



HOUSING FOR THE AGED ACTION GROUP INC.

# **Submission to Implementation of Aged Care Royal Commission Recommendations**

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## About Housing for the Aged Action Group (HAAG)

Housing for the Aged Action Group (HAAG) is a member-based, community organisation specialising in the housing needs of older people. The organisation has over 850 members across the country actively working towards achieving housing justice. Established over 40 years ago as a grassroots movement, the organisation has developed a robust service delivery arm in Victoria and has a strong presence in advocacy for older people experiencing housing and homelessness related issues across Australia. During the 2022-23 financial year, HAAG supported close to 1,550 older people in Victoria.<sup>1</sup>

In 2016, HAAG was funded by the Wicking Trust (a philanthropic organisation) to conduct research in every state and territory to understand the depth and breadth of housing and homelessness issues of older people. In consultation and engagement with services, people with lived experience, advocates and peak advocacy bodies across Australia, the research project produced a number of reports on the housing issues of older people.<sup>2</sup> HAAG was funded in 2020 for a further four years to continue this work.

HAAG welcomes the opportunity to provide input into 2024 Progress Report on Implementation of Aged Care Royal Commission Recommendations submission process. This submission is based on our experience delivering housing and related support services to older people, research and lived experiences of older people experiencing housing stress or homelessness in Australia. We especially acknowledge the contributions to this submission made by members of HAAG's lived experience advisory groups including National Alliance of Seniors for Housing, Retirement Accommodation Action Group (RAAG), LGBTQIA+ reference group and culturally and linguistically diverse (CALD) reference group and NSW Lived Experience Advocacy Group (LEAG).

HAAG endorses the submission of Federation of Ethnic Communities' Councils of Australia (FECCA) to the 2024 Progress Report on Implementation of Aged Care Royal Commission Recommendations.

## Recommendations

The Inspector General should recommend to the Federal Government to -

- Fund additional tailored specialist housing support service that includes case management support for older people who need assistance with housing and other complex needs in addition to being referred to aged care services.
- Increase funding within Care finder program to ensure older people with housing or homelessness related issues are provided with necessary supports until their housing situation is resolved.
- Increase funding for public and community housing targeted to older people who are currently experiencing homelessness, living in marginal or overcrowded housing, in severe rental stress and/or at risk of homelessness.
- Increase funding under aged care packages for older people in rooming houses or shared accommodation to ensure providers are able to send more than one staff member if there are safety concerns.

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<sup>1</sup> Housing for the Aged Action Group, Annual Report 2022-2023, accessible at: [https://www.olderrentals.org.au/sites/default/files/annual\\_report\\_2021-22.pdf](https://www.olderrentals.org.au/sites/default/files/annual_report_2021-22.pdf)

<sup>2</sup> See further: Housing for the Aged Action Group, Ageing on the Edge National Action Project, accessible at: <https://www.olderrentals.org.au/ageing-edge-national-action-project>

- Ensure the Federal Government elevate and strengthen protections for the diverse population groups identified in Statement of Rights within the new Aged Care Act with clear responsibilities and requirements on government, service providers and other stakeholders to ensure equitable access for all older people.

## Context

Having access to safe, affordable, accessible and long-term housing is fundamental to healthy ageing and wellbeing of older people. Cost of living pressures, mainly due to skyrocketing rent, coupled with the significant inadequacy of Age Pension and Jobseeker payment are pushing older renters into severe housing stress and poverty. The rental market is particularly challenging for older people who are on low-incomes or relying on government income support payments as their main source of income. Even before the current rental crisis, Retirement Income Review Final Report found that renters and involuntary retirees experience higher levels of financial stress and poverty than the working-age population.<sup>3</sup>

According to census data, about 700,000 people aged 55 and older rented from a private landlord, a 73% increase in ten years. There are at least 220,000 older people over 55 renting privately in the lowest two income quintiles.<sup>4</sup> There was an ‘unusually strong pace of growth in rent values nationally from late 2020, where the estimated median weekly rent value across Australian dwellings increased by \$115 through to the end of April 2023’.<sup>5</sup> Therefore, these older renters are now likely to be in severe rental stress, experiencing or at risk of homelessness.

