INQUIRY INTO THE OPPORTUNITIES FOR PARTICIPATION OF VICTORIAN SENIORS

Council to Homeless Persons
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1. Introduction & summary of key recommendations

The Council to Homeless Persons (CHP) welcomes the opportunity to make a submission to the Family and Community Development Committee Inquiry Into the Opportunities for Participation of Victorian Seniors.

CHP is the peak body representing individuals and organisations with an interest or stake in homelessness in Victoria. CHP works towards ending homelessness through leadership in policy, advocacy, sector development and consumer participation.

This submission provides CHP’s organisational response to four of the broad themes identified in the Committee’s Submission Guide, as they relate to preventing and ending homelessness among older people. The four themes include:

- Snapshot of seniors in Victoria and Australia (who are vulnerable to homelessness);
- Barriers to participation by senior Victorians (who are homeless or at risk);
- Responsibility for senior participation (among people who are homeless); and
- Looking into the future: opportunities for government and community responses.

Summary of key recommendations

CHP looks forward to working with governments to improve community participation among older people by preventing and ending homelessness in Victoria.

Over the next twenty years there will be a dramatic increase in the number of older Australians who will be over the age of 65. This trend is already driving an increase in the number of older people who are in housing stress. It also means that the population of older people who are homeless and facing complex health issues is growing.

It is critical that policies and programs are in place to respond to the challenges of an older population and to avoid large increases in homelessness within this group.

It takes a home to connect with family, good health supports and society as a whole. Preventing and ending homelessness is the only way to ensure that ALL older Victorians can participate fully in the community.

Achieving our goals will require collaboration by the community and private sectors, as well as by the three tiers of government. Below is a set of key recommendations that are described in more detail throughout CHP’s submission:

1. **Expand affordable housing options for older Victorians on fixed and low incomes.**
   
   To expand affordable housing options for older people who are vulnerable to homelessness CHP is calling for:
• At least 3,000 new affordable homes to be built each year in Victoria;
• Allocation of 10 per cent of all new build social housing to older people who are homeless; and
• 10 per cent of all new multi-unit dwellings to be adaptable and visitable.

2. **Expand best practice strategies for prevention and rapid re-housing.**
For older people in a housing crisis or for those newly homeless, dedicated services that provide timely and tailored responses should be expanded and further developed. CHP is calling for:

- *Expansion of the Assistance with Care and Housing for the Aged (ACHA) program;*
- *Further development of the Centrelink homelessness flag; and*
- *Streamlined service delivery through the provision of ‘Seniors Gateway Agencies’, consistent with the Productivity Commission recommendation (2011).*

3. **Increase community aged care packages targeted to supportive housing.**
Older people experiencing long-term homelessness often have multiple physical and mental health issues that make it difficult to get and keep safe housing. Supportive housing, which combines a permanent affordable home linked to a suite of support services, has proven to be a successful and cost-efficient intervention for this group.

**2. Snapshot of seniors in Victoria and Australia**

This section provides a snapshot of the population of older Victorians who are vulnerable to or experiencing homelessness; trends in affordable housing; and changes in the housing circumstances of older people. This information is essential and timely for ensuring adequate policies and programs are in place to respond to the challenges of an ageing population, to avoid large increases in homelessness and to enable all older Victorians to participate fully in their communities.

Over the next twenty years there will be a dramatic increase in the number of older Australians who will be over the age of 65. The most recent population data shows that in 2007, 13 per cent of the population was over the age of 65. Projections from the Australian Bureau of Statistics (ABS) estimate that by 2030, the proportion of older people will grow to as much as 21 per cent of the total population in Australia.

Population increases among older people coincide with skyrocketing housing costs in Australia in recent years. The 2011 International Housing Affordability survey highlights that seven of the eight major cities in Australia have the most unaffordable housing in the world. The average cost of a home is now over seven times the average wage.

Tax settings on housing are driving the affordable housing problem in Australia. Residential property investors currently benefit from negative gearing as well as exemptions on capital.
gains tax and interest deductibility. As a result there has been an over-consumption of housing at the high end of the market. This has increased market competition, inflated house prices and produced serious shortfalls in housing for low-income renters. The National Housing Support Council (NHSC) estimates that there is a shortfall of almost 500,000 private rental dwellings available for people with the lowest incomes.iv

Less people are able to own their own homes and more people are competing for a limited amount of affordable rentals; and affordable housing is particularly unattainable at the lowest end (40 per cent and below) of the market.

