



# **A Call to Mission**

**Catholic Agencies and Older Homeless People**

Prepared by

**Anne O'Brien**

For

**Catholic Social Services Victoria**

**September 2005**

**A Call to Mission  
Catholic Agencies and Older Homeless People**

As a society we are often well aware of the broad issues of marginalisation and disadvantage in our community but fail to appreciate or understand the particular difficulties and stresses encountered by the people who, due to life's circumstances, find themselves in the midst of these struggles.

Few of us would, for example, not accept the existence of homelessness. However due in part to the relative small numbers involved and to their 'voicelessness', the cries of so many of the homeless are not always heard.

*This study has sought to explore and better understand the particular circumstances and conditions that accompany those who might be classified as the 'older homeless'. Catholic Social Services Victoria recognises that there are probably any number of sub-groupings that could be used to defined components of the homeless population. Furthermore each group is equally deserving of research attention. However with the continued focus on our ageing population and the increasing challenges accompanying this development it is timely that attention be paid to the learning more about the older homeless.*

In commissioning this report Catholic Social Services Victoria's intent was and continues to be the encouragement of aged care service providers to reflect upon how, and to what extent, they are contributing to the addressing of older homeless' needs.

Catholic Social Services Victoria acknowledges the generous supplementary financial support provided from a number of sources including St Vincent de Paul and Cabrini Health Care. Without their contribution the reality of this report would be unrealised. The probing and sensitive approach adopted by Anne O'Brien who undertook the research is fittingly reflected in the tone and content of her report. Anne's passion for, and leadership, in working for the needs of the homeless were significant underpinnings to the project. Appreciation is also gratefully extended to those who participated on the project's Steering Committee. Their commitment and desire to discover more about the needs and issues of the older homeless ensured that the project remained focussed and robust.

Catholic Social Services Victoria is pleased to commend this report.

Patrick Gallagher  
Executive Director  
January 2006

## Table of contents

Executive Summary	3
1. Introduction	6
2. Background to the Study	7
3. Target Group	7
4. Aims	8
5. Methodology	9
6. Review of Literature	10
6.1 Definitions of Homelessness	10
6.2 Estimates of the Numbers of Homeless People	11
6.3 Pathways into Homelessness	12
6.4 Common Characteristics of Older Homeless People	12
6.5 Housing and Support Options	13
6.6 Barriers to Housing and Support Services	14
6.7 Residential Care	16
6.8 Access to Residential Services	17
6.9 Barriers to accessing Residential Services	17
6.10 Supported Residential Services	18
6.11 Effective Service Responses	19
6.12 Conclusion	19
7. Foundations of Catholic Responses	20
8. Responses from Catholic Agencies	21
8.1 Broad Range of Facilities and Services	21
8.2 Participating agencies	21
9. Key Findings from Stage One	25
9.1 High Demand for Existing Services	26
9.2 Accessing Residential Care	26
9.3 Funding Issues and Commonwealth-funded Residential Services	27
9.4 Older Homeless People and Residential Services	28
9.5 People Currently Slipping through the System	30
9.6 Identified Needs	31
9.7 Policy and Advocacy Issues	33
10. Findings from Forum of Catholic Agencies	34
10.1 Rural Areas	34
10.2 Agency Collaboration	34
10.3 Education	35
10.4 Church Leadership and Involvement	35
10.5 Church Assets	36
10.6 Problems for Aged Care Providers	36
10.7 Respect for Older Homeless People	36
10.8 Service Responses	37
10.9 Ongoing Opportunities to raise Issues	37
11. Conclusion	37
12. Recommendations	38
Abbreviations	39
Glossary	40
Web Sites	42
Bibliography	43

# EXECUTIVE SUMMARY

Older people who are homeless are one of the most vulnerable and marginalised groups of people in our community. Appreciating their circumstances necessitates an understanding of the complex structural and personal factors contributing to their isolation and vulnerability. Structural factors including lack of employment and economic security coupled with personal factors, such as migration, mental health, disability, loss or lack of social connections and divorce, can often lead to vulnerable life circumstances.

## **Aim of Study**

This report details the results of a scoping study undertaken by Council of Catholic Social Services Victoria (CSSV) to investigate the nature and extent of unmet need for this special group of marginalised people.

## **Methodology**

As a way of determining the unmet need, a number of activities were undertaken. Interviews were conducted with identified Catholic welfare agencies and consultations were held with significant people in the Catholic Church and other relevant government and non-government organisations. A forum for Chief Executive Officers of Catholic agencies was also held to capture their views and experiences and to seek their collaboration in the development of potential service responses. A steering committee was formed to oversee and support the project.

## **Literature Review**

While acknowledging their personal differences, the literature reveals a portrait of older people with highly complex needs, who age faster as a result of a harsh lifestyle and who are significantly isolated from the community. The degradation and powerlessness they experience from a life of extreme poverty often develops into a fierce desire for independence. Having few or no informal networks, limited access to services and no family support exacerbates strong feelings of loneliness. Responses from Catholic agencies support the descriptions in the literature of the unique and shared characteristics of older homeless people.

## **Barriers for Older Homeless People**

The study showed that the barriers to effective housing and other supports are considerable. These barriers include deinstitutionalisation, which has led to a competitive environment for available housing, a dwindling supply of low-cost boarding and rooming houses, restricted access to public housing and the high costs of private accommodation. All significantly contribute to a transient, unstable and unsupported lifestyle.

In addition to inadequate housing options, older homeless people experience difficulties accessing appropriate support and service systems. Given their complex needs, including premature ageing, transience and other characteristics unique to their life circumstances, their eligibility for residential and community care facilities is limited. Given the scarcity of available residential beds, their high support needs may deter agencies from selecting them into their facility. The older people themselves can also reject support offered as it is incompatible to their needs and/or lifestyle or they feel unwelcome in the surroundings.

If the appropriate care is provided in transitional programs, agencies report that it is difficult to encourage people to move on, as there are often inappropriate exit points or unrealistic options available. This situation compounds the problem of available care, as services are unable to respond to other people requiring their assistance.

Older people particularly at risk of slipping through the system include those aged between 40 and 50 with severe behavioural problems, those with alcohol or active drug addictions and older women leaving situations of domestic violence. Despite the fragility of their lives, our investigations of international and local research indicate that there is little policy in place for older homeless people. For example, in Australia current policy frameworks directed to preventative care and 'healthy ageing' outside of residential care are not appropriate for the needs of this group as there is no recognition that not all older people live in a house or have access to support.

### **Effective Service Practices**

Throughout the interviews with Catholic agencies a number of effective service practices were identified. These included:

- 1) the development of a culture of care and belonging
- 2) just and humane leadership
- 3) the availability of appropriate recreational and lifestyle programs
- 4) sensitive, skilled and committed staff
- 5) access to specialised care and facilities.

Agencies also reported a need to develop more community-based services and supported accommodation specifically targeting the older people and the homeless.

### **Conclusion**

This report of the study draws our attention to the need for a more proactive response by Catholic agencies to both federal and state policy initiatives. It has a strong inner city and metropolitan focus. It is noted that greater attention needs to be directed to the issue of older homeless people in rural areas.

The study provides an opportunity to develop a strong and creative response to this very marginalised group of people. Importantly it is also a chance for the Church to live out its mission of standing with the poor. Given research indicates that demand for services for the disadvantaged and marginalised will increase significantly as the population of older Australians increases, these circumstances demand urgent attention by CSSV.

### **Recommendations**

Throughout the study Catholic agencies offered a number of varied suggestions for raising the profile of older homeless people and funding opportunities for service development. Further suggestions were made by the CEOs and representatives at the Forum held to discuss the initial findings. The recommendations which reflect the suggestions are:

- 1) CSSV to convene and facilitate discussions with agencies wanting to consider activities of cross-subsidisation
- 2) CSSV Council to facilitate discussion with agencies able to deliver proposed model of service delivery
- 3) CSSV Council to facilitate activities that would promote agencies to exercise nomination rights for older and homeless people to an identified number of beds and services
- 4) CSSV to develop an educational strategy to increase the knowledge and awareness of issues relevant to ageing and homelessness
- 5) CSSV Council to build on and resource existing work currently being undertaken by the Church and Housing Project
- 6) CSSV Council to seek opportunities to raise awareness of the needs of this special group of older people

- 7) CSSV Council to consider activities that would enhance and support existing advocacy efforts of agencies.

