BACKGROUND PAPER
OLDER WOMEN WHO ARE EXPERIENCING, OR AT RISK OF, HOMELESSNESS

6 AUGUST 2018
This paper has been endorsed by:
Acknowledgement of Country
Australian Association of Gerontology (AAG) acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders both past and present. For further information see AAG’s Aboriginal and Torres Strait Islander Ageing Advisory Group (ATSIAG).

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Older women experiencing, or at risk of, homelessness

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ACRONYMS

AAG- Australian Association of Gerontology
ABS- Australian Bureau of Statistics
ACH- Assistance with Care and Housing
ACFI- Aged Care Funding Instrument
CALD- Culturally and Linguistically Diverse
CHURP- Centre for Housing, Urban and Regional Planning at the University of Adelaide
ECCV- Ethnic Communities’ Council of Victoria
FEANSTA- the European Federation of National Organisations Working with the Homeless

HAAG- Housing for the Aged Action Group
NAHSPP- National Affordable Housing Specific Purpose Payment
NDIS- National Disability Insurance Scheme
NHHA- National Housing and Homelessness Agreement
NPAH - National Partnership Agreement on Homelessness
OCAV- Old Colonists’ Association of Victoria
WPI- Women’s Property Initiatives
YWCA- Young Women’s Christian Association
EXECUTIVE SUMMARY

The aim of this Background Paper is to provide an introduction to the diverse experiences and needs of older women who are experiencing, or at risk of, homelessness. The intended audience is policy makers and people working with older Australians, including personal care workers in facilities and people’s homes, aged care leaders, health and allied health professionals, and researchers. References are provided so that further information and evidence can be sought. This Background Paper does not aim to provide a systematic review of the literature on homelessness, or an assessment of the quality of the research cited.

This Background Paper was developed by AAG in collaboration with a wide range of experts and organisations who support older people at risk of, or experiencing, homelessness in Australia. This paper was funded by the Australian Government through the Dementia and Aged Care Services fund.

In all its work including this paper, AAG adopts an inclusive definition of womanhood which includes self-perception and/or perception by others as a woman, including a person’s appearance, expression, identity or physical characteristics, that may be in accord with or opposed to, their physical anatomy, chromosomal sex or sex assigned at birth. For the purposes of this paper, AAG defines ‘older women’ as women aged 50 years or older, or from 45 years or older for Aboriginal and Torres Strait Islander women in line with international research evidence and Australian aged care service legislation for people who have experienced homelessness.

AAG adopts the widest and most inclusive definition of homelessness in the literature which includes:

a) sleeping on the streets or in temporary accommodation such as boarding houses, shelters or hostels,

b) being without accommodation following eviction or discharge from prison or hospital,

c) living temporarily with relatives or friends because of lack of accommodation, not paying rent and being required to leave at some stage,

d) insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence), and

e) living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

Older women’s homelessness increasing rapidly in Australia

There is agreement in the literature and amongst service providers that older women are underrepresented in the homelessness statistics as they are not necessarily sleeping on the streets or in homelessness shelters and are less likely to be captured in single point in time estimates (e.g. the Australian Census) if experiencing short-term or situational homelessness. Nonetheless, there has been a 31% increase in the number of older Women in Australia experiencing homelessness on Census night between 2011 and 2016. For Aboriginal and Torres Strait Islander people, the rate of homelessness at the 2016 Census was ten times higher compared to the rest of the Australian population.

Risk factors for homelessness experienced by older women

The research summarised in this paper shows that older women in Australia are more likely than older men to experience homelessness for the first time in later life due to the socioeconomic landscape they inhabit. This risk is multiplied by the lack of secure affordable housing that is suitable for older Australians, a risk factor that is agreed to be one of the main contributing factors to homelessness in Australia. Older women can therefore experience homelessness with little or no warning as a result of a single crisis or change in circumstances such as an increase in rent, eviction notice, reduction in income, or death of spouse. Many older women experiencing, or at risk of, homelessness therefore do not fit the stereotype of a person who has experienced homelessness repeatedly or for long periods throughout their lives, who has complex needs and who has experienced multiple, cumulative risk factors.

However, there are also older women experiencing, or at risk of, homelessness with multiple compounding risk factors and complex needs. Research to date has shown that older women are more likely than older men to have an increased risk of homelessness due to: living alone; intimate partner violence and other relationship breakdowns; exhausting social networks for housing support; being reluctant to seek formal support; providing housing for family, kin and friends; as well as trauma and poor mental health.
Needs of women experiencing, or at risk of, homelessness

There is international agreement in the research literature that affordable, appropriate and secure housing is fundamental to the success of any services aimed at combatting homelessness in older women. Housing must reflect older women’s needs, as well as their desired level of social interactions. Furthermore, as income is intrinsically linked to the affordability of housing, any income support payments must be sufficient to prevent ongoing poverty and risk of homelessness.

Depending on their needs, experiences and age, older women will require differing levels of housing support and aged care services tailored for older women who have experienced homelessness, including:

- Prevention, early intervention and housing advice services
- More intensive supports to secure appropriate housing
- Aged care in the home tailored to prevent ongoing risk of homelessness
- Aged care in residential facilities tailored for people who have experienced homelessness
- Other services linked to housing support and aged care including, health, mental health, legal, trauma-informed services and support for people from diverse backgrounds.

There must be integration between housing and aged care services; from early intervention/prevention of homelessness to more intensive services providing specialised aged care for people who have experienced homelessness. The aged care system is complex and provides supports separate to the usual community and social service avenues, so services specialised in providing support to older people at risk of, or experiencing, homelessness are needed.

Regardless of the level of service, it must be ensured that they must be provided in a manner without stigma or preconceptions of older women’s pathways into homelessness.

Current lack of services in Australia for older women experiencing, or at risk of, homelessness

Currently in Australia there is a lack of affordable, appropriate and secure housing. Australian research and services supporting people at risk of, or experiencing, homelessness highlight the need to develop long-term national approaches to ensure that there is adequate affordable, appropriate and secure housing for all Australians. This includes ensuring that housing is universally designed and accessible for older people.

The Australian National Housing and Homelessness Agreement (NHHA) between the Federal and State and Territory Governments funds Specialist Homelessness Services from 1 July 2018. Although some of these services do provide services to older women, few provide support that specifically meets the needs of older women.

The Australian Aged Care Act 1997 specifically recognises people who are experiencing, or at risk of, homelessness. Residential aged care providers providing care for older people experiencing, or at risk of, homelessness can receive funding supplements for these clients from the Australian Government. The Commonwealth Home Support Programme (CHSP), including the Assistance with Care and Housing (ACH) Sub-Programme, can link older people with organisations to help them find accommodation and once housing is secured, other services can be delivered in the community.

Research findings and reports from service providers indicate that the implementation of aged care service information, assessment and delivery is not meeting the intent of the aged care legislation at this stage, especially with regard to women who are experiencing, or at risk of, homelessness. There are many locations in Australia without an aged care Assistance with Care and Housing (ACH) service provider and the majority of the ACH providers are not specialised in providing homelessness and housing services. Aged care service provision in the home is not possible for many people living in precarious housing as a result of limited possibilities for home modifications, and the insecure nature of their housing. Residential aged care service providers report that it is not financially viable to provide tailored support for people who have experienced homelessness. In addition, there are issues in the assessment and referral of people to and from homelessness and housing services and aged care, other social services, disability and health services.
Older women report that they do not know where to seek help, or that those experiencing homelessness for the first time later in life feel uncomfortable, ashamed and/or intimidated when approaching services tailored for people who have experienced long-term or repeated homelessness.

Conclusions

The research summarised in this Background Paper highlights that although much is known about the factors that contribute to older people experiencing, or being at risk of, homelessness, women are largely underrepresented in the literature. There is a need to know more about the factors that contribute to older women becoming homeless, many of whom experience homelessness for the first time later in life.

Fundamentally, social and institutional changes are necessary to address many of the factors that contribute to the homelessness for older women in Australia. Women’s age, gender, socioeconomic status, and societal expectations that women should play a caregiving role compounds the risk for homelessness, as well as the associated stigma, shame and trauma. Long-term Federal and State/Territory commitments are needed to address poverty, the lack of affordable, appropriate and secure housing, and ensuring the long-term availability of appropriate services specialised in supporting older people who have experienced homelessness.

Any housing service supporting older women experiencing, or at risk of, homelessness must be integrated with the aged care system; from early intervention/prevention of homelessness to more intensive services providing specialised aged care for people who have experienced homelessness. Even if they are only seeking advice around securing their housing into the future, older women must be supported to navigate the aged care and health systems so that they can live in the home that best suits their needs and wishes for as long as possible.

The research and feedback from Australian service providers highlights the need to evaluate, develop and ensure long-term funding for services that specifically address the needs of older people who are experiencing, or at risk of, homelessness. Furthermore, there is a need for education of aged care and other services providers regarding aged care services and funding options for older women who are experiencing, or at risk of, homelessness. The effects of the current and future aged care reforms in Australia on older women who are experiencing, or at risk of, homelessness must also be considered, including the suitability of reforms including individual-based funding models for those in precarious housing and the interface between aged care and the National Disability Insurance Scheme (NDIS).

Recognition, planning and integration between the health, aged care and disability sectors are needed to ensure that the rights of older women experiencing, or at risk of, homelessness are met.

Related AAG papers

As a result of the findings presented in this Background Paper, AAG has developed a Position Paper with key recommendations to Australian governments which has been endorsed by a range of key organisations.