Historically there have been high rates of home ownership among older Australians. However the number of older Australians (over 65) in public and private rentals has risen to in recent years. According to, the NHSC demand for private and public rentals for this age cohort is projected to rise by 120 per cent from 2008 to 2020.

Australians over 65 are expected to experience the greatest increase in housing stress, largely due to declining affordability means more people remain in rentals in the latter years of their lives5. Housing stress defines a household in the bottom 40 per cent of the Australia’s household incomes that is paying more than 30 per cent of gross income on housing costs.

The trends in population and affordable housing are already driving housing affordability issues among older Australians. The National Centre for Social and Economic Modelling estimated there were 112,000 older households over age 70 in housing stress in 2008—a 100 per cent increase from 2004 and just over 10 per cent of all households currently in housing stress. A new report released this month by VicHealth found that 50 per cent of private renters who are over the age of 64 years are in housing affordability stressvi.

It has been well documented in the research that shortfalls in affordable housing often cause homelessness and make it very difficult to access housing after that occurs. Therefore we can assume that without an adequate intervention for older people in housing stress, there will likely be spikes in homelessness from this population.

The most recent data, from the 2006 Census, shows an upward trend in the numbers of older Australians experiencing homelessness. Just over 100,000 of the 20 + million people living in Australia, were counted as homeless in 2006. Of those who were homeless, 18,000 were over the age of 55, which represents 17 per cent of the homeless population and a 3 per cent increase from the 2001 Censusvii.

Homelessness research in Australia and in the USviii suggests that there are two pathways into homelessness for older people: people who have had a life of chronic homelessness or those who do not have their first experience of homelessness until they are older, around age 64.

This means that age-specific interventions must be in place to meet the growing demand, and they should be tailored to meet the needs of people on these two pathways. In line with the proposal put forth in the Productivity Commission’s final report into Caring for
Older Australians (2011), responses to homelessness should focus on the wellbeing of older Australians by promoting independence, giving people a choice about their housing and supports, and retaining their engagement with the community.

3. Barriers to participation by senior Victorians

In this submission community participation is defined by the Commonwealth Government’s social inclusion agenda which includes the following:

The Australian Government’s vision of a socially inclusive society is one in which all Australians feel valued and have the opportunity to participate fully in the life of our society. Achieving this vision means that all Australians will have the resources, opportunities and capability to:

- Learn by participating in education and training;
- Work by participating in employment, in voluntary work and in family and caring;
- Engage by connecting with people and using their local community’s resources; and
- Have a voice so that they can influence decisions that affect them.

Below is evidence to demonstrate the very obvious relationship between having a secure home, good health care (physical and mental wellbeing) and participating fully in the community.

The most significant barriers to participation among Victorians who experience disadvantage and homelessness are shortfalls in affordable housing; negative health impacts of insecure housing and homelessness; and negative health impacts of a fragmented service system for senior Victorians.

3.1 Shortfalls in affordable housing for older Victorians

Homelessness research both in Australia and overseas demonstrates that it takes having a home to fully participate in the community.

New research by Westmore and Mallett (2011) provides striking evidence of this issue through in-depth interviews with older people who have experienced a housing crisis and/or homelessness. Having a secure home meant participants were able to ‘stabilise in other areas of their life, gain or maintain social networks, and tailor health and other ongoing support around them’.

Moving into a safe home has also proven to be beneficial to participation among people with severe mental health issues. A US study exploring this relationship found that entering into housing after a long period of homelessness is associated with improvements in community integration for this group (Yanos, Barrow & Tsemberis, 2004). Participants reported that housing improved their sense of safety, self esteem and ‘fitting in’, with one participant reporting, ‘I feel like a real part of society again’.
For the reasons cited in section one, attaining affordable housing can be quite challenging for the 2,666 older people experiencing homelessness in Victoria on any given night. With close to 40,000 people on the waiting list for public housing\textsuperscript{xii}, affordable housing is the primary barrier to participation for older people experiencing homelessness.

### 3.2 Negative health impacts of insecure housing and homelessness

With so many older people in housing stress, there is a huge potential for this group to experience detrimental health conditions. Poor healthcare is a flow on effect of from precarious housing and a tremendous barrier to community participation by older people.

Mallett’s et al (2011) new VicHealth report finds that precarious housing and homelessness affects mental health and wellbeing, which in turn impacts on people participation in work, education and the community.\textsuperscript{xii}

The study shows that the negative impacts of inadequate housing exacerbated a number of health issues, including stress, depression and anxiety. Likewise, to access and maintain housing people need adequate health care. The flow on effects of poor health outcomes as a result of precarious housing negatively impacts participation in employment, education and community.