# 1. Introduction

Older people who are homeless or at risk of homelessness are among the most vulnerable and marginalised groups within our society. There is a common recognition amongst Catholic providers that this group of people have particular needs which require services specifically targeted to meet their needs. The population of people who are aged and homeless is not a homogenous group but consists of a number of subgroups made up of people who share some similar life experiences.

Over the next four decades, the number of older people in Australia will almost triple; the older population will grow twice as fast as the total population during that period (Hogan 2004: 6). At present one in six Victorians is over 60 years; by 2021 this will increase to one in four (Department of Human Services 2003). Demand for services to meet the needs of this ageing population is increasing.

The focus of this study is those people within this older population who are homeless or at risk of homelessness and the challenges and barriers they face in accessing the services they need to live with dignity. In Australia, as in most other countries, they are not recognised as a distinct group of people with special needs. In general, legislative and service responses are embedded within *general* initiatives for aged people or homeless people.

The older homeless are a group which has not had a strong voice. Key work in the 1990s through the Burdekin Inquiry and the significant work of documentary maker David Goldie has focused predominantly on homelessness as it relates to younger people. Older people who are homeless or at risk of homelessness are not etched into the conscience of the general community to the same extent. They are also not readily identified as a distinct group with specific needs whether it be within the broader community, the service system or in any legislation relating to obligations of the State to provide adequate care. They remain largely invisible to many in the community, except as individual cases people notice from time to time sleeping rough or seeking shelter in public spaces. This isolation and invisibility weakens their entitlement to care.

In response to their needs, Catholic agencies in Melbourne have over the years developed a number of diverse services. The broad nature of these activities includes residential care, residential facilities, crisis services and refuges, day centres and a diversity of community care and outreach services. Some agencies are small, independent and rely heavily on volunteers. Others are part of much larger networks of professional care to aged people, while others belong to professional organizations that also serve the general health needs of people who are particularly financially and socially disadvantaged. There is a variety of funding sources, from those that rely mainly on Commonwealth and State Government funding, to those that are supported exclusively by donations. Some agencies have been specifically established to meet the needs of a particular group within this population and other agencies respond to them as part of a more general population of homeless or aged people.

There is an acknowledgement by many of the agencies that there is a growing number of older and homeless people who cannot get the care they need. These are the people at the heart of this study. The study has grown out of a motivation to do more for this group and a strong desire by Catholic agencies to live out the principles of caring and supporting the poor and marginalised, a central theme of Catholic Social Teaching.

This report will detail the study's history, and outline its methodology. A review of relevant literature looks at the broader context of work amongst older homeless people within Australia

and internationally. The major part of the study documents Catholic agencies' responses and the various issues they identify in caring for people who are older and homeless. Finally, the study points to a way forward with a set of recommendations.

## **2. Background to the Study**

During 2003, a number of members of Catholic Social Services Victoria (CSSV) made several presentations to the Council of CSSV regarding older people who are homeless. These briefings identified that Catholic aged care providers offer services to meet a variety of care needs.

While some of the Catholic agencies have a particular focus to meet the needs of the most marginalised, there are varying degrees of planned prioritising of this group across the Catholic aged care sector. Some agencies are factoring into their priorities a commitment to strengthen the social justice focus of their work. They simply need more analysis and understanding of where unmet need is and what would be the best response. Within others, there is a growing awareness that many of the larger Catholic agencies are concentrating more efforts into the lucrative market end of aged care as a way of stabilising their potential investment pool. The concern is that this may work to the exclusion of or reduction in attention given to the needs of the most disadvantaged, the homeless and potentially homeless.

The extent of unmet need amongst this group of Victorians is not known. Given CSSV's commitment to advocating on behalf of people experiencing disadvantage and exclusion, it was decided that this situation be taken up as a priority. It was decided to undertake a scoping study to determine the unmet needs of people who are older, homeless and marginalised. This report is the response.

## **3. Target Group**

In this report, older people who are homeless are identified by a range of determinants which specifically includes a combination of the following:

- people who are mostly over 50 but sometimes in their 40s and have evidence of premature ageing
- people who are socially isolated, without the support of family and friends and living without housing, or in refuges, crisis centres or insecure housing such as rooming houses, private hotels and caravan parks
- people who have complex needs because of an alcohol or drug dependence, gambling addiction, psychiatric illness, intellectual disability, or acquired brain injury
- people who are financially disadvantaged so that they are reliant on some form of government benefit for their income
- people currently excluded from appropriate services
- people at risk of being excluded from services due to their behaviours, the onset of ageing and the growing instability of their housing options.

Within this broad population, agencies identified a number of subgroups and general issues pertinent to that group. Just as each person's story is unique, so too there are some experiences unique to men and others unique to women.

### **3.1 Women**

Some women have a history of long-term homelessness, that is, frequently moving between crisis agencies or rooming houses, staying with friends or 'sleeping out'.

Some become homeless relatively quickly, as a result of a combination of factors including family breakdown, gambling, lack of affordable housing and mental health issues.

A considerable number of women leave situations of domestic violence. Agencies report that women are more likely to move out of the family home once their children have grown up and/or their responsibilities for grandchildren have diminished and to seek temporary accommodation in the refuge network.

Communities working with women reported that once a woman settled into the community and discovered a sense of home, it was then very difficult to encourage her to move on, especially since the exit points that do exist are often inappropriate and insecure. This results in these communities being blocked, and being unable to respond to other women in need.

### **3.2 Men**

Increasing numbers of older men are requiring some form of residential care and have high support needs. Corpus Christi Community, which has 84 beds and the capacity for 'ageing in place', reports that in excess of 70% of their residents are diagnosed as having a dual disability. Issues include mental illness, chronic health illness, alcohol addiction and acquired brain injury.

Elderly men rarely use crisis centres like Ozanam House as they fear for their safety. Drug and alcohol issues, people exiting prisons and deinstitutionalisation have all contributed to the majority of users being between 20 and 30. Homeless men often live in insecure housing such as rooming houses and private hotels, where they are constantly vulnerable to violence and theft.

## **4. Aims**

The aims of this study are to document:

- the responses of the Catholic agency sector and its capacity to do more
- the policy and service issues providers face in providing appropriate care to the target group in sustainable ways
- recommendations arising out of these findings, which will form the basis of a Catholic policy and service response to this community of people in need.

## **5. Methodology**

The gathering of data was informed by a number of activities. The study was conducted in two stages. The first stage involved a review of literature, consultations with Catholic agencies and interviews with representatives from those agencies. The second stage was the presentation of the findings arising from stage one to a forum of CEOs and senior representatives from a number of Catholic agencies.

The review of literature incorporated:

- current definitions of homelessness
- estimates of numbers
- some general characteristics of older people who are homeless
- an overview of the difficulties older homeless people face in accessing appropriate service, specifically covering the areas of support, housing and residential care.

A series of consultations with significant people in Churches, Government and the Service Sector identified:

- the needs and unmet needs of older homeless people
- models of best practice
- issues and challenges in providing services to this group of people
- current and future developments.

Participants included representatives from the Royal District Nursing Service /Homeless Persons Program (RDNS/HPP) head office and RDNS/HPP Yarra region, State Government Department of Ageing, Brotherhood of Saint Laurence, Inner South Mental Health Service, The St Kilda Rooming House Issues Group, and the Salvation Army Community Aged Care Program.

Interviews were conducted with personnel from Catholic agencies currently involved in some way in the provision of aged care to the target group. Given there are a significant number of Catholic aged care agencies providing care, a representative selection was determined by CSSV Council. Selection was based on agencies' particular interest in this target group expressed through involvement with CSSV. Some have historically aligned themselves with service to this particular group of people. Others have an inherent commitment to supporting this group in line with Catholic Social Teaching principles.

The interviews were reasonably unstructured to allow emerging themes to be followed rather than predetermining the subjects to be discussed. This approach allowed the diverse range of experiences that agencies have to emerge with the opportunity to follow through a particular theme.

The sixteen participating agencies were: Corpus Christi Community Greenvale, Sacred Heart Mission, Regina Coeli Community, Bethlehem Community, The Way, Society of Saint Vincent de Paul Aged Care and Community Services (ACCS), Villa Maria Society, Catholic Homes for the Elderly, Southern Cross Care, Good Shepherd Aged Services, Mercy Health and Aged Care, St Vincent's Health, St Mary's House of Welcome, The Society of St Vincent de Paul soup vans, Briar Terrace and Shekinah Homeless Services.

