



*Ageing out of place:*  
The impact of gender  
and location on older  
Victorians in  
homelessness

A Pilot Study

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## List of acronyms

<b>ABS</b>	Australian Bureau of Statistics
<b>ACHA</b>	Assistance with Care and Housing for the Aged
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AHURI</b>	Australian Housing and Urban Research Institute
<b>DHS</b>	Department of Human Services
<b>GP</b>	General Practitioner
<b>HAAG</b>	Housing for the Aged Action Group
<b>HACC</b>	Home and Community Care
<b>SAAP</b>	Supported Accommodation Assistance Program

## Definitions used in this report

### *Ageing*

For the purposes of this study we define anyone who is 55 years and over as an ageing person. The rationale for this was twofold. Firstly, we wanted to ensure that we captured the experiences of those who had experienced premature ageing as a result of disadvantage. Furthermore, as this study wishes to examine early interventions for older people at risk, we wanted to explore people's housing pathways prior to them having full access to the aged care system.

### *Homelessness*

Throughout this report we employ the cultural definition of homelessness proposed by Chamberlain and MacKenzie (2001)<sup>1</sup>. This definition identifies three types of homelessness:

*Primary homelessness*: being without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, under bridges, in parks, etc.).

*Secondary homelessness*: moving between various forms of temporary shelter including friends, emergency accommodation, youth refuges, hostels and boarding houses.

*Tertiary homelessness*: living in single rooms in private boarding houses – without a private bathroom, kitchen or security of tenure.

### *Housing crisis*

For this project, housing crisis refers to accommodation tenure that is considered unsustainable, unaffordable or insecure.

### *Housing stress*

Housing stress refers to low income households (households in the bottom 40% of the income distribution) that pay more than 30% of gross household income on rent (Yates et al, 2007).

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<sup>1</sup> The ABS has recently revised the definition of homelessness to be used in major ABS statistical data collections in Australia. This definition was released after data was collected for this research.

### ***Gender***

While sex refers to the biological differences between women and men, gender refers to the socially constructed roles assigned to women and men; these are learned and embedded in cultural beliefs and values, as well as in social and economic structures such as family and work (Office for Women 2005; Status of Women Canada, nd)

### ***Gender analysis***

This refers to processes to assess and understand the differences experienced by women and men, socially, economically, politically and culturally, and what impact policies, programs and services have on their lives (Status of Women Canada, nd, Women's Health Victoria, 2009)

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## Executive Summary

It is widely acknowledged that Australia has a growing ageing population. The growing housing affordability problem is also widely recognised. Declining rates of home ownership and a projected increase in older people in private rental are also well documented. The numbers of older people vulnerable to homelessness will increase. This has implications for the homelessness services system. While currently the scale of the problem is small in relation to other homeless sub-populations (55+ represent 17% of the homeless population at present, Chamberlain and McKenzie, 2008), we currently have an opportunity to plan preventative strategies for this older cohort.

In 2011, Hanover Welfare Services (Hanover) completed a research project *Ageing in What Place* (Westmore & Mallett, 2011a), which investigated the growing number of older persons presenting at homelessness services. The present study builds on this earlier phase of research by undertaking a preliminary investigation into the role that gender and location play in housing crisis and homelessness for people aged 55 and over in Victoria.

This research was guided by four key research questions:

1. What is the impact of gender and location on the experience of housing crisis and homelessness on older people over the age of 55?
2. How do mainstream and homelessness service responses for vulnerable older Victorians differ across metropolitan and rural regions?
3. What services work best to prevent vulnerable older women and men from entering housing crisis and homelessness?
4. What policy reform is required to drive a homeless prevention strategy for vulnerable, older Australians?

We were interested in the perspective of both older Victorians who had experienced housing crisis and service providers who work with this group. We conducted interviews with both cohorts for this study. In order to examine the impact of gender and location we focused on recruiting both older people and service providers from across the 8 different DHS regions in Victoria (see Appendix 2 for a map of these regions). We also attempted to recruit equal numbers of men and women across these areas and asked a series of questions around the impact of gender.

In total, 23 older people completed in-depth interviews. There were 14 men and 9 women, with 12 from metropolitan areas and 11 from regional areas. We also spoke to 23 service providers who had contact with this cohort with at least one service provider from each of the 8 DHS regions across the state.

## **Key findings**

In the main there were more similarities amongst male and female and regional and metropolitan participants than there were differences.

- Typically participants' housing crises were triggered by an inability to source affordable private rental housing and an income shock.
- Almost all participants reported difficulty finding affordable private rental housing (20 out of 23).
- Difficulty asking for and accepting help was a significant theme identified by both service providers and older persons. It was an issue for both men and women, and was deemed to be a generational issue as opposed to a gender-based issue.
- Most participants (19 out of 23) did not know where to go for help when they found themselves in housing crisis.
- It didn't seem to matter where participants were or their gender - experiences of services were remarkably similar. Participants experienced the same barriers to accessing services and the same sorts of things worked for them when they had contact with services.

However, gender appeared to affect some aspects of participants' housing pathways and experiences.

### **Gender:**

- Five participants (all men) had been marginally housed long term. However this seemed to be a choice for them and was not a problem until they experienced a crisis.
- There were significant financial impacts for those who had divorced/separated – this was a key issue for some of the men in our study.
- All those who slept rough during a period of homelessness were men. But older men were also more likely to have stayed with family and friends during homelessness. It is unclear what this finding means given that men were more likely to have had their housing crisis resolved than women at the time of interview.
- We expected to find gender differences in terms of experiences of violence, but this did not emerge strongly.
  - Seven participants (3 men and 4 women) reported experiences of violence and intimidation while in housing crisis.
  - Four of the older people we spoke to disclosed experiences of family violence (2 women and 2 men). All were instances of financial abuse.
- When asked, the older people we spoke to did not think that gender had a significant impact on their housing pathways.
- Service providers commented on a lack of homelessness and housing services for women (that were not family violence focused).
- Service providers also reported that while both men and women experienced health issues and histories of low paid work – that these experiences were interconnected and gendered.
  - Specifically, the pay and availability of work was gendered – with women struggling more with lower paid work and under-employment.



- In terms of health issues, women were more likely to experience health issues related to long term poverty while men were more likely to experience health issues related to long term manual and laboring work and the drinking and smoking culture that has been part of this type of work.

## **Location**

- All service providers reported problems with insufficient affordable housing stock and crisis and medium term options in all regions in Victoria. This was the main difficulty service providers faced in responding to housing crisis for this group.
- Some specific issues seemed to be emerging in regional housing markets, including:
  - Some regional towns having house and land prices similar to Melbourne due to tourism or commuter populations. This diminished economic incentive to invest in affordable housing in these areas.
  - Lack of singles housing stock and older person appropriate singles housing stock in many regional areas
  - Lack of formal crisis accommodation services in regional areas – in particular the outer northern regional areas – Hume and Loddon Mallee. This created a need to rely on caravan parks and cheap motels for crisis options. Owners and staff at these facilities were not trained to deal with complex needs clients and these options were becoming increasingly problematic
  - Extremely low turnover of stock in the private rental market of some regional areas
- Apart from access to GPs, there did not seem to be any noticeable differences in access to services in regional or metro areas
- Service access was reported as a problem in rural areas rather than regional centres or metropolitan areas

## **What should be done**

Both older people and service providers made a number of suggestions for what they thought should be done to address homelessness amongst older Victorians. There were no differences in the suggestions made by men and women, and few differences in the suggestions made based on location.

- Both service providers and older persons wanted to see more affordable private rental, public and community housing, suitable for older people.
- Service providers wanted to see more public and community housing in rural areas outside centres so that people could age in their communities alongside greater security of tenure for people in affordable rental housing generally.
- Everyone wanted more information on available services, entitlements and where to go for help for older persons.

- Both older persons and service providers wanted to see the aged pension increased and older persons also wanted to see an increase in Newstart and DSP allowances.

General suggestions for additional services or suggestions for increasing access to services from service providers included:

- A centralised homelessness front door for older people and more housing support for the aged programs (ACHA) in the state
- Development of an outreach style service for older people

Preventative information and training:

- Service providers wanted to see more preventative information targeted at older people – information letting people know who to contact when they need help, and also information on planning for retirement and the future.
- Service providers wanted to see interventions targeted at older people in the private rental market when they first begin to experience financial difficulty.

## **Conclusion**

The results from this project are indicative only and suggest the need for a larger-scale population study, which is more appropriate to answer questions on the effects of gender in a more definitive way; a gender analysis of the Centrelink administrative data, for example, would be ideal. A similar strategy is required for the impact of location. Our study examined DHS regions but these areas are large and diverse capturing multiple housing markets. Commonly housing market analysis examines much smaller geographical units such as Statistical Local Areas in order to compare area based housing markets in more meaningful ways. The examination of homelessness rates for the older population by similar geographical areas may also be fruitful.

Despite these limitations, for this sample of older Victorians, there were more similarities than differences between women and men and across metropolitan and regional areas. The key issue affecting this older cohort, as with other sub-populations experiencing homelessness, is a lack of suitable housing options in the private rental market that are affordable on their incomes. While targeting preventative information to older people through local councils is likely to assist people before they enter housing crisis, a key intervention would be an increase in the amount of low cost rental stock available to this group. There also seems to be an acute lack of formal crisis accommodation options in regional areas which is impacting on this cohort. Key to addressing the lack of affordable stock for this group will be the acknowledgement within the ageing in place policy framework that older people will be increasingly ageing in private rental housing.

## Introduction

In 2011, Hanover Welfare Services (Hanover) completed a research project *Ageing in What Place* (Westmore & Mallett, 2011a), which investigated the growing number of older persons presenting at homelessness services. Following consultation with key stakeholders in the aged and homelessness service sectors in Victoria, the project identified particular subpopulations of older Australians vulnerable to housing crisis and homelessness (e.g. people with an adult child with a disability). A limited number of in-depth interviews with vulnerable aged were undertaken to identify and outline older people's pathways from vulnerability to housing crisis and homelessness.

Findings from this research generated two documents – *Ageing in what place: Examining the experience of housing crisis and homelessness for older Australians*; and a separate document containing detailed case studies: *Ageing in what place: Stage one: Case Studies*. Both are available from the following link: <http://www.hanover.org.au/ageing-and-homelessness/>.

The study findings suggested that the pathways differed for women and men and for those living in different locations. But key questions remained. How do women and men's pathways into homelessness differ? Why? What difference does location make?

And most important of all, what can be done to prevent housing crisis and homelessness for older women and men?

## Research aim and questions

The central themes, gender and location, formed the foundation to a second phase of the research, which re-engaged the productive partnership between Hanover and Housing for the Aged Action Group (HAAG).

Generously supported by a grant from the Mercy Foundation (NSW), this research, *Ageing out of place*, aimed to understand more clearly the relationship between gender and location for people 55 years and over who had experienced homelessness or housing crisis in Victoria.

Findings presented in this report are based on the following key research questions:

- 1 What is the impact of gender and location on the experience of housing crisis and homelessness on older people over the age of 55?
- 2 How do mainstream and homelessness service responses for vulnerable older Victorians differ across metropolitan, rural regions?
- 3 What services work best to prevent vulnerable older women and men from entering housing crisis and homelessness?
- 4 What policy reform is required to drive a homeless prevention strategy for vulnerable, older Australians?

## Background

A small but growing body of research and service data identifies older, low income Australians as a group particularly at risk of housing crisis and homelessness. Across Australia anecdotal reports from service providers indicate that older people, and particularly older women with no recent history of homelessness, are increasingly presenting at specialist homelessness services with nowhere to live and few, if any, formal and informal supports. Many also have little money, including superannuation to support them beyond the immediate crisis. Once at homelessness services they find little or no appropriate response available to them and cycle from one form of crisis accommodation to the next.

Currently, our knowledge of older Australians at risk of homelessness is very limited, especially for those who have had no previous history of housing instability. To date, research has focused on specific segments of the older homeless population (women escaping violence, private renters etc). There is little knowledge of the *overall* profile of older Australians in housing crisis, and the diverse pathways into housing crisis, if not homelessness, for subpopulations of older Australians.

Without this knowledge it is difficult to develop appropriate policies and services to address their needs. Most importantly, we will lose a critical opportunity to prevent the emergence of significant levels of homelessness among this ageing population over the coming decades. Moreover at a time when a productivity commission report (Productivity Commission, 2011) has exposed the urgent need for systemic reform in the Aged Care sector, it is critical that the needs and experiences of older Australians at risk of housing crisis and homelessness are profiled in national debate and policy reform.

### Homelessness among older Australians

In 2006, people aged over 55 represented 17% of the homeless population (Chamberlain and MacKenzie, 2008). This is projected to grow exponentially over the coming two decades. Indeed, Census figures show that between 2001 and 2006, the greatest increase in homelessness occurred among those aged between 55 and 64, where the rate soared by 36% (AIHW 2012). Among Australians aged over 64, the rate of homelessness increased by 23%; the second highest increase in homelessness.

The latest 2011 Census figures also do not bode well for older Australians. While a revised definition of homelessness was used to estimate levels in 2011, the data suggest that homelessness increased between the two census periods. If persons living in other crowded dwellings, other improvised dwellings and those who are marginally housed in caravan parks, are included in the 'total homeless persons' category, then homelessness among the 55 and older age group increased by 40% (ABS 2012).

