

How the Support at Home Programs can engage with Older People at risk of homelessness

A practical tool for community aged care providers



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Introduction

This practical guide was developed by the Victorian Diversity Advisors who are funded by the Commonwealth Home Support Program (CHSP) to support CHSP funded service providers to deliver accessible and inclusive community care services for all older people. (*This is now transitioning into a single Support at Home program*).

The Diversity Advisors and Service Providers are guided by the Commonwealth Aged Care Diversity Framework (2017) and the Aged Care Quality Standards (2019). Adhering to these frameworks and standards will make it possible for all older people to experience a high-quality aged care system which promotes equitable access and outcomes, and embraces their diverse characteristics and life experiences.

Purpose

The aim of this resource is to guide service providers to identify and support older people who are homeless or at risk of homelessness. The resource also demonstrates how the housing sector functions, and how Support at Home program providers and the housing sector can collaborate to address the needs of older people at risk of homelessness.

Objectives

To guide the Support at Home Program providers about homelessness issues for vulnerable older people through increasing knowledge of:

- Vulnerability in housing insecurity for older people
- Current homelessness issues and the impacts of homelessness on individuals, communities and or society
- The urgency of early intervention actions
- Appropriate and timely referral to housing support services
- The importance of self-reflection and effective and inclusive design and delivery of In Home care services, to achieve optimal health and wellbeing outcomes for vulnerable older people.

An effective homeless service system requires collaboration between various sectors, including Support at Home program services who have contact with—or provide support to—people who are homeless or at risk of homelessness.¹

Your regional CHSP Diversity Advisor can support service providers to reflect on current practice and access local housing and homelessness services in your area. Diversity Advisor contact details can be found [\(here\)](#).



Questions that will be asked within this resource

1. Why is it important to know more about homelessness?
2. What is homelessness?
3. Who are the population groups more at risk of becoming homeless and why?
4. What can make it challenging from the perspective of consumers and direct care workers, to identify and address homelessness issues?
5. What housing and support services are available for older people?
6. What can direct care workers, managers/coordinators and quality officers do to make at Support at Home Programs more inclusive of people who are homeless or at risk of homelessness?

User Guide

It is up to you how you use this resource.

This resource can be used as:

- An overall introduction to housing insecurity and homelessness that will help you identify Support at Home program consumers who may be at risk of housing insecurity/homelessness, and how to better engage with and support these older people
- A training resource for use at staff education session with nurses and direct care staff (suggest focus on one section at a time)
- As a resource to build a forum with stakeholders/homelessness services to engage with the Support at Home program sector
- A resource to guide where to refer your client who is experiencing housing insecurity or homelessness ([here](#)).
- A resource that will inform what specific actions you could take in your organisation supporting consumers at risk of homelessness, and to provide quality aged care services in accordance with the requirements of the Aged Care Quality Standards and the Aged Care Diversity Framework ([here](#)).
- A document that can help inform new/review of policies to ensure they are inclusive of people at risk of/who are experiencing homelessness ([here](#)).
- A guide to further resources for you to explore ([here](#)).



Why is it important to know more about homelessness?

Forced into an unfortunate circumstance of Homeless and/or at risk of homelessness creates vulnerability for the health, safety, independence, and security of older people.

HAAG says...“Research indicates the most important predictor, for wellbeing in older age is affordable housing... more important, than diet, exercise and or social connection.”²

Aged care services are in a primary position to assist with identifying homelessness and there are strategies employed throughout this resource that will guide providers to do this.



Activity 1

1 Homelessness Activity for Direct Care Workers

1. By yourself or with a group, and without thinking too long, please reflect on and note down your answers to the below two questions:

What comes to mind when you think about homelessness?

What factors do you think contribute to homelessness?

Now, watch the video

Older and homeless for the first time

2. When looking back at your answers above about homelessness, how did they relate or differ from what you heard in the video?
3. If you were meeting these people for the first time what would be your first impressions? Is this what you believed homelessness looks like?

4. What factors contributed to their increased risk of homelessness?
5. Note down the losses experienced by these individuals and the impact the loss of stable housing has had on their lives?
6. Why would it be important to learn more about homeless as a direct care worker?
7. What can you do in your role to identify older people from slipping into homelessness, and how can you support people who experience or are at risk of homelessness?



Activity reflections and considerations may include

- First-time homelessness is common among people who are over 55, in particular older women
- When meeting an older person for the first time, it is not always obvious if they are at an increased risk of homelessness
- Those who become homeless for the first time in their later life are: likely to live alone, have been private renters with a stable housing history and may have experienced significant health problems, family problems, unaffordable rent, eviction or accessibility problems.³ For older women who are renting, working and have modest savings and less superannuation, the moment they are unable to work and pay their rent, they are at high risk of experiencing homelessness⁴
- Some of the losses mentioned by the women in the video included: humiliations, not being able to plan which creates anxiety, not feeling secure, feelings of shame, not having a home to stay in, feelings of insecurity when you can lose your home anytime, no hope/optimism, “not having a place to just be me”
- Some of the main things direct care workers can do to support consumers who are at risk of homelessness include: building rapport and trust, being sensitive, kind and inclusive. Consulting with housing support organisations and identifying other wrap around services, that the consumer identifies are as needed and obtainable. More guidance on what you can do can be found [\(here\)](#).

Housing is a human right

Housing: A Universal Declaration of Human Rights (Article 25)

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”⁵



Lack of affordable housing is the single most important factor in determining older people's wellbeing

Research ⁶ indicates that the most important predictor for wellbeing in older age is affordable housing - more important than diet, exercise, and social connection. Research studies ⁷ have furthermore shown that: people experiencing homelessness are more likely to prematurely age when compared to the general population.

The video link below with Mumma shows how being older and homeless has impacted on his (physical, mental, cultural, spiritual) health.



Permission given by Mumma for use of image

“ **Providing services on the homeless person's terms gives them back their humanity so they're actually wanted and cared for.** ”

- Mumma

Having stable and safe housing determines so much more in life...

Homelessness is not just a lack of shelter

Housing provides a stable base from which we can participate in society, form families, and enjoy retirement. Housing can determine lifetime education, employment, and health outcomes. ⁸

Homelessness: an increasing problem for older Australians especially women

From 2011-2016, the number of older homeless people in Australia increased by 28%; with one in six, up from one in seven of all homeless people on Census night in 2016 aged 55 or over. ⁹ First time homelessness is most common among people who are over 55. Those who become homeless for the first time later in life, are likely to live alone, have been reliable private renters and may have experienced an unforeseen significant life event such as loss of health, employment or family, combined with housing shortages and rising costs leading to eviction. ¹⁰

For older women who are renting, working and have modest savings and less superannuation, the moment they are unable to work and pay their rent, they are at high risk of experiencing homelessness. ¹¹ From 2011-16, there has been a 31% increase in the number of women aged 55+ experiencing homelessness. ¹²



OLDER WOMEN

18% single older women rent

Two thirds of single older women on the Aged Pension don't own their own home

35% women aged 60-64 have no superannuation

30% more women aged 65-74 years have used homelessness services in last 5 years, 75% more sleeping in their cars

Two thirds single older women on the pension have less than \$50K in savings

40% more older women seeking financial assistance from welfare agencies in last five years



Image sourced from HAAG oldertenants.org.au

Older women are more likely to be in lone person households, have lower retirement savings (on average women retire with 47% the superannuation of men) due to caring responsibilities, be out of the paid workforce and are more likely to have experienced domestic and family violence than older men¹³. Domestic violence is the main reason older women access homeless services (34%).¹⁴ Women are more likely to experience first-time homelessness after the age of 50 years and as a result may not be aware of the support available to them.¹⁵

OLDER RENTERS ARE MORE LIKELY TO:

The State of the Older Nation Report Dec 2018, commissioned by COTA, surveyed over 2500 people aged 50+ across Australia.