A steering committee was formed with representatives of the participating agencies to oversee the study. Initial findings were presented and the resulting discussions added to the development of emerging themes.

The stage two Forum with a number of Chief Executive Officers and senior representatives from relevant Catholic agencies was then held to discuss the findings from the study and develop a series of recommendations for future action.

## **6. Review of Literature**

In order to better understand the extent of exclusion of older homeless people from mainstream service provision, the review of literature examined a variety of aspects of their situation.

### **6.1 Definitions of Homelessness**

There has been considerable debate over many years around the definition of homelessness. As yet there is no universally agreed definition, although it is generally recognised that homelessness extends beyond simply being without a house and includes unsafe, insecure and inappropriate housing and elements of unconnectedness to family and community (VHS 2000:1).

Council to Homeless Persons (1998) provides a commonly accepted definition of a homeless person as someone who is without a conventional home and lacks the economic and social

supports that a home normally affords. She/he is often cut off from the support of relatives and friends, she/he has few independent resources and often has no immediate means and in some cases, little prospects of self-support.

The following categorisations used by the Australian Bureau of Statistics (ABS) and developed by Chamberlain and McKenzie (1992) identify three segments in the homeless population that are useful in understanding the complexities of homelessness:

- Primary homelessness - experienced by people without conventional accommodation (sleeping rough and in improvised dwellings)
- Secondary homelessness - experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, friends' places)
- Tertiary homelessness - experienced by people staying in accommodation that falls below minimum standards such as some boarding houses and caravan parks.

For the purposes of this study, a definition which encapsulates what it means to be aged and homeless or potentially homeless is used. It is deliberately not prescriptive so as to accommodate the variations in circumstances which relate to this group but it also recognises that most older homeless people will share several of these identifiers.

This study, then, defines the older homeless as likely to be over 50 but possibly in their 40s with evidence of premature ageing. They live without suitable housing, possibly living rough or in rooming houses, private hotels or refuges. Their housing is insecure and they are usually isolated from family and friends. They often have a range of illnesses and disabilities such as a psychiatric illness, intellectual disability or acquired brain injury. They are poor and due to their circumstances, constantly at risk of a further deterioration in their health and living conditions. Life events such as divorce, retrenchment and illness have taken their toll and there is little opportunity to fully regain a foothold as they lack adequate support from family and friends.

## **6.2 Estimates of Numbers of Homeless People**

Attempts at counting the numbers of homeless people are met with complex methodological and conceptual issues. In particular, the variety of definitions used, the transience of the population and the lack of recognition of older homeless people as a specific group means that where estimates do exist, older people are counted collectively amongst the general population and not singled out (Judd, Kavanagh, Morris, and Naidoo 2003).

It is not possible to conclude an agreed, accurate estimate of the older homeless population given the variations in the sources of data (Trewin 2001). Council to Homeless Persons (1998) estimates that 250,000 Australians over the age of 60 are homeless or at risk of homelessness. The at-risk group includes those who rent privately and live in non-private dwelling arrangements such as rooming houses, private hotels, special accommodation houses, boarding houses and special residential service (McNelis and Herbert 2003:4). The Australian Bureau of Census and Statistics report *Counting the Homeless 2001* estimates there are around 100,000 people who are homeless in Australia. The report indicates that there were 20,305 homeless people in Victoria on the 2001 census night, an increase of 13.8 % from the previous census.

Even though there are wide variations in these figures, there is common agreement that older homeless people are under-represented in statistics, because mainstream services do not record them as homeless or they live outside the homeless service system. The Supported Accommodation Assistance Program (SAAP), the National program that provides a range of supported accommodation and related services to homeless people, reports that older clients (over

50) account for only 9% (8,580) of all SAAP clients, and that this figure has remained stable for the five years from 1996-97 to 2000-2001.

While the actual number of older people who are physically homeless may be low relative to the much larger number of aged people who are living in marginal housing conditions, the fact remains that there are large and worrying numbers of aged people who are at risk of becoming homeless (Lipmann 2002B: 54).

Wright-Howie provides a useful description of 'two broad groupings' of older people who are homeless or at risk of homelessness. Firstly, there are those who are on a low income living in housing where tenure is not secure. Life-changing situations such as the death of a partner or rental increases can often result in increased levels of susceptibility to homelessness, especially for those who do not have strong family networks (2002:4). The second group are older people who have been continuously accessing health and community agencies over a long period of time (2002:4).

### **6.3 Pathways into Homelessness**

Just as attempts at estimating the numbers of older homeless people are fraught with difficulties, so too is understanding the various pathways into homelessness. This involves grappling with a complex set of interrelated structural and personal factors. The myth that homelessness is simply a matter of bad choices needs to be dispelled (Commonwealth Advisory Committee on Homelessness 2001:14). Structural factors include unemployment, low income, minimal assets and a lack of access to affordable, safe, secure housing. Personal factors such as disability, chronic illness, mental illness, drug and alcohol abuse, problem gambling, acquired brain injury, challenging behaviours and isolation from families are further complicating factors that can also contribute (VHSMAC 2001 cited in McNelis and Herbert 2003:4).

A number of older people have moved down the housing ladder from owner to private renter to being at risk of homelessness due to life events such as divorce, migration, retrenchment and gambling. The move downward sets the vulnerable direction influencing the housing status in old age (Incerti 2002:23).

### **6.4 Common Characteristics of Older Homeless People**

Whilst acknowledging the highly individual nature of each person's circumstance, and the broad sub-groupings within the older homeless population, the literature identifies a number of general characteristics which may be attributable to people who are older and homeless.

One characteristic is premature ageing. There is general agreement in Australian and international literature that homeless people age faster than other groups in society as a result of a harsh lifestyle that incorporates a lack of medical care, poor nutrition and an unhealthy life style. This is more so for people who have been homeless for long periods of time. Studies in New York and the United Kingdom support the age of 50 years as an appropriate benchmark for older homeless people (45 years for indigenous people) as opposed to the conventional 65 years (Crane and Warnes 2001; Cohen and Sokolovsky 1989).

Older Supported Accommodation Assistance Program (SAAP) clients are now being defined as aged 50 years and over. Older indigenous SAAP clients are defined as being aged 45 years and over due to general poorer health and life expectancy (Wright-Howie 2002).

Early onset of age-related symptoms arises from a number of longstanding factors including malnutrition, a lack of preventive health care and health promotion, and increased rates of illness and injury that may remain untreated for extended periods of time. Thus a person with a history of

homelessness may have a chronological age of 45, but requires services for issues commonly associated with more advanced years (White 2002:25).

A second characteristic is fierce independence. Many older homeless people value their independence and are reluctant to approach community services. Lipmann argues that 'the whole process of poverty and being perpetually broke, of not being able to afford the simplest luxuries, results in degradation and powerlessness. In an effort to retain a personal sense of dignity, many men will develop a fierce independence that will prevent them from seeking or accepting any form of assistance' (Lipmann 1995:3).

Thirdly, people with complex needs are highly represented in the homeless population (Nash 2002). Agencies working with this target group are concerned by a number of factors that often contribute to memory impairment, decreased levels of functioning and self-care deficits. Mental illness, intellectual disability and cognitive impairment (often arising from alcohol-related brain injury) result in issues that are complex, multiple and interrelated (RDNS 1999, cited in White 2002:25).

Fourthly, lack of informal networks means that older people are without relatives and friends who can bring their needs to someone's attention (White 2002:25).

A fifth characteristic is mistrust of services and a reluctance to use them again because of past negative experiences.

Yet another characteristic is loneliness and isolation. Older people state that isolation, loneliness and marginalisation are key issues of concern (RDNS 1999, cited in White 2002:25). 'Isolation, loneliness and fear are feelings experienced by many elderly members in our society. For the homeless elderly though, these feelings are further exacerbated by the lack of family and community support and the absence of appropriate accommodation and care' (Society of St Vincent de Paul 2004: 10).

Lastly, transience is a common characteristic. 'Many older homeless people tend to live in and move between privately rented accommodation such as rooming houses, private hotels, pension level Supported Residential Services (SRSs), public housing or the streets' (Wright-Howie 2002:5).