For many single older people relying solely on income support payments such as Age Pension, the highest amount of rent they can pay is approximately \$400 a fortnight. There are no market-based rental solutions that are affordable for this cohort. They are also less likely to find alternative income streams to increase their household income or supplement their income support payments.

This is a system wide issue that aged care workforce is grappling with as HAAG has seen an increase in referrals from aged care related services to the Home at Last service to assist older people who have aged care packages but are unable to access services due to their housing circumstances.

*“In the last few months, our Home at Last Service received an increasing number of calls from MAC (My Aged Care) case coordinators for people with home care packages but they are unable to appropriately utilise this funding due to homelessness. This is a new trend that we are seeing compared to other referral pathways.”*

HAAG’s intake team member

For those who are experiencing or at risk of homelessness, having an aged care package will be of little to no use. Older people are unlikely to be focusing on their aged care services when they are

<sup>3</sup> The Department of Treasury, Retirement Income Review Final Report, 2020, accessible at:

[https://treasury.gov.au/sites/default/files/2020-11/p2020-100554-00bkey-observations\\_0.pdf](https://treasury.gov.au/sites/default/files/2020-11/p2020-100554-00bkey-observations_0.pdf)

<sup>4</sup> W. Stone et al, Ageing in a Housing Crisis: Older people’s housing insecurity & homelessness in Australia (Commissioned by Housing for the Aged Action Group), 2023, accessible at:

<https://www.olderrenters.org.au/publications/ageing-in-a-housing-crisis-older-peoples-housing-insecurity-homelessness-in-australia>

<sup>5</sup> Core Logic, Housing Affordability Report: Reflections on the Pandemic and the Rental Market, 2023, accessible at: <https://www.corelogic.com.au/news-research/reports/housing-affordability>

facing eviction and are forced to find affordable accommodation. In some cases, it might be an added pressure on older people who are already experiencing increasing stress due to their precarious housing situation.

### **Case Study**

Arnold\* is a 69 year old male with physical and mental health issues including Dementia, chronic pain and uses a walking stick. Arnold's wife is his full-time carer. She manages her own health issues as she is not eligible for My Aged Care services because of her age.

After the Arnold was assessed, he was approved for a Level 4 Home Care Package, but they reported difficulty navigating and selecting a suitable provider due to experiencing housing stress and now homelessness.

The couple had been privately renting for several years before receiving a Notice to Vacate. They spent months searching for another suitable rental but were not approved for any. The majority of rentals had a shower over the bath which is unsuitable for Arnold's mobility needs. By the time they were expected vacate the property, the couple had no place to call home and stayed with a friend for a week before moving to a motel. They have exhausted all their savings and now face living on the street. Arnold's Home Care Package Level 4 approval expires in 30 days, and the couple do not know what to do next. They have since been referred to a community service for ongoing support.

*\*Name and other identifiable information have been changed and consent of the person was obtained to share the case study.*

The Royal Commission into Aged Care Quality and Safety report stated that unsuitable and insecure housing poses greater risks of falls, injury and immobility, as well as the prospect of unanticipated or early entry into residential aged care.<sup>6</sup> The report further highlighted that there is a need to increase the availability of accessible social housing throughout Australia, so that an increased number of older people, including people experiencing homelessness and those at risk of homelessness, can age and receive aged care services at home.<sup>7</sup> Therefore, it is imperative that the Commonwealth Government invest in public and community housing with a proportion of it ringfenced for older people.

### **Care finder program**

HAAG has historically been involved in the development of housing support for older people at risk of or experiencing homelessness including the Assistance with Care and Housing (ACH) program as well as State government funded services to assist older people to access safe, affordable and long-term housing.

Currently, Care finder program funded through Commonwealth Department of Health supports older people who are at risk of homelessness. As part of efforts to streamline navigation services for

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<sup>6</sup> Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, 2021, accessible at: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a_0.pdf)

<sup>7</sup> Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, 2021, accessible at: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a_0.pdf)

aged care, the previous ACH services have transitioned out of the Commonwealth Home Support Programme (CHSP) and into the new Care finder program from January 2023.