A companion document titled “Things to consider when working with older women who are experiencing, or at risk of, homelessness” has also been developed. This is targeted primarily at practitioners and service providers who are not experienced/specialised in providing services to older women experiencing, or at risk of, homelessness.
INTRODUCTION

The aim of this Background Paper is to provide an introduction to the diverse experiences and needs of older women who are experiencing, or at risk of, homelessness. The intended audience is policy makers and people working with older Australians, including personal care workers in facilities and people’s homes, aged care leaders, health and allied health professionals, and researchers. References are provided so that further information and evidence can be sought. This Background Paper does not aim to provide a systematic review of the literature on homelessness, or an assessment of the quality of the research cited.

Information regarding services in Australia was current at the time of publication. Before referring clients, the availability of services should be checked directly on Australian Government websites.

In all its work including this paper, AAG adopts an inclusive definition of womanhood which includes self-perception and/or perception by others as a woman, including a person’s appearance, expression, identity or physical characteristics, that may be in accord with or opposed to, their physical anatomy, chromosomal sex or sex assigned at birth.

For the purposes of this paper, AAG defines “older women” as women aged 50 years or older, or from 45 years or older for Aboriginal and Torres Strait Islander women in line with international research evidence (1–4) and Australian aged care service legislation for people who have experienced homelessness (5).

WHAT IS HOMELESSNESS?

AAG adopts the widest most inclusive definition of homelessness in the literature. This includes the definitions adopted by Crane et al. (2005) (2):

a) sleeping on the streets or in temporary accommodation such as shelters or hostels,

b) being without accommodation following eviction or discharge from prison or hospital, or

c) living temporarily with relatives or friends because of lack of accommodation, not paying rent and being required to leave at some stage.

With the addition of these categories from the European Federation of National Organisations Working with the Homeless FEANSTA (6):

d) insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence), and

e) living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

This is also in line with the Australian Bureau of Statistics (ABS) definition of homelessness where “a person is homeless if they do not have suitable accommodation alternatives and their current living arrangement:

► is in a dwelling that is inadequate;

► has no tenure, or if their initial tenure is short and not extendable; or

► does not allow them to have control of, and access to space for social relations.”(7)

Homelessness is an unacceptable breach of human rights and has many negative effects on older women’s wellbeing. Research studies have shown that:

► The risk of death for older women experiencing homelessness is higher than that for women with housing (8).

► Chronic health conditions are generally more common amongst older people experiencing homelessness (3,4).

► People experiencing homelessness are more likely to prematurely age when compared to the general population (9).

► Older women may be experiencing homelessness as a result of abuse, and have continued higher rates of abuse while homeless (1,3).

► Older women who are experiencing homelessness often also experience mental illness, which may be the result of, or compounded by, traumatic experiences while homeless (1,3,4,10–12).

► The intertwining risks for mental illness, poverty and homelessness are compounded by, the caring role women more often play than men (3).

References

1. [Reference 1]
2. Crane et al. (2005)
3. [Reference 3]
4. [Reference 4]
5. [Reference 5]
6. FEANSTA (European Federation of National Organisations Working with the Homeless)
7. ABS (Australian Bureau of Statistics)
8. [Reference 8]
9. [Reference 9]
10. [Reference 10]
11. [Reference 11]
12. [Reference 12]
CURRENT SITUATION IN AUSTRALIA

Older women are thought to be particularly vulnerable to homelessness due to the socioeconomic landscape that they inhabit (13); further information is provided in the “Risk factors for homelessness in older women” section below. However, as older women may not necessarily be sleeping on the streets or in homelessness shelters, it is likely that they may be underestimated in statistics relating to homelessness (14). In addition, it has been argued that single point in time estimates of homelessness (such as those based on the Australian Census of Population and Housing) are likely to underestimate women’s homelessness. For example, these estimates may fail to capture situational homelessness (as opposed to longer-term homelessness) and women “on the streets” who are hiding in an attempt to increase their safety (15,16).

The Australian Bureau of Statistics (ABS) estimates the prevalence of homelessness based on the Census of Population and Housing. According to the ABS estimates from the 2016 Census, there were 6,866 older women (defined as women over 55 years of age) who were experiencing homelessness on Census night (7).

This is 5.9 % of the estimated total number of people experiencing homelessness (116,427 people) and a 31 % increase in the number of older women experiencing homelessness compared to the 2011 Census (from 5,234 older women in 2011) (7). Recent analyses from the “Older Persons Homelessness Prevention Project” - a collaboration between CHURP and HAAG - shows the increase in homelessness for people aged 55 years and over between the 2011 Census and the 2016 Census, broken down by the ABS homelessness categories and gender (Figure 1, source (17)). The greatest increases between 2011 and 2016 for older women were for the ABS homelessness categories: supported accommodation for the homeless (70.4 % increase); improvised dwellings, tents, or sleeping out (50.5 %); and living in other crowded dwellings (46.9 %) (Figure 1, source (17)).

The number of people aged 55 and over who accessed Specialist Homelessness Services in Australia increased by 37 % between 2012-13 and 2016-17, with more than half (56 %) of these people being women (18). Older people in the age 55-74 bracket were the fastest growing age cohort within the overall homelessness population, increasing by 55 % in the decade to 2016 (16). In addition, older people represent one of the fastest growing groups seeking assistance from specialist homelessness agencies, with an average annual growth rate of 8 % each year between 2011-12 to 2016-17 compared to 4 % growth rate for other specialist homelessness services clients (18). Older specialist homelessness services clients were more likely to be living alone (59%) when compared to the rest of the specialist homelessness services clients (29%).

The rate of homelessness at the 2016 census was ten times higher for Aboriginal and Torres Strait Islander people when compared to the rest of the Australian population (16), and while Aboriginal and Torres Strait Islander people make up only 3.3 % of the population, they constitute 25 % of the clients accessing specialist homelessness services in Australia in 2016-17 (18,19). In addition, there has been a 35 % increase in Indigenous Australians sleeping rough between 2011 and 2016 (16). Aboriginal and Torres Strait Islander people face housing shortages and homelessness (including overcrowding) across Australia, from remote to urban areas (20).
Figure 1. Increase in homelessness for people aged 55 years and over between the 2011 Census and the 2016 Census in Australia, broken down by the Australian Bureau of Statistics (ABS) homelessness categories and gender. Modified with permission from ‘Older Persons Homelessness Prevention Project’ - a collaboration between the Centre for Housing, Urban, and Regional Planning at the University of Adelaide (CHURP) and Housing for the Aged Action Group (HAAG) (17).

FACTORS THAT CONTRIBUTE TO THE RISK OF HOMELESSNESS FOR ALL OLDER PEOPLE, REGARDLESS OF GENDER

Research has identified risk factors for older people that contribute to homelessness and these appear to be similar for Australia, Canada, the United Kingdom and the United States (1–3,10,12,14,16,21–28). The cumulative lifetime individual risk factors include:

- low socioeconomic status and poverty,
- death of spouse/partner,
- loss of income,
- poor physical health,
- physical and sexual abuse,
- disruptive or traumatic events in childhood,
- psychiatric disorders/mental health issues,
- ethnicity, with older Aboriginal and Torres Strait Islander people having an increased risk of homelessness (16,22,27),
- drug and alcohol use,
- lack of social supports, and
- criminal behaviour/incarceration.

These individual risk factors are compounded by structural risk factors, including a lack of availability of:

- affordable, appropriate and secure housing,
- income supports,
- low-skilled jobs, and
- outreach programmes (1,3,10).
These risk factors are in line with the three main reasons older Australians cite for seeking specialist homelessness services in 2016–17: housing crisis (22 %), domestic and family violence (19 %) and financial difficulties (17 %) (18). In addition, nearly half (47 %) of the older specialist homelessness services clients reported at least one vulnerability, with the three vulnerabilities being: mental health (27 %), domestic and family violence (24 %), and problematic drug and/or alcohol use (7 %) (18).

However, the people seeking specialist homelessness services are often those with more complex problems, and do not reflect those who experience homelessness for the first time later in life. Research has shown that people who experience homelessness for the first time later in life often experience a crisis or ‘critical life event’ that leads to homelessness such as death of their spouse, divorce, retirement, losing their job, loss of accommodation tied to employment, sudden illness/injury, and/or the increasing severity of mental illness (1,3,29,30). For some, this results in experiencing homelessness with little or no warning (29). Petersen et al. (2014) found that the breakdown of intergenerational family housing arrangements was an important factor contributing to older people’s homelessness (24). Data from the Home at Last service in Victoria, Australia shows that the three main reasons that clients sought housing assistance was 1. Housing crisis (e.g. legal notice to vacate), 2. Inappropriate dwelling, and 3. Housing affordability stress (31).

Lack of affordable and secure housing for older Australians

The role that a lack of affordable and secure housing plays in older people’s homelessness is of particular concern in Australia, as it is widely accepted that privately owned or rented housing here is unaffordable for many, and there is insufficient affordable and secure housing (32–43). Home ownership is rapidly declining in Australia, with outright (i.e. debt-free) home-ownership by people aged 55 and over dropping from 62.2 % to 59.3 % to 55.4 % at the 2006, 2011 and 2016 censuses (44), and the number of people entering retirement with significant debt is also increasing (32). Figure/Table 2 illustrates the increase in people aged 65 and over in Australia with a mortgage or in the private rental market between the 2006, 2011 and 2016 Censuses (17).

The relatively small and continuing reduction of Australia’s social housing sector forces people in low-income households into the private rental sector, which is unaffordable for many (16). In their 2018 Rental Affordability Snapshot, Anglicare Australia found that for single people on the Australian Aged Pension there was just over one percent of properties affordable and suitable (45). This is particularly concerning given that 19 % of the 1.35 million people receiving Commonwealth Rent Assistance were receiving the Aged Pension (46). This is an underestimate of the number of older renters on the pension, as Commonwealth Rent Assistance is generally not payable to tenants in social housing (46) and not everyone renting is eligible for Government payments. This is in agreement with National Shelter, Community Sector Banking, Brotherhood St Laurence and SGS’s Rental Affordability Index release for Quarter 4 2017 which showed that, across the nation, a single pensioner household is facing severely or extremely unaffordable rents (defined as 38–60 % of income on rent or 60 % or more of income on rent, respectively) (47).