## The impact of gender

The social context in which ageing and homelessness occur is influenced by a range of social, economic, cultural and environmental factors in which gender plays a key role (Women's Health Victoria, 2009). This means that women and men are likely to experience ageing, old age and homelessness differently. Evidence from Jones et al. (2007), Wood et al. (2008), McFerran (2010) and Olsberg and Winters (2005) indicates that a number of factors contribute to older women being particularly vulnerable to housing crisis. These include lack of financial reserves as a result of taking the main responsibility for child rearing, lack of family support and loss of a partner later in life (through death or divorce).

McFerran (2010) also noted that single status following escape from an abusive relationship can lead to homelessness among older women. Being alone and financially insecure can also become a barrier to re-entering the housing market, leading to housing crisis and a greater reliance on government pensions (Wood et al. 2010).

However, much of the research on gender has focused primarily on the experiences of older women. Very little is known about the experiences of homelessness among older men. The limited research available indicates that older men who are homeless or in housing crisis have generally experienced job loss and difficulties finding a job, overwhelming barriers to finding housing, and family estrangement (Davis-Berman, 2011).

There is some evidence that women and men have different pathways through homelessness – for example, figures from the 2006 Census show that three times as many men than women had stayed in boarding houses; among those who had stayed in improvised dwellings 60% were men and 40% were women. In contrast, more than half the clients in specialist homelessness services on census night were women (53%) while 47% were men (Chamberlain and MacKenzie, 2008).

Additionally, evidence suggests that women and men seek support for different reasons. For example, figures from the Specialist Homelessness Services Collection (SHSC) for the December quarter 2011 show overall, the main reason for seeking assistance was domestic and family violence (25%) followed by financial difficulty (16%). Women, however, were three times more likely than men to report domestic and family violence (34% and 11% respectively). There were only marginal gender differences in relation to financial difficulty (15% women and 18% men) (AIHW 2012).

An important variable is missing from the above analysis – age. What the figures show is that there was an estimated total of more than 5,600 clients aged 55 and over in the specialist homelessness system in the December quarter 2011, with an almost equal proportion of women (48%) and men (52%) (AIHW 2012). The main reason for seeking assistance among this older group of clients was financial difficulty (23%), followed by domestic and family violence (14%). It is unclear, however, how these reasons, and therefore clients' experiences, varied by gender.

## The impact of location

The Counting the Homeless report compared some forms of temporary and insecure accommodation by age. This comparison showed that persons over 55 were more likely to be staying in a caravan<sup>2</sup> (42% of all caravan park residents) than in boarding houses (25% of all boarding house residents) or with friends and family (22% of all people staying with friends or family).

The types of accommodation people stayed in also varied by location. Boarding houses for example are more common in city centres, whereas caravan parks were more common in regional cities and rural areas (Chamberlain and McKenzie, 2008). For example, data collected showed that 70% of boarding house residents lived in a capital city, and 71% of caravan park residents were located in regional centres, country towns or remote locations.

The Victorian Counting the Homeless report also looks at the distribution of homelessness across areas of the state. While these areas do not align with the DHS regions used in this report, the information suggests that there are location-based differences. Table 1, for example, shows the rate of homelessness per 10,000 persons in Victoria's North (55 per 10,000) was much higher than for other areas in the state. Victoria's West recorded the lowest rate (36 per 10,000).

*Table 1: the number and percent of people experiencing homelessness on Census Night 2006 by accommodation type, Victoria*

Victorian State Region	Sleeping rough		Friends & Family		Boarding house		SAAP/THM		People who are homeless N	Total rate per 10,000 persons
	N	%	N	%	N	%	N	%		
<b>Melb Metro</b>	845	6	5100	35	3739	26	4884	34	14568	<b>41</b>
<b>West</b>	409	21	794	40	227	12	550	28	1980	<b>36</b>
<b>East</b>	219	23	342	36	132	14	269	28	962	<b>40</b>
<b>North</b>	731	24	1178	39	359	12	733	24	3001	<b>55</b>
<b>Total Victoria</b>	<b>2204</b>	<b>11</b>	<b>7414</b>	<b>36</b>	<b>4457</b>	<b>22</b>	<b>6436</b>	<b>31</b>	<b>20511</b>	<b>42</b>

*Source: Chamberlain and MacKenzie (2009) Counting the Homeless 2006, Victorian Report*

Differences were also recorded for accommodation type; a higher proportion of Melbourne's homeless population was in temporary SAAP accommodation (34%) or in boarding houses (26%) compared to the regions in the state's West, East or North. Additionally, a higher proportion of the homeless population in West (21%),

<sup>2</sup> Please note that in the *Counting the Homeless* collection, staying in a caravan park long term is considered marginal housing and not tertiary homelessness.

East (23%) and Northern (24%) Victoria slept rough compared to Melbourne CBD (6%).

Where people stay when experiencing homeless is influenced by the availability of services and accommodation options in the various regions around the state. Indeed, many regional and rural areas suffer from a lack of services for vulnerable populations (Beer et al., 2011). This can mean that when people experience housing crisis they need to travel long distances in order to access housing support. These issues are likely to impact on pathways through homelessness.

### **Service availability**

We collected aggregate statistics on service availability and housing affordability to try and get a sense of the overall differences in the availability of key services across the different DHS regions in Victoria. These summary statistics are shown in the table in Appendix 1 These statistics showed:

- Slightly fewer housing services are located in regional areas compared to metropolitan areas (although there are fewer in the Eastern Metropolitan region)
- Fewer homeless services in regional areas compared to metropolitan areas
- Social housing as a percentage of all dwellings and aged care places per head of population fluctuate but are not substantially different in rural and metropolitan areas.
- General practitioners per head of population appears consistent across metropolitan and regional areas
- There are more drug and alcohol clients, registered mental health clients and HACC clients aged over 70 per head of population in regional as opposed to metropolitan areas.
- Housing affordability is more of a problem in metropolitan compared to regional areas. However, the Victorian Rental Report data (Department of Human Services, 2012) shows a lower turnover and vacancy rate in regional areas creating a similar squeeze on low cost rental across the state.

Overall, the picture painted by these summary statistics is that there are fewer housing and homelessness services and fewer drug and alcohol and mental health services available in regional areas relative to demand compared to metropolitan areas. This in itself may create issues for people in regional areas – including, but not limited to older people.

## Methodology

The project, *Ageing out of place*, was a pilot for a larger study. It was designed to explore the experiences of people aged 55 and over who were homeless or in housing crisis, in order to understand the extent to which gender and location impacted on their housing pathways. We were interested in gaining the perspectives of both service users and service providers who worked with older Victorians.

### Sample and recruitment

The intention of the project was to gain an in-depth understanding of the homelessness experience of older Victorians. As such, a representative sample of older people experiencing homelessness in a particular region was not required to fulfill the goals of the project.

#### 55+ sample

Participants were recruited through a range of agencies and their networks that included aged care services, health services and homelessness and housing services. Individuals were eligible for the study if they were aged 55 or older and had experienced homelessness or housing crisis in the last 18 months.

Agencies were asked to make the initial contact with their clients regarding the project and then, with client consent, pass on contact details to the researcher. Following this, the researcher contacted potential participants, determined their eligibility and arranged to conduct interviews over the phone. Face-to-face interviews were completed with four participants in their home.

In addition to age, gender and location were key variables that influenced the selection of participants. In order to understand the impact of gender on housing pathways, we aimed to recruit two men and two women from each DHS region to interview. However, once recruitment commenced we found it difficult to recruit equal numbers of men and women across the eight DHS regions.

#### About the participants (Older people 55+)

We interviewed 23 people who were 55 years of age or older and who had experienced homelessness or housing crisis sometime in the last 12 months.

*Table 2: the number of participants by region and gender (with totals)*

DHS region	Number of men	Number of women	Total
North west Metro	4	2	6
Southern Metro	2	0	2
Eastern Metro	2	2	4



<b>Sub Total - Metro</b>	<b>8</b>	<b>4</b>	<b>12</b>
Hume	3	2	<b>5</b>
Grampians	0	0	<b>0</b>
Barwon South West	3	0	<b>3</b>
Gippsland	0	1	<b>1</b>
Loddon Mallee	0	2	<b>2</b>
<b>Sub Total - Regional</b>	<b>6</b>	<b>5</b>	<b>11</b>
<b>TOTAL</b>	<b>14</b>	<b>9</b>	<b>23</b>

Participants were aged between 56-76 years, with a median age of 64 years (n = 21).

Of the 23 participants, 13 were receiving the aged pension as their main source of income. Five were receiving Newstart and three were receiving the Disability Support Pension (DSP). One was receiving the widow's pension and the remaining participant was subsisting on earnings from casual employment.

Of the 23 participants we spoke to, six were in private rental at the time of interview and six were in public housing. Four were in community housing, one was staying with family, two were couch surfing with friends, two were in transitional housing and two were sleeping rough.

At the time of interview, just over half the participants (12) had resolved their housing crisis. For the remaining 11 (5 men and 6 women, 5 metro and 6 regional), their housing crisis was either soon to be resolved (e.g. they were moving to appropriate housing within the next few months), or they were still awaiting resolution. The women we spoke to were more likely to be in the midst of ongoing housing crisis, whereas the men were more likely to have had their crisis resolved. This may impact our findings.

### **Housing history**

Former home owners: Over half the participants had owned their own homes in the past (12 participants, 8 men and 4 women, 6 regional and 6 metro). Most commonly it was not the loss of their home that immediately precipitated their housing crisis. Loss of homeownership was typically caused by the loss of relationships. Four participants experienced family violence and lost their homes as a consequence. While many of the remaining participants lost their homes through divorce or separation or through the death of their spouses. For those who separated or divorced, it was some time after their separations that they entered housing crisis.

Long term private renters: Thirteen of the participants had been long term renters and most participants entered housing crisis from this tenure (8 women and 5 men,

7 regional and 6 metro). Some of these were former home owners who subsequently rented for many years. This is consistent with the finding from Beer and Faulkner (2009) that most older private renters have been home owners in the past.

Marginal housing: Five participants, all men (3 metro, 2 regional), had long histories of being marginally housed. While their housing did not meet community standards, for example living in a caravan or in a boarding house long term, they managed their accommodation happily and largely by choice until the time of their housing crisis. For three of these men, their accommodation choices were driven by employment which required them to be mobile.

### Service providers

At the time of recruitment, the Department of Human Services' eight regional areas were used as a sampling frame to identify location boundaries and assist with recruitment. A map detailing the boundaries of these regions can be found in Appendix 2.

Purposive sampling was used to engage service provider participants. Agencies were contacted through existing networks and also through regional homeless networkers. We also received recommendations for particular persons or agencies to speak to from other service providers we had contacted in this process. All service providers contacted for the project were asked to pass on information about the study to their networks. A two page document providing an overview of the project and an invitation to them and their clients to participate (Appendix 4) was sent to service providers across Victoria.

### About the service providers

We interviewed 23 service providers across the 8 DHS regions in Victoria. The numbers of workers interviewed by region is shown in the table below.

*Table 3: the number of service providers interviewed from each region*

DHS region	Number of service providers interviewed
North West Metro	3
Southern Metro	4
Eastern Metro	3
<b>Metro Sub T</b>	<b>10</b>
Hume	3
Grampians	1
Barwon South West	2
Gippsland	2
Loddon Mallee	2

<b>Regional Sub T</b>	<b>10</b>
Statewide	3
<b>Total</b>	<b>23</b>

The service providers we interviewed held a number of different types of roles. They included:

- Managers of services
- Initial Assessment and Planning workers at opening doors (the centralized homelessness access points)
- Regional homelessness networkers
- Support workers (including one ACHA worker)
- Team leaders
- Outreach workers
- Policy officers

Service providers' work was largely focused in the homelessness sector. Some service providers had a generalist scope in housing and homelessness, others had an aged focus. Others still worked across drug and alcohol and mental health as well as housing and homelessness or family violence.

Service providers had been in their current role for varying amounts of time, the mean was 5.2 years. Some had only been in the role for a year or less, while others had been in their roles for more than 10 years. Many had been in the homeless or community sector for many more years than they had been in their current roles.

### **Data collection**

Data were collected primarily via telephone interviews, which were undertaken with people aged 55 and over and services providers.

#### **55+ sample**

Telephone interviews were completed with 19 participants and face to face interviews with four participants; with one exception, all interviews were recorded and transcribed. The duration of the interviews ranged from 25 minutes to an hour. In appreciation of the valuable time and contribution provided, participants received a \$20 gift voucher.

Participants were asked about basic demographic details (Appendix 6) and all interviews followed the same broad questions outlined in the interview schedule (Appendix 7). This included questions about their journey into and through housing crisis and homelessness, their interactions with services including what made a difference to their housing pathway, and whether their gender had any impact on their housing pathway. They were also asked what they thought should be done to address homelessness among people aged 55 and over.

### Service providers

Telephone interviews were also conducted with 23 service providers across the eight DHS regions in Victoria. In two of these instances, service providers requested that the questions be sent to them, which they then completed and returned. On average, these interviews lasted about 30 minutes.

Service providers were asked to comment on regional trends in relation to older persons who were homeless or at risk, key service delivery issues for older people including the way the various service sectors operated within the regions. They were also asked to compare and contrast the experience of older men's and women's housing pathways (Appendix 3). We also asked a few basic demographic questions about the roles people worked in and how long they had worked in these roles (Appendix 5).