The ACH service was a vital housing support program that prevented older people from experiencing homelessness by assisting them to find appropriate, affordable and long-term housing options. As highlighted above, some older people may not access mainstream services due to a variety of reasons such as lack of awareness, stigma and access to digital platforms. Although this program supports people at risk of homelessness, the new focus of the Care finder program has broadened its focus to assistance to link with 'aged care and other services', rather than predominantly focussing on housing. Without affordable and secure housing, aged care services in the home are difficult to provide, even if older people at risk of homelessness were to be 'linked' with them.

*"The Care finder service is a welcome additional tool for older people trying to get supports to live independently but they can't do this if their housing is inadequate, inappropriate and unaffordable or owned by individuals or providers who refuse to approve and or install the modifications that they need ... There needs to be a bigger and better focus on housing in the aged care system."*

HAAG's Care Finder team member

### **Challenges experienced by older people in precarious or unsafe housing**

There is ample evidence in relation to the digital divide that impacts on older people's ability to access services. Increasing reliance on digital service delivery of human services is an additional barrier for many older people at risk of or experiencing homelessness, due to low levels of digital literacy and/or limited access to the internet, computer and mobile devices. For those that do use technology, the available information can be both overwhelming in terms of high volume of materials about housing and aged care and underwhelming for older people seeking affordable housing for whom residential care remains a distant prospect.

*"It's not just those who are struggling with devices. I have clients without a phone or don't understand how to use the phones. I'm also working with a client who has dementia, and their phone service was disconnected by the mobile provider for not paying the bill. They don't have family or carers and I have to step in support them simply because otherwise they will be completely disconnected from the service system."*

HAAG Care finder team member

Although Care finder providers are able to assist these older people with these online platforms and information, some Care finder providers, particularly those without a background in housing and homelessness are not adequately equipped to support vulnerable older people. Often older people get referred onto state or territory funded Specialist Homelessness Services (SHS) and those services refer these people back to care finder services as their housing intersects with aged care. This results in older vulnerable people being 'bounced around' service systems without receiving necessary supports.

Given the complexity of needs, in many cases, HAAG Care finder team members provide support that is well beyond the scope and breadth of the intended Care finder service as there are no supports available for these older people in the community.

At the time of referral, many older people are experiencing multiple complex challenges that the Care finder support of simply 'linking' older people to services is not possible without addressing their underlying situations. Most people referred to HAAG's Care finder service need short-term case management type support to ensure they are in stable accommodation, their physical and mental health issues are addressed and that they are better able to care for themselves or have other support arrangements before the clients are in a position to connect with aged care services. This includes HAAG's Care Finder team members working with multiple stakeholders from local government, health services, GPs, real estate agents or landlords, banks and numerous other supports and services which can be extremely time consuming and resource intensive.

Case studies below demonstrate some of the challenges older people experience at the time of their referral to Care finder services and the lengths the Care finder team members have to go through to resolve these issues before they can be formally linked with aged care services.

### **Case study**

Dennis\* is an older man with disability in his late 70s. He is a wheelchair user living in a rooming house with a private room and a bathroom and shared kitchen. He has lived in the same property for 13 years and considers it his home. The Community Housing Provider that manages the rooming house referred Dennis to HAAG's Care finder service. At the time of referral, Dennis had no hope of living and was smoking and drinking heavily as a result of stress and the unliveable condition of his unit.

Dennis has complex needs that directly relate to his mobility. Although the building is wheelchair accessible, the main entrance to the rooming house is a heavy door that is not automatic. Dennis needs support from another person to enter and exit the building or has to get off of his wheelchair to physically open the door which is a significant safety risk. Given his challenges with the entrance door to go out for smoking, he sometimes smokes inside his unit which is another safety risk.

Due to his mobility issues and challenges with using the main entrance, he is often unable to take his garbage out. If food or anything else falls on the floor of his unit, he's unable to clean it due to lack of room to manoeuvre his wheelchair inside the unit. As a result of his health issues, he has also had issues with using the bathroom and has excrements on the floor and his mattress that he has been unable to clean.