BOX 1

Quote from an older woman in NSW at risk of homelessness due to housing affordability.

“I am a single female aged 76 and paying for private rental. I have never married and I am living on a pension. ‘Anxiety’ about my living arrangements has been with me for 20 years when I realised I would not earn any more money in my job. I have never married or had children, or applied for a government first home loan. I have rented privately for 50 years at different addresses, as owners wanted to sell, I had to move. I do not smoke or drink. I have worked full time for over 50 years with not much sick leave, I am still healthy and well and active. I do have 6 hours per month paid employment doing data entry which also helps my computer skills. When I was working I tried to get a bank loan to buy a house, but I was seen as a ‘single female, not enough deposit.’”

In Australia, there have been calls from State Government and leading advocacy groups for national leadership and Commonwealth Government initiatives to stimulate investment in affordable housing (32,43,48–50).

**Lack of information and support to access affordable, appropriate and secure housing**

Research in Australia has found that most older women experiencing, or at risk of, homelessness do not know where to go for assistance (14) and there is evidence that service providers are also unsure about how to assist older women experiencing, or at risk of, homelessness. In one recent study, service providers who deal with low income older renters believed that the My Aged Care portal/aged care assessments do not include ‘precarious housing’ as a special needs group of people that might need to access aged care services earlier (51). In contrast, this research found it was well known that some aged care services are available for Aboriginal and Torres Strait Islander people from the age of 50. The service providers in this study felt that people who had been/or who were at risk of homelessness were disadvantaged, as they also often displayed and/or suffered from ‘old age conditions’ at younger ages and should therefore be given special consideration under the My Aged Care process.

**Figure 2 (to the right).** People aged 65 and over who (a) own their own home outright, (b) have a mortgage, and (c) are renters in the private market at the 2006, 2011 and 2016 Australian Censuses, broken down by gender. Percentages are based on the total number of people (both genders) aged 65 and over who responded to that Census minus those for whom ‘Tenure Type’ was not applicable. Private renters are classified as those who rent from a real estate agent, person not in same household, a residential park and an employer. Modified with permission from ‘Older Persons Homelessness Prevention Project’ – a collaboration between the Centre for Housing, Urban, and Regional Planning at the University of Adelaide (CHURP) and Housing for the Aged Action Group (HAAG) (17).
FACTORS THAT ARE MORE LIKELY TO CONTRIBUTE TO THE RISK OF HOMELESSNESS FOR OLDER WOMEN COMPARED TO OLDER MEN

The gendered nature of homelessness, including older people’s homelessness, is widely acknowledged in the research literature (13–15,28).

Older women in Australia are more likely than older men to experience homelessness for the first time in later life (2,24,28,52) due to the socioeconomic landscape they inhabit, including gendered caregiving expectations and because women live longer than men, on average (53–55). This risk is multiplied by the lack of affordable housing that is suitable for older Australians. Older women can therefore experience homelessness with little or no warning as a result of a single crisis or change in circumstances such as an increase in rent, eviction notice, or reduction in income (31). Many older women experiencing, or at risk of, homelessness therefore do not fit the stereotype of a person who has experienced homelessness repeatedly or for long periods throughout their lives, who has complex needs and who has experienced multiple, cumulative risk factors.

However, there are also older women experiencing, or at risk of, homelessness with multiple compounding risk factors and complex needs (28). Research to date has shown that older women are more likely than older men to have an increased risk of homelessness due to living alone, intimate partner violence and other relationship breakdowns, exhausting social networks for housing support and being reluctant to seek formal support, as well as trauma and poor mental health.

Lower socioeconomic status than men

The inherently gendered economic position of men and women must be considered part of the homelessness equation (15). Research findings to date suggest that women are particularly vulnerable to poverty leading to a risk of homelessness in later life. Women generally spend a greater proportion of their lives undertaking unpaid work caring for children and other dependents, as well as other tasks in the household than men. In addition, women often have interrupted career paths due to caregiving responsibilities, and from having jobs that are lower-paid and more insecure when compared to men, on average (56). These cumulative factors result in women often having lower savings (including superannuation) and fewer assets which places them at a higher risk of homelessness in later life than men (3,13–15,28,30,55,57–60).

For older Aboriginal and Torres Strait Islander women this problem is compounded, as Aboriginal and Torres Strait Islander people are more likely than the rest of the Australian population to experience entrenched poverty (16).

Living alone

The 2016 Australian Census of Population and Housing found that older women were more likely than other age groups to live alone; close to a third (31%) of older women compared to almost one in five older men (18%) (61). This places older women at particular risk of homelessness due to lack of affordable housing, especially for single-income households. Furthermore, by not gaining economic benefits from being partnered with a man, single older women are particularly at risk of homelessness (13,57). For women who were previously partnered, loss of housing equity is closely associated with the loss of a partner (28,30).

Intimate partner violence and relationship breakdowns

When compared to older men, older women more often describe current and past intimate partner violence and abuse, relationship breakdowns, carer stress and deaths as main contributors to their risk for homelessness (1,3,12–14,16,22,24,28,58,62). Petersen et al. (2014) found that women who had a history of conventional housing (i.e. who had experienced homelessness for the first time later in life) were more likely to report issues related to no longer being able to live with family as critical housing incidents (24). Older women experiencing homelessness as a result of abuse often have continued higher rates of abuse by partners and others while experiencing homelessness (1,3,12).

Exhausting social networks for housing support and being reluctant to seek formal support

Women are often described as having exhausted their social networks for accommodation before experiencing
homelessness (3). Women are more likely to seek informal help from family and friends than men, including by staying with friends and couch-surfing when facing housing insecurity (24,25,63). Gendered ideas about women’s resourcefulness and resilience contribute to women not wanting to seek help for housing issues (13,15), as do societal perceptions of “positive ageing”, “healthy ageing”, “ageing well” and “successful ageing” being equivalent to independence (29,64) and home ownership (65).

**Providing housing to family, kin and friends**

Older Aboriginal and Torres Strait Islander women are particularly at risk of homelessness due to overcrowding from providing accommodation for family and friends because of demand sharing an cultural obligation (66,67). In addition, securing housing is often seen as the responsibility of Aboriginal and Torres Strait Islander women and kinfolk are the first source of housing support (66,67). Box 2 provides a story that highlights why Aboriginal and Torres Strait Islander women 50 years and over who are caring for extended family are particularly at risk of homelessness.

**Figure 3.** The cycle of overcrowding, homelessness and vulnerability experienced by some older Aboriginal and Torres Strait Islander women that was presented in a recent paper (67).

Severe overcrowding was the fastest growing category of homelessness in the 2011 and 2016 Census in Australia, and the number of people born overseas in this category doubled between 2011 and 2016 (7). A recent study with service providers and community members highlighted the need to address cultural differences in sharing housing with other adult family members when providing housing services (68).

**BOX 2**

Doreen’s story.

“Doreen is 57, has custody of her granddaughter and shares a social housing property with her daughter. She also has informal care of her young nieces (their father is in jail and their mother drinks heavily). Doreen’s extended family and the neighbours use her back yard for drinking sessions. These often involve family violence and property damage resulting in tenancy breaches. Doreen has a chronic health condition and sometimes misses Centrelink appointments, so payments are suspended and rent not paid. She now faces eviction, has a large damages debt and a poor tenancy history, factors that may exclude her from future social housing.”

**Trauma and poor mental health**

Older women who have experienced homelessness may also experience mental illness (3,4,10,11,28). This is compounded by the past and ongoing trauma and negative mental health effects many older women experience as a result of homelessness (1,3,12,58,69). Furthermore, the caring role women often play in families, or that society expects them to play, is thought to exacerbate their symptoms of loneliness, depression and anxiety following a relationship breakdown, family violence and abuse, estrangement from family or death in the family, and homelessness (3,13).

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**Figure 4.** Summary of the risk factors contributing to homelessness in older women in Australia. The overarching and multiplying risk factors that affect all older women are the lack of information and access to affordable, appropriate and secure housing and the lower socioeconomic status of women when compared to men. Green circles represent the individual risk factors that contribute to homelessness in some older people, regardless of their gender. Orange circles represent the individual risk factors that are more likely to contribute to homelessness in some older women when compared to older men. These factors are explored in more detail in the main text.
Knowledge gaps remain in understanding the risk factors contributing to homelessness in older women

The risk factors for older people which may lead to homelessness have been well-documented in the research literature (3). However, the reasons for older women’s homelessness, particularly homelessness for the first time in later life, have not been examined in detail and further research is needed (3,12–14,59). In particular, feedback from stakeholders during the development of this Background Paper has identified that more research is needed to further understand:

- The roles carer stress, overcrowding, tension, conflict, elder abuse other than intimate partner violence (e.g. financial abuse), and the social exclusion of older people play in homelessness (24).
- The effect of single crises/events earlier in life that lead to homelessness for the first time later in life. For example, anecdotally, older people are finding themselves at risk of homelessness now as a result of the global financial crisis of 2007-2008 during which they lost assets and never recovered (70).
- The impact the rollout of the National Disability Insurance Scheme (NDIS) and reforms to social security payments in Australia may have on increasing or decreasing older women’s risk of homelessness.