There is strong evidence to show that positive community participation outcomes are achieved when older people are assisted to both access safe and secure housing, and connect to ongoing health care supports in the community.

Breaking down barriers to participation by Seniors will require a sustained effort to improve both housing and health outcomes for this group.

### 3.3 Negative health and housing impacts of a fragmented service system

The current fragmentation of the support systems available to older people places them at risk of entering a housing crisis and aging poorly. This is particularly true for those who are financially or socially disadvantaged or homeless.

Westmore and Mallett (2011) highlight a number of systems that impact the life chances of low income senior Victorians:

- Health and Aging;
- Disability Services;
- Homeless Services;
- Mental Health;
- Centrelink; and
- Housing.

The range of services available to people within these portfolios is split between federal, state and local governments and various non-government organisations. This often leads to
weak communication about the suite of supports available and many people slip through gaps in the service system, finding themselves needing emergency assistance.

The report demonstrates the need to co-locate or integrate housing, health and homelessness services to prevent and end homelessness for older Victorians. The study found that older people experience a housing crisis or homelessness are most often linked to a health service or doctor prior to entering housing crisis or homelessness. However it is common for them to not engage with local health services regarding referrals to housing-related supports.

Older people who have positive outcomes many times have an advocate, or a support workers willing to coordinate supports from a range of relevant community-based services. A participant of the study was quoted as saying:

_There are so many variations...health needs, and causes and all the rest of it. So, really it needs you know, the business about the individual actually going around and getting their referrals and certificates and so on from different doctors, going to psychologists, it all becomes a bit overpowering for people to just do, so they stop...so, its...it needs, number one – having a worker to work with them. And navigate everything right through the whole structure, you know? (page 29)._ 

Secondly the report demonstrates that to avoid life long experiences of disadvantage, there are critical points in a person’s life when service systems can be used to intervene and provide appropriate assistance. Inadequate responses by specialist services, child protection and health systems have an impact on pathways into later life housing crisis and homelessness (page26).

Often people experiencing chronic homelessness have cycled in and out of state care as a child, and then corrections and hospital for several years as and adult. For some, these long-term experiences of homelessness cause life-long barriers to community participation.

Thirdly the reports suggest that a lack of adequate assessment and engagement by central agencies can create a barrier to participation. Participants consistently reported that they were placed in insecure housing or did not have adequate information about the supports available to older people by the agency with which they had first contact (page 28).

4. **Responsibility for senior participation**

A range of key agencies within all levels of government must be accountable for positive outcomes of older Victorians who are vulnerable to homelessness.

To ensure that ALL older Victorians have the opportunity to fully participate in the community, CHP looks forward to partnering with the Victorian government to develop and implement its homelessness action plan.
Critical to the success of the plan will be an age-specific strategy that is governed through a ministerial-level committee comprising Ministers whose portfolios include all of the agencies that interface with older persons’ homelessness situations including: housing, aging, health, mental health, community services, disability, veterans’ affairs, corrections, consumer affairs, education and youth affairs and early childhood development.

Key Ministers and department heads across government agencies should meet regularly to monitor progress against the goals and objectives of the plan. In addition, they should be advised through a formal committee of sector and consumer representatives.

This type of governance structure at the state-level is critical for:

- Ensuring accountability of ALL systems that impact homelessness;
- Reducing the economic and individual harm caused by homelessness; and
- Turning off the tap – preventing homelessness and intervening early.

### 4.1 Accountability of ALL systems that impact homelessness

It has been well documented in the homelessness research that people’s health, mental health, wellbeing and housing all impact one another. All key service systems must be responsible for participating in ending homelessness. This is because:

*Poor housing leads to worse physical and mental health outcomes* and vice versa. Older private renters are particularly vulnerable to poor housing, with half currently struggling to pay the rent, which will undoubtedly lead to negative health consequences without an appropriate response by *health AND housing*.

*Homelessness triggers substance use and mental health issues.* Research into the experiences of over 4300 people in Melbourne who were homeless or at risk of homelessness found that 66 per cent of those with a substance use problem had developed their problem after they became homeless. Of the people who were homeless, 30 per cent reported having mental health issues, however just over half (53 per cent) developed mental health problems after becoming homeless. These findings have significant implications for interventions for older people who are homeless.

*Homelessness exacerbates health and mental health issues* because it becomes more and more difficult to seek treatment. Obstacles to adequate health care include financial barriers, lack of transportation, lack of a Medicare card, lack of a fixed address or permanent contact details and a reluctance to access services due to past negative experiences. Older people staying in rooming houses also report that there is nowhere to properly store or lock up medication, which often results in theft or loss.