### **6.5 Housing and Support Options**

While many countries are still grappling with the issue of housing for older people, a number of common themes emerge from the literature. For example, a recent review of literature by McNelis and Herbert (2003), which looked at independent housing specifically for older people with limited assets, noted that 'Housing and support/care options tend to reflect the outcomes of two competing paradigms: older persons ageing in place, and older persons moving from one housing setting to another with changing types and level of support/care service as they become more frail'. As well, 'The major emphasis is on community care over institutional care by avoiding building institutions and redirecting resources away from institutions' (McNelis and Herbert 2003:iv).

Another common theme is a dearth of policies in place specifically for older homeless people (Judd, Kavanagh, Morris and Naidoo 2003, in a review of homelessness policy in the United States of America, the United Kingdom and Denmark). Those policies that do exist are generally a result of local government or private welfare agencies, although more recently the governments of Denmark and the United Kingdom have become more involved in funding accommodation and support services for older people in vulnerable situations.

A further common theme highlighted in a number of reports is the importance of linking housing and support/care services for older persons (Myer Foundation 2002, United Kingdom Royal Commission on Long Term Care 1999, McNelis and Herbert 2003:25). However, a clear separation between housing and support is promoted, which is most pronounced in Northern European countries such as The Netherlands, Denmark and Sweden (McCallum et al. 2001; Kane et al, 1998). In the United Kingdom, specialist housing organisations are becoming major providers of residential and sheltered housing which results in frail, older people being treated as tenants and not residents (McNelis and Herbert citing Means 2003:26).

The support and services provided for older Australians are outlined in a comprehensive resource by McIntosh and Phillips (2003). They report that the tendency in policy terms is for an increased emphasis on early intervention and 'healthy' ageing combined with 'ageing in place', that is, keeping older people out of health and residential facilities for as long as possible. They note that this has essentially involved a greater emphasis on keeping older and frail people in their home or family settings for as long as possible via the provision of home care services, which conforms to the wishes of the vast majority of aged people themselves.

This policy direction assumes that older people have a home, and also that they can access the appropriate support they need to remain at home. These issues are raised by Faulkner (2002:46) who states succinctly, 'inadequate housing can diminish a good support package while a poor support package can have a detrimental effect on independence despite the availability of adequate housing'. Evidence in available literature supports the view that older homeless people face numerous barriers accessing the housing they need as well as struggling to receive appropriate support (Aged and Community Services Australia 2001; Lipmann 1999; VAHEC 2001; Waanders 2000:8).

## **6.6 Barriers to Housing and Support Services**

A number of barriers to housing and support services have been identified in the literature.

### *6.6.1 A lack of affordable housing*

This situation is the result of a number of complex and interrelated issues. Several factors contribute to an increasing demand on a decreasing level of available stock.

Firstly, deinstitutionalisation over the past decade has resulted in a significant reduction in the number of public psychiatric beds, a reduction from 8,513 beds to 2,759 beds over the 10 year period 1989-90 to 1999-2000 (Green 2001:16). This has led to people with disabilities competing for available housing with other people on fixed incomes as well as competing with working people for average priced accommodation.

Secondly, a dwindling supply of low-cost boarding houses and rooming houses has resulted in displacement and in some cases homelessness for many of the city's long-term older residents (Incerti 2002:15). In Melbourne many older homeless people have lived in rooming houses located in the inner city. Gentrification and upmarket housing developments have contributed to many of these houses closing. While there has been no comprehensive assessment of rooming houses since 1992 it has been recognised that the private for-profit rooming houses in Metropolitan Melbourne are in a spiral of decline to the point that one inner Melbourne local authority has anticipated that all private for-profit rooming houses in its boundaries will disappear by 2015 (Marshall 2004). Anecdotal evidence suggests that significant numbers of older homeless people are living in insecure housing and that generally they are unlikely to raise problems with their landlord for fear of eviction.

Thirdly, public housing segmented waiting lists have resulted in longer waiting times and access difficulties for many people on fixed incomes. Access may also be restricted due to previous rental debts owed to the Office of Housing.

The high cost of private rental properties is another barrier to housing. The Victorian Homelessness Strategy has reported that in Victoria, approximately 30,000 older people live in private rental accommodation. About 20,000 of these are pensioners who receive Commonwealth Rent Assistance. Of this group, about 6000 people aged over 60 years of age utilise more than 30% of their income on rent (2002:52)

#### *6.6.2 Lack of general support services*

A number of barriers exist to general support services. These include a lack of appropriate support. Support available is often programmatically limited to short relatively intensive periods, whereas older homeless people generally need long-term service involvement. 'The word support can mean a lot of different things - but often in our work, it simply means being able to buy enough time to win the trust of very independent and isolated people' (Lipmann 2002:14).

Many factors that make it difficult for older homeless people to access Home and Community Care Services (HACC) have been identified in the literature. They include

- long waiting lists for services
- an appointment-based service system and rostering arrangements
- lack of specialist services devoted to older homeless people
- lack of training and understanding of the homeless by staff
- lack of resources especially under an output-based funding system
- reluctance to assist people with challenging behaviours, who are intoxicated and who have personal hygiene issues
- occupational health and safety concerns
- contracts that do not necessarily specify assistance to homeless people
- reluctance by some older homeless people to trust community organisations and accept care and assistance
- difficulties in providing services to people who have no fixed permanent address (Wright-Howie 2002:5).

Multiple or complex needs that older homeless people have mean that they are often excluded from mainstream health and welfare agencies due to behavioural issues arising from disability or substance use (VAHEC 2002). Clients with multiple needs are often referred around agencies with little coordination or case management (Society of St Vincent de Paul 2004:10).

Service eligibility is another factor. As older homeless people require services at a younger age than traditionally recognised as an aged care responsibility, those aged specific agencies that enforce stringent eligibility effectively exclude older homeless people. Premature ageing and transience often mean that a client will meet neither geographical nor chronological age criteria (VAHEC 2002).

A further factor that makes it difficult to access services is a lack of designated services for older homeless people. Older homeless people may have lifestyles and values that may be very different from those of older people accessing mainstream services. This may result in a cultural 'mismatch' between the services available and older people who are most in need (Waanders cited in SAAP Monograph 2 2002:5). Generic services for homeless people struggle to meet the needs of older homeless people as these services are dominated by younger users who tend to be more

demanding. The older people dislike the noise and overcrowded conditions in the facilities and fear violence and intimidation from younger users (Crane 1999:12).

Consultations held through the Victorian Homelessness Strategy process found that while a large number of older people live in housing stress, traditionally many in this group do not know how to, or do not wish to access homelessness services. Their reasons include being fearful of the system, being unable to navigate through complex systems without assistance, or not necessarily identifying with being homeless and therefore not seeking homelessness services (VHS 2002:52).

### **6.7 Residential Care**

The need for delivery of quality aged care is highlighted in recent literature. On census night 2001, there were 2.4 million older (over 65 years of age) people. Of these, 92% were living in private dwellings, with a further 6% living in aged care homes (Hogan 2003a: 1).

Current developments within the aged care sector have contributed to keeping the multiple issues confronting an ageing Australia on the public agenda. For instance, the report, *A Vision for Aged Care in Australia 2002* commissioned by The Myer Foundation 2002, details areas of needed reforms in community care, housing, administration, funding and industry planning. It reports that 12% of all people aged over 65 years rent privately or live in public housing.

Other papers - the recently tabled Hogan Report (2004), submissions and previous background papers - have highlighted many of the complexities, pressures and constraints faced by aged care providers. Hogan reports two major factors affecting the delivery of quality aged care. These are firstly the ageing of the population and increased longevity of older people, and secondly the quality improvements in the industry brought about by the Government's revised aged care accommodation standards to apply from 2008, which have required much of the building stock to be replaced or refurbished (2004:6).

Submissions to the Hogan review by Catholic Health Australia (2003), the Mercy Health and Aged Group (2003), St Vincent's Health (2003) and others provide comprehensive assessments of the difficulties aged care providers face in delivering care to people who are aged as well as those with special needs.

### **6.8 Access to Residential Services**

Homeless people find it particularly difficult to access aged care services. For example, Lipmann (1995:9) found that in Sweden, Denmark, the United Kingdom and the United States of America, in spite of well-developed aged care systems with varying degrees of public funding and associated accountability standards, the aged homeless generally found it extremely difficult to access appropriate aged care. He identified two crucial issues: accessibility and a cultural mismatch of services.

These findings have been supported by the significant work undertaken by the Victorian Association of Health and Extended Care (VAHEC 2001; 2002) which focused on the residential and community care issues facing people who are older and homeless. These papers reflect the opinion of VAHEC members who are providing over 500 residential aged care places for the homeless elderly in Victoria. They identify two broad issues affecting older homeless in relation to residential care: homeless older people face great difficulty gaining access, and when they do, meeting their needs within current resources is very difficult.