Feel older
Rate their social relationships poorly
Rate their quality of life as poor



Feel they don't have a voice in society
Feel things are getting worse
Have experienced age discrimination



Be caring for a partner
Have no private health insurance
Rate their diet as unhealthy



Be more concerned about cost of living
Be financially insecure
Have overdue bills



Have not enough assets to leave an inheritance
Have no will, powers of attorney or guardianship
Have no superannuation



Not shop online
Not complain
Be unaware of their consumer rights



Image sourced from HAAG oldertenants.org.au

A private rental crisis

Twenty-five percent of people over 65 are living in private rental and from 2011 to 2016, there has been a 42% increase in people 65 plus paying more than 30% of their income on rent,¹⁶ Lack of security of tenure, being exposed to frequent and unpredictable rent rises and being in accommodation unsuitable to their needs as they age, all pose risks to older people living in private rental.¹⁷

If you do have to move and you are single and on the Aged Pension only one percent of housing stock is affordable according to the 2020 Anglicare Rental Affordability Snapshot.¹⁸

More information on whom is more at risk of experiencing homelessness can be found [\(here\)](#).



What is homelessness?

Homelessness is not just rooflessness

Many people, if asked, would say that homelessness is when you don't have a roof over your head, for example sleeping rough on the streets. However rough sleeping is only a small part of the picture. Homelessness is about not having a home – 'home'lessness, not rooflessness. Individuals almost always exhaust other options before resorting to a night on the street. Only seven percent of homeless people are 'Rough sleepers'.¹⁹

A home means a sense of security, stability, privacy, safety, and the ability to control living space.²⁰ Homelessness is a complex issue, with varied and sometimes conflicting definitions. It is an issue sitting at the intersection of public health, housing affordability, domestic violence, mental illness, substance misuse, urbanization, racial and gender discrimination, infrastructure, and unemployment.²¹ We need to understand that the homelessness process begins before people are without a home.²² The infographic explains what homelessness and "at risk" of becoming homelessness can look like and entail. It demonstrates, once again, that homelessness is not "rooflessness", but that there are many other forms as to how homelessness or housing insecurity can be manifested.

It is important to consider when working with the Support at Home program that people who are homeless or at risk, can age prematurely and are therefore (*current as of 2021 (yet this may change when ACH services will transition into the new care finder program (Planned January 2023))*) eligible for Aged Care Services (such as CHSP and the CHSP Assistance with Care and Housing (**ACH program**) from 50 years. For Aboriginal and Torres Strait Islander peoples this applies from the age of 45 years and older.

WHAT IS HOMELESSNESS AND "AT RISK"?



Sleeping in a car or "rough sleeping"



Living in housing that is supposed to be temporary



Living with friends or family, or couchsurfing



Living in inadequate housing, like a shed or caravan



Living in overcrowded conditions



Renting a home that is too expensive, unsuitable or poor condition



Renting a home where there is no guarantee of staying

Activity 2

Housing insecurity amongst older people

Listen to Fiona York from the Housing for the Aged Action Group (HAAG) as she describes the likelihood of older people experiencing housing stress in private rental as well as the need to intervene early ([here](#)).

Questions:

1. What risk factors will you look out for to identify people who are at risk of homelessness when they access your services?
2. Why is it important to learn more about homelessness as a direct care worker/manager?
3. How could you initiate a conversation about your concerns with the client, and how could you support someone who is at risk or experiencing a housing crisis?
4. What are the benefits of early intervention when risks are identified?
5. What policies and procedures are in place to ensure your organisation addresses early identification and appropriate support for people who are homeless or at risk?

Activity reflections and considerations may include

- Homelessness is on the rise for older people, in particular for older women
- Any older person who is on a fixed income like the pension or Jobseeker or a disability pension and is living in private rental is likely to experience housing stress, and may be at risk of homelessness
- Be aware that at every stage in the client journey, workers can identify risks
- Early intervention and appropriate referral is essential as it can prevent older people from becoming homeless, or for their housing situation to deteriorate
- It is important for all staff to be aware that current, as of 2021 (yet this may change when ACH services will transition into the new care finder program from January 2023) people who have prematurely aged are eligible for Aged Care Services (such as CHSP and ACH program) from the age of 50 and Aboriginal and Torres Strait Islander peoples from 45 years and older
- Sometimes, risks will be identified during assessment or intake. As an assessor or intake worker for instance, you will ask some questions that may identify risks, which can then be discussed in a safe and inclusive way

As a direct care worker you can ensure that:

- You know your consumers, you will observe and build a trusted relationship with them. As a result of this you may also identify risk, such as when you visit a client at home, or during a care plan review
- Whilst it may not seem easy to initiate the conversation, all workers play a crucial role in identifying people who may be at risk

Some tips in initiating a conversation are:

- Have a casual discussion with the person about their current housing situation, and any concerns they may have
- Build trust and rapport before tackling issues related to homelessness
- Don't be afraid to initiate the conversation about a person's housing situation
- Never assume that an older person will raise concerns about their housing needs with you. The person might not feel comfortable asking for help, or even realise they need help
- Be sensitive when discussing homelessness and vulnerability, as some older people who are living with friends or in unsuitable housing, in their car or a caravan, may not see themselves as homeless
- Encourage consumers to involve someone they trust in their assessment and other decision-making processes
- Report identified risks and concerns to your supervisor when you don't feel comfortable discussing it with the consumer directly
- Early intervention and referral can help prevent a person from becoming homeless. Homelessness services, such as Housing Action for the Aged Group (HAAG), can also do secondary consults with staff to identify housing support options. More information about support with housing can be found [\(here\)](#).

As a manager you can ensure that:

- All staff members know about the risk factors, the impacts of homelessness, and the benefits of prevention and appropriate referral pathway(s)
- During initial assessment/screening appropriate referrals are made for older people who need housing support
- All assessments, intakes and care plans are conducted and implemented by appropriately trained staff.



Who are the population groups more at risk of becoming homeless and why?

It is important to acknowledge that older people experiencing homelessness are not a homogenous group, and can experience compounded hardships related to age, gender, socio-economic status, cultural background, sexuality, health, mental health isolation and remoteness, and a range of other related issues.²³



Activity 3

Mumma's story

Watch the short videos below and reflect on the questions to understand and learn from Mumma's lived experience as well as his perspective on homelessness.

1. How has homelessness impacted on your physical, mental, cultural and spiritual health? ([here](#))
2. Your experience on homelessness and the Aboriginal community in rural areas? ([here](#))
3. What's your experience being gay and indigenous? ([here](#))
4. What's your experience being Aboriginal and homeless? ([here](#))

(if you would like to read the transcript of Mumma's story please go to page 36 of this resource or to view full video click [here](#)).

Questions

1. How capable would your organisation/ service be to support Mumma or others in a similar position who experience or are at risk of homelessness?
2. What knowledge do you have of your local homeless providers?
3. What is your relationship with them?
4. Do you know what to look out for to find out if they are able to provide a culturally safe environment for Aboriginal and LGBTI people?



