Australians in partnership with Government to provide

better care and accommodation services to improve the quality of life for all older people.

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