### **6.9 Barriers to Accessing Residential Services**

The VAHEC document, *Homeless Elderly in Residential Care* (2001) provides a comprehensive coverage of the barriers older homeless people face when trying to access residential services. It involved contributions from significant providers of residential care to elderly homeless people in

Melbourne and covered the areas of access to services, and issues relating to service provision for those with high and complex needs. For these reasons, a brief summary of the document is provided below. Firstly, the document identifies:

- a lack of residential care places that cater for the needs of this group of people
- a lack of understanding by some Aged Care Assessment Service (ACAS) workers about the needs of the older homeless and hence reluctance to refer those suffering premature ageing to residential aged care
- general reluctance to admit older homeless to mainstream residential aged care services due to negative images including unruly behaviour, excessive drinking, personal hygiene issues and incompatibility with residents of the opposite sex (VAHEC 2001: 3.0)
- inadequate funding for homeless people in residential care. The Resident Classification Score does not reflect the level of care and funding required by people with complex needs. The intensive level of care and individual support required cannot be provided within the current funding structure (VAHEC 2001:4.1). The viability of homeless residential aged care services is in jeopardy. Issues relating to inadequate capital funding, the transitional supplement and the concessional resident supplement are seriously affecting the ability of services to respond to the particular needs of the homeless elderly (VAHEC 2001:5.0, 5.1).

A series of identified needs identified by the document that require intensive individual support include:

- emotional, social and human needs particular to people who cannot access family or friends. 'The emotional needs and dependence of homeless men, (many of whom are prematurely aged) who end up in residential aged care can be met through individualised support and day programs that build personal esteem and skills' (VAHEC 2001:4.1)
- behavioural problems. 'Low care facilities can have up to 90% of residents with mental illness'. Of these, many will have complex needs, some residents may be 'actively alcohol dependent', have an acquired brain injury or have chronic health problems'(VAHEC 2001:4.1)
- hygiene issues. 'The lifestyle of homeless people with high and complex care needs prior to entering residential care is often not conducive to what is construed as acceptable levels of hygiene' (VAHEC 2001:4.1). This situation can result in the need for staff to work intensively with a resident.
- diversional and recreational type programs. Homeless people may require individual support and assistance to access programs. This situation is not recognised in the funding model (VAHEC 2001:4.1).

The recommendations from this VAHEC report are as pertinent today as they were in 2001. The Wintringham submission (2003) to the Hogan report also provides a comprehensive assessment of the issues faced by residential aged care agencies providing care to older people who are homeless.

Whilst the Aged Care Act 1997 refers to financially disadvantaged people, the definition does not sufficiently target the most disadvantaged people, such as homeless older people, thereby failing to ensure they have access to the services they need to enable them to live with dignity.

#### **6.10 Supported Residential Services (SRSs)**

SRSs are also a significant aspect of residential care to older people who are homeless in Victoria. They differ from nursing homes and hostels that receive Commonwealth Government subsidies as

they are generally 'for-profit' businesses, funded entirely from residents' fees. They are registered with the Department of Human Services (DHS) and operate within the framework of the 1988 Health Services Act and the 1991 Health Services (Residential Care) Regulations. They are defined as 'premises where accommodation and personal or special care are provided or offered to persons for fee or reward but does not include a residential care service or a State funded residential care service' (DHS 1998:4). These facilities are monitored by DHS Authorised Officers and the volunteers of the Community Visitors Program to ensure that they meet legislative and community standards.

For older homeless people who require residential care, they are one of the few available options even though there are serious concerns about the continuing viability of these residences and the standards of care they can provide (Green, 2001; Myer Foundation, 2002; Office of the Public Advocate 2002) Approximately 4000 very frail low-income and /or homeless people live in SRSs in Victoria (Myer Foundation 2002:23). Older homeless people with complex needs, whose behaviour requires constant monitoring and individual attention, have been placed in SRSs due to a lack of appropriate accommodation options (Arbias 2003).

The Department of Human Services has reported that over 70 SRSs have closed since 1998, and most of those were pension-only facilities unable to generate adequate returns and meet required standards (2001:16). This has serious implications for current residents with complex or multiple needs, many of whom are at risk of homelessness if displaced from this accommodation (DHS, 2002:11).

### **6.11 Effective Service Responses**

Since the mid-1980s, services for older homeless people have been developed in a few cities in Britain, America and Australia (Crane and Warnes 2000b).

The literature reveals two organisations, Wintringham in Melbourne and the Committee to End Elder Homelessness in Boston which have developed services exclusively for older homeless people. They have developed a variety of housing and support options including supported living units and hostel accommodation. They identify that assertive outreach and case management are key factors used to engage and resettle older homeless people (Judd et al 2003:13).

Lessons can be learnt from these services. 'Firstly, older homeless people can be helped by and will respond to specialist facilities.' 'Secondly, they require intensive services and support if they are to be helped.' 'Thirdly they benefit from being helped and rehoused in more conventional and long-term accommodation' (Crane 2000:12).

A number of Commonwealth and State funded support programs are available in Melbourne, for older people who are homeless or at risk of homelessness. Their capacity to provide flexible and sensitive individual support targeted to the specific needs of the person contributes to the effectiveness of their interventions. Existing programs include:

- *Commonwealth Funded Community Aged Care Packages (CACPs)* provides case management of services for older people with complex needs so that they can continue living at home
- *Housing Support for the Aged* provides "case-managed outreach support and packages of care to older adults (50 plus) who have a history of homelessness or insecure housing on their entry into public housing via the segmented waiting list" (VHS 2002: 141)
- *Older Persons High Rise Support Program* provides on-site support to older people living in high-rise flats

- *Aged Persons Mental Health Service* provides a 24 hour response for older people with a mental illness
- *Community Connection Program (CCP)* provides assertive outreach to people with complex needs who are homeless or at risk of homelessness
- *RDNS Homeless Persons Program (RDNS HPP)* provides an assertive outreach primary health care response to homeless people in a range of settings across inner city Melbourne
- *Assistance with Care and Housing for the Aged (ACHA)* provides an assertive outreach response to frail older people who are homeless or at risk of homelessness to assist them to access housing and support.

### **6.12 Conclusion**

The challenges and barriers identified in this literature review can be summed up by the Commonwealth Advisory Committee on Homelessness (2001: 114-117). It identifies older homeless people as a subgroup of the general homeless population with particular needs requiring specific responses. The priority actions proposed address many of the challenges and barriers identified above. Effective responses involve commitment from and collaboration between Federal and State Governments, the various departments within Governments, non-government agencies and the broader community. In their words, ‘The needs of older people who are homeless or at risk of becoming homeless are not sufficiently reflected in aged-care or housing policies. It is particularly troubling that many find it difficult to obtain places in supported aged residential and community care facilities. Urgent action is required to remedy this situation’ (CACH, 2001:116).

## **7. Foundations of Catholic Responses**

‘The Catholic Church through mixed use of religious orders, diocesan priests and lay workers, has been providing organised social welfare services in Australia from the 1830s’ (Camilleri and Winkworth 2003: 1). The range of organisations within the Catholic sector that provide care to older homeless people is broad. It incorporates Archdiocesan organizations, religious orders, lay apostolic associations and lay communities. Each of these has a unique history and particular ways of responding to the poor, which in many instances still reflect the charisms of their founders. With all their differences they identify as being Catholic, sharing a common theological base, which is based on Scripture and shaped by Catholic Social Teachings.

Scripture teaches us that Jesus not only stood with the poor, he identified himself as one of them, (Matthew 25:40-45). This was absolutely central to His mission. He has sent me to bring the good news to the poor, to proclaim liberty to captives and to set the down trodden free, to proclaim the Lord’s year of favour (Luke 4:18b).

The call to Christians to be part of this ongoing liberation of people is intrinsically connected to one’s spiritual life. ‘For Jesus there is no separation of religious practice from social commitment, love of God from love of neighbour. If we understand who God is, as deeply distressed about the suffering of the poor and marginalised, we can see immediately that we cannot love God unless we care for our neighbour’ (Duncan 2001:16).