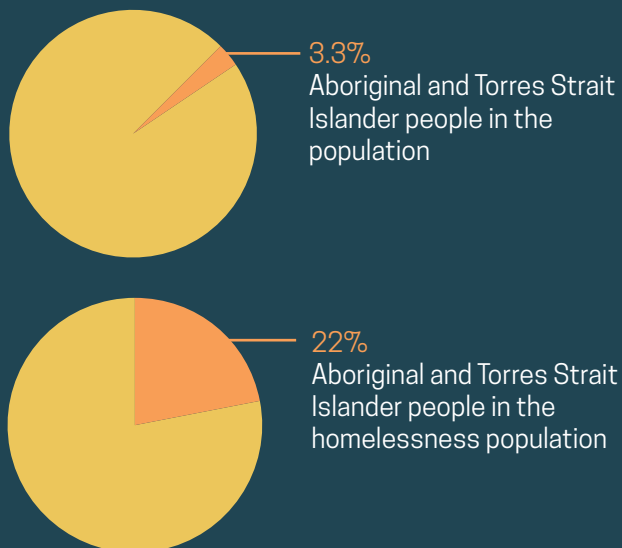
Potential considerations for this activity might be:

- Use a person-centred approach.²⁴ Involves seeking out, and understanding what is important to the older person, fostering trust, establishing mutual respect and working together to share decisions and plan care
- Taking a holistic approach: Mumma is not just Aboriginal, there are other aspects to his identity that are important and need to be understood and supported, such as his age, his sexuality, experiences etc...
- Participate in diversity training
- Be curious to get to know your client. Don't be afraid to make mistakes/say something wrong, just ask and where a mistake is made, apologise and move on
- You may need to seek additional information/support from relevant other agencies e.g. an Aboriginal Health Organisation/LGBTI organisation or your local LGBTI peer group and a Housing Support organisation/the homelessness network
- Before doing a warm referral to any support organisation for your consumer, it is important to learn what that organisation is doing to be inclusive for all older people. You can for instance find this out by asking the organisation what they do to ensure culturally safe and inclusive services, if they have a diversity plan/policy, whether staff is trained in diversity and inclusion
- Always discuss the various options with the consumer to find out if this is what they want and if there is anything else you can support them with. Remember, some people may have experienced discrimination in the past, may not trust organisations due to traumatic experiences in the past or may not understand the service system.

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people make up 3.3 per cent of the Australian population, but on Census night in 2016 they represented one in five (22 per cent) of homeless Australians, with the homelessness rate 10 times that of non-Indigenous Australians.²⁵

Aboriginal or Torres Strait Islander people within the general population and within the homelessness population



For Aboriginal and Torres Strait Islander people, access to housing 'on country' is particularly significant to their social, emotional and spiritual wellbeing, as it strengthens their connection to culture and community.²⁶ Aboriginal and Torres Strait Islander people are less likely to perceive themselves as homeless if they are living on country, irrespective of dwelling adequacy while disconnection from family can be seen as a form of homelessness for Aboriginal and Torres Strait Islander people.²⁷

Lesbian, gay, bisexual, trans and gender diverse, and intersex (LGBTI) people

Discrimination, violence, family rejection and heightened stress are the main reasons why LGBTI Victorians are at least twice as likely to find themselves without a home.²⁸ When experiencing homelessness, it can then be difficult for people who are LGBTI to find appropriate and sensitive services. The history of discrimination towards older LGBTI people from homelessness services, particularly faith-based also provides a significant barrier.²⁹ There are challenges for family, domestic violence, and housing services in meeting the needs of LGBTI clients. For trans and gender diverse people, particularly those in transition, the issue is more acute as they struggle to have their needs met, particularly when they need crisis housing.³⁰ More support and information can be accessed through **Switchboard Victoria Rainbow Door**. The Out & About program aims to reduce social isolation in older LGBTI people through volunteer-led befriending and community connections ([more info here](#)).

Housing Action for the Aged Group (HAAG) has recently been conducting research into the experience of older LGBTI people who are homeless or at risk of homelessness. The report **Out of the Closet, Out of Options: Older LGBTI people at risk of homelessness** collates information from surveys and interviews with 228 older LGBTI people, mainly in Victoria. It finds that although many older LGBTI people are at risk of homelessness, they are unaware of what places them at risk and have low awareness of available services and housing options.



Veterans

Among the transitioned Australian Defence Forces (ADF), approximately one in five reported experiencing homelessness in their lifetime (21.7%), nearly twice the prevalence of the general community. Significantly, one in six homeless veterans reported being without a permanent place to live for reasons of personal choice.³¹ Contemporary ADF personnel with a long service history find assistance seeking difficult with established values of independence and resilience being undermined.³²

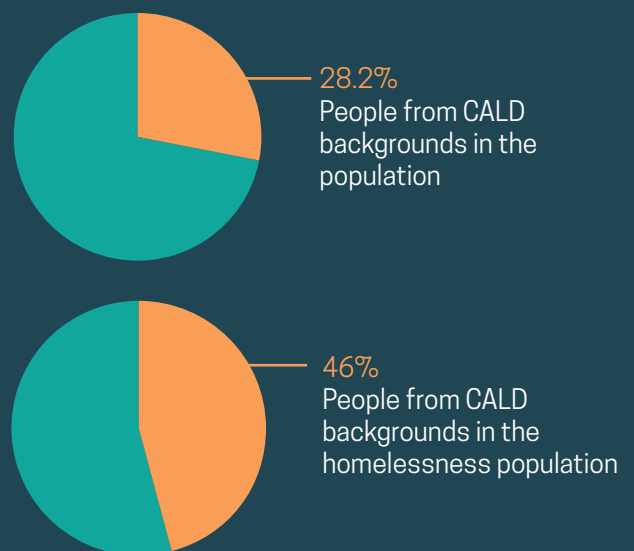
Historically, Australian, British, and American service personnel share similar resettlement challenges, as the impact of unresolved trauma was evident in the great depression, with ex veterans remaining homeless and unemployed from world war one. This pattern continued in the 1950's-1960's, and later, Vietnam, East Timor, Afghanistan and Iraq to the present.

Current research identifies ongoing PTSD symptoms, anger issues, relationship breakdown, psychological distress, substance misuse, unemployment, and challenges returning to unstructured, autonomous civilian life as precursors to homelessness. Approaches are required that take into context their experience, which include feeling discomfort in seeking assistance. It would furthermore entail making (more) use of assertive out-reach models combined with tailored wrap-around-responses including specialist housing options, retraining and employment support, emotional support, psychological counselling, and addressing physical wellbeing in the civilian resettlement process.³³

People from culturally and linguistically diverse (CALD) backgrounds

In 2016, 28.2% of people in Australia were born overseas, yet they comprised 46% of the homeless population.³⁴ One third of older Australians were born overseas, most from non-English speaking countries.³⁵

People from CALD backgrounds within the general population and within the homelessness population



Older migrants have lower rates with using information technology, limited access to culturally appropriate services, less super-annuation savings and lack of awareness of services that may be able to assist them. Many older migrants have come to Australia to live with family and have not been able to purchase their own home. These people have nowhere to go in the event of a family breakdown.³⁶

Activity 4

Leila's story

Leila is a 67-year-old Lebanese speaking woman who lived in a unit that she and her husband purchased. Leila's husband died and for some time she lived alone at home. Her newly married son and his wife visited Leila, suggesting that she sell her home and contribute money to purchasing a new home where they could all live together. Leila agreed and moved from her suburb to their new house.