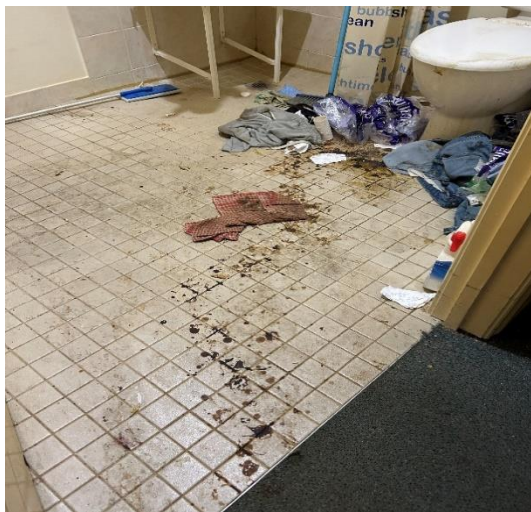
He has been approved for an entry level CHSP package. However, given the situation of his unit, the service providers consider it a health and safety risk and are not providing him with any services.

The HAAG Care finder team member immediately worked with the Community Housing Provider to get a new mattress and is working on organising an industrial cleaning of his unit. The staff member is also working with others to get the entry door changed to an automatic door so it does not pose a safety risk. She is also working on getting Dennis reconnected with health services and obtaining a number of support letters that accurately reflect the level of his support needs.

Dennis' current living situation and health issues make it evident that he needs a Home Care Package that includes in home intensive support. However, he cannot access these without

exhausting his CHSP package funding. Without the industrial cleaning and support to find providers who would deliver the necessary supports.

Since the Care finder team member started supporting Dennis, his drinking has reduced significantly. He is optimistic about living in the unit and receiving support once the industrial cleaning is completed.



*\*Name and other identifiable details have been changed and the person's consent was obtained to share the case study and the images.*

Dennis' experience is one of the many examples of older people not being able to access the services they are approved for as a result of housing related issues. This demonstrates that some of the older people are considered 'too difficult' to be supported by aged care providers, especially older people in rooming houses who are not able to access care, older people with complex mental health needs or currently experiencing homelessness. These older people need additional funded supports to ensure that they are in a position to receive the aged care services. In order to achieve this, there is a clear need for a funded service to bridge the gap between the role of Care finders and receiving aged care services through an aged care provider.

Despite having considerable care needs including in-home support and receiving funding for support, many older people are struggling to find providers who are willing to deliver services in these types of accommodation.

*“It’s like the providers blacklist older people in rooming houses or any shared accommodation not because the older client has violent or abusive tendencies, but the other residents do. The other challenge is that not all rooming houses are managed by community housing providers and there’s little regulation around staffing and support, especially if they are private rooming houses.”*

*HAAG’s Care Finder Team Member*

Safety and wellbeing of aged care workforce is important. However, extremely vulnerable older people should not be precluded from receiving the supports they need. A possible solution to this would be to ensure that people in rooming houses and similar settings are provided with additional funding to enable more than one care worker to be present for their safety.

#### **Case study**

Mary\* is a 88 year old single woman living alone in a private rental property. She has a severely autistic grandson living nearby and she does not wish to move away from her son and the grandson. She has no other source of income or savings except for the Age Pension which is approximately \$1,200 a fortnight. Her rent was increased recently, and she is now paying \$490 per week in rent. This means Mary has little to no money to pay for food, utilities and cover her medical expenses. Mary was referred to HAAG’s Care finder team by her son who also makes small contributions towards Mary’s medical expenses when he is able to.

At the time of referral, Mary was getting Meals on Wheels food deliveries 3 days a week. These cost Mary about \$12.00 per meal and she would order meals for 3 days and stretch the food over 7 days. She is unable to access Emergency Relief as she is unable to travel to the services to collect those. She was also not using her heating or cooling as she is unable to cover the costs. All these resulted in significantly deteriorating Mary’s health.