*Linking housing to health, mental health and employment supports KEEPS people housed.* Several program evaluations in the US show that about 80 to 90 per cent of
participants in these types of supportive housing programs remained housed 12 and 24 months in to the program\textsuperscript{xvi, xvii}.

4.2 Reducing the economic and individual harm caused by homelessness

Older people who experience long-term homelessness often cycle through very expensive public systems, including emergency services, corrections, health and mental health facilities. By assisting older people to safely remain in their home or relocate into supportive housing, public costs are reduced and health and wellbeing outcomes increase.

A program evaluation of the Housing and Accommodation Support Initiative (HASI) program, found that by supporting 100 adults with chronic psychiatric disability to access appropriate housing and connect to health supports, time spent in hospital, psychiatric units and emergency departments decreased an average of 70 days per person per year; there was a 77 per cent decrease in imprisonment; a tenfold increase in education and training; and a threefold increase in paid work\textsuperscript{xviii}.

A research study examining the Michael Project in NSW, which provides support and accommodation for men experiencing homelessness, found that more than a quarter of the participants had an overnight stay in corrections facilities, and on average spent over 20 nights in a health care facility in the 12 months before beginning the program. A snapshot of the Project after three months showed that, after receiving support and accommodation, participants’ contact with publicly-funded health and justice services declined\textsuperscript{xix}.

There is a significant amount of US research into the extremely high costs of homelessness. For example, a study in Los Angeles found that by placing four people who were sleeping rough into permanent supportive housing, saved taxpayers more than $80,000 per year\textsuperscript{xx}. A longitudinal study of 734 people in permanent supportive housing after an average of eight years of experiencing homelessness found that after 12 months their total quarterly health costs declined by 50 per cent\textsuperscript{xxi}.

4.3 Turning off the tap: preventing homelessness and intervening early

As was described in section two, older people typically engage with a variety of service systems before they become homeless or at risk. Those agencies have an incredible opportunity to divert people from insecure housing and homelessness.

Through their research, Hanover identified three ‘first contact’ systems with which older people in Victoria engage. These agencies have an incredible opportunity to provide a timely response. They included Centrelink (with which all participants had contact), health services and local general practitioners (with whom all participant interacted but did not discuss housing issues) and tenancy managers or landlords.

For many of the reasons listed above, once people actually become homeless it is much more expensive and challenging to relocate into appropriate housing. The goal should always be to maintain someone’s current living situations wherever possible.
5. Looking to the future

The Council to Homeless Persons looks forward to working with governments to improve the community participation of older people by preventing and ending homelessness for this group.

Achieving our goals will require collaboration by the community and private sectors, as well as by the three tiers of government. Below is a set of key recommendations, categorised under four main action headings.

5.1 Expand affordable housing options for older Victorians on fixed and low incomes

To expand affordable housing options for older people who are vulnerable to homelessness CHP is calling for:

*At least 3,000 new affordable homes to be built each year in Victoria* funded through a Commonwealth-state partnership. Housing is more expensive than ever before in Australia and there is a significant shortfall in the number of affordable rental homes that are available to people at the lower end of the market. Building 3,000 new social homes each year would bring Victoria closer toward CHP’s goal of increasing social housing to at least 5% of all housing, as was recently recommended by Victoria’s Family and Community Development Committee xxii.

*Allocation of 10 per cent of all new build social housing to older people who are homeless.* As described in sections one and two, the increasing proportion of people aged 65 is driving a significant housing affordability problem for this group. Older people are being forced to rent more than ever before in Australia. Older Australians in housing stress currently make up approximately 10 per cent of all households experiencing housing stress.

Targeting new affordable housing for this group is aligned with the recommendation set out in the Productivity Commission Inquiry Report into *Caring for Older Australians* (August 2011), which calls for an adequate level of affordable housing to meet the demands of an ageing population (page LXIX).

*Ensure 10 per cent of all new multi-unit dwellings are adaptable and visitable* by including provisions for accessible housing in state environmental planning policies.

Adaptability means a dwelling is designed to be easily modified and accessible to both residents and visitors who have a disability or who have progressive frailties.

Visitability means a dwelling is designed to have at least one wheelchair-accessible entry and to have accessible paths of travel inside the dwelling to the living area and to a suitable toilet.
CHP agrees with the Productivity Commission’s recommendation that the Commonwealth should also develop building design standards, to support this initiative.

Many older people who are disadvantaged also have physical health challenges. In order to uphold the civil and human rights of the population, it is imperative that new homes are built with basic architectural features that promote independent living.

