

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



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 (1), (2), (3), (4)** and reflect on the questions to understand and learn from Mumma's lived experience as well as his perspective on homelessness.

(if you would like to read the transcript of Mumma's story alongside with watching/separately please go to page 36 of the resource).

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:

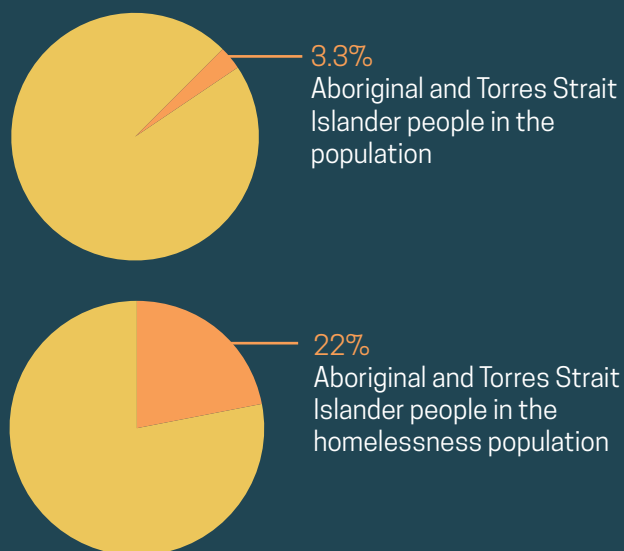
- Use a person-centred approach.²⁴ Involves seeking out, and understanding what is important to the older person, fostering trust, establishing mutual respect and working together to share decisions and plan care
- Taking a holistic approach: Mumma is not just Aboriginal, there are other aspects to his 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

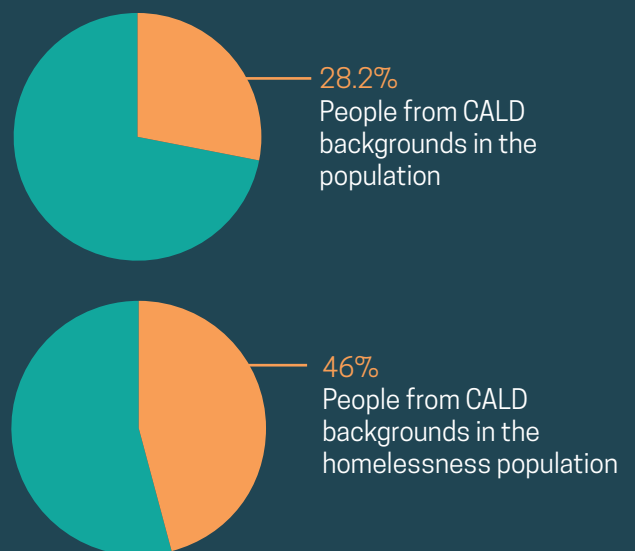
Historically, Australian, British, and American service personnel share similar resettlement challenges, as the impact of unresolved trauma was evident in the great depression, with ex veterans remaining homeless and unemployed from world war one. This pattern continued in the 1950's-1960's, and later, 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 on page 30 of the resource.
- 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 on page 22 of the resource.
- 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.



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

[Evaluation](#)