The rental property Mary is in has stairs which is a health risk. Mary has been housebound for months as she has been unable to go down the stairs. Before she met the Care finder team member, Mary said she was saving \$1 a fortnight to go towards the cost of handrail. Her roof leaks when it rains and she’s afraid to complain about it to the landlord. She was uncomfortable with the Care finder team member reaching out to the landlord to install grabrails in the main entrance and the shower due to fear of eviction.

When the Care finder team member offered to assist Mary with her public or community housing application, Mary refused. The area Mary is in has very limited public, community and affordable housing stock. Even if Mary was prioritised, she feels that it would be a long wait before she is offered a property. She told the Care finder team member that she does not believe she will be alive by the time a property is offered to her and that she is too old to move house. She hopes that she can continue to live in the same rental unit for as long as she can.

HAAG’s Care finder team member managed to reduce the rate of Council Meals on Wheels meals to about \$3-4 which has resulted in Mary ordering meals 5 days a week and stretching them over



7 days a week instead of 3 days. She also facilitated Mary to receive support from an Emergency Relief provider to 'top up' the Meals on Wheels deliveries for the weekends.

Given the health risks of not having a handrail to go out of the house, Care finder staff member is working with local health district staff to organise it. She is also working on supporting Mary to ask the landlord to repair the leaky roof.

Once Mary's accessibility issues are resolved, the Care finder team member will assist Mary with obtaining all relevant materials to receive a Home Care Package so she's able to age in place.

*\*Name and other identifiable information have been changed and consent of the person was obtained to share the case study.*

This demonstrates the level of challenges that are involved in assisting older people before they have capacity to focus on aged care needs. The scope of the work goes well beyond the role initially designed by Care finder program.

### **Case Study**

Steve\* a 97-year-old resident of Mornington was referred to the Care Finder by concerned neighbours. They reported that Steve was living in neglect, wore the same outfit covered in food and urine stains each time the neighbours visited him, and they were concerned about his diet.

Upon meeting Steve, the Care Finder team member was faced with resistance and he initially refused help. Despite this, the Care finder team member persisted, meeting him weekly over several months, gradually building rapport.

With Steve's consent, the Care Finder contacted My Aged Care and discovered that a support worker from a local service provider who was concerned about Steve's cognitive decline. The Care finder team member learned that despite numerous service attempts, the client refused assistance, relying solely on his neighbours.

The Care finder team member was informed of the number of unpaid utility bills that resulted in his phone disconnected. He was being harassed by debt collectors. Despite owing money, services like Meals on Wheels and other community services continued to support him.

A comprehensive referral was initiated, connecting Steve with vital services to address his multifaceted needs including local health district supports, aged care assessment, Occupational Therapists, Meals on Wheels. She also arranged for volunteers with the Meals on Wheels to assist with meal heating and arranged with a Community Support Centre to deliver food parcels for the weekend.

The Care finder team member coordinated a care team meeting with all service providers involved. Together, they established tasks for each organisation and the Care finder team member to coordinate and oversee the client's care needs. The Care finder team member and the Community Support worker accompanied Steve to the bank, paying some bills and arranging a direct debit card. Unfortunately, there are still challenges with paying some of Steve's other bills as no person has his Power of Attorney and he is unable to verify his identity to authorise payments due to his advanced dementia.

The Care finder completed a support plan review to enable Steve to access a Home Care Package (HCP). She has advocated with My Aged Care for an urgent assessment which was promptly completed given the urgency of this case.

Through Care finder team member's efforts, Steve was assessed and granted a Home Care Package Level 4, ensuring comprehensive support. Services were increased to include personal care, shopping, and bill payments.

Since the initial engagement, Steve's situation has improved significantly. He received the care and support he desperately needed, enabling him to live safely and independently at home. Through collaboration with various stakeholders, the Care finder team member ensured that Steve's well-being and quality of life were prioritised.