### Analysis and interpretation

Given the semi-structured nature of the interview questions, most of the analysis has been qualitative. Once transcribed, interviews were read through to identify emerging common themes. These themes were then analysed by gender (Women's Health Victoria 2009) to explore differences between the experiences of women and men and what impact this may have had. The same occurred for location. Following discussions among the research team about the key categorical themes, the interviews were subsequently coded by one researcher.

Quotes from participants have been used throughout in order to provide depth and context to the themes and to highlight particular experiences. The names of participants used in this report are pseudonyms in order to protect privacy.

### Research ethics

Hanover is committed to ethical principles when undertaking research. These principles are outlined in Hanover's Research Ethics Policy (unpublished), which guides all research projects. Additionally, ethics approval for the study was sought and obtained from Hanover's Research Ethics Committee.

Involvement in the project, whether by service users (55 years and over) or service providers, was completely voluntary and confidential. No information from participants, including the decision to participate, was related back to service providers who assisted with the initial contact of potential clients.

Importantly, for service users, it was made very clear that they would not be disadvantaged in any way, especially in relation to the provision of services, if they chose not to take part in the study or if they initially agreed and then wanted to withdraw during the interview.

Informed consent was obtained by emailing a project information brochure to service providers; all information about the study was explained to potential participants over the telephone. Verbal consent was initially obtained. Additionally, hard copies of the information brochure and consent form were posted to each

participant along with a gift voucher. A reply paid envelope was also included so that signed consent forms could be returned to the research unit.

### **Limitations**

A couple of caveats to bear in mind when interpreting the results relate to the two key variables: gender and location. The sample size is small and the findings indicative only of the experiences of those who participated. Overall, older men (n=14) outnumbered older women (n=9). However, gender was split evenly across the metropolitan and regional areas. In the end this was the best outcome, despite extensive efforts made to obtain an even gender split in each of the 8 DHS regions.

For each of the 8 DHS regions, the goal was to recruit at least 2 service providers. In the main, this was achieved; however, this may not have been the best sampling frame to use because of the vast variation that exists within regions. For example, some regions occupy huge land areas (see Appendix 2) that encompass more diversity than similarity. This may be particularly noticeable with housing markets, which may be very different in large regional centres compared to the more rural settings that exist within the one region. The same will also likely be true of housing support services.

## **Findings: Triggers, causes and experiences of homelessness**

This chapter reports the key findings from our interviews with older people aged 55 and over who have experienced housing crisis or homelessness and our interviews with service providers.

It begins with an outline of the triggers and causes of the older peoples' housing crises. Specific triggers and causes of housing crises are discussed including employment histories and financial difficulty, significant health issues and loss of relationships (including separation and divorce, death of a spouse and family violence).

It also reports on the key themes which emerged relating to the experience of homelessness including the difficulties older people experienced in managing their housing crises. Service provider observations on regional and metropolitan housing markets provide valuable context to the reported experiences.

Throughout the chapter the experiences of men and women are compared and any differences that emerged based on location are also noted. The chapter concludes with a summary of the key points relating to triggers, causes and experiences of homelessness from our interviews with a focus on any gender and locational differences.

### **Triggers and causes of housing crisis**

Melbourne Citymission (2008) refer to the distinction between triggers for housing crisis and the causes of housing crisis. An event or circumstance is a trigger if it immediately precedes a person's housing crisis. An event or circumstance is a cause if it is related to a persons' homelessness but did not immediately precede it. Causes are significant factors that occur further upstream and lead to triggers. Causes may be individual level (i.e. pertaining to individual experience) and/or structural (i.e. as a consequence of broader societal political, economic or institutional factors). While causes and triggers may coincide they do not always do so.

In examining older people's journeys into and through housings crisis, two common triggers for housing crisis emerged: difficulty sourcing affordable private rental and an income shock. As triggers, these events were experienced immediately prior to housing crisis.

Triggers and causes have been summarized in the table below which shows the number of people who experienced this trigger or cause as well as the number of men and women, and the number from metropolitan and rural areas. Please note, most older people experienced at least one trigger and at least one cause – sometimes more.

Table 4: Triggers and causes of housing crisis, overall and by gender and regional vs metro location.

Triggers	Overall	Men	Women	Regional	Metro
Being unable to obtain affordable private rental	15	8	7	7	8
Income shock	12	7	5	5	7
Causes					
Relationship breakdown or death of spouse	8	7	1	5	3
Family violence (including elder abuse)	4	2	2	2	2
Health crisis	6	4	2	3	3
Significant debt	3	1	2	2	1
Mental illness	2	2	0	2	0
<b>Total participants</b>	<b>23</b>	<b>14</b>	<b>9</b>	<b>11</b>	<b>12</b>

### Triggers of housing crisis

Two triggers were identified amongst the older people and both were related to structural factors - the available supply of low cost private rental housing and participants' incomes – their capacity to pay for available housing.

#### Difficulty sourcing affordable private rental

The most common trigger (15 of the 23 older people) was being unable to obtain affordable private rental housing. When people needed to move – because they had received a notice to vacate, because their current rental had become unaffordable or because they had separated – they were unable to source private rental housing that was affordable on their incomes.

#### Income shock

The second common trigger was an income shock (12 of the 23 older people). This was usually related to loss of employment, inability to gain employment, or insufficient employment leading to being on a low income for an extended period of time, or being unable to continue working and so losing income.

A number of factors caused income shocks for the older people. For example, a major health crisis often led to a housing crisis because of a decreased capacity to earn and a lack of sufficient financial buffer. Similarly, relationship breakdown affects housing because people need to be re-housed and they need to learn to manage on their own with less income.

### *Causes of housing crisis*

In addition to the two triggers outlined above, older people had commonly experienced other significant life circumstances that contributed to, if not caused their housing crisis – though these events did not immediately precede the crisis.

#### End of a relationship – leading to income shock and need to find new accommodation.

The most common cause of housing crisis was the end of a relationship (12 older people in total). In all cases the end of a relationship led to an income shock. This included separation or divorce (4 older people where it was a clearly a cause), death of a spouse (4 older people), and family violence – specifically financial abuse (4 older people).

#### Major health crisis leading to income shock

Six older people had a major health crisis which then led eventually to housing crisis. Most commonly this was because it prevented them from working and so maintaining the income they needed to sustain their current housing.

Another two older people experienced ongoing mental illness which led to, or significantly contributed to, their housing breakdown as they became unable to manage day to day life.

#### Debt

In addition, three older people had major debt problems leading to housing crisis.

These more ‘up-stream’ causes led to housing crisis because they diminished people’s incomes so over time they could no longer afford their current housing, or they could not find new housing that was affordable and suitable to their needs.

### *Triggers and Causes by Gender and Location*

Only minor locational differences between regional and metropolitan areas were evident in relation to the identified triggers and causes of housing crisis. Given the small sample size in this study we determined them to be spurious.

However some notable differences emerged based on gender. Relationship breakdown or death of a spouse was a much more common cause of housing crisis among men than women in this study. Family violence was a cause for equal numbers of men and women.

### **Employment histories and inadequate income**

Just over half the older people had long term histories of low paid work in highly casualised industries (such as aged care, cleaning and hospitality) or had experienced long term unemployment with intermittent casual work (n = 12, 5 men, 7 women). This was more common among the women than the men we spoke to (7 out of 9 women compared to 5 out of 14 men).

This finding is consistent with research suggesting that workers with long term, tenuous attachment to the labour force are more likely to experience health



problems and are more likely to have difficulty obtaining accommodation – be it private rental or finance for purchasing a home (Independent Inquiry into Insecure Work, 2012).

Service providers confirmed that a history of low income and engagement in low paid casualized work was common to both the older men and women in housing crisis who attended their services, and noted that the type of work their older clients did, including pay levels and the availability of that work was gendered.

They noted that older women commonly had histories of lower skilled or lower paid work (admin, retail, nursing) often with difficulty getting sufficient hours of work or an inability to get work in their field. Additionally, women often experienced lack of superannuation due to time taken out of the labour force for childrearing and could not afford private rental due to limited labour market opportunities.

The older men who service providers had contact with tended to have a history of labouring or manual work – an area experiencing shrinkage – and an area in which they were less physically able to work during later life. In regional areas some men had been working in farming and agriculture and their housing was part of their wage. When that employment was lost, they found themselves both unemployed and homeless at the same time.

Three of the men had histories of work that required them to be particularly transient. One of these men did seasonal fruit picking. Another was a “roo-shooter” and the other was an electrical and construction worker who moved between major projects every few years. All these men lived in caravans when working. For the latter two men this work was well paid. One man bought a house but gave it to his son after the death of his wife. The other never bought and did not have adequate savings for retirement.

Some service providers commented on the difficulty that older workers faced in finding work once they became unemployed in later life. This was an issue in both regional and metropolitan areas. Some service providers in regional areas commented on the specific labour markets in their local area - for example, there was a lot of lower skilled factory work in outer Barwon South West. This meant that older low skilled workers who became unemployed faced particular difficulty in re-entering the workforce. But it was acknowledged as an issue across age groups. Similarly, some service providers commented on the massive impact that employers pulling out of small towns had on local economies. But again this was an issue for all age groups – and not specific to older persons.

Both older male and female participants experienced financial difficulty related to problems with ongoing employment, later life unemployment or underemployment and lack of savings. These older people were all long term private renters and entered housing crisis when they experienced either a small loss of income or a small increase in rent. They were then unable to source affordable private rental housing once in crisis because of a lack of income and financial reserves.

Of the 23 older people, 20 had experienced difficulty finding affordable private rental housing at some point in their recent housing history. This experience seemed to be fairly uniform regardless of gender or location (12 men and 8

women, 9 in metro and 11 in regional areas). For some this included their current rental housing becoming unaffordable through rent increases thus bringing about a housing crisis. For others it meant that when they had to move they were unable to find affordable rental housing to move to. Some older people also reported not even applying for private rental housing as when they investigated they found the cost far too high to be viable for them given their incomes. A number expressed frustration about not being able to stay in their current area because of a lack of affordable housing options.

## Health

It is generally accepted that people's health declines with age while their chance of significant disability increases (AIHW, 2010). Many of the older people had significant health issues (n = 15). This was reasonably evenly distributed between men and women and between regional and metropolitan areas (10 men, and 5 women, 7 metro and 8 regional). Some were a result of getting older and underlying risk (like cancer or diabetes) but some were the result of a workplace injury (n = 2, 1 man and 1 woman).

The sorts of health issues older people experienced included:

Back injuries with significant pain requiring surgery (3), diabetes (3) in one case resulting in loss of use of feet, multiple heart attacks (3), torn muscles and tendons from workplace injuries (2), mental health issues such as post-traumatic stress disorder (workplace injury) and depression (3). Other health issues included cancer, broken shoulder leading to bone death, hypothyroidism, pneumonia, cellulitis, arthritis requiring surgery, and blood clots in legs.

For many, these health issues meant that they were unable to work (n = 9, 5 men and 4 women), but they had not planned to retire this early and so had insufficient financial reserves which led to housing difficulties.

While significant health problems were reported for both men and women, service providers observed that the types of health issues experienced reflected gendered life experience. Service providers reported that the men they saw were more likely to suffer from diabetes and general poor health, attributed to years of manual and laboring work and the drinking and smoking culture associated with this work. In their view, women tended to suffer more from general age related illness (such as cancer), and tended to have more health problems associated with teeth and eyesight due to long periods of living in poverty. The gendered nature of health issues was reported by service providers from both metropolitan and regional areas.

## Loss of relationships

One of the key demographic factors the older people participating in our study shared was being single – with many having experienced either divorce or separation or the death of a spouse. This had a significant impact on their housing pathways. However, service providers did not mention single status or loss of a relationship as factors associated with homelessness.

### *Being older and single*

Despite recruiting from a range of areas and services, all but one of the older people we spoke to were single at the time of interview.

- Seven had either never partnered, or it was not mentioned in their interview (n = 7, 3 men, 4 women as single parents)
- Almost half (n = 11) had partnered but had separated (8 men, 3 women, 3 regional, 8 metro)
- Four participants experienced the death of their partner (2 women, 2 men, all from regional areas)
- One man was still married but his wife was in a nursing home

While all older people who had experienced the death of a spouse were from regional areas, and participants were more likely to have separated or divorced in metro compared to regional areas it is unclear how location intersected with their relationship and housing histories.

### *Divorce and separation*

Consistent with other research (De Vaus, Gray, Qu and Stanton, 2007) we found that there were significant negative financial impacts for those who had divorced/separated. One significant pathway to housing crisis for the men we spoke to was separation and divorce. Some of these men had owned homes while married but upon divorcing their ex-wives retained the house and they retained the financial assets. The financial assets they received had been insufficient for them to purchase a house, yet meant they were not eligible for any income support or housing assistance. These men typically ended up living off these financial assets, often after being unable to re-enter the labour market due to age. Consistent with other pathways to housing crisis they found themselves unable to source and afford housing in the private rental market as their financial reserves dwindled.

### *Death of a spouse*

The four older people whose partners had died struggled with debt afterwards. None of these participants owned their home outright when their spouses died and all had unexpected medical expenses and funeral costs. Some also had other debt. These participants found themselves unable to pay these costs and retain their homes. They were subsequently forced to sell, did not have sufficient assets and income to repurchase, and were unable to find affordable private rental.