You have been assisting Leila with personal care, and recently noticed a change in her mood and reduced motivation. One day Leila tells you how initially this seemed an idyllic arrangement for the family living together, the only difficult thing was moving far away from her community. Now Leila's daughter in law has become unhappy with the arrangement and told Leila she wants her 'family' back.

Questions:

1. What can you do to support Leila in your role?
2. If Leila wants/needs to leave the household how might Leila access alternative housing?
3. What else can you do to support Leila?
4. Together with your colleagues do a role play to formulate a support plan. One of you play the role of Leila and the other person can be the direct care worker

Some reflections for this activity might include:

- It will be important to make Leila feel comfortable and safe to disclose her concerns
- Consider to ensure cultural safety. It may be good to find out if she would like to have access to an interpreter, and whether she prefers a particular gender for any staff that need to be involved. You can ask if there are any cultural needs she would like to share to make Leila feel welcome and comfortable at your service
- It will be important to get to know Leila and build trust. Ask what her interests, strengths and challenges are (e.g. her housing situation, connections with others, her health etc)
- Ask Leila what her preferred living situation is, what activities she is able to do for herself and what activities Leila requires support with. These elements will form the basis of Leila's support plan
- You may want to discuss the possibility of joining a social support group or other community events/activities, so that Leila can meet and get to know other people with similar interests in her new local area, if she chooses to relocate

- The case study indicates there are signs that could indicate a risk of elder abuse. You may therefore also want to sensitively raise awareness about this and bring this up whilst explaining to Leila what her rights are. Guidance on elder abuse can also be found on page 18 of this Guide. (**Seniors Rights Victoria**) can also be contacted to provide more information or specialised support
- You may want to explore Leila’s current housing situation and talk about alternative options and support Leila to access a housing support organisation if she does choose to live elsewhere. More information on housing support organisations can be found (**here**).

- The support plan could reflect all of the relevant elements mentioned above, and it will include goals that Leila has identified for herself. For example: “To feel more connected to my community, by participating in local social support groups”. The support plan should also outline contact details of relevant support agencies and of relevant support people that Leila can contact if she needs support

Did you know that Housing for the Aged Action group (HAAG) and Ethnic Communities’ Council of Victoria (ECCV) researched the experiences of CALD communities?³⁷

- (**These case studies**) describe the findings
- HAAG then responded by reaching out to people in CALD communities to find out how to best meet their needs modelling a ‘co-design’ approach.

People who face social and economic disadvantage

Poverty is a root cause of homelessness. It was found that thirty-two per cent of Australians over 55 years old live on less than \$400 personal weekly income, which is the 2014 OECD poverty line across all age groups.³⁸

Having a lower income than needed to sustain a decent, healthy and secure life creates a marginal position in the housing market that can result in the loss of accommodation and a precarious existence.³⁹ Older people, reliant on unemployment payments, will be in considerable financial stress prior to retirement age and may struggle to find suitable accommodation, heightening the risk of homelessness.

There is also an emerging group of older Australians who are surviving on low incomes in the private rental market, with little or no savings, placing them at high risk of homelessness. Extreme frugality and self-deprivation are common experiences for older people in the private rental market as they try to keep their heads above water.⁴⁰

If you become aware of people in private rental who may be struggling: take the steps to initiate the conversation to support them towards more secure, accessible accommodation.



People with mental health problems or mental illness

Trauma has been identified as a common precursor to experiencing homelessness (70% reported childhood trauma). Furthermore, trauma exposure tending to escalate following onset of homelessness with 97% of people experiencing homelessness reporting four or more traumatic life events.⁴¹

People leaving residential treatment facilities for mental health and substance misuse are at particular risk of homelessness and careful transition planning is required to ensure older people are not discharged into homelessness.⁴²

Activity 5

How stable housing relates to mental health?

Take a minute to watch this presentation from Launch Housing ([here](#)) about the positive impact of stable housing on a person's mental health.

Questions:

1. How does housing stability impact mental health?
2. Trauma is identified as a common precursor to experiencing homelessness. What can you do to recognise and support people who have experienced trauma in their lives?

Reflections

- In the video it was mentioned that housing can provide a feeling of safety and security that can enable a person to take steps towards their recovery, to engage with support systems, and to reconnect with family. This shows the interconnectedness between homelessness and mental health
- Trauma can impact many people, and people with diverse characteristics are especially at risk of experiencing trauma.⁴³ Unstable housing can exacerbate the impacts of trauma. As a direct care worker you can learn about ([trauma-informed care](#)) and practice⁴⁴
- Be aware of the possibility of past or current trauma in a person's life. Trauma-informed care means being respectful, acknowledging and understanding that trauma can impact a person's entire sense of self and sense of safety



- You may want to ask the consumers what situations may trigger distress so that these situations can be avoided or dealt with in the best possible manner for the consumer
- Ensure positive interactions as people may lack trust or live in fear. You can help by being kind, building trust, and supporting people to feel safe in their interactions with services. Being consistent and being reliable is particularly important for people who have experienced trauma
- Collaborate with clients by listening to them, giving them choice and control and empower them by affirming their strengths and resources
- Promote a safe physical and emotional environment for all – including the consumer, direct care workers and the organization
- A key feature of trauma-informed practice is the way in which a service is offered - i.e. the whole context in which it is provided not just 'what' it entails.

People living with cognitive impairment including dementia

Dementia Australia estimates that about 10,500 people or 10% of the current homeless population in Australia may be affected by some form of cognitive impairment or dementia.⁴⁵ Cognitive impairment appears as both a precursor and a result of homelessness. Following deinstitutionalisation in Victoria in the 1990s, people with cognitive disabilities struggled to find a suitable home.

Improved and consistent methods of cognitive assessment for the homeless population could provide a more accurate picture of how many homeless people are living with cognitive impairment. These statistics can inform appropriate funding and delivery of cognitive support services. Inter-sectoral cooperation can provide shared knowledge and understanding between homelessness sector workers, and workers in dementia, health, and aged care sectors. Education and training, and improved collaboration and partnership across sectors, has the potential to improve the services offered to people who are homeless with dementia.⁴⁶

People leaving institutions

People leaving institutions and care arrangements, including people transitioning from health care settings (hospitals, psychiatric hospitals, prisons, rehabilitation and aged care facilities), can find themselves particularly vulnerable to homelessness. This can be due to inadequate transition planning, untimely discharge practices or resource-pressured environments and limited options for transfer into suitable and secure housing.⁴⁷



People who experience elder abuse

Elder abuse, estimated to affect up to 14 per cent of older people, can have a negative effect on a person's security of tenure. Elder abuse can be financial, psychological/emotional, social, physical, sexual or neglect. It undermines not only the physical and emotional welfare of an individual but often has a financial impact too. In Australia, instances of financial elder abuse account for approximately 42 per cent of reported elder abuse cases.⁴⁸ This may involve property transfers, accessing an inheritance early under pressure or loans that undermine the older person's ability to pay for housing.

Other examples of elder abuse leading to housing insecurity:

- Adult children moving back into the family home (for example, following their own housing crisis) and making it uncomfortable or unsafe for the older person to continue to live in their own home
- "Assets for Care" arrangements – where property is given to adult children with the expectation of ongoing care for an older person. When the relationship breaks down, the older person may have nowhere to go. Often not documented and based on trust.
- Overcrowded or inadequate housing – for example, grandparents living with multi-generations, perhaps in exchange for caring for grandchildren. Increasingly unsuitable as they age, expectations not clear, can lead to family tension and elder abuse.
- Examples of elder abuse that people from CALD backgrounds might experience can be found [\(here\)](#).

