



Older Homeless People –‘the Gap People’

Whose responsibility aged care, mental health, health, drug and alcohol?

The most common and regularly used definition of homelessness is that developed by Chamberlain and MacKenzie¹, which identifies three levels of homelessness from street sleeping defined as primary homelessness, through to people living in boarding house or caravan parks with no security of tenure defined as tertiary homelessness.

Last year at the National Homelessness Conference in Brisbane, Homelessness Australia and members of The Council for Homeless Persons Australia (CHPA) recognised that there was an increasing number of older people who were at risk of or becoming homeless.

- The number of older homeless people (55-64 years) increased by 36% and the 65 year old and over increased by 23% from 2001 to 2006 according to the ABS Census².
- The number of older people at risk of homelessness due to housing stress in the private rental market is also increasing – 30% increase 2003-2007

Noelle Hudson of Q Shelter provided further statistics on housing shortages from the National Housing Supply Council (April 2010).

- NHSC Report found a 85,000 shortfall between demand and supply in 2008
- Lowest 20% there was a shortfall of 200,000 affordable dwellings
- This illustrates the renting down – higher incomes renting in lower priced dwellings
- Council projects the supply gap to be 202,400 in June 2010 and 430,000 in 2028.

The Productivity Commission Draft Report , ‘Caring for Older Australians’ , January 2011, does not address this confronting growing trend of Older Homelessness in the recommendations, rather the focus is on those who can afford to pay, how and what. Further, it is of concern community aged care in its many guises, particularly the Assistance with Care & Housing for the Aged are largely overlooked in the Report. The Draft Report fails to acknowledge the underlying policy and market issues which have led to an increased number of

people following through the gap. There must not be a repeat of the dismal history around the plight of homeless older persons over the last 60 years.

The needs of low income, older people who were homeless or at risk of homelessness was widely recognised by community organisations in the 1940s and resulted in the passage of the Aged Persons Homes Act 1954, but this program was gradually diverted from its initial focus on the poor, homeless elderly into an emphasis on aged care.

Through the 70s -90s, despite clear evidence of the widespread stress amongst older private renters, many older people struggled to gain priority access to social housing and while some 30% of public housing tenants are 65 and over, far less than 50% of older renters are in social housing.

From the 1970s onwards, many community organisations committed to the area of ageing became focused on aged care and retirement villages rather than on affordable and supported housing for poor, older Australians.

Initiatives such as the Assistance with Care and Housing for the Aged (ACHA) in 1990s, is of great value playing a critical role in addressing and advocating for the older homeless person, however has remained a small-scale and unacknowledged program, not even rating a mention in the Draft Report. Given the trend in older people becoming homeless it is essential the ACHA program is acknowledged with increased funding. The current Department of Housing priority wait list time in WA for older people is between two and half to three years. Substantive increases in the private rental market have contributed to the increase in older people becoming homeless in WA.

The largely hidden issue of older women and homelessness gained national media attention in August 2010 via the release of Ludo McFerran's research, "It Could Be You: Female, Single, Older and Homeless". This research identified that older, single women in Australia are accumulating poverty instead of financial security, putting them at higher risk of homelessness.

The study reveals that factors other than domestic violence, a history of mental illness or alcohol and substance abuse are contributing to increasing levels of housing risk for single, ageing women. Increasingly, older women are homeless because they are poor – often owing to detrimental social and economic impacts of divorce and separation in investigating the lives of 31 women in NSW who had become or remained homeless past the age of 45 for the study, McFerran uncovered risk factors such as leaving school and having children at a young age, employment in low-income jobs, living alone, renting or sharing, a crisis such as eviction, illness or losing their job, and the family unable to help.

St Bartholomew's House in Western Australian provides services to people who are homeless or at risk of homelessness, the services include a 20 bed residential facility; 50 community aged care packages and funding of one FTE for the Assistance with Care and Housing for the Aged (ACHA) program, which currently has some 35 people as a case load. The people who come into our services represent some of the most marginalized in our community, including indigenous people and those with a mental illness and other co-existing morbidities.

In a report titled, *Duty to Care*³, 2001, Professor Fiona Stanley said, "The stigma of mental illness is still all too pervasive. Many people with mental illness are unable to work fulltime, are disenfranchised from family and friends, lack social networks, and exist on meager means of financial support". Further in the report it is stated, 'these problems often lead to lower standards of living, which in turn can result in high death rates and earlier death'.

A current snap shot of a sample sixty one people from the St Bartholomew's House, ACHA program, including the prematurely aged from 52 years to 88 years, showed 21% had a university education, which would indicate these people had at various points in their lives contributed to society. Of these 70.5 % had a mental health diagnosis, 29.5% alcohol and or drug addiction, 42.7% with a cognitive impairment such as dementia or intellectual disability ; 75.4% with a significant physical disability and of these 59% have co-occurring mental health and or other complex conditions including alcohol addiction. These people have complex needs requiring an integrated and specialized response from both Government and community service providers.