### **Family Violence including elder abuse**

Four of the older people we spoke to disclosed experiences of family violence (2 women and 2 men, 2 metro and 2 regional), specifically financial abuse. One of these participants reported elder abuse from the participant's child, but in the other three cases, the perpetrator was a spouse. All four participants had been home owners. It was unclear how participants' experience of family violence intersected with the location they lived in, but gender seemed to play a role.

Interestingly, the women identified their experiences as family violence and as abusive. Whereas the men did not and tended to be very matter of fact about what

had happened. The men talked about being angry, taken advantage of, loosing out and feeling foolish, but they did not talk about having been in an abusive relationship. Despite the different ways of talking about their experience it seemed that all four had experienced financial abuse.

For example, one of the men reported that he was deceived by his wife and stepson. His wife remortgaged their house (which was in her name) to support a risky business venture for her son without disclosing this to her husband. He only found out when the business collapsed and the house had to be sold. His wife refused to acknowledge that he should have been involved in the decision making at any point in the process. They subsequently separated.

*“my wife just announced one day that the business had collapsed, the bank were calling in the loan and the house would have to be sold which I was very peed off about I may add, because my wife kept insisting that it was none of my business, it was her house, her money. Even after the fact that I did point out we’d been together for 23 years and married for 19 of them. ... And she still refused to acknowledge the fact that I had any right to know what was happening. So without going into great long details and she had other issues as well and I had issues, so in the end we couldn’t resolve any sort of compatible sort of arrangement to continue living together.” (Frank, 75 years old, metropolitan region)*

Service providers acknowledged family violence as a cause of homelessness for older women in particular.

### **The role of gender**

We asked the older people directly to reflect on whether being a man or a woman had an impact on their housing pathway and experiences. In general they didn’t think it did, even when prompted by researchers. Some participants did make some relevant observations.

One man commented on the impact his homelessness had on his identity as a father and a man:

*“But as a male, as an older male I do have a sense of failure... I find myself in a situation where I’m actually living on the largess of my daughters where I would have preferred it to be the other way around that even now that my daughter’s are 46 and 44 or 45. ... So that’s the only way now [providing meals and childcare] I can feel I can contribute a little bit to their life. The financial side of it’s gone...” (Frank, 75 years old, metropolitan region)*

One woman commented on gender based discrimination from real estate agents and landlords:

*“I think a lot of the private rental people that rent to you, they think they can get away with more because you’re a woman ... if you’re a man they probably wouldn’t harass you as much ... because you’re a woman they probably think you’re softer and you put up with more or they can say this and that to you whereas they might not say it to a man.” (Mary, 57 years old, metropolitan region)*

Service providers identified some additional gender based issues that did not come out strongly in our interviews with clients. Service providers commented that problem gambling seemed to be more of an issue for older women than older men. Similarly, hoarding was more common among older women than older men.

Service providers also commented on some differences between men and women in terms of their relationships. Women were considered to be better at relationship management than men and better at negotiating staying with friends and family. However, service providers identified a group of women who struggled with relationships and general life skills after surviving decades of family violence. Many of the older men whom service providers talked about were isolated from family and family support, and some older men seemed to struggle significantly with life skills after the death of their spouse.

### **Experiences of violence or intimidation during housing crisis**

Violence and intimidation was experienced by some older people during their episode of housing crisis – further compounding their trauma (7 participants, 4 women and 3 men, 5 regional and 2 metro). Both men and women reported instances of violence and intimidation.

Older people we spoke to reported instances of violence and intimidation in a range of types of accommodation. However, service providers only mentioned more general experiences of violence in the community in the context of older people in public housing where they were targeted and felt unsafe due to the behaviors of younger tenants with more complex needs.

While more older people from regional areas experienced violence and intimidation, there did not seem to be a particular pattern. That is, people in both metro and regional areas experienced violence and intimidation in caravan parks. Participants' experiences of violence and intimidation were not tied solely to staying in substandard accommodation in specific areas but seemed to occur in various situations. Gender seemed to play more of a role than location.

Men's experience of violence was tied to staying in unsafe or substandard accommodation where they lacked the security usually afforded to someone living alone in private rental. For the women however, threats of violence and intimidation seemed to occur regardless of the type of accommodation they occupied.

Women experienced intimidation and violence or threats of violence from neighbors or fellow tenants in public housing, transitional housing, in crisis/motel accommodation and in private rental. The men experienced violence and intimidation in "dodgy" caravan parks, while sleeping rough, and in one case from a housemate in private rental.

When asked if her neighbors would be as threatening to her if she was a man, one participant commented:

*"No. If there was a man here they probably wouldn't come to the door with a machete, mate."* (Diana, 64 years old, regional Victoria)

### Experiences of rough sleeping and stays with family and friends

Six participants had slept rough in the period of their housing crisis and all were men (3 metro and 3 regional). This is consistent with Chamberlain and McKenzie (2009) who found that men were more likely to sleep rough whereas women were more likely to be accommodated in homelessness services. In this sample, location was not evidently a factor in determining whether people slept rough.

However, in contrast to Chamberlain and McKenzie (2009) the men we spoke to were more likely to have stayed with friends and family than the women we spoke to (8 men compared to 4 women). Women seemed to stay in unaffordable private rental situations for longer and simply endure intense poverty rather than sleep out or couch surf. Of the 12 people who had stayed with friends and family during their housing crisis, six were in metro areas and six were in regional areas.

Given that men were more likely than women to have resolved their housing crisis at the time of interview, it is difficult to know what to make of these differences. It may be that by the time their housing crises have resolved, more women may have stayed with friends and family or perhaps slept rough.

### Pride and help seeking

A strong theme to emerge with persons aged 55 and over was the issue of pride and difficulty asking for and accepting help. Pride was an issue for both the men and women interviewed. Both older people and service providers noted the issue.

One woman observed that because she had been self-sufficient and independent it was difficult now to admit needing, and to ask for, help:

*“My difficulty is that I don’t like admitting that I need help. When you’ve been self-sufficient for so long it’s so difficult to say ‘look, I need help.’ Even with my moving and packing etc., I’m finding it difficult. I find it very difficult to keep my house as tidy and spotless as I’ve been used to, and I find that very difficult. So I’m resisting people coming in to help me because things have been really, well I’ve been sick I just don’t, I have tended to shut my house out of bounds, and I think older people do feel like that too. They feel that they don’t want help. I know that I do need help, but I find it difficult to ask for it.” (Martha, regional Victoria)*

One of the men we spoke to commented on pride getting in the way of seeking help:

*“I probably was, but sometimes I think your pride sort of comes into it. ...Because a bloke’s mad. He’s got pride. Well, I think that’s half of what people ...why they won’t and they get down to rock bottom before they will do anything.” (Terry, 62 years old, metropolitan region)*

Service providers also commented on the difficulty older people experienced asking for the help they needed. This may be partly about a lack of understanding of the service system given a lack of previous contact, and/or not being used to asking for help. Some interpreted this difficulty as having a generational aspect:

*“I also coordinate the Emergency Relief Program but older people are probably the last to access it, whereas I would say that there's probably a lot of older people who are really struggling, who are feeding their animals before themselves, but it's that kind of generational thing where you don't go and ask for help.” (Service provider from regional Victoria)*

And another commented:

*“Often people think that our service is not for them it is only for the really, really bad ones and often, you know, we help when they don't think we can. ... Things like rent arrears and they never come and ask that sort of stuff and you know they would go without food for a week rather than come and ask me for a week's rent and they can and they just won't.” (Service provider from regional Victoria)*

Some service providers reported that older people found some service types, especially emergency relief and material aid services, particularly stigmatizing. They attributed this to the location of these services in traditional welfare agencies. Service providers felt that older people with no previous contact with the service system were more comfortable contacting their local council, the town hall or the library when they want to find out about services than they were contacting a welfare agency. Local councils were perceived as far less stigmatizing and older people perhaps had a history of engagement with these services.

### **The difficulty of moving later in life**

A number of service providers commented on the difficulty that many older people face relocating to a new area later in life. Older people feel a loss of connection to the people in their lives and a loss of security that the familiar brings. But they also seem to struggle more with re-establishing themselves and this has impacts upon their confidence, general wellbeing and health.

One worker in the metropolitan area commented on the significant negative impacts of moving later in life:

*“I think people would be better off staying put and getting a community aged care package staying where they can feel confident to walk around their neighbourhood and go to their doctor and have their chemist and have their family come and visit rather than upping roots and moving out to family, because it doesn't seem to work very well. We hear the ones where it doesn't work I guess... They lose confidence, they become depressed; people go onto anti-anxiety and antidepressants. It creates a huge toll on people and so I think quite a number of them probably end up ageing rapidly and end up in the health system and the resi care system.” (Service provider from metropolitan region)*

A worker from a regional area also commented on the importance of local connections for older people – regardless of where local is:

*“You can get it in high rise flats, you can get it anywhere. It's what they feel familiar with and if they feel safe in that environment that's where they want to stay. Shifting people around we have to use*

*those connections to communities. It might be the local milk bar owner or the local greengrocer who is really important to that person who shields them when there are no other choices. You can only get them in where you can in a crisis accommodation. That's a big concern because it can be a snowball effect on a whole lot of other issues for them as well." (Service provider from regional Victoria)*

### **Location and housing markets**

While findings from the interviews with people aged 55 and over indicated that location appeared to play a limited role in determining their housing histories and triggers for housing crisis, interviews with service providers suggest some regional differences in housing markets may have an impact.

#### *Issues common to regional and metropolitan areas:*

Service providers made a number of comments on the issues they experienced that were common to both regional and metropolitan areas.

#### Insufficient and unsuitable housing stock

Insufficient housing stock was an issue reported in all areas across the state. Service providers identified lack of housing stock, particularly low income rental housing as the key issue causing and perpetuating homelessness, especially for vulnerable older people.

Gentrification, even in regional areas (in particular in tree change and sea change areas), was a significant issue contributing to the lack of affordable housing stock for low income people – including the older population.

Service providers also commented on a specific lack of affordable one bedroom stock across regions. This had an impact on the older population specifically.

#### Poor availability of crisis and medium term housing

Access to temporary crisis accommodation and medium term housing options was reported to have become more difficult in all areas. Caravan parks no longer represent a reasonable stop gap form of accommodation in either regional or outer metropolitan areas. Service providers reported that caravan parks are increasingly geared towards tourists and are resistant to taking longer term tenants. They are also becoming increasingly resistant to taking on people in housing crisis. Additionally, service providers in metropolitan areas noted that there were fewer reasonable quality rooming or boarding houses.

A further issue identified by service providers was slow turnover of THM stock in both metropolitan and regional areas.

#### *Location specific issues*

Specific to the metropolitan area, service providers noted:

- People move to areas that are more affordable.



- There is decreasing rooming house availability (particularly in the Southern Metro area).
- It is no longer affordable to retire to a caravan park in outer metro areas.
- The cost of maintaining home ownership in gentrified areas was increasingly too much for older people. This was both in terms of council rates and the costs of maintenance and repairs. As a result some older people's houses were falling into disrepair.

Specific to regional areas, service providers commented:

- Some regional towns have high commuter populations or are tourist towns. This tends to mean that housing costs are higher – almost comparable with Melbourne – resulting in very little affordable stock. Service providers commented that this created little economic incentive to supply social housing in those areas given high land and housing costs.
- There was a specific lack of singles housing stock in general, and singles stock that was appropriate for older persons in particular, in many regional areas (i.e. some of the singles stock that existed was second or third story).
- In some regional areas, service providers commented that there was open discrimination by landlords/real estate agents against anyone on Centrelink payments – including the aged pension. It was noted that in some cases towns seemed to be deciding not to house particular people in their communities.
- A number of regional areas, Loddon Mallee in particular, had significant problems with their private rental market with very little stock and very low turnover of stock (shown through almost 0% vacancy rates).

### **Key points: Homelessness - causes, triggers & experiences**

In the main there were more similarities among male and female and regional and metropolitan participants than there were differences.

- Typically participants' housing crises were triggered by an inability to source affordable private rental housing and an income shock.
- Almost all participants reported difficulty finding affordable private rental housing (20 out of 23).
- Pride and difficulty asking for and accepting help was a significant theme identified by both service providers and older persons. Pride was an issue for both men and women, and was deemed to be a generational issue rather than one associated with gender.

However, gender appeared to affect some aspects of participants' housing pathways and experiences.

### *Gender*

- Five participants (all men) had been marginally housed long term. However this seemed to be a choice for them and was not a problem until they experienced a crisis.
- There were significant financial impacts for those who had divorced/separated – particularly for some of the men in our study.

- All those who slept rough during a period of homelessness were men. However men were also more likely to have stayed with family and friends during homelessness. It is unclear what this finding means given that men were also more likely to have had their housing crisis resolved than women at the time of interview.
- We expected to find gender differences in terms of experiences of violence, but this did not emerge strongly.
  - Seven participants (3 men and 4 women) reported experiences of violence and intimidation while in housing crisis.
  - Four of the participants we spoke to disclosed experiences of family violence (2 women and 2 men). All were instances of financial abuse.
- When asked, the older people we spoke to did not think that gender had a significant impact on their housing pathways.
- Service providers also reported that while both men and women experienced health issues and histories of low paid work – that these experiences were both interconnected and gendered.
  - Specifically, the pay and availability of work was gendered – with women struggling more with lower paid work and under employment.
  - In terms of health issues, women were more likely to experience health issues related to long term poverty while men were more likely to experience health issues related to long term manual and laboring work and the drinking and smoking culture that has been part of this type of work.