Is the experience of homelessness different in rural and regional areas?

Rural and regional areas struggle with housing shortages also and have experienced a significant reduction in available properties and rental affordability, particularly since the onset of the COVID-19 pandemic. Housing markets are furthermore affected by seasonal availability and rates, due to holiday seasons in coastal and alpine areas and farming in rural centres.⁴⁹ Low incomes, high living costs and poor housing relative to regional and metropolitan centres increase risk.

The lack of specialist homelessness, housing and other community services in rural, remote and regional areas may leave older people at risk of homelessness as they may have very limited opportunities for support compared to their counterparts in metropolitan areas.⁵⁰ It is not uncommon for workers in rural and remote homelessness services to reluctantly send people seeking accommodation to the local caravan park.

If support is available, lack of anonymity may deter people from asking for help for fear of stigma attached to homelessness. With less hostels, shelters and emergency accommodation in regional areas, often people need to leave their hometown to access services or opportunities in the city, leaving behind family, friends and support networks putting them at further risk.⁵¹



Activity 6

Rural and regional homelessness

For a greater insight into rural and regional homelessness have a look at this short clip [\(here\)](#).

Questions:

1. Compare the experiences of the people in this clip with the older women shown in **Activity 1**. What are the similarities? What are the differences? What do you think has caused these differences?
2. In your role what actions might you take when you identify older people in your region who are at risk of or experiencing homelessness?
3. Discuss the current practices within your organisation to meet the needs of people at risk of homelessness in your local community
4. In your role what could you do to improve this current practice?

Possible activity reflections

- As we saw earlier, increasingly older people, especially older women are experiencing homelessness. In this video we furthermore saw that homelessness is not an issue limited to cities. In fact, nearly half of Australia's homeless people aren't in the cities, and it impacts people of all ages and genders. Also, in regional Australia, it can take many forms ranging from sleeping rough to living in a car/caravan/shed or staying with friends
- In rural and regional areas, there is a greater chance of other people knowing that a person is homeless or at risk of homelessness. This can be a form of embarrassment and humiliation in a small community. In this context, it is particularly important for staff to always respect the client's privacy and confidentiality and explain this well to the client
- It is important to deliver services at a place where the person desires to receive the service (e.g. a place where he/she feels safe, feels free to talk, will have some privacy etc). Ask what else you can do to ensure the person feels safe and included
- Affordable housing is scarce in many rural and regional areas and some people may not know what support services do exist or how to access support services. You can contact HAAG who can advise you on (local) housing support. More information on services can be found [\(here\)](#).
- Your agency, together with others (e.g. through the local homelessness network) can engage in advocacy activities, by identifying and reporting shortfalls in crisis accommodation to support organisations, Diversity Advisors, Wellness and Reablement Advisors and Alliances, and working together to advocate for policies that reverse the trend of increasing homelessness.

What are the challenges in identifying & addressing homelessness issues?

The perspectives and challenges may or may not be the same from both the provider and /or the consumer:

- Stigma, (it's their/our/my fault)
- Stereotyping about what homelessness is and looks like?
- Shame to ask for help or seek assistance
- Navigating difficult and complex systems
- Lack of interaction between Aged Care Services and the Specialist Homelessness System
- Aged care services not aware of risk factors and signs of homelessness
- Rising rent costs, lack of affordable housing options
- Casualisation of workforces, breakdown of families or domestic violence.



Activity 7

Reflecting on what it may mean for your work

Questions

1. Discuss a time when you have supported someone who was experiencing or was at risk of homelessness? What did you do, what did you find challenging, what did you learn?
2. What can be challenges for consumers in identifying or addressing homelessness?
3. What may be challenges for you as a community care worker in identifying or addressing homelessness with consumers?



Possible reflections

Below, you can find some examples of what may make it challenging, both from the perspective of the consumer as well from the perspective of direct care workers.

Possible challenges for consumers

- The consumer may not realise that they are at risk or in fact experiencing homelessness
- Consumers may not dare to bring up the issue, e.g. because they think this is not a service your organisation may provide
- Feeling that: “I just need housing (see Housing First)- everything else can wait” and therefore may not prioritise other support services at this point in their life
- There is a shortage of services for older people who are homeless: out of 1,518 homelessness services nationally only three are specialist services for older people
- Becoming frustrated by the complexity and rigidity of the Aged Care and Homeless Service Systems
- Low self-worth: expecting a poor experience and maybe thinking: “I may not be worthy of the QUALITY service we all deserve”
- Distrust of services, as a result of trauma, or past experiences of not being provided a service that met their needs in terms of safety and/or outcomes

What can make it challenging for direct care workers

- Lack of interaction between Specialist Homelessness System and Aged Care Services*
- Facing a Homeless Service System that is complex and mystifying
- Lack of confidence with how to identify and respond to people at risk of homelessness
- Not knowing how to sensitively raise the issue of housing insecurity
- Facing the challenge of empathy if confronted with anger and frustration ([click here for more on trauma-Informed Care](#))
- Experiencing feelings of helplessness and inadequacy if the Homeless Service System fails your client ⁵²
- Australian Housing and Urban Housing Institute (AHURI) found the lack of coordination and collaboration between Aged Care and Homelessness services to be one of the keys to securing better outcomes for their mutual clients. They recommend establishing a dialogue between the different providers ⁵³
- No matter how effective service provision is, without access to stable long-term housing for older people there will continue to be a revolving door as people who are homeless move between services. ⁵⁴



What housing and support services are available to older people?

Housing options for older people

Public and Social Housing are the main low-cost options for housing in Victoria. Rents are set at 25% - 30% of household income. There is also housing set aside for people who are over 55 (Older Person's Housing or Elderly Person's housing) and the Victorian Public Housing Register prioritises this group, reducing waiting times. Further eligibility criteria are found [\(here\)](#).

Independent Living Units are a source of low-cost accommodation for older persons on low incomes, often provided by not for profit organisations. More information can be found [\(here\)](#).

This booklet [\(here\)](#) provides information on other affordable housing options for older people.



Housing support services

- Housing for the Aged Action Group (HAAG): Housing information and Referral. HAAG can do this directly with the consumer when you refer the person and can also do secondary consults with you as a worker to identify housing support options/a retirement housing service.
- Wintringham: a specialised welfare company that provides housing and care to elderly, frail men and women who are homeless or at risk of homelessness.
- The Opening Doors Framework: ensures an integrated and coordinated response by having a limited number of designated access points into the homelessness system.
- ASK IZZY: A mobile website that connects people who are in crisis with the services they need right now and nearby

The details on how to contact these services can be found [\(here\)](#).



CHSP Assistance with Care and Housing (ACH) Program

The Commonwealth Program that addresses housing and homelessness for older people is currently (as of 2021) called the Assistance with Care and Housing (ACH) program. (Some ACH services will transition into the new care finder program from January 2023).

- Current as of 2021, ACH can be accessed at age 50 (45 if Aboriginal or Torres Strait Islander) for people who are at risk of premature ageing through being homeless, or at risk of homelessness
- My Aged Care is currently the access point for the ACH Program. More information in this factsheet, ([click here](#))
- ACH provides support to people who experience or are at risk of homelessness.

Services currently include:

- Advocacy
 - Financial and Legal Assessment
 - Referrals regarding Hoarding and Squalor
- If eligible for ACH a client is also eligible for linkage to other CHSP programs.