In addition, research into the needs of specific target groups is required to ensure that all older women’s experiences and perceptions of homelessness are heard, including:

- Aboriginal and Torres Strait Islander Elders
- Older women living in regional, rural and remote areas
- Older women from diverse backgrounds
- Older women who have previously experienced institutional care
- Older lesbian, gay, bisexual, transgender and intersex women
- Older women with physical and psychosocial disabilities

TYPES OF SERVICES SOUGHT BY OLDER WOMEN EXPERIENCING, OR AT RISK OF, HOMELESSNESS

The specific risk factors and ongoing experiences of older women who are experiencing, or at risk of, homelessness highlight the need for services that are capable of providing services tailored for older women and their individual needs (3,50). This is further supported by the research studies summarised in this section that have found differences between older men and women in support and service needs and preferences.

However, when developing services addressing homelessness in older women, the diverse lives of older women must be recognised and linked to their needs (14,21,24). A person-centred approach that aims to identify and operationalise an older woman’s unique and personal needs and wishes is essential (71–74). Co-design of services together with older women who have experienced homelessness has also been shown to be beneficial to both the services providers and the women involved (74,75).
Affordable, appropriate and secure housing is fundamental

There is agreement in the international literature that secure housing is fundamental to addressing the risk of homelessness for all people (14,21,41,69,72). Many Australian advocates argue that for many older women, having access to secure and affordable housing is all that is needed to prevent homelessness, e.g. (76,77). Consider, for example, the women’s experiences presented in Boxes 1 and 3. In these scenarios, homelessness would have been prevented if affordable and secure housing was available.

A recent paper identified four strategies that have potential to help realise the right to adequate housing for older persons:
1. Support ageing in place and home modifications
2. Preserve and enhance affordable housing for seniors
3. Build better housing in the first place: ‘Visitability’ and universal design
4. Allow a broader range of housing types so communities are more inclusive and age friendly (78).

When asked ‘what do you need to be safe and well’, housing and shelter was raised by 84 % of the over 8,000 people experiencing homelessness who were interviewed as part of the Australian Registry Week (27). Similarly, the most common services and assistance identified as a need by older clients accessing Specialist Homelessness Services in Australia were: advice/information (75.4 %), advocacy/liaison on behalf of client (48.8 %), accommodation provision (46 %), and assistance to sustain housing tenure (34 %) (79).

“Addressing older women’s homelessness in Australia requires a range of services and housing responses, with increased attention given to a discourse of housing – affordable, secure housing – rather than continued discourse of homelessness.” (72)

BOX 3
Fictional scenario. Affordable and secure housing is all that is needed.

A 63-year-old woman was married to a man on a low income. They never owned a home but rented in a formerly working-class inner-city suburb for years. Their rent had been below the average market level for the location as they were long-term tenants. They had little savings or super but were “getting by fine”.

The husband then passed away suddenly. The woman has no independent income having been the family carer and ‘housewife’. When her rental ends suddenly due to the owner wanting to redevelop the ageing property or sell it for capital gains, she is forced to start searching for a place to live in the outer suburbs away from all her social networks. She is unable to find somewhere to rent as she reliant on income support (Newstart), has no references and faces discrimination from agents (age and income support recipient). She seeks to stay temporarily with a sister and then a friend. After she has exhausted her social networks for a place to stay, she is forced to approach a homelessness service for help.

Reflections: In this example, the older woman has good core capabilities and skills to sustain independent living but will struggle to get paid work (at least in the medium term without training). Her challenge is finding a rental property that is affordable on her limited income and overcoming bias/reluctance of agents to get the lease.
A 2015 evaluation of Victorian Homelessness Innovation Action Projects (IAPs) found that there was a demand for early intervention and prevention services in the homelessness sector (82). The need for proactive efforts to prevent homelessness in older women is also supported by ongoing research (83). The evaluation also found that short-term preventative housing interventions (Star Housing, HomeConnect Hub and Home at Last) were more cost effective across the five outcome areas explored and in diverting demand from specialist homelessness services when compared to homelessness services that support clients over a longer period of time, although this may reflect the complexity of the needs of clients accessing the long-term services (82).

The provision of social housing in Western Australia to people experiencing, or at risk of, homelessness was found to result in substantial reductions in health service use (84). A social return on investment study assessing Women’s Property Initiatives’ provision of safe, secure, good quality and affordable housing showed improvements in mental and physical health (85,86). These findings are in line with research findings showing the negative effects of precarious housing on health (1,3,4,8–12,27,87).

Appropriate housing

Housing must also be appropriate to older people, including requirements regarding accessibility and other modifications to enable the person to live as independently and safely as possible in their home. A cross-sector agreement in 2010 supported the implementation of universal housing design in all new housing “to meet the changing needs of home occupants across their lifetime” (88). A universally designed home should:

- Be easy to enter;
- Be easy to move in and around;
- Be capable of easy and cost-effective adaptation; and
- Be designed to anticipate and respond to the changing needs of home occupants.” (88)

An increased supply of accessible mainstream housing is critical to the success of the Aged Care Reforms (32,89). The Australian Network for Universal Housing Design is therefore calling for the Australian Government to regulate minimum access features in the National Construction Code for all new and extensively modified housing, supported by education and training for the housing industry (89).

For older women in private rentals or other insecure housing, home modifications are often not permitted nor financially viable despite current anti-discrimination legislation (32). For many living in social housing in Australia there are also accessibility issues, as there is limited current housing stock for people to age in place within the dwindling national supply (38,40).

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i Registry Weeks aim to develop a register of people experiencing homelessness using a common interview schedule based on a US model. They have been operating in Australia since 2010. Registry Weeks in Australia primarily focus on rough sleepers and are predominately administered by inner city agencies.

ii Women’s Property Initiatives is the trading name for Victorian Women’s Housing Association.
Housing that reflects desired level of social interactions

Older women who have experienced homelessness place greater emphasis on the need for safety, personal space, neighbourhood and proximity to family/friends when compared to older men (21,69,75). Supports are needed that will enable older women to remain as independent and socially included in the community as possible and desired, which includes providing housing options and environments that reflect their support needs and personal preferences (21,24,72,75). For example, some studies have found that older women in Australia who had experienced, or were at risk of, homelessness prefer to live alone with privacy and private space, even if in a broader co-housing arrangement (57,72,75). This is in line with the experiences of one Australian service provider, Women’s Property Initiatives, who provide self-contained affordable rental housing to older women (90). Other studies have found that older women are willing to share housing as a strategy to reduce housing costs and enjoy the social benefits (30). In the United Kingdom, a recent evaluation looked at the Homeshare pilots programme and found that older people appreciated the practical help and companionship of the younger people they shared their house with (91). However, challenges related to sharing spaces and resolving conflict were reported (91). In addition, some research has found that participation in community day care programmes and other social activities by older people who have previously experienced homelessness is linked to feelings of positivity about the future (21).

Ongoing research into housing for older people in regional, rural and urban Australia has highlighted that the situation and needs of regional and rural women are not the same as those affecting urban women (83). Provision of housing and homelessness services may require a different focus (83). Alternative housing ‘solutions’ which require people to relocate away from their town may create additional burden due to the dislocation from personal and professional support networks (83). It is not the same as relocating to a different suburb in the same city. Research has also confirmed the importance of pets as part of older women’s long-term support networks and the need to provide for housing that allows for, and is suitable for, pets (42,83). Bev’s story in Box 4 is an example of the significant role pets play when making decisions about housing.

BOX 4

Bev, a Wintringham resident

Bev, the adopted daughter of a milliner and a highly sought-after chicken sexer, was born and raised in Footscray. She worked as a showroom demonstrator for the Lanchoo Tea Company. In 2002, Bev suffered a stroke which left her dependent on a walking frame and requiring additional home support which was provided by Wintringham’s Western CACPs program. Bev’s health had declined but her fear of being separated from her pets delayed her move into a residential care facility.

The moment Bev entered Wintringham’s Williamstown facility for respite care, she knew that this was where she wanted to live – the atmosphere was warm and welcoming, the staff were friendly, and she would be able to keep her beloved dog Ralph.

Income intrinsically linked to affordability of housing

The affordability of housing is of course intrinsically linked to income. A high proportion (79.5%) of women 15 years of age and over who accessed Australian Specialist Homelessness Services in 2016-17 reported that their main source of income was government payments, including Newstart allowance (22.4%), Disability Support Pension (12.3%), and the age pension (2.4%) (79).

Financial support must be adequate to not only ensure housing can be secured, but also cover any other necessary costs. An analysis of the incidence of poverty before and after housing costs 2013-14 in Launch Housing’s Australian Homelessness Monitor 2018 (16) shows that 13.9% of individuals in households on the Age Pension lived below the poverty line after housing costs were deducted from their income. For those receiving Newstart Allowance (a payment for job seekers between 22 and 65-67 years of age (92)), the incidence of poverty after housing costs was 55%. Thus, older women preparing for retirement age who are reliant on Newstart are likely to be placed under severe financial pressure, with no possibility to ensure their financial security in the future.

Launch Housing’s Australian Homelessness Monitor 2018 reports on research of government policies with implications for homelessness and concludes that:

“[… policy inaction to, firstly, demonstrably increase the supply of housing that is affordable and secondly, increase the income of Australia’s poorest citizens, are the key drivers of homelessness in Australia.”, p.46 (16)

It is necessary to take a person-centred and holistic approach to addressing the needs of older women who have experienced, or who are at risk of, homelessness, including their available income after their housing is paid for (69). For example, studies have shown that stable housing improved older women’s health but ongoing financial concerns were common, including difficulties in having enough income to meet dietary requirements (12,93).

BOX 5

Qinhue Xue- a Home at Last client

Qinhui is 70 years old and was referred to Home at Last by Chinese Social Services for housing support due to end of private rental lease and inability to secure alternative accommodation. Qinhui came from China in 2014 and speaks little English, her primary language is Mandarin. She had been transient for a while following a relationship breakdown with family who she originally lived with when she came to Australia. Qinhui moved between friends and family members’ homes until she found private rental. At the time of referral Qinhui’s lease had ended and she had been couch surfing before securing what she describes as a dangerous rooming house. Her income is a Widow’s Allowance as she has not been in Australia long enough to claim age pension, and she has only fair health and mobility. Qinhui moved into her new home five months after being referred to Home at Last.