### *Location*

Only two differences were identified based on whether participants were located in regional or metropolitan areas and it is unclear what these differences may mean.

- Participants from regional areas were more likely to experience violence and intimidation than participants from metropolitan areas but this didn't seem to be tied to use of specific accommodation or stop gap options such as rough sleeping. It is unclear what this difference means.
- All four participants who entered housing crisis after the death of a spouse were from regional areas, while separation and divorce were more common causes in metropolitan areas – however it's unclear how these life experiences intersected with location and how meaningful this difference is.

## Findings: The Service System

### Older person's experiences of the service system

#### *The role of services*

For most participants (15 out of 23) services had had an overwhelmingly positive impact on their housing pathway. This positive impact typically meant that their housing crisis was resolved through the actions of a service (or services) or was soon to be resolved in the form of provision of accommodation that the participant was happy with and that was affordable and largely appropriate to their needs.

For four participants it was simply too early to tell what impact services had. A further four participants had mixed experiences with services. These mixed experiences usually meant they got some assistance but it had not been sufficient to bring their housing crisis to a resolution – or services were unable to offer those people a satisfactory and timely housing outcome. Two men and two women had mixed experiences with services.

One man with a mixed experience did receive some assistance from a housing service but he was placed in rental accommodation which was damp and cold, not affordable for him and in poor condition. He moved between unaffordable and poor standard rental properties with their assistance over several years before he became old enough to qualify for older person's housing at [aged service]. While he spoke highly of the workers at this housing service and felt grateful, he had spent years in substandard, unaffordable private rental housing with their assistance.

As previously mentioned, the men we spoke with were more likely than the women to have had their housing crisis resolved at the time of interview. It is unclear whether this is just an artifact of when we spoke to these people or whether there is a real gender difference here with women having more trouble resolving housing crises.

#### *Barriers to service access*

##### Not knowing where to go for help

The most common barrier to accessing services for participants was not knowing where to go for help. This is consistent with the findings from our previous report (Westmore and Mallett, 2011a). Only four of the 23 participants we spoke to knew where to go for help when they found themselves in housing crisis (2 metro 2 regional). Three of these people had accessed similar services in the past while another had been volunteering in the same building as a housing support service.

For most participants, finding out where to go generally happened in an ad hoc way. One person was already in contact with Centrelink, approached there for help

and was referred on appropriately. Another approached Centrelink for help but was not referred on. Some (n = 3) contacted the Office of Housing (DHS) who referred them to housing support agencies. Others had friends or family members suggest specific agencies (n = 5). One person was referred on from a counselor after a hospital stay. Another just looked around on the internet. It was unclear how others first made contact with the service system, and some could not remember.

One man who had been sleeping rough was approached by a stranger in the street:

*“... I was walking up the street, getting baked beans or whatever, coming out of the shop and this bloke looked at me, because I had a backpack with me looking pretty grubby and grotty, and he goes ‘Look at the state of you. Are you looking for somewhere to go?’ and I said ‘Oh mate, I’m alright, I’m fine’. He goes ‘Look, there’s a place called [service], they’re on the corner just behind the church’ and I’d driven past ... and didn’t even know they were there, didn’t have a clue until someone pinpointed it to me.” (Paul, 57 years old, metropolitan Region)*

The difficulty and frustration of trying to get help is illustrated by Mary:

*“ Well at one point I was that desperate I felt no one was helping me or giving me any advice, Centrelink, all sorts of places, I just was desperate, hanging around but in the end desperation when I was at my sisters which was just before I came here. I rang [service] in the front of one of the phone books; just in desperation I thought surely someone can give me some information. No one was giving me any information about what was available and that and I knew public housing could be years. One thing led to another and they put me onto a couple of different people which finally let to [service] which was good.” (Mary, 57 years old, metropolitan Region)*

The need for information early on in people’s housing crisis was clear. Debra commented:

*“...and I’m still finding out things that I didn’t even realize that I could’ve done probably a couple of years ago that I didn’t know about. I didn’t know that I needed to get a housing worker to get me the help to push me through to get affordable housing that I could still be close to my children.” (Debra, 60 years old, regional Victoria)*

### *What worked well and what didn’t*

In our interviews with older people we asked them about what had worked well and what did not work well for them when they were in contact with services. The things that worked well for this group were similar to the things that work well for other homeless populations.

## What worked well

- **Assistance with forms**

Workers helping with filling in forms, helping with paper work and helping to navigate the system in general.

A number of participants commented that they found the number of forms they needed to complete overwhelming and confusing, and so assistance from workers in completing these forms was experienced as very helpful.

- **A timely and practical response**

One woman commented on how prompt, helpful and responsive her worker was:

*"... and I just happened upon [service] and their phone number and I rang and got a lovely, lovely lady in there, who was so good and so helpful to me and I was on the phone to her for quite a while and told her my situation, I told her everything and she said look, I'm going to send your name through to [service] and to [service]. We got off the phone and within an hour the man from [service] was on the phone to me. We made an appointment then I saw him two days later." (Edna, 67 years old, metropolitan Region)*

- **Services helping to resolve multiple issues (i.e. counseling, debt, income and housing)**

- **Appropriate referral on from housing and non-housing agencies**

- **Being treated with dignity and respect**

A number of the people aged 55 and over we spoke to commented on how much they valued being treated with dignity and respect. This included not being condescended to, being treated like human beings and workers following through on what they said they would do. Frank commented:

*"And I was treated the way I feel I'd like to treat people and the fact that they actually went to the trouble, I thought, it's another form to fill out, they'll stick it in a file, maybe put me on a list somewhere but they actually went to a lot of trouble ... the two young people who interviewed me I think were wonderful people ... the two people I spoke with there was no sense of condescension or anything like that." (Frank, 75 years old, metropolitan region)*

Bruce commented on the impact his worker had and how she made him feel like a human being:

*"Well I tell you what worked well for me. You really want me to tell you the truth? She said 'you're a real knockabout give me a cuddle'. And I tell you*

*I really appreciated that yeah ... It made me feel a human being and wanted.” (Bruce, 74 years old, regional Victoria)*

- **Connection to particular workers**

The older people who had strong connections to their workers made all kinds of glowing comments, referring to them as angels, life savers, amazing and brilliant.

#### What didn't work well?

Other than not knowing where to go for help, some participants reported experiences of services not referring on appropriately or providing any meaningful kind of support – which was particularly unhelpful.

#### Gender differences

Only one minor gender difference emerged through the interviews with older people. Men were more likely to mention finding it helpful when services helped to resolve multiple issues (such as debt, income, health and housing, 4 men, 1 woman), whereas women were more likely to find appropriate referral on to be helpful (4 women, 2 men). No differences were apparent based on location.

#### **Service issues identified by service providers**

Service providers provided valuable context for the experiences of the participants. They reported on service availability and accessibility, and noted the ways in which gender and location had an impact on these.

#### *Gender and the service system*

Service providers commented that there were more crisis accommodation options for men in general (except in the Hume region), whereas women’s crisis accommodation was largely tied to domestic violence services. There are actually only two statewide crisis accommodation services that accept women – Hanover Southbank and Hanover Women’s service. There were also far fewer temporary options for women with many boarding houses being men only or mixed as opposed to women only. While there are more crisis and short term accommodation options for men in general, older single men were seen to be a much lower priority in the service system than older single women.

Service providers felt that that older men experiencing homelessness were more visible. It was suggested that this was because women tended to stay in unaffordable and unsafe housing options for longer rather than become literally homeless, whereas men were more likely to sleep rough. However, this may also be about a lack of women specific housing and homelessness services – meaning they don’t appear as commonly in the homelessness service system.

### *Service availability across locations*

Service providers indicated a thorough knowledge of services relevant to older clients in their areas including local council provided services, local community health centers, GPs, mental health and drug and alcohol services. They also generally knew where to obtain the specialist help that their clients required. Service providers in regional centers and medium sized towns reported that some services were provided to older people through visiting services offered at a local community health service.

All areas had aged care places in residential/aged care facilities. However, workers emphasized that for many of the clients that they see in housing crisis this is not usually the most appropriate option. Residential care is expensive and provides high levels of support that many older people in housing crisis don't actually need. They noted that most of their clients simply need somewhere they can afford to live and in some cases some HACC services.

Notably, where gaps were identified they were gaps in housing services or gaps in housing stock availability. It seemed that it was harder to get someone crisis accommodation than it was to get them an appointment in a mental health service or with an occupational therapist. While workers we spoke to had invested significant time in building up local networks so that they could get their clients the help they needed, they still often struggled to house them.

### *Service availability in regional areas*

A specific lack of appropriate housing stock for older singles was identified in regional areas. This meant that older people were housed with younger tenants with more complex needs and were sometimes victimized and intimidated by other tenants.

The availability of housing services was an issue in some regions. A specific issue was identified in the Hume region with workers commenting that there was no dedicated crisis accommodation service in the region. There were domestic violence services and a youth refuge, but no generalist crisis accommodation. This was a specific issue for single men with complex needs with long histories of rough sleeping. There was also only one provider of transitional housing in the region.

In the Loddon Mallee region there was also very little crisis accommodation. Service providers explained that this shortage of crisis accommodation made it hard to transition long term rough sleepers into more stable housing as they have no housing history and there is no opportunity for them to demonstrate that they are "housing ready".

Long term rough sleepers were not commonly assessed to be housing ready (that is having the life skills to maintain accommodation such as paying rent regularly, budgeting, keeping a place clean and tidy, not being disruptive or anti-social with neighbors). Without access to crisis accommodation to demonstrate housing readiness it was very difficult for them to access transitional housing and move out of rough sleeping. While these men could travel to either Melbourne or Albury and access one of the statewide crisis accommodation services, this service gap is a

significant barrier for a group of severely disadvantaged and disconnected people. Further, their housing outcome on exiting crisis accommodation is likely to be an inner city rooming house – not housing in the areas from which they'd come and would like to stay in.

In regional areas with very limited or non-existent crisis accommodation, workers were relying on hotels and caravan parks for crisis accommodation. This often created problems because they were relying on people who are not trained in dealing with homeless people with complex needs.

Regional service providers commented that people in rural towns were the ones most commonly affected by a lack of services. Large regional towns/centers tended to have a decent range of services, but smaller regional and rural towns did not. This lack of services in rural areas can be compounded by access issues when people don't have a car and there is poor public transport to larger regional centres. As one worker commented:

*“The reality is a lot of smaller rural areas, they don't have the variety of services ... that people accessing in more regional [centers] and metro areas do. It's something that if you live up in Mildura, if it's not in Mildura, you have a lot of difficulty accessing it and if you're somebody who doesn't have a license or doesn't have access to a car, public transport from one rural area to a regional area, is limited and is something that when it's limited, you know, for a lot of people who may not be comfortable travelling long distances anyway, it's something that would make you even more vulnerable and isolated.” (Service provider from regional Victoria)*

### *Access to services*

The access issues that were raised by service providers existed for both regional and metropolitan areas – apart from access to GPs whereas service availability seemed to be more of an issue in regional areas

Despite a consistent number of GPs per head of population in regional and metropolitan areas, there still seemed to be a service access issue for GPs in regional areas. For example, in Gippsland one worker reported the average wait was 3-6 weeks to see a GP. Sometimes, GPs would squeeze people in if they were regular patients, but otherwise, people went to the hospital when they had urgent needs.

Difficulty accessing GPs may in part be because regional areas have a smaller population spread across greater distance than metropolitan areas. This means that GPs in particular areas could become overwhelmed with concentrations of higher needs persons – such as older people with the alternative being residents travelling a long way to access a different GP service.

### *Difficulties with service access across locations*

Service providers commented on a number of other difficulties older people face in accessing services. These existed independently of location and included:



- Long waiting lists for medical care in the public system. Service providers also emphasized the importance of ensuring that responses to older people in housing crisis included a health response. This is consistent with the number of older people we spoke to who had significant health issues.
- Allowing older people only 24 hours to look at an Office of Housing property before deciding whether to accept it was considered problematic because it allowed insufficient time for them to decide. One service provider gave examples of clients turning down suitable properties because they are so stressed about moving again and the uncertainty of it all. This was linked to the specific difficulties older people face moving later in life.
- The asset limit for early housing in public housing was identified as a specific barrier to accessing elderly person's public housing by one worker:

*“The main barrier I have come across in regard to accessing Elderly Person units is the asset limit. If a person has \$1300 in the bank (usually saved for funeral expenses) then they are over the limit to qualify for Early Housing category, which means very little or no option of being offered a property through Office of Housing (public housing). As many older people have a small amount put away for their funeral expenses, this is a huge barrier for them.” (Service provider from regional Victoria)*

Service providers did not identify any service access issues that were specific to men or women in our interviews.

### **Key points: The service system**

- All service providers reported problems with insufficient affordable housing stock and crisis and medium term options in all regions in Victoria. This was the main difficulty service providers faced in responding to housing crisis for this group.
- Most participants (19 out of 23) did not know where to go for help when they found themselves in housing crisis.
- Participants' experiences of services were remarkably similar regardless of gender or location. They experienced the same barriers to accessing services, valued the same aspects of service and generally experienced positive change towards the resolution of their housing crises.