Further Support

Access and Support Workers support marginalised individuals to ensure they get the services they need. They are available in Victoria to support consumers in navigating service systems and to access the services they need. Find your local worker ([here](#)).

Contact your Regional Diversity Advisor to discuss local resources and support organisations for your region.

Achieving Housing

Activity 8

Looking for home and finding community

The resource 'Home at Last – Looking for Home & Finding Community' shows what it means to older people who have been homeless ([here](#)).

Questions:

1. Reflecting on the above video, discuss how it relates to what you already know, or your perceptions about housing insecurity?
2. What are the benefits gained from seeking help?



Possible activity reflections

- The above explained how housing insecurity/homelessness can look, such as living in inappropriate or unsafe accommodation, unaffordable rent, living in a very small and often overcrowded house and having to move houses many times. This may be different from how homelessness is portrayed traditionally as sleeping rough/on the streets
- The video also showed that homelessness impacts people of all gender and ages, and that older people who do not own their own house are at higher risk of homelessness
- Some of the benefits of seeking help that were highlighted in the video include: feeling part of a community of people who have had similar experiences of housing insecurity. The video showed this resulted in great friendships and support as well as reduced social isolation.

Don't lose sight of the person, their needs and what's important to them

Keeping a person's needs at the centre of all decisions, promotes a person-centred approach. It is important to understand who they are, what's important to them, what the person wants to do, what the person is able to do for themselves and where support is needed.

This may include:

- Identifying other aged care services (including In Home Support, home care packages and residential aged care) that may be appropriate and inform the client of these services
- Discussing other service options to determine the full range of services the consumer may require support from, including financial, health, legal, mental health, police, public guardian/trustee, prison/justice/correctional, social and disability services
- Supporting consumers who experience or are at risk of homelessness, to access services where they are currently living, or at a place where they are safe and comfortable
- When making referrals it is essential that services coordinate and support each other to ensure the consumer's needs are at the centre of their work and do not 'fall through the cracks'

Remember

Currently, as of 2021 (yet this may change when ACH services will transition into the new care finder program from January 2023) people who have prematurely aged are eligible for Aged Care Services (such as CHSP and ACH program) from the age of 50 and Aboriginal and Torres Strait Islander peoples from 45 years and older

Whilst many other support systems like social support groups etc can increase wellbeing, they are less effective when there is no stable housing

Just because someone may be at risk of homelessness, it shouldn't prevent the person from accessing social support and other CHSP services.



What can Support at Home Program staff do to make their services inclusive for people who are homeless or at risk of homelessness?



Key Messages

As a direct care worker supporting a person who is at risk of homelessness

- I know the signs of risk and the many forms of homelessness, the impacts, the benefits of prevention and can support the person at risk of homelessness
- I know how to ask questions about homelessness and identify risk factors. More information ([here](#)).
- I am mindful that homelessness issues can be addressed at any point in the client journey
- I'm aware that unconscious bias and stigma about homelessness may prevent me from seeing other important parts of the whole person
- I understand the prevalence of trauma amongst people who are homeless, the impact of trauma and what trauma informed care and practice look like ([see more here](#)).
- I am aware of international human rights, legislative requirements, and Aged Care Quality Standards, that underpin this work exist
- I know that people who are homeless or at risk can age prematurely and are eligible for Aged Care Services (such as CHSP and ACH program) from 50 years and older, and for Aboriginal and Torres Strait Islander peoples 45 years and older (*currently, as of 2021; yet this may change when ACH services will transition into the new care finder program from January 2023*)
- I am aware that older and prematurely aged people experiencing, or at risk of, homelessness may not have complex needs; the only service they need may be access to affordable, appropriate and secure housing
- I will actively involve the consumer in all decision-making about their services and will provide services at a place where the consumer wants the service to be delivered

- I will provide practical support if needed, such as assistance with completing paperwork and accompanying people who are dealing with housing agencies
- I know how to access homeless and housing support locally, know what they can offer and importantly what they can't
- I understand what unconscious bias is and how it might impact on the services I provide to clients (unconscious bias is explained [here](#))
- I am aware of my organisation's policies, for instance how our appointment policies accommodate people who are difficult to contact and/or struggle to maintain a schedule
- I know how our service works with individuals, who at times exhibit challenging behaviours or display other forms of distress, to support them and where possible maintain services
- I am aware that I am in a position of power when interacting with consumers and that this can affect the perceptions of the consumer. My interactions, even seemingly straightforward actions may result in consumers feeling judged
- I will spend sufficient time with consumers to ensure I understand them, that they feel heard and will return to follow-up in ensuring their needs are met
- I will explain information clearly and simply and check for understanding to ensure consumers understand the information I provide ⁵⁵
- I accept the limitations of the system in the support it can provide (and advocate for improvement). "You may not be able to assist with immediate housing need. Be kind to yourself".

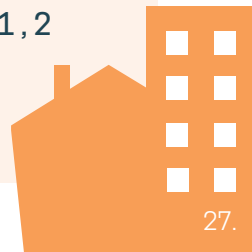
Raising the Issue of Homelessness with older persons

- Build trust and rapport before tackling issues related to homelessness
- Don't be afraid to initiate the conversation about a person's housing situation after you have built trust with the consumer
- Have a casual discussion of their current housing situation and any concerns at a time and place the consumer feels comfortable, safe, and secure- ask them
- Never assume that an older person will raise concerns about their housing needs with you
- Recognise they might not feel comfortable asking for help or even realise they need help
- Older people living with friends, in unsuitable housing, in their car or caravan may not see themselves as homeless
- Encourage consumers to involve someone they trust in their assessment and other decision-making processes
- Report identified risks and concerns to your supervisor when you don't feel comfortable discussing them with the consumer directly.

As a manager and/or quality officer supporting my staff

The table below lists what knowledge and information would be important for staff and other stakeholders in your organisation to know, and lists a number of actions you can take to ensure people who are (at risk of) experiencing homelessness are supported and that your services are inclusive and safe for them. The actions are mapped across the **Aged Care Quality Standards** and the **Aged Care Diversity Framework**, to highlight how, in addressing these, you are meeting diversity expectations and requirements for the Aged Care Quality Standards. Planned and undertaken actions can be reflected in your organisations' **continuous improvement plan** and/or **Self-Assessment** for the Aged Care Quality Standards.

Service Provisions	Aged Care Standards	Aged Care Diversity Framework Outcomes
Knowledge for staff		
<ul style="list-style-type: none"> Staff, managers, and board members have received education on homelessness and are aware of the risk factors, which may include: living alone, being in private rental, being on a pension, unsafe/unsuitable living environments. They are furthermore aware of the impacts and what they can do to support consumers experiencing or at risk of homelessness and how to provide inclusive services 	1, 2, 7, 8	1, 3, 5, 6
<ul style="list-style-type: none"> Staff are aware that people who have aged prematurely are eligible for the Support at Home Program and the ACH program from the age of 50 or 45 when Aboriginal or Torres Strait Islander backgrounds (<i>currently, as of 2021; yet this may change when ACH services will transition into the new care finder program from January 2023</i>) 	1, 7	3
<ul style="list-style-type: none"> Staff are aware about international human rights, legislative requirements, and Aged Care Quality Standards, that underpin their work exist 	1, 7	2
<ul style="list-style-type: none"> Staff are aware that older and prematurely aged people experiencing, or at risk of, homelessness may not have complex needs; but may need additional support to help them access affordable, appropriate and secure housing in addition to safe and inclusive Support at Home Programs 	1, 2, 7	3, 5, 6
<ul style="list-style-type: none"> Staff are trained to understand how institutionalised bias and stigma about homelessness, may prevent them from seeing the other important parts of the whole person, and are confident to explore this with the older person, and if needed, other services to provide wrap around support 	2, 4, 7	6
<ul style="list-style-type: none"> Staff learn about and adopt a wellness and an inclusive approach to support consumers to have a person-centred conversation, respond in a holistic way, better understand the persons experiences, history, and what's important to them 	4, 7	1, 2