Older women experiencing, or at risk of, homelessness now and in the future

Depending on their needs, experiences and age, older women will require differing levels of housing support and aged care services. Due to the specific needs of older people, service providers and advocacy groups argue that mainstream Australian homelessness services are not able, and should not be required, to meet the needs of older people experiencing, or at risk of, homelessness (40,94). They argue that ensuring older people’s needs are met is the responsibility of the aged care system; older people at risk of, or experiencing, homelessness are not exempt from this responsibility.

Regardless of the funding model adopted, there is a need for integration between housing and aged care services; from early intervention/prevention of homelessness to more intensive services providing specialised aged care for people who have experienced homelessness. Older women must be supported to navigate the aged care and health systems so that they can live in the home that best suits their needs and wishes for as long as possible. The aged care system is complex and provides supports separate to the usual community and social service avenues.

Prevention, early intervention and housing advice services

As mentioned above, Australian advocates argue that for many older women, having access to secure and affordable housing is all that is needed to prevent homelessness, e.g. (76,77). In these cases, prevention, early intervention and support to find housing may be all that is needed. However, it must be ensured that the housing advice and support provided is appropriate to the older women’s needs now and into the future. As security of housing is fundamental to the prevention of homelessness (14,21,41,69,72), housing must be appropriate to people as they age and their needs increase. Service providers and advocacy groups argue that specialised prevention, early intervention and housing advice for older people are needed that can link them with the appropriate aged care and health services to ensure the long-term suitability of their housing (40,94).

More intensive supports to secure appropriate housing

A 2018 Campbell Systematic Review of research examined the effectiveness of interventions to reduce homelessness and increase residential stability for individuals who are experiencing, or at risk of, homelessness (95). Forty-three studies were included in the review, many of which were from the United States. A major finding of the review is that a range of housing programmes and case management interventions appear to reduce homelessness and improve housing stability, compared to usual services. The programmes included were:

- High intensity case management
- Housing First
- Critical time intervention
- Abstinence-contingent housing
- Non-abstinence-contingent housing with high intensity case management
- Housing vouchers
- Residential treatment

A rapid evidence assessment by the Social Care Institute for Excellence in the United Kingdom reached similar conclusions (96). A summary of the roll-out and efficacy of these and other similar housing and linked health and social support programmes across Australia is available in Launch Housing’s Australian Homelessness Monitor 2018 (16). Again, any such intensive case-management must be tailored to the needs of older people and support them in navigating the aged care and health systems. Box 6 provides an example of intensive case management for an older woman who had experienced homelessness by the specialised Australian aged care provider- Wintringham.
Aged care in the home tailored to prevent ongoing risk of homelessness

Just like older people who have not experienced homelessness, older people who have been at risk of, or experienced, homelessness may need aged care services to sustain their housing and desired level of independence (including help with housework, maintenance, meals, transport etc.) and participation in their local community (21,72).

Ongoing research has shown that issues around transport, property maintenance and isolation are a particular issue for older women in regional and rural areas at risk of homelessness (83), so they may need more aged care supports in these areas to be able to stay in their home. The case study presented in Box 7 highlights an older woman's need for support with property maintenance in a regional Australian town.

For other women, affordable, appropriate and secure housing must be in place before aged care can be provided in the home. The Australian model of aged care service delivery promotes service delivery in the home rather than a residential aged care facility (32). However, there are barriers in Australia to ensuring that an older woman's home is safe and appropriate for their needs in the private rental sector (32), social housing (38,40), and even when the home is privately owned (see Box 7), see also section on appropriate housing.

BOX 6
Theresa, a Wintringham client.

Following the death of her mother and subsequent loss of her home, Theresa was unable to make the rental payments on her income alone and soon became homeless. She was referred to Wintringham's outreach workers who slowly engaged Theresa and tried to overcome her fear of outside help.

Due to her mental health issues, it took many months before enough trust could be gained to allow for a Community Aged Care Package (CACP) referral to be made. More support services were gradually integrated which included a trial in recreation and medical assistance and some success in delivery of food. The main objective of the program was to prevent a reoccurrence of displacement and isolation. Though small, the successes Wintringham felt they achieved with Theresa were enormous.

Theresa remained on a CACP for close to six years until she agreed to leave the couch she called home and opted to move to a Wintringham residential aged care facility where she made friends with many of the residents and slowly joined the community.

Wintringham reflects that when they first met Theresa, she would not have accepted their involvement or have agreed to access any of their services, but their proactive approach helped her to regain her confidence and prevented her from 'falling through the gaps' and returning to homelessness.

Aged care in residential facilities tailored towards women who have experienced, or are at risk of, homelessness

For older women with higher levels of need, care in residential aged care facilities may be more appropriate. For some older women who have experienced, or are at risk of, homelessness, mainstream residential aged care facilities may not be appropriate. Box 8 presents a case example describing why specialised residential aged care at Wintringham was appropriate for Jill. The Wicking model of residential care was developed and evaluated under the auspices of Wintringham to provide appropriate care for older individuals living with multiple and complex needs, mental illness and substance abuse disorders (97). Key components of both Wicking programmes were intensive case management, neuropsychological assessment and individualised behaviour management planning and monitoring (97). It was found that it is possible to successfully transition older people experiencing homelessness while living with alcohol-related brain injury and complex behaviours out of homelessness to residential aged care, and to ‘step down’ the level of support over time with appropriate structured activity programmes (97).

Other services linked to housing support and aged care

Some older women experiencing, or at risk of, homelessness may need additional services to address their needs, including those related to ageing, domestic violence and other trauma (14, 21, 41, 69, 72). As described above, these services can be effectively provided as an integrated part of specialised aged care services for people experiencing, or at risk of, homelessness in the community, home or in a residential facility.

Health services

The need for health services that recognise the flow-on health effects of homelessness is particularly important for older women who have experienced repeated or extended homelessness throughout their lifetime. The risk of death for older women experiencing long-term or recurrent homelessness is higher than that for women with housing (8), chronic health conditions are generally more common amongst older people experiencing homelessness (3, 4), and people experiencing homelessness are more likely to prematurely age when compared to the general population (9). Therefore, there may be a need for older women who have experienced homelessness to access specialist geriatric services at a younger age than women who have not experienced homelessness (93, 98).
Mental health and counselling services

Older women experiencing, or at risk of, homelessness are more likely than men to seek advice/information, emotional support and other counselling (21,22). This is in line with the research showing that women often cite abuse, mental health issues and relationship breakdowns as the main antecedents for their homelessness, and that experiencing homelessness further contributes to this trauma (see “Risk factors for homelessness specific to older women section” above). Support to deal with the ongoing effects of this trauma is often needed long after housing is secured (69).

Research has also found that older women who have experienced homelessness find counselling and support to help them construct a positive sense of self and identity can also be beneficial (59,62,69,71). Counselling and support can play an important role in combatting the compounded stigma older women experiencing homelessness often encounter, as detailed in the section on services without stigma or preconceptions of older women’s pathways into homelessness. Studies have also explored the role art and social interactions can play in providing an avenue for self-exploration and healing, while also providing an avenue of advocacy for older women experiencing, or at risk of, homelessness (99,100). For some older women, faith and spirituality may also play a therapeutic role in dealing with the stress and potential trauma related to homelessness, or the threat of homelessness (101).

Legal support and advice

This paper has identified a lack of published research on how elder abuse other than domestic/intimate partner violence contributes to homelessness. However, service providers report anecdotal and research evidence that financial and other abuse is a contributing factor to older women’s homelessness (68,102). These services therefore highlight the need for legal support and/or police support for older people, for example to support them in evicting adult children and their families (102).

Trauma-informed services

Some people may be reluctant to move into residential aged care or have contact with other aged care service providers due to past traumatic experiences, for example from institutional care earlier in life. Trauma- and healing-informed services must therefore be developed for some older people entering residential facilities. Past trauma is a result of childhood institutional care is of particular concern for older care leavers, including Forgotten Australians (children raised in foster homes, orphanages and other institutions) (103,104), former child migrants, and the Stolen Generations (105). The Australian Government’s Caring for Forgotten Australians, Former Child Migrants and Stolen Generations Information Package shows how early life experiences can affect older people receiving care and help care providers respond to their needs (106).

BOX 9

Ljuba Jovanovska- a Home at Last client

Ljuba is 62 years old and was referred to Home at Last by a family violence worker at In Touch Multicultural Family Violence service. Ljuba came from overseas in 2011 and spoke little English (her primary language is Macedonian), she was experiencing family violence perpetrated by her husband. In Touch assisted her with intervention orders and temporary accommodation. However, she was placed in a rooming house which was unsuitable for her both because of the accommodation type and because of the behaviour of a number of other residents. During this time she also had to deal with her income being suspended by Centrelink. After 2 months of working with Ljuba she was housed in her new home. Ljuba reflects that “I have a long way to go to recover from the trauma I have experienced but I am feeling very happy and safe in my new home. Moving to my unit I feel like I have a new start at life…”

Services to support people from diverse backgrounds

The Ethnic Communities’ Council of Victoria (ECCV) and Housing for the Aged Action Group (HAAG) conducted a project in 2015 together with community reference groups on preventing older people from culturally and linguistically diverse communities from experiencing homelessness. This project resulted in a series of recommendations, including the need for:

- Adequate resources for housing and homelessness to work with people from culturally and linguistically diverse backgrounds including:
  - specialist/bi-lingual staff
  - training for existing staff in cultural
  - translation and interpreting services

- Culturally responsive community education to break down and overcome cultural stigma and access to housing homelessness services.