### **Gender**

- Service providers commented on a lack of homelessness and housing services for women (that were not family violence focused).

### **Location**

- Some specific issues seemed to be emerging in regional housing markets, including:

- Some regional towns having house and land prices similar to Melbourne due to tourism or commuter populations. This diminished economic incentive to invest in affordable housing in these areas.
  - Lack of singles housing stock and older person appropriate singles housing stock in many regional areas.
  - Lack of formal crisis accommodation services in regional areas – in particular the outer northern regional areas – Hume and Loddon Mallee. This created a need to rely on caravan parks and cheap motels for crisis options. Owners and staff at these facilities were not trained to deal with complex needs clients and these options were becoming increasingly problematic.
  - Extremely low turn over of stock in the private rental market in some regional areas.
- Apart from access to GPs, there did not seem to be any noticeable differences in access to services in regional or metro areas
  - Service access was reported as a problem in rural areas rather than regional centres or metropolitan areas

## What should be done

In both our interviews with older people and service providers we asked people what they thought should be done to address homelessness among older Victorians. In the main, both older persons and service providers suggested similar things. As such, all suggestions have been presented together in this chapter – with sub headings to distinguish any differences between suggestions from older people and service providers. There were no apparent differences in the suggestions made in terms of gender or location and so gender and location are not discussed in this chapter.

### More housing

The most common suggestion from both older persons and service providers was, unsurprisingly, more housing. Specifically, people wanted to see more affordable rental housing and more public and community housing that is suitable for older people. That meant one and two bedroom units on the ground floor, and not located with younger people with complex needs.

#### *What did older people want to see?*

They wanted to see more retirement villages that were targeted for people on low incomes with few or no assets, specifically people without the large deposits required to get into mainstream retirement villages. They also wanted to see more rent to buy schemes with public housing – to give low income households a chance to buy over the course of their lives and have some equity for later in life.

#### *What did service providers want to see?*

Service providers also wanted to see more public and community housing in rural areas outside centres so that people could age in their communities. On the importance of ageing in place, one service provider commented:

*“It’s hard to do that when you get to know the person and how they are supported by the community. To move them to a bigger centre, a bigger area, a bigger town, is really not an option for some. They’re just not going to cope if they do that. They’ve lived in this community for a long time and they feel safe and they feel it’s home. It’s not a solution to the problem.” (Service provider from regional Victoria)*

Service providers also wanted to see greater security of tenure for people in affordable rental housing generally:

*“Affordable housing ... It is all they have needed their whole life and they don’t actually need a whole lot more, they are just poor and they need somewhere they can afford to live. They don’t need a whole lot of care and support they just need information and many of them have managed previous to the housing crisis by locating to an alternative private rental property, now it is different ... You know that is the number one thing and until that is done we are playing*

*around the edges really.” (Service provider from metropolitan region)*

### **Information**

The need for better information about available services and supports was highlighted by both older persons and service providers. Almost all older persons struggled to find out where to get help during their housing crisis. They wanted to see more information on housing and homelessness services as well as general services and entitlements. They also wanted to see good referrals on to housing and homelessness services from other generalist services.

One older person commented:

*“I think there should be more information out there from lots of different sources because I didn't know where to go, no one gave me any help; Centrelink, doctors, heaps of places and I was getting desperate, community sort of places. They said “We've got ads up on the board” but no one would lead you to anything more, you know like shared accommodation ads and things but it was really hard. I think there needs to be more information definitely.” (Mary, aged 57, metropolitan region)*

### **Cost of living and cost of housing interventions**

Both older people and service providers agreed on the need to address cost of living pressures for older persons. Both wanted to see the aged pension increased and older persons also wanted to see an increase in Newstart and DSP allowances. Some older people were on these payments until they became eligible for the aged pension.

#### *What did older people want to see?*

Some older people also wanted more assistance for older Victorians to find work so that they could meet the costs of their housing. In terms of cost of housing, they wanted to see a cap on the price of rental housing and a limit to rent increases.

### **Additional services and specific suggestions for service improvements**

#### *What did service providers want to see?*

General suggestions for older people included:

- A centralised homelessness front door for older people
- More housing support for the aged programs in the state
- For the asset limit for early housing applications for public housing to be increased
- Development of an outreach style service for older people where the service can come to them rather than them having to come into a traditional homelessness service – which a number of service providers commented could be intimidating for older people.

Specific interventions for long term rough sleepers and older people with complex needs included:

- Recognition of homelessness as a factor in premature ageing and a special category for access to aged care assessments. This was aimed at better supporting long term rough sleepers.
- Supported housing for long term rough sleeping men in the Hume region
- Specific accommodation for men with dogs

On accommodation for men with dogs one service provider commented:

*“Again and again we are unable to house men because they would rather stay sleeping rough with their dog because they are the only companion who gives them unconditional positive regard. They would rather stay homeless and maybe die because they can’t plug in their asthma machine than they would give up their dog.” (Service provider from regional Victoria)*

#### *What did older people want to see?*

Older persons wanted to see services where one worker stuck with you until your housing crisis was resolved. They also wanted to see more action on housing for older people by government.

### **Suggestions for prevention and early intervention**

#### *What did Service providers want to see?*

Service providers wanted to see more information targeted at older people – with a focus on prevention. They wanted information that could be sent to older people in their homes before they entered housing crisis that let them know who to contact should they need assistance. They also wanted to see general information being distributed on planning for retirement and the future when people are in their mid 40’s and 50’s.

In terms of early intervention, service providers suggested targeted early intervention for people in the private rental market when they first begin to experience financial difficulty. They also suggested automatic longer term support for people with drug and alcohol, mental health issues and/or health problems to help them make some changes and improvements to their lives – before they become homeless.

### **Training and education for workers**

#### *What did Service providers want to see?*

In addition to information for older people, workers themselves wanted more information. Housing and homelessness workers wanted more information on retirement homes, the aged care systems and specific options for older people. Non-housing workers wanted more information on housing and homelessness services so they could better assist this group. Service providers identified a particular gap for health workers in knowing about housing and homelessness services.

In terms of working with older complex needs clients, service providers made two suggestions. One was to have training for staff in aged care facilities to deal with the long term homeless and complex needs client group. The other was for housing and homelessness workers to have training in dealing with clients with cumulative harm. One service provider in particular commented that the older men she saw in her region were long term rough sleepers who had experienced trauma after trauma, never having the space and support to recover. What was required from workers in engaging these clients was an understanding of complex trauma and cumulative harm.

### Key points

In terms of housing:

- Both service providers and older persons wanted to see more affordable rental housing, and more public and community housing that is suitable for older people
- Older persons wanted to see more retirement villages that were targeted for people on low incomes and more rent to buy schemes with public housing.
- Service providers wanted to see more public and community housing in rural areas outside centres so that people could age in their communities and also greater security of tenure for people in affordable rental housing generally.
- Everyone wanted more information on available services, entitlements and where to go for help for older persons
- Both older persons and service providers wanted to see the aged pension increased and older persons also wanted to see an increase in Newstart and DSP allowances.
- Older persons wanted to see a cap on the price of rental housing and a limit to rent increases.

General suggestions for additional services or suggestions for increasing access to services from service providers included:

- A centralised homelessness front door for older people and more housing support for the aged programs (ACHA) in the state
- For the asset limit for early housing applications for public housing to be increased
- Development of an outreach style service for older people

Specific interventions for long term rough sleepers and older people with complex needs suggested by service providers included:

- Recognition of homelessness as a factor in premature ageing and a special category for access to aged care assessments.
- Supported housing for long term rough sleeping men in the Hume region
- Specific accommodation for men with dogs

Preventative information and training:

- Service providers wanted to see more preventative information targeted at older people — information letting people know who to contact when they need help, and also information on planning for retirement and the future.
- Service providers wanted to see interventions targeted at older people in the private rental market when they first begin to experience financial difficulty.
- They also suggested training for staff in aged care facilities to deal with long term homeless and complex needs client group. And training for housing and homelessness workers in dealing with clients with cumulative harm.

## Discussion

*Ageing Out of Place* was informed by the findings of an earlier study, *Ageing in What Place*, which first explored issues of homelessness among older Australians and raised questions about the impact of gender and location on those experiences. This was the impetus for undertaking *Ageing Out of Place*, a small-scale qualitative pilot project designed to focus specifically on gender and location.

The specific research questions were framed as:

1. What is the impact of gender and location on the experience of housing crisis and homelessness on older people 55 and over?
2. How do mainstream and homelessness service responses for vulnerable older Victorians differ across metropolitan, rural regions?
3. What services work best to prevent vulnerable older women and men from entering housing crisis and homelessness?
4. What policy reform is required to drive a homeless prevention strategy for vulnerable, older Australians?

### **What is the impact of gender and location on the experience of housing crisis and homelessness on older people 55 and over?**

In the main, there were more similarities among participants based on gender and location than there were differences. Regardless of gender and location:

- Participants' housing crises were triggered by an inability to source private rental housing and a shock to their typically already low incomes.
- Almost all participants reported difficulty finding affordable private rental housing – for most participants their housing crisis would have been averted if they had been able to access affordable private rental.
- A shortage of affordable private rental housing and a shortage of crisis accommodation options were key issues identified by service providers from both metropolitan and regional areas that made resolving older people's homelessness difficult.
- Most participants didn't know where to go for help when their housing crisis began
- The same sorts of things worked for participants, whichever gender and whatever location, once they were in housing crisis

However, there were some differences of note.

### **Gender**

Loss of a relationship was a more common cause of housing crisis among the men in our study than the women. While research suggests that both parties in a divorce or separation experience significant financial disadvantage upon separation (De Vaus, Gray, Qu, Stanton, 2007), we were struck by the impact this had on the men in our study. While they received financial assets from their separations these were insufficient to purchase a home and they were also



ineligible for income support or affordable housing because of these assets. This forced these men over time into situations of poverty.

In terms of housing history five of the men we spoke to had been long term marginally housed. This was often (though not always) due to the demands of employment which required them to be particularly transient.

The men in our study were also more likely to have slept rough once they entered housing crisis – none of the women we spoke to had slept rough – however this may be an artifact of our sample where women were more likely to still be in the midst of their housing crisis at the time of interview.

Based on service provider interviews, older people's experiences of low paid employment and ill health were interconnected and gendered. They reported that they felt women struggled more with low paid work and under employment which led to long term poverty and associated health problems. Whereas men were more likely to experience health issues related to long term manual or laboring work and the drinking and smoking lifestyle that has traditionally accompanied this work. While our interviews with older people revealed histories of low paid and insecure work and significant health issues, the interplay between these and gender was not evident from our interviews — however this may be due to the size of our sample.

Both men and women in our study disclosed experiences of violence. Seven participants reported experiences of violence and intimidation while in housing crisis. For the men, this experience was typically tied to staying in substandard accommodation (such as caravan parks) or sleeping rough. The women however, had more diverse experiences of intimidation in various types of accommodation including public housing, transitional housing, private rental and cheap motels.

Two men and two women experienced financial abuse which led to their housing crises. Despite the similarity in experiences between these men and women, they spoke about and framed these experiences differently. The women labeled their experiences as abuse, while the men tended to instead talk about being angry and feeling foolish and did not access the discourse of abuse and violence.

While this is only a preliminary study our findings suggest that violence (both from family members and from other people) is a problem for older people in general and should be included in further research into older people's housing pathways.

### Location

Two differences arose based on location from our interviews with older people, and these differences are difficult to interpret. Participants were more likely to experience violence and intimidation during housing crisis in regional as opposed to metropolitan areas – although this was not tied to use of specific accommodation types like caravan parks, cheap motels or rough sleeping. Further, all those who experienced housing crisis after the death of a spouse were from regional areas. However, it is unclear whether this difference is meaningful.

Service providers identified both commonalities and differences between regional and metropolitan housing markets that may have locational impacts.

In terms of commonalities, service providers across all regions reported problems with insufficient affordable housing stock. While there were some differences in the types of accommodation (including homelessness crisis accommodation services, cheap hotels, caravan parks, boarding houses) available in different areas, it was universally acknowledged that there were simply not enough places for people who were in crisis; this was true irrespective of region.

The shortage of long term affordable housing options also meant that people were 'stuck' in transitional (medium term) housing, leading to a shortage in transitional housing because of the slow turnover.

Additionally, in both outer metropolitan and regional areas caravan parks were shifting to a tourist only focus to the exclusion of retirees and people in housing crisis.

Some specific factors for regional housing markets were identified by service providers.

- A lack of formal crisis accommodation that left service providers with no choice but to rely on informal arrangements such as caravan parks and cheap motels.
- An extremely low turn over of private rental stock
- Lack of housing stock (including public housing, community housing and private rental) appropriate for single older people

These issues were only set to intensify in regional areas where house and land prices were similar to Melbourne. It was speculated by service providers that the reason for high prices could be due to tourism and commuter populations. In other words, demand was greater than supply.

In summary, some differences emerged based on gender and there were some notable differences in housing markets and housing services between regional and metropolitan areas. However, overall, the results from the pilot study indicated that the impact of gender and location on the experience of those aged 55 and over was minimal.