- Staff are aware that early intervention is crucial when risk of homelessness is identified to prevent crisis
- Staff know local specialist homeless services and appropriate referral pathways to refer and partner with in supporting older and prematurely aged consumers
- Workers know the limits of what services they can offer and those of services they are referring consumers

1, 7	3, 5, 6
1, 2, 4, 7	1, 3, 5, 6
4, 7	

Actions

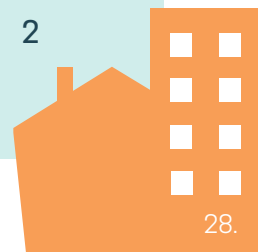
- Involve people with lived experience of homelessness in planning and feedback processes and co-design of services
- Best practice support services for older people should be holistic, trauma informed and cater for the complex needs of older people with disabilities, including physical and psychosocial disabilities and cognitive impairments
- When addressing homelessness it is also particularly important to work towards preventing social isolation for older people
- Referrals are followed up and consumers are supported to receive the services they need: e.g. through working with Access and Support or care navigation services
- The organisation partners with housing support organisations and other specialised agencies where relevant to ensure holistic care
- Innovative models of service provision are developed to support people who are experiencing or are at risk of homelessness

1, 8	2, 5
1, 2, 3, 4	2, 3, 5, 6
1, 2, 3, 7	3, 4, 6
1, 4, 7	2, 6
2, 4	3, 4
2, 3, 4, 8	3, 4

Policies and procedures

- A process is in place to ensure that all assessments are conducted, and care plans developed by staff with appropriate knowledge on how to ask questions, identify risk factors for homelessness, how to initiate a conversation and what actions to take (e.g. by including this into staff induction processes)
- Initial assessment/screening and appropriate referrals for older and prematurely aged people's housing situation should be included in all contacts with people seeking services and support
- Policies and procedures include links to referral pathways for older and prematurely aged people who are at risk of homelessness

2, 7	3
2, 3, 4	4
2, 3, 4	2



Systemic Advocacy

- Agencies identify and report shortfalls in crisis accommodation to support organisations, Diversity Advisors and Wellness and Reablement Advisors and Alliances
- Agencies work together with support organisations to advocate for policies that reverse the trend of increasing homelessness for older people, particularly women.

2,7

2,3

2,7

2,3

The Department of Health has developed the Aged Care Diversity Framework and a range of action plans to assist providers to create an inclusive environment for older people. More information can be found [\(here\)](#).

Information and resources on the Aged Care Quality Standards (under review as of September 2021) can be found [\(here\)](#) and of the review [\(here\)](#).

More information on the DRAFT Homelessness Action Plan can be found on this via HAAG [\(here\)](#).

Activity 9

Homelessness and the Aged Care Standards

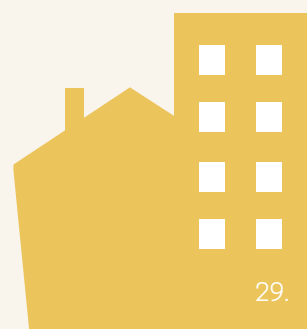
Watch this Case Study [\(here\)](#)

Questions:

1. How do your organisation policies and practices compare with the case study, what change/improvements could you make?
2. Do you have any actions in your continuous improvement plan that are about homelessness?
3. Do you need to add any (additional) actions, and if so what would these be?

Activity reflections

Ideas for actions can be found in the table [\(here\)](#).



Further support with housing

My Aged Care: Assistance with Care and Housing (ACH) program and other services

(The information below is current, as of 2021; yet the program may change when ACH services will transition into the new care finder program from January 2023.)

<https://www.health.gov.au/sites/default/files/documents/2019/12/assistance-with-care-and-housing-ach-sub-program-fact-sheet.pdf>

- The ACH can be accessed at age 50 (45 if Aboriginal or Torres Strait Islander) if prematurely aged.
- If eligible for ACH a client is eligible for linkage to other CHSP programs
- My Aged Care is the access point for the Commonwealth Home Support ACH (Assistance with Care and Housing) Program.

<https://www.myagedcare.gov.au/>
Ph: 1800 200 422

Housing for the Aged Action Group (Statewide): Housing information and Referral

<https://www.oldertenants.org.au/>
Ph: 1300 765 178

Wintringham (Statewide): Advice and referral

<https://www.wintringham.org.au/>
Ph: (03) 9034 4824

The Opening Doors Framework

<https://chp.org.au/homelessness/the-opening-doors-framework/>
Ph: 1800 825 955

Crisis and Emergency Accommodation (Statewide)

Ph: 1800 825 955 (free call)
or (03) 9536 7777

Local Service Finder:

<https://askizzy.org.au/>

Aboriginal Housing Victoria:

<https://ahvic.org.au/>

Additional Support for your clients

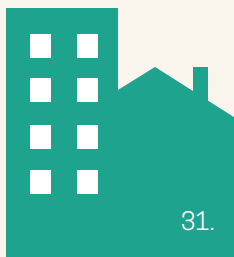
Access and Support Workers : supporting marginalised individuals to ensure they get the services they need. They are available in Victoria to support consumers in navigating service systems and to access the services they need.

- **Find your local worker:** <https://eccv.org.au/access-support/>



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- <https://www.homelessnessnsw.org.au/resources/rural-and-remote-homelessness>
- https://www.ahuri.edu.au/_data/assets/pdf_file/0022/47371/AHURI-Final-Report-322-An-effective-homelessness-services-system-for-older-Australians.pdf
- https://www.ahuri.edu.au/_data/assets/pdf_file/0022/47371/AHURI-Final-Report-322-An-effective-homelessness-services-system-for-older-Australians.pdf



Video Resources

Homelessness and the older people

- [Interviews with HAAG](#)
- [Diversity in practice: Older People who are homeless or at risk of become homeless](#)
- [Introducing Wintringham](#)

Homelessness and the CALD community

- [HAAG Videos for discussing homelessness in CALD Communities](#)

Eastern Metro Region

- [Stable housing project videos ESDT:](#)

SBS

- [Two older women's experience of homelessness](#)
- [Regional Homelessness](#)

NSWMH

- [A brief overview of the theory and benefits of Trauma Informed Care](#)

Council to homeless persons

- <https://www.youtube.com/user/CHPVic> - channel

Finding Housing

A half hour program in which people who have achieved secure housing talk about their experiences.

- [Home at Last-Looking for Home & Finding Community – Finding Community](#)



Further Documents

Brief overview of homelessness and older people in Australia

https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_Older_People.pdf (2017)

Overview of the Private Rental Market

https://www.ahuri.edu.au/_data/assets/pdf_file/0011/2081/AHURI_Final_Report_No241_Supply-shortages-and-affordability-outcomes-in-the-private-rental-sector-short-and-longer-term-trends.pdf (2015)

For more information on Homelessness as a Human Rights issue and how it also impacts other human Rights

<https://humanrights.gov.au/our-work/rights-and-freedoms/publications/homelessness-human-rights-issue#:~:Cl> (2008)

A guide for workers to understand the nexus between trauma and homelessness and how to provide trauma informed practice

https://www.vaada.org.au/wp-content/uploads/2019/03/trauma_and_homelessness_initiative_worker_guidebook.pdf (2014)

Australian Human Rights Commission report into Older Women's Risk of Homelessness

<https://humanrights.gov.au/our-work/age-discrimination/publications/older-womens-risk-homelessness-background-paper-2019> (2019)

Commonwealth of Australia Draft Homelessness Action Plan (26/04/2019). Still to be formally launched.