Most of the housing stock in Victoria is inappropriate for much of our population\textsuperscript{xxiii}. People with disabilities and older people are those most affected by poorly designed housing. Therefore, housing that is adequate for health and wellbeing of this population is an essential element of community participation.

Poorly designed housing results in significant costs associated with increased hospital admissions, home care, early aged care services and home modifications. Increasing universal housing stock in Victoria could save the state Government over $70 million each year because of savings based solely on the ageing population\textsuperscript{xxiv}.

5.2 Expand best practice strategies for prevention and rapid re-housing

For older people in a housing crisis or for those newly homeless, dedicated services that provide timely and tailored responses should be expanded and further developed. CHP is calling for:

\textit{Expansion of the Assistance with Care and Housing for the Aged (ACHA) program.} ACHA provides assistance to older people who are vulnerable to homelessness and in insecure housing to access sustainable housing and supports. This program has achieved impressive outcomes and should be expanded to meet the growing demand.

The Housing for the Aged Action Group (HAAG) uses ACHA funding to assist almost 700 clients each year. Last year approximately 85 per cent of HAAG clients were successfully re-housed into homes they could afford\textsuperscript{xxv}.

\textit{Further development of the Centrelink homelessness flag.} Centrelink is in a unique position in terms of how it can access older people’s financial and housing circumstances. An automatic flag system should be developed which identifies and supports older people who are vulnerable to homelessness.

\textit{Streamlined service delivery through the provision of a ‘Seniors Gateway Agencies’,} consistent with the Productivity Commission recommendation (2011). The development of a one-stop-shop would simplify and streamline the supports available to older people who are disadvantaged.

The Gateway should act as a central entry and referral point for relevant health, housing, financial and community services for older Australians. The Gateway
should also provide individuals with complex physical and mental health challenges with a case manager/advocate upon entry, in order to co-ordinate access and delivery of services to this group.

5.3 Increase community aged care packages targeted to supportive housing

In Victoria there are over 20,000 people who are homeless on any given night. This includes 2200 people who sleep rough, with no accommodation options. Within that group there is a smaller proportion of people who experience repeated episodes of homelessness or stay homeless long-term.

Older people experiencing long-term homelessness often have multiple physical and mental health issues that make it difficult to get and keep safe housing. Supportive housing, which combines a permanent affordable home linked to a suite of support services, has proven to be a successful and cost-efficient intervention for this group.

The work of organisations such as Wintringham and Wesley Mission among others, are model examples of permanent supportive housing for older people. They are demonstrating the core elements of ‘aging in place’ by connecting people to a home they can afford, with strong connections to community and supports to enhance health and wellbeing for a group of people who previously lived a life sleeping rough and being socially excluded.

Aged care, community-based support packages should be expanded and delivered in coordination with affordable housing to expand permanent supportive housing for older Victorians; and to avoid lifelong homelessness and exclusion for people with complex health issues.

6. Conclusion

Over the next twenty years there will be a dramatic increase in the number of older Australians who will be over the age of 65. This trend is already driving an increase in the number of older people who are in housing stress. It also means that the population of older people who are homeless and facing complex health issues is growing.

It is critical that policies and programs are in place to respond to the challenges of an older population and to avoid large increases in homelessness within this group.

It takes a home to connect with family, good health supports and society as a whole, and preventing and ending homelessness is the only way to ensure that ALL older Victorians can participate fully in the community.

CHP looks forward to working with governments, along with the community and private sectors to achieve the goals set forth in this submission. Please contact Sarah Kahn, CHP’s Manager of Policy and Communications, with any queries regarding the submission. Sarah can be reached via email at sarah@chp.org.au or by phone at 0400 177 486.
End Notes

3 Parliamentary Library (2006), House Prices, Research Note No. 7.
8 National Alliance to End Homelessness (2010), Demographics of Homelessness Series: The Rising Elderly Population: http://www.endhomelessness.org/content/article/detail/2698
12 Mallett, S et al 2011
15 PILCH Homeless Persons’ Legal Clinic (2005) Homelessness, Mental Health and Human Rights: Submission to the Senate Select Committee on Mental Health, Public Interest Law Clearing House
20 Dr. Michael R. Cousineau; Heather Lander at the University of Southern California’s Center for Community Health Studies at the Keck School of Medicine, and Mollie Lowery at Housing Works (2009), Homeless Cost Study, United Way of Greater Los Angeles: http://www.pathwaysregina.com/assets/files/HomelessCostStudy_09_r2_v35.pdf
23 Victorian Council of Social Service (2008), Universal Housing Universal Benefits
24 As above.