### **How do mainstream and homelessness service responses for vulnerable older Victorians differ across metropolitan and rural regions?**

The lack of appropriate affordable housing options, whether short, medium or long term, was the single most important factor underlying the difficulty experienced by both older people and service providers, right across the state. The findings showed that there were few other factors that impacted so significantly on the housing pathways of older women and men, whether they were in metropolitan or regional areas. While the data reported earlier showed that housing affordability problems were more concentrated in metropolitan areas, examination of the Victorian rental report data (Department of Human Services, 2012) shows that regional areas have much lower turnover of stock and much lower vacancy rates – the end result being similar access issues to metropolitan housing markets.

Service providers also highlighted the acute shortage of crisis accommodation in regional areas – especially in outer northern Victoria (Hume and Loddon Mallee regions). This created significant problems for workers to transition long term rough sleepers back into housing. It also meant that workers were relying on informal options for crisis accommodation such as cheap motels and caravan parks. Such places are inappropriate given that they are not designed, nor are staff trained, to deal with people in crisis. Service providers also commented on the long waiting times to access general medical care in the public system and, in particular, general practitioners.

### **What services work best to prevent vulnerable older women and men from entering housing crisis and homelessness?**

Many of the things that older women and men identified as helpful to them across both regional and metropolitan locations were about best practice in service delivery:

- Workers assisting with filling in forms and helping to navigate the service system in general
- Services helping to resolve multiple issues
- Appropriate referral from housing and non-housing agencies
- Relationship between worker and client - successful engagement and connection with workers and being treated with dignity and respect.
- Workers going above and beyond – championing their case

Many of these elements in effective service delivery were identified in our first report (Westmore and Mallett, 2011a). These were also elements of the service model identified in the Intensive Case Management Initiative (ICMI) program evaluation and service model (Hanover Welfare Services, 2011).

In addition to these key elements of service delivery, the most fundamental thing that participants found helpful was being assisted to access housing that is long term, affordable and suitable to their needs.

### **Prevention**

Two key things prevented both older women and men across locations from resolving their housing crisis – a lack of affordable housing options (as already discussed in this section) and lack of information about entitlements, services and supports.

Not knowing where to go for help or information was a key barrier to resolving a housing crisis. This was true once people had lost their housing, but was also true when they were still housed but experiencing difficulty. Service providers were keen to see information (where to access assistance for support as well as planning for retirement) available to older people before they experienced financial stress or housing crisis. It was stressed by workers that such a proactive approach to disseminating information was most suitable given that this group of older women and men talked about reluctance and difficulty regarding asking for help.

A lack of information on where to get assistance is common among other groups who experience homelessness and the difficulty people face in understanding and gaining information about the aged care system has also been problematic (Productivity Commission 2011). To improve on this, service providers made the following suggestions:

- Co-locate services with local councils or places like libraries and the town hall. As indicated in the results, these were places that older people said they felt comfortable visiting, and
- Development of outreach services for older people where support can come to them, rather than them needing to present at a homelessness service.

Consistent with our earlier work (Westmore and Mallett, 2011) an increase to pensions and entitlements and providing discounts on bills and medications; this would increase the income available to spend on housing. Of course, increasing the options for low income older people to be able to access affordable housing in retirement is a critical requirement.

### **What policy reform is required to drive a homeless prevention strategy for vulnerable, older Australians?**

Based on this and our previous research, two key policy issues require addressing. The first being the urgent need to develop state and federal level housing policies for older people. The second being acknowledgment within the ageing in place policy framework that greater numbers of older Australians will be ageing in private rental, requiring specific policy and service responses to ensure they can access the services and supports they need in order to age in place.

### **Conclusions**

It is widely acknowledged that Australia has a growing ageing population. The growing housing affordability problem is also widely acknowledged. Declining rates of home ownership and a projected increase in older people in private rental are also well documented. The numbers of older people vulnerable to homelessness will increase. This has implications for the homelessness services system. While currently the scale of the problem is small relative to other homeless sub-populations (55+ represent 17% of homeless population at present, Chamberlain and McKenzie, 2008), there is an opportunity currently to plan and put into place preventative strategies for this older cohort.

However, the results from this project are indicative only and suggest the need for a larger-scale population study, which is more appropriate to answer questions on the effects of gender in a more definitive way; a gender analysis of the Centrelink administrative data, for example, would be ideal. A similar strategy is required for the impact of location. Our study examined DHS regions but these areas are large and diverse capturing multiple housing markets. Commonly housing market analysis examines much smaller geographical units such as Statistical Local Areas in order to compare area based housing markets in more meaningful ways. The

examination of homelessness rates for the older population by similar geographical areas may also be fruitful.

Despite these limitations, for this sample of older Victorians, there were more similarities than differences between women and men and across metropolitan and regional areas. The key issue affecting this older cohort, as with other sub-populations experiencing homelessness, is a lack of suitable housing options in the private rental market that are affordable on their incomes. While targeting preventative information to older people through local councils is likely to assist people before they enter housing crisis, a key intervention would be an increase in the amount of low cost rental stock available to this group. There also seems to be an acute lack of formal crisis accommodation options in regional areas which is impacting on this cohort. Key to addressing the lack of affordable stock for this group will be the acknowledgement within the ageing in place policy framework that older people will be increasingly ageing in private rental housing.

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## Appendices

## Appendix 1

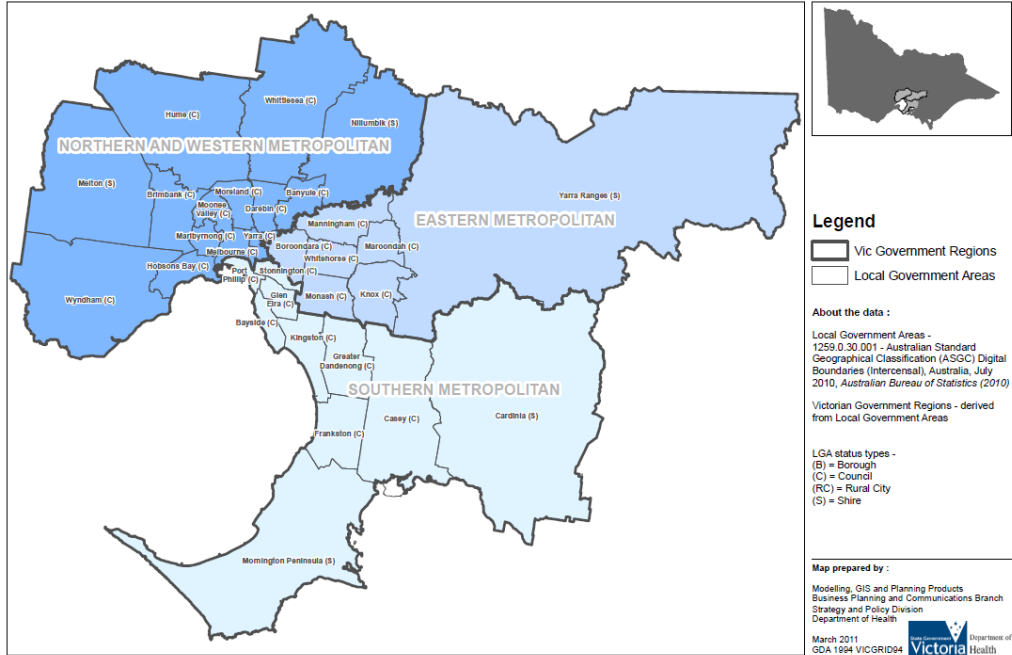
### Aggregate data on service availability and housing costs by DHS region for Victoria

	Southern	North West	Eastern	Hume	Loddon Mallee	Grampians	Barwon South West	Gippsland
Number of DHS housing offices	5	10	2	5	3	2	5	3
Number of homelessness services	96	98	63	55	52	38	53	59
Number of high care aged care places per 1000 persons	44.6	43.1	38.4	41.6	37.3	38.7	42.9	34.1
Number of low care aged care places per 1000 persons	45	43.5	46.9	48.5	50.4	46.3	49.2	45.1
Number of social housing dwellings	17319	30150	7335	5456	6008	3756	6290	4641
Social housing as a percentage of total dwellings	3.9	5.5	2.1	5.6	5.2	4.6	4.7	4.9
General Practitioners per 1000 persons	1.07	1	1.14	0.99	0.9	0.89	1	1.07
Drug and Alcohol clients per 1000 persons	5	4.8	4	6.4	7.8	6.7	5.6	8.2
Registered mental health clients per 1000 persons	8.7	11.1	7.4	15.9	16.9	15.4	16	13.5
HACC clients aged 70 and over per 1000 target persons	338	341	332.6	401.5	468	454.3	429	415
Percentage of households with housing costs greater than 40% of income	28.1	10.6	8.0	7.6	7.4	6.8	7.1	6.8
Percentage of rental housing that is affordable to low income families (on Centrelink payments)	10.2	10.2	3.9	73.1	72.2	70.7	40.5	69.8
Percentage of individuals with income less than \$400 per week	42.7	46.3	43.1	48.3	50.7	50.3	48.8	52.5

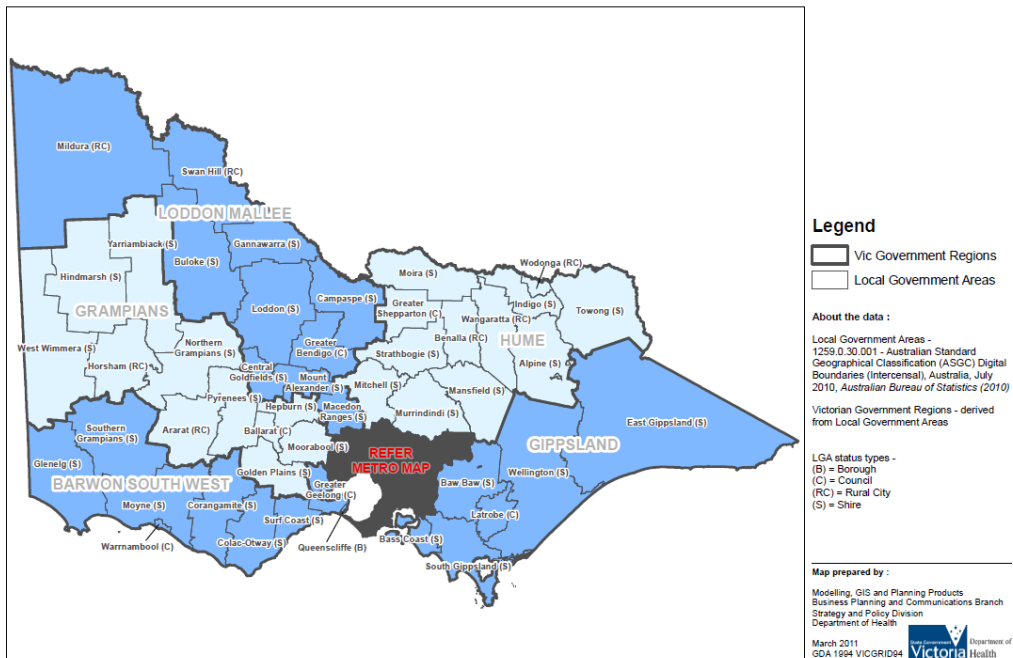
Sources: Special request data from the AIHW on Specialist Homelessness Services, and 2010 Department of Health regional profiles (available at: <http://www.health.vic.gov.au/modelling/planning/index.htm>). Further information sourced from the department of Human Services here: <http://www.dhs.vic.gov.au/about-the-department/our-organisation/organisational-structure/our-regions>; and here: <http://www.dhs.vic.gov.au/for-individuals/housing-and-accommodation/public-housing/local-housing-offices>

## Appendix 2: Victorian Government Regions and Local Government Areas – metropolitan and regional Victoria.

Victorian Government Regions and Local Government Areas (Metropolitan Melbourne)



Victorian Government Regions and Local Government Areas (Rural Victoria)



### Appendix 3: Interview questions for Service Providers

1. What kind of services does your organization provide for people aged over 55?
2. How are people ageing in the community?  
*I want to know about how older people are living in your community. Are they mainly ageing at home in their own homes, are there many renters? Are people in retirement homes? Where are they staying and are there any ageing specific issues in your area?*
3. What services are available to older people in the community?  
*Are there any gaps in those services? Are there difficulties accessing those services? What additional services are needed?*
4. Is there an increase in the community of older men and older women facing housing crisis? Where are they found?  
*Where as in what type of accommodation and what type of location? For example, In caravan parks? In small rural towns?*
5. What is the profile of older men in housing crisis or homelessness in the region?
6. What is the profile of older women in housing crisis or homelessness in the region?
7. Are there any specific things about the housing market in your region that could tip someone over 55 into homelessness or make it difficult to resolve homelessness?  
*For example, is there a shortage of affordable housing? Is there a shortage of aged care facilities?*
8. What personal factors impact on vulnerability to housing crisis and homelessness?  
*Are there any differences for men and women?*
9. What structural factors impact on vulnerability to housing crisis and homelessness?  
*Are there any differences for men and women?*
10. What do you think should be done to prevent homelessness among people aged 55 and over, and to support those that find themselves homeless?

## Appendix 4: Information sheet to Service Providers for recruitment



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## CURRENT RESEARCH

### The impact of gender and location on housing crisis and homelessness for older persons

#### What are we doing?

Following the recently released *Ageing in What Place? The experiences of housing crisis and homelessness for older Victorians* study, Hanover and Housing for the Aged Action Group (HAAG) is conducting research into the impact of location and gender on older Victorians' housing pathways.