Aged Care Homelessness Action Plan for providers - Draft 26/04/2019 - HAAG:

https://www.oldertenants.org.au/sites/default/files/docs/homelessness_action_plan/draft_provider_diversity_action_plan_homelessness_20190426.pdf (2019)

Dementia and Homelessness Paper

<https://www.dementia.org.au/files/NATIONAL/documents/homelessness-and-dementia.pdf>



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Grampians Region

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Hume Region

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0407 470 634

Barwon South West Region

Position vacant

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Transcript of the story of Mumma

1. How has being older and homeless impacted on your (physical, mental, cultural, spiritual) health? (here)

“Most Indigenous Elders they feel like they’re a burden, they feel like they’re not wanted, in some cases that’s true, because Aboriginal society has unfortunately twisted the wrong way, Aboriginal Elders may not feel comfortable being in an ‘old folks’ home or age care home, or whatever the polite term is.

That aged care home may be set up for them, just because you’re old and you’re in an aged care home doesn’t mean jack, because they’re there to treat the condition of aged, not the condition of colour, or the condition of choice, and that’s a shame because it dehumanises, what the elders particularly feel lost.

Every person is taught to respect your elders, where’s the respect when the elders don’t feel respected, they feel left out, they feel isolated.

You might see an Aboriginal down the street that doesn’t mean you start wondering whether they’re homeless or not, if you still see them there towards night time, then you can start wondering and ask, because I can tell you now, stubbornness and pride does come into it, we don’t seek help nor do we expect it.

Well for me, if I didn’t have my home, my mental health was getting affected, when I was staying at my nieces, cos nothing there was mine, and yes she didn’t mind, but it was like a burden, and my emotional wellbeing, I would be making poor life choices regarding food, because not everybody can eat healthy, homelessness comes at a price, and that affects what you eat, where you eat, what condition the food is in, cos it may not be bought it may be scrounged.

You’ve got health issues like stomach problems, if the foods, so nutrition plays a part in it, your mental health will suffer. You get the feeling of who wants me and I’m needed what’s the point you actually withdraw from people, who used to know you, when I decided to seek help, I was also ashamed because here’s me someone quite able to do something, I couldn’t, and when we do seek help from services, oh we’ll see what’s available or not, homeless people don’t want to hear that they’re homeless right now, not next week or a couple of days later, or two...whatever the process is.

For me it took 3 years but I had somewhere to be, but most homeless people don’t have somewhere to be. And then you get the stigma of people walking past pretending to ignore you, when they’ve seen you, and the shame is on them, because they don’t want to be there they didn’t choose to be there.

And its other external factors put them there, whether it be there through their health, through their family saying get the hell out of our house or my home, doesn’t include them, so they get exclusion. And I commend services for doing stuff but they’ve got to do more from the homeless persons terms, gives them back, their humanity it shows them that they’re actually wanted and cared for “.

2. In your experience how does homelessness have an impact on the Aboriginal community in rural areas? (here)

“It is hard for an Indigenous person, because 1. the services not there, 2. who wants to accommodate an Indigenous person in their area. To live rurally it’s ideal but unfortunately, you’ve got stigma, prejudices and I’m going to say it racism because having an indigenous client in a rural area it’s harder, because even if you’re a service provider and you find something for them, as soon as they see the client are the accommodation not available any more. What the hell, we’re human so we should be treated the same we just got different skin colour if they have a pre-perceived idea of how we act that’s wrong cos I’ve seen non-indigenous people do worse than us, but we’re marked.

Well it would be somewhere that provides shelter; railway station depending on the season, the river water, the river water has a calming effect on people effect on people and I’ve come down here and it’s a good place to release.”



3. What's your experience being a gay indigenous person? (here)

“Being an Indigenous gay person if you decide to come out, risk of getting kicked out of home, because Aboriginal society nowadays does no tolerance for that. I've known some cases, people held back on coming out because they may be living at home, as parents or older person, it's basically piss off. And it's harder because you've got double stigma, being Indigenous and being gay, cos society might accept and be polite, you get down to the nitty gritty, it's not acceptance from the heart and that's a shame”.

4. What is your experience being Aboriginal and homeless? (here)

“When I first came here in 2013 like I had family so I had a spot to be, and when I say spot, I mean wasn't a bed, because the house was practically full, so it was a floor, and that in itself is a perfect example of homelessness, because if you don't have a bed, you are homeless. And I didn't mind because that's the way it is in Aboriginal, we put up anybody and everybody, whether it's the floor, the cupboard, whatever, it did get to the point where it got a bit too much for me, and I had to seek help which is a big step for me, as I am not one, to seek that, my stubbornness and pride got in the way.

But I got it, I actually found a spot at Quomby house when it was a men's shelter, but I think anybody can stay there now – they've got set areas and there's a bed available, I actually cried that's the effect on me, that I actually had something of my own.

I am living in Laverton that is a suburb of Albury, that process took nearly three years, because accommodation for anybody and everybody I hard, I think it's also lacking because you go through a process which you shouldn't have to, if there's a place available. Look, we've got empty houses I know that for a fact, utilise them in the meantime, but we've got through this process, sign this, tick that, it's ridiculous because homelessness is there, it's not going to change if you can't give someone shelter”.



We value your feedback.
Please click the link below for a short
evaluation.

[Evaluation](#)



End Notes

- ¹https://www.ahuri.edu.au/_data/assets/pdf_file/0022/47371/AHURI-Final-Report-322-An-effective-homelessness-services-system-for-older-Australians.pdf
- ²CEO HAAG (Housing Aged Action Group) Fiona York at Diversity Training "At Risk of Homelessness/Homelessness for Older people" - Commonwealth Aged Care Diversity Framework 2017 - training session Victoria 2019
- ³<https://www.missionaustralia.com.au/publications/position-statements/ageing-and-homelessness-solutions-to-a-growing-problem>
- ⁴<https://humanrights.gov.au/our-work/age-discrimination/publications/older-womens-risk-homelessness-background-paper-2019>
- ⁵<https://www.un.org/en/universal-declaration-human-rights/>
- ⁶Index of Wellbeing for Older People: www.benevolentsociety.org.au
- ⁷See references in: Australian Association of Gerontology (AAG). Background Paper. Older women who are experiencing, or at risk of, homelessness [Internet]. Melbourne; 2018 Aug [cited 2018 Aug 15]. Available from: <https://www.aag.asn.au/documents/item/2234>
- ⁸<https://www.dss.gov.au/housing-support/programmes-services/housing>
- ⁹2049.0 - Census of Population and Housing: Estimating homelessness, 2016
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- ¹⁹<https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/2016>
- ²⁰<https://chp.org.au/homelessness/>
- ²¹https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/CASEY_Louise_Paper.pdf
- ²²https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2019/05/CASEY_Louise_Paper.pdf
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- ³⁴https://www.sbs.com.au/sites/sbs.com.au/home/files/sbs_learn_frh_cald_fact_sheet.pdf
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- ⁴⁹<https://www.uowblogs.com/cc608/>
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