A hospital social worker from the regional centre of Geraldton (WA) recently said, they are the 'gap people'. The people who continually fall through the gap of service provision, there is no where for them to go, so they end up taking up valuable and expensive hospital beds and are regular consumers of emergency services such as ambulance, emergency departments and so on. This anecdotal evidence is supported by the AHURI Report, May 2007⁴ in which additional costs are being borne by the health system because the basic care and accommodation needs of older homeless people, especially those with a mental illness are not being met. The AHURI research estimates the average daily cost to the Government is \$1,243.00 for the hospital admission. Surely this money would be better invested in targeted community aged programs.

It is short sighted for the Commission to recommend that 'supported residents' be provided with a twin room shared bathroom. Supported residents in the case of our residential service, are people who were homeless or at risk of homelessness they have complex needs which more often than not result in challenging behaviors and in the situation of a shared room can result in an escalation of behaviors. This concept is not a cost saving measure.

These people require specialized service provision from having skilled care staff that are trained in aged care, mental health, alcohol and drug addiction. The care staff require the back up and support of responsive integrated Government Departments who are committed in meeting older mental health and physical health needs in both residential and community aged care settings. Our experience and evidence in the *Duty of Care Reports* suggest 'main steam services do not want or are unable to meet the needs of these 'difficult cases', which who are time consuming, 'troublesome' and resource intensive.

Specialist providers such as Wintringham (Vic) and St Bartholomew's (St Bart's) House have successfully provided quality services to these marginalized older people because their organizational philosophy and culture feeds through into the policy and procedures leading to proactive and quality service delivery. At St Bart's we had a case of a prematurely aged person after 5 years of living in residential aged care, was well enough to move back into living independently in the community with a CACP in place. It is critical that responsive integrated

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service provision is provided with regards to care and appropriate accommodation models are acknowledged and adequately funded.

The draft recommendation for the Australian Government to establish an Australian Seniors Gateway Agency would seek to provide another barrier and further marginalize homeless people from accessing aged care services, as one of the key findings in the 'Duty to Care' report is the under representation of people with mental health issues accessing and being able to navigate the physical health care system.

Other challenges which resource rich Western Australia face is the development of a two tier economy resulting with a fallout for older people on pensions particularly those in the private rental market, facing increase rents, increased demand for affordable, secure and safe accommodation, increased cost of utilities and the ongoing issue for the not for profit sector to recruit skilled carer staff on uncompetitive low wages.

The Commission has not addressed the issues of the 'gap people' the most marginalised and vulnerable people – the homeless or those at risk of homelessness. It is imperative the future planning of aged care in Australia acknowledges the growing trend of older people becoming homeless and provides integrated service provision across Government and Agencies. That specialist providers are the best organisations to provide care to these frail elderly people, many of whom have mental illness and co-existing morbidities.

The Commission has a duty of care and responsibility to ensure that older people have integrated appropriate services provided to them to ensure that their dignity, privacy and welfare is both addressed and looked after. The current recommendations if adopted will fail in these areas, thus adding even more pressure (both financial and human) on already creaking and under-resourced services, never mind the physical and mental implications that will arise for older people.

Recommendations & Statements

- To integrate service delivery across government and non-government agencies; including housing, physical and mental health services aged care, drug and alcohol agencies in an effort to intervene in the growing number of older people becoming homeless and to more effectively meet their care needs,
- Specialist training as part of carer development and in meeting older People's needs is provided in mental health, drug and alcohol.
- The provision of care services to older homeless people is specialised and organisations are remunerated accordingly as per the recommendations in the 'Homelessness Australia's Recommendations'.
- The Australian Seniors Gateway will act as another barrier to already marginalised / homeless people accessing aged care services.
- The recommendation of a twin room share for 'supported residents' is quashed in view that people least able to pay are more likely to have complex care needs and behavioural issues which are not best met by this model of accommodation.
- Address issues of built housing, including flexible and universal design and expand home modification services especially in the rental sector.
- Ensure appropriate services to assist and support older homeless people, e.g. ACHA, homelessness services (NAHA, HACC and CACPs continue to be resourced and increased.
- Expand 'service-integrated housing' for homeless and vulnerable older people with complex needs, such as supported accommodation for older people with mental health issues.

¹ Chamberlain and MacKenzie ABS Counting the Homeless 2050.02006

² ABS Census 2001 and 2006 data, Dept. of Families, Housing, Community Services and Indigenous Affairs

³ David Lawrence et al, (2001) Duty to Care: Preventable physical illness in people with mental illness, University of Western Australia.

⁴ Paul Flatau et al, (May 2007) 'The Effectiveness and Cost Effectiveness of Homelessness Programs: A Preliminary Report, Australia Housing and Urban Research Institute (AHURI) Western Australia.