Catholic Social Teachings help to show the way forward in today’s world. One of the major themes of these documents centres on the ‘preferential option for the poor’. ‘As followers of Christ, we are challenged to make a fundamental “option for the poor”, to speak for the voiceless, to defend the defenceless, to assess lifestyles, policies and social institutions in terms of their impact on the poor... As Christians, we are called to respond to the needs of all our

brothers and sisters, but those with the greatest needs require the greatest response' (Economic Justice for all Pastoral Message #16).

The following section provides a brief synopsis of a number of Catholic agencies that have taken this option for the poor seriously in their attempts to respond to the needs of older people who are homeless.

## 8. Responses from Catholic Agencies

### 8.1 Broad Range of Facilities and Services

It quickly becomes apparent that there is a wide array of differences amongst the participating agencies. The range of residential facilities and services provided is very broad. It encompasses Commonwealth funded facilities providing low level (hostel) care, high level (nursing home) care and respite care. Commonwealth requirements, under the Aged Care Act (1997), require all providers to allocate 40 % of their licensed beds at any facility as concessional, that is, for people who are financially disadvantaged. There are a number of Catholic facilities that designate all or over 90% of their licensed beds for people who are financially and socially disadvantaged, specifically including people who are homeless and marginalised.

Access to Commonwealth funded aged care facilities is via an Aged Care Assessment Service (ACAS) which on assessment of a person, determines what level of care is needed by the person and a commensurate amount of funding is provided. Within agencies providing care for people aged and homeless there are also a number of other models with differing funding sources. A number of supported communities exist which provide residential care to a particular group of people within the homeless population. The majority of their residents are over 50. Two of these communities receive State Government funding from various sources such as Home and Community Care (HACC), Mental Health services and the Supported Accommodation Assistance Program (SAAP). One community is supported solely by donations. Three agencies provide crisis accommodation, one of these is for men, and the other two provide temporary accommodation for women and children.

There are also various housing models such as Independent Living Units, community managed rooming houses and transitional housing properties. Support programs include Home and Community Care Services (HACC), Community Aged Care Packages (CACPs), Assistance with Care and Housing for the Aged Program (ACHA) and various packages, some of which include case management from a variety of sources such as Disability Services.

### 8.2 Participating Agencies

- *Bethlehem Community* was established in 1984 by lay people (who had been working at Corpus Christi Community) as a home for women who were experiencing alcohol related and/or psychiatric disabilities. The aim is to provide a place of belonging where women could support each other and be supported by and build relationships with people willing and able to share their journey. Funded in part by the State Government, the community provides medium to long-term accommodation to single women over 35 years of age who have as a result of their high level of complex needs experienced long-term homelessness. Current age range of residents is between 42 and 79 years. Bethlehem Community also provides an Outreach Support Program to women in the rooming houses in Fitzroy (Bethlehem Community 2003).
- *Briar Terrace* is auspiced by the Sisters of Charity Community Care Melbourne. It was established in the late 1990s by a Sister of Charity and operates from a small terrace house

in Fitzroy. It aims to 'provide a day time "welcoming place" in the inner suburbs, for the purpose of enhancing the lives of some of the lonely people who have little meaning in their lives' (Briar Terrace 1998:1). It also has an outreach dimension, visiting people in local rooms and flats who are unable to visit the Terrace.

- *Catholic Homes for the Elderly Inc. (Catholic Homes)* was established in 1960 as the Catholic Housing Guild under the auspices of the Archdiocese of Melbourne. Its mission, based on Christian values, is to provide an integrated and accessible range of accommodation and care services on behalf of the Catholic Archdiocese of Melbourne for older Victorians. It has 9 residential facilities in Melbourne and provides accommodation and care to 276 residents in 6 hostels, and high care accommodation to 90 residents in three facilities. There are also significant developments underway to expand its ability to provide residential care to those people unable to remain in their own homes. It has 337 Independent Living Units (ILUs) and 27 Resident Funded Units across 24 locations throughout Melbourne. The profile of these residents is 302 females and 72 male residents with an average age of 78 years. Average length of stay is 12 years (Catholic Homes For The Elderly Inc Annual Report 2002/03).
- 'Catholic Homes has also increased its role as an Archdiocesan agency to assist Parishes and Religious Orders with professional advice and management skills for proposed developments' (Ibid: 5).
- *Corpus Christi Community Greenvale* was founded by Mother Teresa of Calcutta in the early 1970s, for the purpose of providing a home for 82 men experiencing homelessness and alcoholism. It has two respite beds. The Sisters of Mercy, Jesuits and Christian Brothers work with a team of employed lay people, volunteers and residents to build a strong sense of community and belonging. It is Commonwealth funded. The community has a small capacity for outreach (Corpus Christi Community 2002).
- *Good Shepherd Aged Service* was established in 1977. It has 3 residential facilities, which continue to provide for and support residential care for women who have lived within the Good Shepherd network for many years. Average length of stay for women in this network is 67 years as they have remained since being placed in care as children. A small percentage of residents admitted to both hostels and approximately 65% of residents admitted to Good Shepherd Nursing Home are from the general community. This group is also diverse and includes a number of sub-groups: physically frail aged people requiring low care or high care services, older people with dementia requiring low care or high care services, and a small number of older people with intellectual, behavioural or emotional disabilities requiring low care or high care services. It also provides outreach to a small group of women living in the community (<http://www.goodshepherd.com.au>).
- *Mercy Health and Aged Care* was formed in 2002 by the Sisters of Mercy to oversee nine health and aged care facilities in Melbourne and rural Victoria. The four aged care facilities are located in Colac, Bendigo, Montrose and Geelong, offering retirement living, independent living units, low care and high care accommodation (<http://www.mercy.com.au>).
- *Regina Coeli Community* was established as the Regina Coeli Hostel in 1938 by the Legion of Mary. Volunteers from the Legion provided accommodation and support to homeless women until the mid 1980s when there was a transfer of auspice to the Sisters of Mercy. In 1986, the first Community of Sisters began their ministry at Regina Coeli. With the move to incorporation in July 2000 and the establishment of a Board, another chapter

in the Regina Coeli Community history has unfolded. 'In our quest for justice and self-determination for women, our Mission at Regina Coeli is to build community with homeless women, which creates a safe and respectful living environment that fosters mutual support and encouragement' (Regina Coeli Annual Report 2001-2002). It provides accommodation for 14 women currently aged between mid 30s and 72. It has an Outreach Support Program for women who have moved from the community into independent accommodation. It is funded in part from the State Government.

- *Sacred Heart Homes*, established by Sacred Heart Mission St Kilda in 1988, provides Commonwealth funded residential care to financially disadvantaged men and women in the City of Port Phillip and surrounding areas. It operates two hostels and an annexure in St Kilda, providing 83 beds. The opening of the annexure this year was in direct response to the closure of a number of Supported Residential Services (SRSs) in this locality which had traditionally provided supported living to people who are aged and homeless. *Sacred Heart Mission St Kilda* provides a wide range of housing and support services for those 'most in need'. The support programs include a Home Care Program which provides ongoing assistance and support for 55 frail and elderly people who might otherwise have to live in hostels, a Community Visitors Scheme which reaches out to residents in aged care homes who are socially isolated or lonely, an ACHA program, and the Meeting Place where breakfasts are served daily for 50-80 people living in circumstances where food storage and preparation is not possible. Amongst the core of regular users are older residents of rooming houses. The housing program includes access to transitional properties, management of a 10-room, men-only rooming house in St Kilda, and nomination rights at an additional St Kilda rooming house with 13 rooms for males aged over 40.
- *Shekinah Homeless Services* is a network of nine agencies, most of which participated in this study, that provides accommodation and support services to homeless people. This incorporated body was developed with a view to improving collaboration between services and offering a continuum of care to the homeless people amongst whom they work. Member agencies are Bethlehem Community, Corpus Christi Community, Prague House, Regina Coeli Community, St Mary's House of Welcome, The Cottage, The Way, Mercy Care, and the Good Samaritan Inn. The latter two agencies provide emergency accommodation and crisis support for women and children. In 2003, approximately 2000 homeless people used the services provided by Shekinah's agencies and 251 people offered their time as volunteers (Shekinah Homeless Services Inc. 200 :2).
- *St Mary's House of Welcome* in Fitzroy was started by the Daughters of Charity in 1970 as a soup kitchen for homeless people. Over the years St Mary's has progressed to a large centre providing meals, amenities, activities and a range of professional services which include psychiatric disability support, recreation, pastoral care, social work and nursing services. A survey undertaken in September 2001 revealed that 41% of service users are over 46, 16% are over 56 and 6% over 65years (St Mary's House of Welcome 2001:5). Present workers reported that these figures would be about the same now. Anecdotal evidence suggests that of those over 46, at least 50% are excessive drinkers, and that the vast majority of these would have some degree of brain injury from their alcohol abuse. Gambling was noted as a significant issue amongst this group.
- *Society of St Vincent de Paul* has a range of outreach initiatives directed to homeless and vulnerable people in the community. Their Aged Care Services provides care and accommodation for older citizens through a variety of hostels and nursing homes. The Society accommodates over 370 older residents in hostel and nursing home facilities. In

recognition of the growing demand for aged care, particularly for people who are poor and disadvantaged, 'plans are underway for developing pathways for other St Vincent de Paul services and improving the suitability of buildings for "ageing in place"'. The society also operates 53 Independent Living Units (ILUs) around the State 'for older people who are financially disadvantaged or at risk of being homeless'.