Working across all Victorian DHS regions, we will examine the similarities and differences in service responses to older men and women experiencing housing crisis and homelessness across metropolitan and rural areas. We are looking for the input of men and women aged over 55 who have recently experienced housing crisis or homelessness, as well as homelessness and mainstream service providers who respond to this population.

#### Background

Hanover's *Ageing in What Place? The experiences of housing crisis and homelessness for older Victorians* study highlighted a number of broad individual and systemic issues which impact on older people's vulnerability to housing crisis. It presents detailed accounts of older people's pathways into, and experiences of housing crisis and homelessness as well as an overview of their experiences with the various service systems. It also makes recommendations for policy and service changes.

The second stage of this research has been generously funded by the Mercy Foundation (NSW).

#### What do we want to learn?

Hanover and HAAG would like to better understand which services and service responses can prevent older men and women from entering housing crisis and homelessness. We will explore whether being a man or a women impacts on how an ageing person enters, experiences and moves through housing crisis, even homelessness. We will also investigate whether men and women have differing service response needs.

As part of the project we will examine the different regional responses to housing crisis and homelessness for older people in order to highlight both best practice as well as challenges experienced in delivery responses to vulnerable older people.

*“I had seen homeless men ... to me they were always alcoholics, drug addicts, people who didn't want to work... Suddenly I'm in a situation where I could have been one of them. And you realise then that it's 'normal' people that just have a series of incidents that put them in a situation that they don't have control over.” (Joan, 68)*

#### Why is this important?

Australia is facing significant demographic shifts over the next decade as the population grows and ages. Recently, homelessness and housing services have reported increases in aged people presenting for assistance with no (recent) history of homelessness. All have faced insecure tenure and have limited income. Despite a lack of affordable, suitable and secure housing, there is no coherent response in Australia for older people in housing crisis or at risk of homelessness.

To extend our initial research, Hanover and HAAG would like to examine whether older people have equity of access to services across the DHS regions. We also believe there may be differences in the experiences of men and women in terms of their vulnerability to housing crisis and homelessness, as well as their journeys through.

### **Who can participate?**

We want to talk to men and women aged over 55 who have recently experienced housing crisis or homelessness, as well as homelessness and mainstream service providers who respond to this population.

We will be conducting interviews and consultations which will take approximately half an hour. Your information will be confidential at all times, and you will not be identified in the research.

### **What's involved?**

#### ***If you are aged 55+ and have recently experienced housing crisis or homelessness***

A researcher will ask you about your age, your income source and your current accommodation arrangements. You will then be asked a series of questions about your housing situation, the circumstances that led to you entering housing crisis or homelessness, which services you were referred to, and the benefits or challenges experienced by you in using these services.

#### ***If you are a service provider working with people aged 55+***

A researcher will ask you to complete information about the nature of your role and your broad areas of work. We will then ask you a series of questions about older clients who are presenting at your service in housing crisis or homeless. We will ask about the circumstances that precipitate clients housing crisis or homelessness, which services these clients were connected with before and after they contacted you, and the housing outcomes experiences by clients.

### **What will happen with the information I provide?**

Interviews and consultation will form part of the final report into the impact of location and gender on housing pathways of older Victorians. We will also be creating an interactive map, which will compare and contrast the various service delivery systems across each region.

*“Twenty years ago...I didn't expected to be in this situation...I didn't think all these things were going to happen to me. but they did. and everything fell apart. ... it was an immense struggle ever since to come to terms.” (Marcus, 55)*

The research will assist Hanover, HAAG and the Mercy Foundation to advocate or and on behalf of older Australians vulnerable to housing crisis and homelessness. It will inform both

policy and service responses for homelessness and mainstream agencies.

The final research will be publicly available in late 2012.

### **If you'd like to get involved?**

**Contact Deb Batterham 9288 9811**

**[dbatterham@hanover.org.au](mailto:dbatterham@hanover.org.au)**

## Appendix 5: Plain language statement and consent form for Service Providers



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### **SERVICE PROVIDER INFORMATION AND CONSENT FORM**

## **The impact of gender and location on housing crisis and homelessness for older persons**

### **About the research**

You are invited to participate in a study funded by the Mercy Foundation (NSW) which is looking at older Victorians vulnerability to housing crisis and homelessness. This research is being conducted by the Research Unit at Hanover Welfare Services and aims to identify how age, gender and place affect the experience of housing crisis and homelessness for people aged over 55 years of age.

We will be conducting focus groups and consultations across all eight Department of Human Services regions in Victoria with both service providers and older persons. We want to understand and compare the different journeys into housing crisis and homelessness for women and men, and to compare differences in mainstream and homelessness service response across metropolitan and regional Victoria.

### **Who can participate?**

A practitioner working with clients aged over 55 who have experienced housing crisis or homelessness in the past twelve months.

### **What will it involve?**

Participating in a consultation. During this the researcher will ask you to complete information about the nature of your role, your broad areas of work, the region you work in, and how long you have been in your current role. The researcher will then ask a series of questions about clients aged over 55 who are presenting at your service in housing crisis or homeless. The researcher will ask information about the personal circumstances that precipitate clients housing crisis or homelessness, which services these clients were connected with when they came to you, which services you referred them to, the benefits or challenges experienced by you in using these services, and the housing outcomes experiences by clients. We will tape all consultations in order to capture what you say accurately.

### **Confidentiality and Anonymity**

Any information you provide will be kept completely confidential. We will use a pseudonym (pretend name) instead of your real name when writing reports from the results of the research and we will take out any other information that could identify you or your family.

### **What will happen to the information I provide**

All information collected will be held by Hanover in a locked and secure area until it is destroyed [after 5 years].

**Voluntary participation**

Please be advised that your participation in this study is completely voluntary. If you decide not to take part, or to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so and there will be absolutely no impact on your working relationship with Hanover or other agencies.

**What will happen with the research?**

The information we find out from the research will be used in a variety of ways. These may include:

- conference papers and presentations
- progress and a final report for Hanover, the Buckland foundation and others which will be published in written form and electronically
- published academic journal articles
- published practitioner journal articles
- newspaper articles

The data will not be supplied in any form (other than published or publicly presented papers) to any other researcher, individual, organisation or agency.

If you agree to take part in this research under the conditions outlined here, please this form to say that you agree to participate in the interview.

I have read, or have had this document read to me in a language that I understand, and I understand the purposes, procedures and risks of this research project as described within it.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project, as described.

I understand that I will be given a signed copy of this document to keep.

Participant’s name (printed) .....

Signature

Date

Declaration by researcher\*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher’s name (printed) .....

Signature

Date

*This project has received internal ethics approval from Hanover Welfare Services. If you have a complaint about this research please contact Tony Dalton head of Hanover’s Ethics Committee on 9925 9573  
Any questions regarding the overall project should be directed to:  
General Manager, Research and Organisational Development, Dr. Shelley Mallett on 9288 9800. .*



## Demographic Information – Service Providers

Unique Identifier: SP\_\_

Role: \_\_\_\_\_ Time in current role: \_\_\_\_\_

Region:

- Southern↑       North-West↑ Eastern       Loddon Mallee  
 Barwon SW↑       Gippsland       Hume↑       Grampians  
 Statewide service↑

Main scope of work: Please tick (if more than one area of work please tick all that apply, but identify primary area with the number 1 etc.)

- |   |  |
|---|--|
| <input type="checkbox"/> Aged care (support)  | <input type="checkbox"/> Residential aged care |
| <input type="checkbox"/> Disability           | <input type="checkbox"/> Drug & Alcohol        |
| <input type="checkbox"/> Health               | <input type="checkbox"/> Homelessness          |
| <input type="checkbox"/> Housing              | <input type="checkbox"/> Mental Health         |
| <input type="checkbox"/> Government – Local   | (Department: _____)                            |
| <input type="checkbox"/> Government - State   | (Department: _____)                            |
| <input type="checkbox"/> Government - Federal | (Department: _____)                            |
| <input type="checkbox"/> Advocacy             | (Please describe: _____)                       |
| <input type="checkbox"/> Other                | (Please describe: _____)                       |

## Appendix 6: Plain Language Statement and Consent for Older people



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### **PARTICIPANT INFORMATION AND CONSENT FORM**

## **The impact of gender and location on housing crisis and homelessness for older persons**

### **About the research**

You are invited to participate in a study funded by the Mercy Foundation (NSW) which is looking at older Victorians vulnerability to housing crisis and homelessness. This research is being conducted by the Research Unit at Hanover Welfare Services and aims to identify how age, gender and place affect the experience of housing crisis and homelessness for people aged over 55 years of age.

We will be conducting consultations across all eight Department of Human Services regions in Victoria with both service providers and older persons. We want to understand and compare the different journeys into housing crisis and homelessness for women and men, and to compare differences in mainstream and homelessness service response across metropolitan and regional Victoria.

### **Who can participate?**

People aged over 55 who have experienced housing crisis or homelessness in the past twelve months.

### **What will it involve?**

Participation in a consultation. During this consultation the researcher will ask you to complete information about your age, your income level and your current accommodation arrangements. The researcher will then ask you a series of questions about your housing situation, the personal circumstances that led to you entering housing crisis or homelessness, which services you were referred to, and the benefits or challenges experienced by you in using these services. Interviews will be taped and transcribed in order to accurately record what is said.

### **Confidentiality and Anonymity**

Any information you provide will be kept completely confidential. We will use a pseudonym (pretend name) instead of your real name when writing reports from the results of the research and we will take out any other information that could identify you or your family.

### **What will happen to the information I provide**

All information collected will be held by Hanover in a locked and secure area until it is destroyed [after 5 years].

### Voluntary participation

Please be advised that your participation in this study is completely voluntary. If you decide not to take part, or to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so and there will be absolutely no impact on the services that you receive from Hanover or other agencies.

### What will happen with the research?

The information we find out from the research will be used in a variety of ways. These may include:

- conference papers and presentations
- progress and a final report for Hanover, the Mercy foundation and others which will be published in written form and electronically
- published academic journal articles
- published practitioner journal articles
- newspaper articles

The data will not be supplied in any form (other than published or publicly presented papers) to any other researcher, individual, organisation or agency.

If you agree to take part in this research under the conditions outlined here, please to sign this form to say that you agree to participate in the interview.

---

I have read, or have had this document read to me in a language that I understand, and I understand the purposes, procedures and risks of this research project as described within it.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project, as described.

I understand that I will be given a signed copy of this document to keep.

Participant's name (printed) .....

Signature

Date

Declaration by researcher\*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's name (printed) .....

Signature

Date

I have received a \$20 gift voucher from the researcher:

Date

*This project has received internal ethics approval from Hanover Welfare Services. If you have a complaint about this research please contact Tony Dalton head of Hanover's Ethics Committee on 9925 9573  
Any questions regarding the overall project should be directed to General Manager, Research and Organisational Development, Dr. Shelley Mallett on 9288 9800. .*

## Demographic Information – Consumer

Unique Identifier: C\_\_

Age: \_\_\_\_\_ Gender: M/F Postcode: \_\_\_\_\_

### Accommodation

- Lives in own home - owns outright
- Lives in own home - has a mortgage†
- Lives in a caravan (Since when? \_\_\_\_)
- In crisis housing (Since when? \_\_\_\_)
- In temporary housing (Since when? \_\_\_\_)
- In a boarding or rooming house (Since when? \_\_\_\_)
- Sleeping rough/sleeping in car/camping out (Since when? \_\_\_\_)
- Private Renter
- Public/Social/Community Housing

### Living arrangement: Tick all that apply

- Lives alone
- Lives with partner
- Lives with family member/s
- Lives with dependent children
- Lives with other people

How many people including you live in your house? \_\_\_\_\_

### Main source of income:

- Pension
- Superannuation
- Wage
- Other source (Please describe: \_\_\_\_\_)

What percentage of your income do you estimate that you spend on housing and accommodation costs? \_\_\_\_\_

How secure would you say your accommodation is?

- Very secure
- Secure
- Unsure
- Insecure
- Very Insecure

### Researcher to complete

- Southern†
- North-West†
- Eastern
- Loddon Mallee
- Barwon SW†
- Gippsland
- Hume†
- Grampians

## Appendix 7: Interview questions for older people

1. **Could you tell me a bit about what your life was like before your housing crisis (became homeless / sleeping rough / couch surfing)?**
  - Where were you living? (What suburb/town?)
  - Who were you living with?
  - What were you doing for work?
  - Did you have friends and family in the area?
2. **Could you tell me about the circumstances that led to your housing crisis (homelessness / sleeping rough / couch surfing)?**
  - How long had that been going on for?
3. **When you found yourself in housing crisis (homeless / started sleeping rough / couch surfing), what did you do?**
  - Who did you contact for help?
  - What was their response?
4. **What services did you use when you needed help?**
  - How did you find out about these?
  - How did you make contact with these?
5. **What happened next?**
  - Who did you speak to?
  - What did they do?
6. **Was there anything that stopped you accessing the services that you needed?**
  - Were there any difficulties in getting the service you needed?
7. **What worked well for you?**
8. **What is your current housing situation like? (Where? What suburb/town? Do you feel secure? Quality? Connections with family/friends in area?)**
9. **What services are you still seeing?**
10. **Looking back over your experience what was the single most important thing that made a difference to your housing situation?**
11. **What do you think should be done to prevent homelessness among people aged 55 and over, and to support those that find themselves homeless?**
12. **In what ways do you think that being a woman/man has influenced your housing?**