- Secure and targeted community development funding so that ethno-specific and multicultural community services can continue to be key educators and provide pathways to housing and homelessness services. (68,107)

The resources developed through this project included brochures about the HAAG Home at Last housing service, information packs for bilingual workers and community education sessions. The project resulted in a three-fold increase in both the number of clients housed and client intakes from four key common language groups that were identified as being underrepresented in the HAAG clients at baseline (Chinese, Middle Eastern Semitic Languages, South Slavic, and Indo-Aryan) (107).

Services to support older Aboriginal and Torres Strait Islander women

Drawing on the author’s experiences of working in early intervention homelessness prevent, a recent article explored the issues around hidden homelessness as experienced by older Aboriginal and Torres Strait Islander women in rural North Queensland (67). The author recommended that a holistic approach is needed to prevent homelessness for older Aboriginal and Torres Strait Islander women that considers “Indigenous norms, cultural practices, and wishes regarding their housing” (67). These recommendations are in line with those from an earlier study, which highlighted the need for Government to “investigate ways of utilising the institutions of [Aboriginal and Torres Strait Islander people] in the development of policy, the kinship system in particular” (p.8, (66)), giving the example:

“If government recognises the service rendered by Indigenous households to their homeless kinfolk it may find ways of managing household overcrowding to the advantage of both Indigenous households and their neighbouring households.” (p.8, (66))
**Appropriate services without stigma or preconceptions of older women’s pathways into homelessness**

Older women at risk of, or experiencing, homelessness often face compounded stigma due to their age, gender, homelessness, as well as the expectations by society that women should play a caregiving role and represent ‘home’ (3,13,59,62,108). Service providers report that older women who experience homelessness for the first time later in life often feel uncomfortable, ashamed and/or intimidated when approaching services tailored for people who have experienced long-term or repeated homelessness (68,77,109). There is therefore a need to provide a range of housing and homelessness services in environments that suit the needs and experiences of older women, from prevention in the form of housing advice to more intensive supports for older women who have experienced homelessness.

A recent study for Wesley Mission in Australia highlighted the misconceptions Australians have regarding homelessness. They found that although the evidence shows that a shortage of affordable housing is one of the key drivers of homelessness in Australia, only 29% of respondents chose “housing/rental affordability” as one of their top three reasons for why people experience homelessness (110). The most common reasons chosen were drug or alcohol addiction (59%), unemployment (44%), mental health issues (42%), domestic violence (25%), and family or relationship breakdown (34%) (110). Furthermore, this report called for the media to improve their reporting of people experiencing homelessness beyond portrayals of rough sleeping, as the study found that most respondents did not identify other forms of homelessness (110).
CURRENT SERVICES FOR OLDER WOMEN FACING HOMELESSNESS IN AUSTRALIA

Lack of affordable, appropriate and secure housing

As noted in the section on risk factors for homelessness, there is a lack of suitable and affordable housing for older Australians. A recent evidence-based inquiry into increasing affordable housing supply by the Australian Housing and Urban Research Institute (AHURI) found that “inclusionary planning for affordable housing remains limited in Australia” (p.3) and that there is a need for long-term national approaches to address this issue (33). The call for a national housing strategy has also been made by other Australian organisations (32,38,39,43), as well as a National Aboriginal and Torres Strait Islander housing peak body (20). AHURI also recently published a report comparing affordable housing delivery schemes in Australia and what makes a robust affordable housing strategy or programme (111), as well as a report exploring how affordable housing project costs, revenues and subsidies interact to produce affordable housing (112). In addition, the current housing market is also constraining the ability of specialist homelessness services to provide people with rapid access to permanent suitable and safe housing (48). The NSW Homelessness Strategy 2018-2023 identifies older women as a group at high risk of homelessness and outlines plans for the development of targeted social housing options for older women (113).

Housing must also be appropriate to older people, including requirements regarding accessibility and other modifications to enable the person to live as independently and safely as possible in their home (32,38,40,88,89). This includes not only social housing, but also privately rented and owned housing. Universal design is a way to ensure housing meets the changing needs of home occupants across their lifetime (88). However, there are currently no requirements to ensure housing is universally designed in Australia (38,40,89), see also section on appropriate housing.

National Housing and Homelessness Agreement prioritises support for people affected by domestic violence and vulnerable young Australians

In acknowledgement of the need to provide more affordable housing options and certainty to providers of Specialist Homelessness Services, the Australian Government introduced the National Housing and Homelessness Agreement (NHHA) that came into place on 1 July 2018 (114,115). This agreement combines funding for the National Affordable Housing Specific Purpose Payment (NAHSSP) and the National Partnership Agreement on Homelessness (NPAH) (114,116). The NHHA is an agreement between the Federal and State and Territory governments and the States and Territories are expected to match the funding provided by the Federal Government (39,114). The NPAH includes bilateral schedules with clear targets, and the States and Territories are responsible for addressing housing issues specific to their jurisdiction (114).

Although some homelessness and housing support providers funded through the State and Territories under the NPAH (NHA from 1 July 2018) do provide services to older women, few of these provide support that specifically meets the needs of older women (40,94). This is in line with the priorities set by the Australian Government for the NPAH and future NHHA, which both prioritise support for people affected by domestic violence and vulnerable young people who are experiencing, or at risk of, homelessness (114,115).
Limited funding for aged care providers to support people experiencing, or at risk of, homelessness

The Australian Government provides aged care services to help older people who are experiencing, or at risk of, homelessness as they get older and who are on a low income. In line with the international research evidence, eligibility for aged care services in Australia is lowered from 65 years to 50 years or older, or from 50 to 45 years or older for Aboriginal and Torres Strait Islander people, “whose life experience – such as active military service, homelessness or substance abuse – have seen them age more quickly than other people” (5).

Service providers supporting older Australians experiencing, and at risk of, homelessness report that there are few services that are capable of providing the specialised aged care, housing and homelessness support services older people need (117,118). In 2014, Petersen & Parsell (14) developed a comprehensive report for the Mercy Foundation: ‘Older Women’s Pathways out of Homelessness in Australia’. They noted that there has been an increasing focus on older Australian’s homelessness following the Australian Government’s 2008 White Paper on homelessness (119). However, they found a lack of services or support specifically targeting older women who are experiencing, or at risk of, homelessness in Australia and internationally (14). Since the publication of the report, a project by Sydney Women’s Homeless Alliance funded by the Mercy Foundation involved using a co-design approach to inform design guidelines for housing suitable to the needs of single older women who had experienced homelessness (75).

Research findings and reports from service providers indicate that the implementation of aged care service information, assessment and delivery is not meeting the intent of the Australian aged care legislation at this stage, especially with regard to women who are experiencing, or at risk of, homelessness.

Assistance with Care and Housing

The Commonwealth Home Support Programme (CHSP), including its Assistance with Care and Housing (ACH) Sub-Programme, can link older people with organisations to help them find accommodation and once housing is secured, other services can be delivered in the community (120–122). The ACH objective is “To support those who are homeless or at risk of homelessness, to access appropriate and sustainable housing as well as community care and other support services, specifically targeted at avoiding homelessness or reducing the impact of homelessness.” (123). ACH providers link clients to the most appropriate housing and aged care services and can deliver three service sub-types under the CHSP programme: 1. Assessment- Referrals; 2. Advocacy- Financial, Legal; and; 3. Hoarding and Squalor (123). That is, ACH providers do not provide direct care or ongoing support (123). The ACH providers cannot use the CHSP grants to provide client accommodation expenses, as these are provided for within the social security system (123). ACH providers can be located on the My Aged Care website under the Service Finder. As outlined in the CHSP Programme Manual 2018, ACH providers:

- Will coordinate and link support for clients in a goal focussed client management relationship.
- Provide opportunities for all associated services and programs to work cooperatively to meet the essential housing, social support and community care needs of extremely vulnerable and disadvantaged members of the community.
- Coordinate a service response that is directed to ensuring appropriate housing is secured for the older person and that their care needs are met so they can continue to live in the community.
Interact and work with multiple services across a range of sectors.

Ensure a rapid response to older people who are homeless or at risk of homelessness through one-on-one contact.

Ensure a flexible and individualised service delivery response within the requirements of the broader CHSP.

Must have strong links with the community, housing services and all aspects of the aged care sector.

Will have access to translation and interpreting services under the CHSP to support clients.” p.62, (123)

To become an eligible CHSP provider, an organisation must apply through a growth funding round or an advertised selection process (e.g. direct selection, targeted competitive process, expressions of interest, open competitive process, unsolicited proposals) (124). In addition, growth funding can be provided by the Australian Government to supplement various programmes. Growth funding enables the sector to respond to the evolving needs of CHSP clients and to align with the growth in Australia’s population. Growth funding is allocated on the basis of funding priorities as determined by the Australian Government (125). In the last growth funding round open in late 2016, ACH was identified as a priority service type and people experiencing, or at risk of, homelessness were a priority special needs group in New South Wales, Victoria and Western Australia (126). Neither ACH services nor people experiencing, or at risk of, homelessness were identified as priority areas in the 2016 round in the Australian Capital Territory, Northern Territory, Queensland, South Australia or Tasmania. See Appendix 1 for table showing Priority Areas for CHSP Growth Funding Round 2016 related to ACH services by region (source: [126]).

There are many locations in Australia without an ACH service provider and the majority of these are not specialised in providing homelessness and housing services (117), see Appendix 2 for full list of ACH service providers funded in 2017-18. There may be a need for innovative responses to housing support for older people in regional and rural areas where staff are limited and there is less opportunities to specialise in specific needs (70). The Housing for the Aged Action Group (HAAG) has been calling for a review of ACH service provision to enable analyses of “current service practice activities measured against the program guidelines, identify service gaps, resource shortfalls and make recommendations for program development.” (117).