- The Society's *Homeless Services* provide a range of accommodation and professional support services to people who are marginalised and homeless within the Victorian community. Of particular interest are Ozanam House, a 60-bed crisis accommodation facility for homeless men, and the Glenroy Transitional Housing Service providing interim housing (over 160 properties) to people who are homeless or experiencing a housing crisis. Adult support services include Outreach Support to adults at risk of losing their housing, a Women's Early Intervention Program providing intensive support to single women over the age of 25 and the Community Connections Program providing support to people with complex needs, in low cost accommodation and who are isolated from the community. Ozanam Community Centre situated in North Melbourne provides support to people who are homeless or at risk of becoming homeless, through material aid, housing support, on-site health services, skills development and community development. The Society operates 4 'soup vans' in inner Melbourne and Moe run by Society volunteers who reach out to people who are homeless. 'Vannies' see an increasing number of people each night. For example, the Fitzroy van sees up to 400 people every night of the year without exception (Society of St Vincent de Paul 2003).
- *St Vincent's Health* is part of the national Sisters of Charity Health Service and provides a range of health care services in Melbourne. Two of its services are of particular relevance to this study. Prague House, which has operated since 1976 and is a 34 bed residential aged care facility in Kew, provides residential services for older men who have particular needs relating to their health status and who have experienced homelessness. It has commenced re-building and will accommodate 45 men. The Cottage is a small residential unit in Fitzroy providing short-term health care services for homeless people who do not have adequate support at a time of illness (St Vincent's Health 2003).
- *Southern Cross Care Vic* was established in 1969, founded and sponsored by the Knights of the Southern Cross. It provides a wide range of residential and community services to more than 2000 people throughout Victoria. It is one of the major providers of Community Aged Care Packages (CACPs) in Victoria. A recent initiative supported through cross-subsidisation within the organization is a new housing development for low-income older people in the Geelong area who are at risk of homelessness (Southern Cross Care (Vic) 2003: 9).
- *The Way* is a community established in Fitzroy in the late 1970s by lay people who had been working at Corpus Christi Community. It provides a community and home for ten men who cannot be accommodated in other facilities. For some men this is due to their active drinking and associated behaviours, for others it is their mental health issues. Whilst ambulant, a number of the men are incontinent. Generally The Way only accepts people over 50 but is flexible depending on need. Current age range is between 42 –83 years. It has two part-time coordinators and 25 volunteers. The community is staffed 24 hours a day (sleep-over at night). It relies entirely on financial donations and in-kind donations for food, furniture, bedding etc.
- *Villa Maria* was originally founded as the Catholic Braille Writers' Association in 1907. Originally providing support to people who were blind, it has broadened its scope and now

provides a range of residential and community services for older people and people with a disability through 60 programs in 40 locations throughout Victoria. A major portion of these services includes the management of Community Aged Care Packages (CACPs). It also conducts an Assistance with Care and Housing for the Aged Program (ACHA), which assists frail, low-income older people who are renting, in insecure accommodation or are homeless to remain in the community.

## 9. Key Findings from Stage One

The following is a summary of the key findings arising from the collection of data. Given the wide variety of sources and the complexity of the data, this section aims to highlight those aspects that emerged as major issues for a number of agencies. Some of the material identified reveals barriers to care, and some offers information about different ways of working with older people that facilitates their access to and positive participation in agencies. As much as possible, the data has been recorded without judgement or interpretation.

### 9.1 High Demand for Existing Services

All agencies involved in providing residential related services for the homeless reported extensive waiting lists as the demand for their services was high. The following examples give an indication of the extent of need for services.

- Ozanam House reported that for the period 1/7/02-30/6/03 on average 6 men, over 40 years of age, were not able to be accommodated per day, which is 2190 per year. Of the 749 men accommodated, 31% were between 40 and 75.
- Corpus Christi Community reported that between February and April 2004, they had 25 men waiting for accommodation. Of these, 22 required permanent accommodation, and 3 required respite. Of the enquiries, 80% were from people under 60 years of age.
- The Way does not keep a waiting list. When a bed does become available, it is taken within the hour.
- In a snapshot survey in February 2004, Regina Coeli Community reported 27 enquiries for accommodation in 3 weeks. Approximately 1/3 were victims of domestic violence, 1/3 were women and children, and 1/3 were from hospitals, principally psychiatric wards enquiring for women needing 24 hour care. No age breakdown was available.
- A Melbourne 'Vannie' reported that he is approached about once a fortnight by an older homeless person sleeping out who is needing accommodation. He is not able to assist as all the crisis services are booked out.

### 9.2 Accessing Residential Care

The difficulties older homeless people face in accessing residential care were highlighted by agencies.

#### 9.2.1 Aged Care Assessment Service (ACAS) assessments

A number of difficulties were identified in obtaining the 'paperwork' required for admission to a residential hostel. These include:

- difficulties getting homeless people an assessment when they have to wait, sometimes up to six weeks. This is particularly problematic for those in transient accommodation as most have moved on within this period of time.
- lack of understanding from some ACASs of the concept of premature ageing and its relationship to homelessness and hence the reluctance of some ACASs to assess people under 65. It is generally accepted by health and welfare professionals that the early onset of age-related conditions arises as a result of a combination of factors, which include: alcohol and drug use, malnutrition, increased rates of untreated illness and mental health illness. This can mean that a person with the chronological age of 50 requires services that are generally associated with people in their 70s and 80s.

#### *9.2.2 Securing a place in commonwealth-funded residential care*

Accepting residents into commonwealth-funded aged care facilities is based on the consideration of a number of factors. These include:

- length of time on the waiting list
- compatibility with existing residents
- needs of the person and their current circumstances
- staffing resources and expertise in managing and caring for a person with high support needs such as alcoholism, acquired brain injury, challenging behaviours, mental health issues
- for commonwealth-funded facilities, the requirement to meet the 40% concessional quota.

#### *9.2.3 Nomination rights*

Nomination rights for homeless agencies on a small number of beds/places with existing and proposed Catholic developments was raised as one way older homeless people could gain access to generic services. At the same time this would free up existing blockages within agencies. This could involve not only residential care, but also various other models of housing such as Independent Living Units.

#### *9.2.4 Selective targeting*

This theme was raised by a number of commonwealth-funded facilities. As residential beds are scarce, agencies are in a position to 'cherry pick' those whom they consider 'the best of the bunch'. For example, if a 'concessional' bed becomes available and there is the choice between two people both with Residential Classification Scores of 6, the person with few support needs, minimal or no behavioural issues and strong family support is likely to be accepted. A commercially-driven facility and even a number of not-for-profit facilities would accept the former person. That is, unless the facility is underpinned by a mission that expressly 'favours the poor'.

#### *9.2.5 Accepting homeless people with challenging behaviours*

Accepting homeless older people into residential facilities is a carefully considered decision. During the interviews one participant expressed concern around the risks to staff and other residents in admitting people exhibiting extreme behaviours. However, the general view was that where intake procedures and support are appropriately attended to, then risk can be minimised.

The mission of the facility as well as consideration of the current mix of residents are important factors. Facilities for homeless people go to great lengths to try and accommodate someone in this position, such as reviewing current incident reports or moving people around.

All residential aged care facilities have reports of people exhibiting challenging behaviours and this is not surprising considering the prevalence of dementia, the sudden confusion associated with chest and urinary tract infections and so on.

The design of facilities can be conducive to people modifying their own behaviour. Preference was expressed for small cottage-type places as opposed to large congregate care facilities, and there is a scarcity of these facilities amongst Catholic providers.