*\*Name and other identifiable information have been changed and consent of the person was obtained to share the case study.*

### **Case study**

Matt\* is an older man in his mid 70s with multiple physical and mental health issues including Chronic Obstructive Pulmonary Disease (COPD). This means he is unable to do anything for himself. His wife is his fulltime carer. He was referred to Care finder service by his wife.

Due to his COPD, he usually struggles to breath when he gets up from sitting or lying down. He takes a while to speak as he has to stop multiple times mid-sentence to catch his breath. This issue severely aggravates when Matt gets anxious.

At the time of referral, Matt had an entry level aged care package that was not meeting his needs. In order to increase the level of support, the Care finder team member organised a call with Services Australia to verify his assets and income level.

The Care finder team member was present when he received the phone call and the intention was to register the Care finder team member as his 'agent representative'. Matt started getting agitated as he was struggling to answer the questions due to his anxiety that affected his breathing. Although Matt's wife is registered as Matt's carer with Services Australia, the assessment team were not able to access to Matt's medical history or other critical information.

The entire exchange was too stressful for Matt and the Care finder team member had to intervene to stop the call as both her and Matt's wife were worried about his breathing capacity. It is difficult to schedule Services Australia calls and Care finder team member is working on rescheduling the assessment for a different date.

*\*Name and other identifiable information have been changed and consent of the person was obtained to share the case study.*

Another challenge for many older people is access to transport. Many are either unable to drive or can not afford the costs of maintaining a car. In areas where public transport options are limited, older people without support from family or friends are unable to access services.

*“There are areas where public transport is non-existent. There are community transport busses, but they run on certain days. They have to go on multiple days to get OT assessments, ACAS assessments, GP appointments and the range of other appointments. They can get half price taxis but the GP needs to apply for the half price taxi on behalf of the older person. Even then, it can be too expensive for some. This means that they would require the assistance of a case manager to get to all these appointments.”*

HAAG’s Care finder team member

All these demonstrate that the Care finder service is currently insufficient to deliver the supports that are actually required to assist older people who have more complex needs. Thus, there is a need for a separate service to provide older people, especially those experiencing housing and homelessness related challenges.

### **Designing for diversity, difference, complexity, and individuality**

The Royal Commission into Aged Care Quality and Safety final report clearly identifies the critical need to maintain these diversity characteristics. The report highlights that failing to appreciate the vast diversity within older people in care can make people feel like one of many in a homogenous group of ‘care recipients’ or ‘consumers’. It is dehumanising.<sup>8</sup> The report further states the new Act will enshrine a set of rights for older people, which are designed to enunciate the fundamental rights that an older person of any background, situation or income should expect will be respected by the aged care system.<sup>9</sup>

HAAG welcomes the provision in the new Aged Care Exposure Draft (the new Act) that states Commonwealth aged care system offers accessible, culturally safe, culturally appropriate, trauma-aware and healing-informed funded aged care services, if required by an individual and based on the needs of the individual, regardless of the individual’s location, background and life experiences. It is also encouraging to see these categories expanded in the new Act. Although it is not seamless, a clear recognition of challenges older people with various intersecting vulnerabilities or disadvantages experience provides a framework for service providers and other stakeholders to ensure these cohorts of older people are not left behind.

Therefore, it is critical that the protections for diverse population groups are elevated in the Act with tangible requirements on government, service providers and other stakeholders rather than in the Statement of Principles or Statement of Rights (in Section 22). These requirements to support diverse population groups should be supported in legislation with clear actions and consequences for failing to meet the requirements.

Various factors can increase the risk or experiences of homelessness among older people. Although these are discussed separately, there can be individual and/or intersecting factors that heighten the risk of or experiences of homelessness among older people.

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<sup>8</sup> Royal Commission into Aged Care Quality and Safety, Final Report: Care, Dignity and Respect, 2021, accessible at: [https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a\\_0.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-volume-3a_0.pdf)

<sup>9</sup> Ibid

### **Aboriginal and Torres Strait Islander older people**

As a consequence of colonialism, racism, the impact of stolen generations, dispossession from land, culture and traditional social structures, Aboriginal and Torres Strait Islander communities experience disproportionately high levels of homelessness.