**Residential aged care**

Under the Aged Care Act 1997, people who are experiencing, or at risk of, homelessness are recognised as “people with special needs”. The Secretary of the Department of Health can decide the number of residential and flexible aged care places that will be made available to focus on care for each of the nine special needs groups (128). In addition, the Australian Government funds supplements for residential aged care providers caring for individual clients who have experienced homelessness (128). The Australian Government also funds strategies and programmes that aim to improve the standard of care provided to people in the nine special needs groups, including through the development of the Aged Care Diversity Framework and associated action plans targeting specific groups (129).

Wintringham, the first provider of residential aged care tailored for people who have experienced homelessness, argues that the current Government funding arrangements means that it is not financially viable to provide these services (118). The reasons for this include:

- Increased costs as facility provides supports that are often provided by the individual and/or their family for people who have not experienced homelessness, including:
  - Staff time to accompany off-site health, hospital and allied health appointments
  - Staff time to provide off-site recreation and lifestyle activities
  - Consumables, clothes and other necessities
  - Low numbers of accommodation bonds or financial assistance from family members
- The inadequacy of the Aged Care Funding Instrument to determine the needs of older people who have experienced homelessness, due to the focus on medical needs rather than psychosocial (118)
There are nine groups of people with special needs mentioned in aged care legislation. These are:

1. people from Aboriginal and/or Torres Strait Islander communities
2. people from culturally and linguistically diverse (CALD) backgrounds
3. people who live in rural or remote areas
4. people who are financially or socially disadvantaged
5. people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
6. people who are homeless, or at risk of becoming homeless
7. people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
8. parents separated from their children by forced adoption or removal
9. people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities. (127)
POTENTIAL BARRIERS TO AGED CARE SERVICE PROVISION FOR OLDER WOMEN EXPERIENCING, OR AT RISK OF, HOMELESSNESS

Referral pathways to appropriate services
Those services that can provide specialised support for older people at risk of, or experiencing, homelessness report that the assessment teams and aged care gateway (My Aged Care) are not identifying people at the assessment stage and establishing referral pathways to organisations that can help (118,130). There is also research evidence that people’s experiences of homelessness are not being appropriately assessed, identified and responded to during applications for social payments and services in Australia (131).

Individual-based funding models
Following on from the recommendations of the Aged Care Roadmap (132), the Australian Government has been moving towards Consumer Directed Care (CDC), a model in which aged care funding is allocated to the individual rather than facilities. In 2015, the Home Care Packages Program was the first to move to the CDC model (133). The Government announced its intention “to establish a single integrated care at home programme, combining the Commonwealth Home Support Programme and Home Care Packages from July 2018” in the 2015-16 Budget (134). However, the Government is yet to confirm integration of these programmes.

Researchers and providers have raised concerns that CDC and other individual based funding models may not be appropriate for those in precarious housing (118,135). This includes regarding the suitability of CDC when intensive case management or outreach homelessness services must be provided (118).

National Disability Insurance Scheme
Aged care service providers report that following the introduction of the National Disability Insurance Scheme (NDIS), older people who have experienced homelessness and are eligible for aged care from 50 years or older, or from 45 years or older for Aboriginal and Torres Strait Islander people, are being forced to apply for the NDIS rather than being granted access to aged care services (118). This not only prevents older people who have experienced homelessness from receiving appropriate aged care when needed, but also creates significant administrative and case management burdens for providers (118).
EXAMPLES OF CURRENT SERVICES TAILORED FOR OLDER WOMEN EXPERIENCING, OR AT RISK OF, HOMELESSNESS

**Aged Homeless Assistance Program, South Australia**

The Aged Homeless Assistance Program (AHAP) provides accommodation, case management and outreach support to vulnerable people aged 50 or over in metropolitan Adelaide. Housing SA and Community Housing Providers manage designated properties in the Program, and Housing SA's AHAP Social Work Team provides support (136).

**ECH, South Australia**

ECH was founded to support war widows more than 50 years ago. Today ECH continues to enable older South Australians to live confidently and independently secure in the knowledge they have somewhere to call home through a range of housing options. ECH does not provide crisis accommodation; rather it is a Quality Innovation Performance (QIP) accredited aged care housing provider with 104 retirement villages and a portfolio of services spanning wellness, home and garden maintenance, respite services, nursing and personal care and support (137). ECH has chosen to respond to the issue of older people at risk of homelessness by providing quality, affordable rental accommodation to people who are on low incomes with minimal assets in its retirement villages; with around 1 in 5 units available for rent (137). To assist people in affording quality accommodation, ECH price their rental units well below market rates across all areas to enable retired South Australians the ability to continue living within familiar suburbs and their neighbourhood connections (137). Potential rental residents must be:

- Aged 65+
- Be working less than 20 hours per week
- Have circa less than $70,000 in total assets (137)

**Home at Last, Victoria**

Home at Last is a service provided by Housing for the Aged Action Group (HAAG)- a community group with a membership base of older people and primarily funded by the Victorian Government’s Department of Health and Human Services (138,139) through the National Partnership Agreement on Homelessness (NPAH) funding scheme. Home at Last is also funded by the Commonwealth Department of Health and Consumer Affairs Victoria. Although Home at Last does not specifically target older women, the majority (62 %) of their clients are women (140).

Home at Last offers free and confidential advice, support and advocacy to older people in Victoria on a low income or with low assets who are homeless, at risk of homelessness, or are wanting to plan their housing future. The service focusses on prevention and providing long-term and secure affordable housing outcomes that are appropriate as the person ages (139), a model that has been found to be cost effective in achieving positive outcomes for clients (82). The service also provides assistance for people with an immediate risk of homelessness. The Home at Last service has also undertaken projects to improve its service provision for older people from culturally and linguistically diverse backgrounds ((107), see also “Services to support people from culturally and linguistically diverse backgrounds”). Drawing on their own learnings, HAAG has also developed and delivered training to housing workers together with Centre for Culture, Ethnicity and Health (68). HAAG runs outreach support services funded through the Commonwealth Government’s Assistance with Care and Housing (ACH) part of the aged care Commonwealth Home Support Programme (CHSP) (26,140).
Mission Australia: Residential aged care for vulnerable people, New South Wales

Mission Australia manages three aged care facilities in NSW: Charles Chambers Court, Annie Green Court and Benjamin Short Grove. All these services offer permanent accommodation and 24-hour medical care for older people who would otherwise be homeless or living in sub-standard accommodation or who are socially or financially disadvantaged. These services are operated and regulated under aged care legislation, but are distinct from other mainstream aged care services in their specialisation for particularly vulnerable clients (141).

Each facility provides a person-centred approach, tailoring care to support individual needs and preferences by way of: care planning; assistance with hygiene and living activities; leisure and lifestyle activities to assist in reconnecting the residents to the community; assistance with medication administration; 24 hour qualified nursing staff; and access to allied health services including but not limited to psycho-geriatrics, psychiatry and physiotherapy (141). Staff increase the level of support provided as each resident’s needs increase over time, enabling them to remain in these facilities long-term. The services are the last home for the majority of the people who live there, many of whom are estranged from family. Arranging funeral and memorial services are a meaningful aspect of this service, to ensure that clients’ dignity is respected even after their death (141).

Old Colonists’ Association of Victoria

Old Colonists’ Association of Victoria (OCAV) is a not-for-profit provider of independent living, assisted living and residential aged care at four sites in Victoria through a mixture of:

- philanthropic support (including gifts of land and donations),
- one-off, means-tested donations on entry from residents who can afford it (and a commitment of 50 % of their housing to those that cannot afford it),
- monthly fees capped at 25 % of pension, and
- 49-year leases to provide security of tenure.

Funding from the Australian Federal Government is received for residents at their residential aged care facility (142). Over half (53 %) of OCAV residents were either experiencing homelessness or vulnerably housed before moving into an OCAV village (142). While OCAV does not provide services only to older women, the majority of the residents at OCAV villages (79 %) are women (142). A recent report found that OCAV’s services provided significant social value to clients, family members, volunteers and governments (142).

St Bartholomew’s House, Western Australia

St Bartholomew’s House provides aged care services, including Home Care and Assistance with Care and Housing for the Aged (ACHA) services, mental health support services and community housing (143). In addition, they offer the Kensington Street Transitional Accommodation Program to provide safe, secure and affordable accommodation of women aged 50 years and over who are at risk of, or experiencing, homelessness (144). They also have services for men only, and the majority of their clients (72 %) in 2016-17 were male (145).

St Bartholomew’s House work in providing accommodation for women aged 50 and over who are experiencing, or at risk of, homelessness was noted in the Homelessness in Western Australia 2016 report (146).

Wintringham, Victoria

Wintringham provides residential care, community aged care, housing and outreach services and support services to older people at risk of, or experiencing, homelessness (147). Wintringham provides over 288 beds over six residential aged care facilities, delivered 679 Home Care Packages in the 2016-17 financial year, 532 predominately one-bedroom units, and provides Assistance with Care and Housing, among other services (147).

Wintringham’s income is from State and Federal Government funding, investment earnings and private grants and donations (147). In the 2016-17 financial year, the average age of their clients was 75 years for home care, 74 years for residential care and 70 years for housing services. Across home care, residential care and housing; 47 % of their clients in 2016-17 were women (147). They have also recently got a tender to develop an aged care residential service in Tasmania for older, financially disadvantaged men and women (147).
Wintringham also advocates for the rights of, and appropriate services for, older people who have experienced, or who are at risk of, homelessness. They have been instrumental in the acknowledgment of older people who are at risk of, or experiencing, homelessness in the Aged Care Act (148). In addition, Wintringham developed and evaluated the provision of residential aged care for older people living with multiple and complex needs, mental illness and substance abuse disorders (97), see also section ‘Aged care in residential facilities’.