Many government application processes for aged care assessments require documentation, including birth certificates and other identity documents, many Aboriginal people may not have access to. These stringent requirements can discourage people from applying or going through the application process. All these factors should be considered and exemptions to such documentary evidence should be provided to ensure equitable access for all older people.

Social stressors, such as, poor housing or over-crowding, poverty and unemployment contribute to these levels of homelessness.<sup>10</sup> There are disparities in life expectancy among Aboriginal and Torres Strait Islander communities. Although some policies, such as, those covering access to the priority housing waiting list, recognise these factors, there should be better consultation and incorporation of expertise from Aboriginal and Torres Strait Islander people and their representative communities in the development of housing policies.

### **Older people from migrant and refugee backgrounds**

Older people from culturally and linguistically diverse (CALD) communities may have less superannuation savings and lack of access to, and awareness of, financial services.<sup>11</sup> Language barriers, experiences of discrimination, cultural reasons, lack of community or family support and limited knowledge about support services can isolate people from migrant and refugee backgrounds who are experiencing homelessness.<sup>12</sup> These issues are further complicated for older people on temporary visas with no access to social security allowances or community services.

Over 50% of HAAG's clients last financial year were from CALD backgrounds. This is partly due to the assertive outreach efforts through early intervention and prevention, nearly 50% bilingual or multilingual staff and trust built over the years with some of the CALD communities.

Older people from migrant and refugee backgrounds are likely to be unfamiliar with supports available and with limited outreach through early intervention, supports in language and culturally appropriate, most older people may not reach for supports through conventional methods. It is therefore critical that early intervention and prevention services are designed, developed and implemented to meet the needs of older people from CALD backgrounds.

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<sup>10</sup> Australian Institute of Health and Welfare, 2019, *Aboriginal and Torres Strait Islander people: a focus report on housing and homelessness*, Cat. no. HOU 301, accessible at: <https://www.aihw.gov.au/getmedia/1654e011-dccb-49d4-bf5b-09c4607eccc8/aihw-hou-301.pdf.aspx?inline=true>

<sup>11</sup> Senate Social Affairs Committee, 2004, *A hand up not a hand out: Renewing the fight against poverty Report on poverty and financial hardship*, accessible at: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Completed\\_inquiries/2002-04/poverty/report/index](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2002-04/poverty/report/index)

<sup>12</sup> Mission Australia, 2019, *Ageing and Homelessness: solutions for a growing problem*, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/ageing-and-homelessness-solutions-to-a-growing-problem>

## Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and gender diverse (LBTIQA+) older people

Evidence demonstrates the disproportionate risk of homelessness for older people from LBTIQA+ communities. The public perception of LBTIQA+ people is largely one of a young, affluent community. However, the reality is that within the LBTIQA+ community, a large share of LBTIQA+ adults are older, have a low-socioeconomic status and are at risk of homelessness.<sup>13</sup>

While older LBTIQA+ people are at a greater risk of homelessness, they often do not recognise this risk or feel comfortable accessing help and information about their housing options. Consistent with an early intervention and prevention approach, the HAAG Home at Last service, informed by research on the current housing circumstances and concerns of older LBTIQA+ people, has developed promotional materials, case studies and other resources to facilitate improved connection with and navigation of the housing and homelessness system by older LGBTI people in Victoria. This content and HAAG's engagement with older LBTIQA+ people have been designed collaboratively with HAAG's LGBTI reference group.

Although it is not seamless, this clear recognition of challenges older people with various intersecting vulnerabilities or disadvantages experience provides a framework for service providers and other stakeholders to ensure these cohorts of older people are not left behind. Even with this legislative intervention, many older people we support are not receiving the supports they need.

### Case Study

Craig\* is an older man and he is the primary carer of his partner John\* who has an aged care support package. Craig found the assessment proves for aged care challenging and unnecessarily complicated. Once John was approved, Craig started ringing services to find appropriate providers. When inquired from one service whether they have 'rainbow accreditation' the staff member from the service was dismissive of the question stated that "we support all older people and that those accreditations do not mean anything".

*\*Name and other identifiable information have been changed and consent of the person was obtained to share the case study.*

## Older people in rural and remote areas

There is a severe lack of available affordable housing in regional, rural and remote areas.<sup>14</sup> This shortage is in terms of temporary accommodation, supportive housing options, and social and affordable housing stock. There is a well-documented lack of aged care and other support services as well as a lack of transport to access those services that do exist in regional and remote Australia.

Research found that regional rents in Australia are now 18% higher than two years ago, at the start of the COVID-19 pandemic.<sup>15</sup> The impact of the pandemic, including the increased migration of

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<sup>13</sup> Ibid

<sup>14</sup> Housing for the Aged Action Group, 2020, *Women's Housing Needs in Regional Australia*, accessible at: <https://www.oldertenants.org.au/content/womens-housing-needs-regional-australia>

<sup>15</sup> H. Pawson, C. Martin, F. Aminpour, K Gibb, and C. Foye, 2021, *COVID-19: Housing market impacts and housing policy responses - an international review*, accessible at: <https://povertyandinequality.acoss.org.au/covid-19-housing-market-impacts-2/>

people from metropolitan to regional areas, has negatively impacted on rental prices and consequently pushed older people into homelessness.<sup>16</sup>

All these factors need to be considered when designing and developing solutions to addressing older people's barriers access to accessing aged care and experiencing homelessness in rural and regional areas.

### **Older people with disability, mobility and mental health issues**

With significantly limited housing options that are accessible and affordable for older people with disability, there is stiff competition for the small number of houses that are accessible, close to amenities and affordable. Real estate listings do not indicate whether properties are physically accessible. Therefore, older people with physical disability are forced to call real estate agents to discuss the accessibility of specific properties. This is uncomfortable for many, who fear prejudice or discrimination from landlords.

Older people with physical disability are often constrained in the ability to live with family and friends, on account of the inaccessibility of their homes. Homelessness refuges, boarding houses and caravans are seldom accessible, while additional accessibility requirements limit their social housing options, increasing wait times for a property to become available.

People with mental health issues are particularly vulnerable to homelessness. They may be isolated, have disrupted family and social networks and sometimes suffer poor physical health, all of which affects their capacity to find and maintain adequate housing.<sup>17</sup>

Housing insecurity or experiencing homelessness can exacerbate mental health issues older people may already be experiencing. Untenable housing situation has caused many people to develop mental health issues or exacerbate their existing mental health issues.

*"It has been such a hard road to get here, and it was filled with three nervous breakdowns and two suicide attempts. It's been very difficult but that's why I'm here because I want to back up the other women that are coming along. Those in their 50s now who have this problem, who might not be as lucky as me, I want to be able to assist people to not have to go through being in the hospital after trying to kill themselves. It's so hard for women because I didn't even know how use an ATM machine when I left my marriage. I had no idea where I was and what I was doing. It was so difficult, but I really want to make sure that nobody else has to go through this. Older women don't deserve to be treated like this. We deserve more respect and dignity than what we're receiving."*

*Marie, Member of HAAG's National Alliance of Seniors for Housing*

Considering the significant impact housing has on older people's mental health and general wellbeing, it is critical that government increases investment in social and affordable housing.

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<sup>16</sup> Domain, *Soaring rental prices creating housing crisis in regional NSW*, 11 July 2021, accessible at: <https://www.domain.com.au/news/soaring-rental-prices-creating-housing-crisis-in-regional-nsw-1070834/>

<sup>17</sup> Australian Institute of Health and Welfare, *Specialist Homelessness Services annual report 2018–19, 2020*, accessible at: <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/client-groups-of-interest/clients-with-a-current-mental-health-issue>

## **Conclusion**

Housing and care are inextricably intertwined and should be seen as two parts of a holistic framework that needs to be put in place to support our elders to age in place and prevent premature admission into a residential facility. Therefore, Federal Government should fund additional, tailored specialist housing support services for older people by increasing funding and geographical availability of services such as Care finder. It is also critical to ensure that the focus of Care finder service remains on assisting people at risk of homelessness with care and housing.