**Women’s Property Initiatives, Victoria**

Women’s Property Initiatives (WPI) provides women on low incomes with affordable housing, charging no more than 75% of market rent or 30% of household income by sourcing investment from the private, public, philanthropic and community sectors (85,149). In the 2016-17 financial year, WPI had 81 homes for long-term rental by over 200 women and children, 55% of the households were experiencing homelessness at allocation to a home, and 11% of WPI’s tenants were women aged 50 years and over (149).

**Young Women’s Christian Association (YWCA) Housing, Victoria and New South Wales**

Over 40 per cent of the women currently housed by YWCA Housing in Victoria are over fifty (43). YWCA Housing’s suite of safe and affordable accommodation options includes the Pathways to Independence programme. This is an early intervention housing support programme for older (50+ years), single women experiencing, or at risk of, homelessness which includes holistic case management (43,150,151). Funding for YWCA Victoria and YWCA NSW to deliver this programme has been provided by the Ian Potter Foundation and John T Reid Charitable Trust (151). Since the program’s establishment in 2016, YWCA has assisted 169 number of women over 55 years of age experiencing homelessness or at risk of homelessness (150).

The Lakehouse is a new initiative from the YWCA called a ‘Pop Up’ utilising an older aged care facility that was vacant and awaiting development opportunities in a few years. The YWCA are renting the property for a peppercorn rent and corporate partners have upgraded the property on a probono or lobono rate. The YWCA have partnered with: Metricon, Guest Group, Reece, Tonner Transport, Kitchen Innovations, TwoGoods, Dingley, Silverchef, Bunnings, Demolition Group, Lake Albert Rotary Club, and Milton Group.

Older women over 55 years of that are homeless are now being housed in this facility. At the end of the lease the YWCA will need to provide alternative long-term accommodation (152).

*iv* Women’s Property Initiatives is the trading name for Victorian Women’s Housing Association.
CONCLUSIONS

The research summarised in this Background Paper highlights that although much is known about the factors that contribute to older people becoming homeless, or being at risk of homelessness, women are largely underrepresented in the literature. There is a need to know more about the factors that contribute to older women becoming homeless, many of whom experience homelessness for the first time later in life, including:

- The roles carer stress, overcrowding, tension, conflict, elder abuse other than intimate partner violence (e.g. financial abuse), and the social exclusion of older people play in homelessness (24).
- The effect of single crises/events earlier in life that lead to homelessness for the first time later in life. Anecdotally, older people are finding themselves at risk of homelessness now as a result of the global financial crisis of 2007-2008 during which they lost assets and never recovered (70).
- The impact the rollout of the National Disability Insurance Scheme (NDIS) and reforms to social security payments in Australia may have on increasing or decreasing older women's risk of homelessness.

In addition, research into the needs of specific target groups is required to ensure that all older women’s experiences and perceptions of homelessness are heard, including:

- Aboriginal and Torres Strait Islander Elders
- Older women living in regional, rural and remote areas
- Older women from diverse backgrounds
- Older women who have previously experienced institutional care
- Older lesbian, gay, bisexual, transgender and intersex women
- Older women with physical and psychosocial disabilities

This research should be conducted with the older women at the centre, for example by ensuring that methodologic issues related to feminist theory are met (153).

Fundamentally, social and institutional changes are necessary to address many of the factors that contribute to the homelessness for older women in Australia. Women's age, gender, socioeconomic status, and societal expectations that women should play a caregiving role compounds the risk for homelessness, as well as the associated stigma, shame and trauma. Long-term Federal and State/Territory commitments to addressing poverty, the lack of affordable, appropriate and secure housing, and ensuring the long-term availability of appropriate services specialised in supporting older people who have experienced homelessness are needed. Any housing service supporting older women experiencing, or at risk of, homelessness must be integrated with the aged care system; from early intervention/prevention of homelessness to more intensive services providing specialised aged care for people who have experienced homelessness. Even if they are only seeking advice around housing, older women must be supported to navigate the aged care and health systems so that they can live in the home that best suits their needs and wishes for as long as possible.

The research and feedback from Australian service providers highlights the need to evaluate, develop and ensure long-term funding for services that specifically address the needs of older women who are experiencing, or at risk of, homelessness. Furthermore, there is a need for education of aged care and other services providers regarding aged care services and funding options for older women who are experiencing, or at risk of, homelessness. The effects of the current and future aged care reforms in Australia on older women who are experiencing, or at risk of, homelessness must also be considered, including the suitability of reforms and individual-based funding models for those in precarious housing (135) and the interface between aged care and the National Disability Insurance Scheme (NDIS) (118).

Recognition, planning and integration between the health, aged care and disability sectors are needed to avoid the breaches of basic human rights described by Lipmann (2009) in his observations of the treatment of older people experiencing homelessness by Australian health and aged care services (94).
RELATED AAG PAPERS

As a result of the findings presented in this Background Paper, AAG has developed a Position Paper with key recommendations to Federal, State and Territory Australian governments which has been endorsed by a range of other key organisations.

A companion document titled “Things to consider when working with older women who are experiencing, or at risk of, homelessness” has also been developed. It is targeted primarily at practitioners and service providers who are not experienced/specialised in providing services to older women experiencing, or at risk of, homelessness.
APPENDIX 1 - PRIORITY AREAS FOR CHSP GROWTH FUNDING ROUND 2016 RELATED TO ACH SERVICES AND PEOPLE EXPERIENCING, OR AT RISK OF, HOMELESSNESS

The table presented in this appendix is taken from the Priority Areas for Commonwealth Home Support Growth Funding Round 2016 (126). Only information relating to Assistance with Care and Housing (ACH) services and the “homeless” special needs group has been extracted, see reference (126) for full details of all priority service types and special needs groups.

Note that neither ACH services or homeless people were identified as priority areas in the Australian Capital Territory, Northern Territory, Queensland, South Australia or Tasmania.
<table>
<thead>
<tr>
<th>REGION</th>
<th>PRIORITY SERVICE TYPE</th>
<th>PRIORITY SPECIAL NEEDS GROUP</th>
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<tbody>
<tr>
<td>New South Wales (indicative funding up to $35 million)</td>
<td></td>
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<tr>
<td>Central Coast</td>
<td>Assistance with Care &amp; Housing</td>
<td>CALD, Indigenous, R&amp;R, Homeless</td>
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<td>Assistance with Care &amp; Housing</td>
<td>CALD, R&amp;R, Homeless</td>
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<td>CALD, R&amp;R</td>
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<td>Assistance with Care &amp; Housing</td>
<td>CALD, Indigenous</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>Assistance with Care &amp; Housing</td>
<td>CALD, Indigenous, R&amp;R, Homeless</td>
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<td>Assistance with Care &amp; Housing</td>
<td>CALD, R&amp;R, Homeless</td>
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<tr>
<td>Western Australia (indicative funding of up to $5 million)</td>
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<td>Goldfields</td>
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</table>

CALD: People from culturally and linguistically diverse backgrounds. Homeless: People who are homeless, or at risk of becoming homeless. FSD: People who are financially and socially disadvantaged. Indigenous: People from Aboriginal and Torres Strait Islander communities. LGBTI: People who are lesbian, gay, bisexual, transgender and intersex. R&R: People who live in rural and remote areas.
APPENDIX 2 - AUSTRALIAN AGED CARE SERVICES WHO RECEIVED DEPARTMENT OF HEALTH GRANTS FOR ASSISTANCE WITH CARE AND HOUSING

The information in this table is taken from the mandatory reporting on grants administered by the Department of Health for the 2017-18 financial year (154). Only services that received a funding for Assistance with Care and Housing under the Commonwealth Home Support Programme (CHSP) have been included in this table.

<table>
<thead>
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<td></td>
<td>NORTHSIDE COMMUNITY SERVICE LIMITED</td>
</tr>
<tr>
<td>WODEN</td>
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<td>WODEN COMMUNITY SERVICE INCORPORATED</td>
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<tr>
<td>GUNNEDAH</td>
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### Queensland
- **FORTITUDE VALLEY**: Footprints in Brisbane Inc.
- **MOUNT ISA**: Mount Isa Community Development Association Inc.
- **KANGAROO POINT**: Ozcare
- **TOWNSVILLE**: ABIS Community Co-operative Society Limited

### Tasmania
- **NEWTOWN**: CatholicCare Tasmania

### Victoria
- **BLACKBURN**: The Trustee for the Salvation Army Victoria Property Trust
- **BLACKBURN**: The Trustee for the Salvation Army (Tasmania) Property Trust
- **FOOTSCRAY**: Maribyrnong City Council
- **KENSINGTON**: Wintringham
- **PRAHRAN**: New Hope Foundation Inc.
- **EAST MELBOURNE**: Villa Maria Catholic Homes Limited
- **MILDURA**: Mallee Accommodation & Support Program Incorporated
- **OUYEN**: Mallee Track Health & Community Service
- **DALLAS**: Spectrum Migrant Resource Centre Ltd
- **KENSINGTON**: Wintringham
- **BLACKBURN**: The Trustee for the Salvation Army Victoria Property Trust
- **ST KILDA**: Sacred Heart Mission St Kilda Inc.
- **FOOTSCRAY**: Cohealth Limited
- **CLAYTON**: Monash Health
- **FITZROY**: Brotherhood of St Laurence
- **CARLTON**: Australian Red Cross Society
- **COLLINGWOOD**: Launch Housing Limited
- **BALLARAT**: Centacare, Catholic Diocese of Ballarat
- **MOONEE PONDS**: Moonee Valley City Council
- **MELBOURNE**: VincentCare Victoria
- **MELBOURNE**: The Housing for the Aged Action Group Inc

### Western Australia
- **EAST PERTH**: St Bartholomew’s House
- **ROCKINGHAM**: Care Options Inc
- **PERTH**: WA Country Health Service
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To improve the experience of ageing through

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