### **9.3 Funding Issues and Commonwealth-funded Residential Services**

#### *9.3.1 Capital costs involved in developing purpose-built facilities*

This was a common concern for all agencies, as capital costs involving the development of new facilities and the upgrading of existing aged care facilities do not attract Commonwealth funding. These ventures normally have to be funded from existing revenue streams such as the bond scheme for people in low care facilities. As older homeless people cannot fund this contribution, revenue has to be sought from elsewhere. This situation has led to at least two facilities (which were totally designated for concessional residents) having to accept a small number of non-concessional residents, that is people who can pay bonds. It is recognised however that this is an area worth exploring further. The State Government promotes partnership arrangements and there may be opportunities to date unexplored, which could explore the feasibility of innovative approaches to achieve new facilities.

#### *9.3.2 High recurrent cost of residential care*

Providing residential care for homeless people has a high recurrent cost. For the larger general aged care providers who receive commonwealth funding a plethora of issues affect their existing service and any new developments. Remaining viable and sustainable in the long term is an overarching demand, within a funding source that is commonly recognised as not adequate to meet the needs of the people in their care.

In focusing this discussion on the provision of residential care to homeless people there were a number of contradicting themes. One view is that to provide such a service is very costly, and that to do so could lead to a facility becoming insolvent and thus being closed. This issue is linked to the Resident Classification Score which does not adequately reflect the needs of people with complex needs, which includes homeless people.

Another theme emerged from homelessness providers who, while financially viable, acknowledge that providing these services is costly but they believe it is the mission of the Church to meet this need. Sacred Heart Homes acknowledged the immense benefit of Cabrini Hospital taking care of all their laundry needs, the use of trainees, the assistance of many in-kind donations, the use of volunteers and many applications for 'one-off' grants.

Corpus Christi Community reported that their model of community which encourages men, who are able, to be active participants in their home means they do not employ gardeners, kitchen assistants or laundry assistants. They do not charge a bond, and the men pay a minimum amount for board. Having a number of stipended positions also increases the Community's ability to cope financially.

### **9.4 Older Homeless People and Residential Services**

#### *9.4.1 Unwillingness of older homeless people to enter residential care*

Older people who are homeless would not want to reside in many existing residential care facilities. This was a commonly repeated theme. Reasons given include:

- existing facilities are not responsive to their needs, for example because of issues around drinking levels and smoking

- some people do not want to live in large facilities as it reminds them of bad experiences with institutions in the past
- expectations of dress and behaviour are different
- the attitude of staff makes some homeless people feel as though they are ‘being looked down on’
- the majority of residents are women so there is a ‘feminisation’ of facilities
- residents’ families look ‘down on them’.

#### 9.4.2 Sensitivity of residential services to the needs of older homeless people

Homeless people will settle in residential services that are sensitive and responsive to their needs.

A number of practices were identified that assist a person to settle into residential care:

- an *Ethos* centred on Christian values and the concepts of community, belonging, and home.
- *Leadership*, a critical factor in determining good care. Reported examples of good leadership were dealing quickly, justly and humanely with grievances, acting quickly to deal with injustice, building relationships with residents that are empowering not dependent, supporting staff by acknowledging and affirming little gains and being available in times of crisis, such as a death.
- a ‘*Culture of Care*’ that recognises and responds to the individualised nature of people’s needs, as well as particular needs of homeless people. The importance of celebrating particular events such as birthdays was highlighted.
- *Recreational and Lifestyle Programs*. Many of the agencies reported that the availability of lifestyle programs within facilities was crucial for residents establishing and maintaining a sense of meaning and purpose. This was a clearly identified need as agencies reported that existing funding arrangements did not recognise the particular social needs of homeless people. Boredom is a major issue for residents, who on average are much younger than the general population of people in aged care. For example, the average age of men at Corpus Christi Community is 62 years, with an average length of stay of 7 years. They reported that there is a fundamental difference between those who are chronologically aged and those who are prematurely aged. Unfortunately this is not a difference that is recognised in the current funding model. Sacred Heart Homes have instigated a strong lifestyle program in their newly opened 20 bed annexure to Grey Street Hostel as these residents have usually been institutionalised for much of their lives and exhibit severe extremes of behaviours.
- *Staff* who are imbued with a sense of their organization’s mission. Staff who receive adequate and appropriate training, who are flexible and prepared to ‘go that extra mile’ are considered essential. Good Shepherd Aged Services provide a two-day orientation and induction course which is seen as critical in giving new staff a sense of the organization’s mission, philosophy and values.
- *Recruiting staff*. In selecting staff, Sacred Heart Homes includes a resident on the staff selection panel. It is often what this person does not say, but their non-verbal communication that clues other people on the panel to pursue particular lines of interviewing.
- *Access to specialist services*. It was identified that the availability of these services is crucial in enabling some residents, particularly recent arrivals, to adjust to their home. One facility has a mental health worker available one day a week, as well as the services of a

psychiatrist, half a day per fortnight. These supports have provided an invaluable resource to both staff and residents. Other facilities reported long waiting lists for these services and the consequent negative impact on the resident and the facility.

It was commonly repeated that when people do have a sense of home, they will try to modify their own behaviour as they do not want to jeopardise what they now have.

#### *9.4.3 Access to generic aged care services*

Over the last few years, homeless agencies have assisted with placements into low and high care facilities, managed by a variety of providers.

For the workers, it involves taking on the role of doing what normally family members would do, such as visiting facilities and putting people's names down on waiting lists. If a worker has the time to look around with the person, ideally they look for a place where the person and the worker feel comfortable. It was reported however, that often it is not a matter of choice, but rather having to accept the first available bed.

During many of the discussions, the agencies report that once a person is accepted into care there are a number of factors that can assist them settling successfully into a residential facility. These factors include:

- ongoing commitment and support to the resident from their workers, who in many cases are regarded as family
- ongoing support to the staff, such as being available to work with staff in settling a person in, and communication between staff of the facility and the agency workers particularly if behavioural issues arise
- agency workers negotiating with the facility to ensure security of fees, such as assisting with administration orders if necessary
- ongoing availability of specialist support such as mental health and acquired brain injury services.
- On death, providing support to the staff, as well as often organising and arranging payment for the funeral and burial in one of their own or another Catholic organizations' burial plots.

Ongoing involvement from present agency workers is in many ways determined by the proximity of the facility to their own agency. Obviously if a person is located in a facility a long distance away, the extent of the support can be compromised.

One agency reported developing a very positive relationship with their local nursing home, which means they usually have a number of their former residents there at any one time. This has resulted in a beneficial arrangement for staff and residents at the home, as workers are able to visit residents more regularly.

#### **9.5 People Currently Slipping through the System**

The following groups of people within the aged homeless population were identified through the interviews as not being able to be accommodated within existing services because of the demand on those services, or because appropriate services do not exist:

- people between 40 and 55 with severe behavioural issues
- people between 40 –50 actively drinking, ambulant and incontinent

- people with active drug addictions, for example, ageing heroin users Anecdotal evidence suggests that there is a growing number of people in this situation, who at around 45 years of age will need residential care. Their life expectancy is about 50 years
- a small number of people in crisis
- people requiring respite, that is, time out in a caring environment where individual needs are addressed
- aged women leaving domestic violence situations
- people requiring high care, a particular concern of the communities and Sacred Heart Homes. It is especially difficult when the person sees their low-care residence or community as home, which is the case for a number of people. As their care needs increase, they have to move to hospital or into a high care facility. This can mean being cared for by people not trained and/or sensitive to their needs. It was noted that it is especially problematic, if there are issues around smoking and drinking.

## **9.6 Identified Needs**

### *9.6.1 Residential facilities' struggle for resources*

A common theme for state-funded and residential facilities funded through private fund-raising, donations and volunteer efforts is their constant struggle to find resources that can enable them to respond to the high demand for their services. Each agency is under-resourced. They all reported inadequate staffing levels and a heavy reliance on volunteers. These agencies belong to Shekinah Homeless Services and between them have 251 volunteers, providing at least 500 unpaid hours of assistance each week. A number of these agencies reported specific needs:

- The Way, which need practical items such as heating, bedding, office equipment, fridges and a van, estimated the cost for these items to be \$43,000.00. Staffing needs include having staff for sleepovers, weekends and public holidays, bookkeeping, maintenance and fundraising. At present 25 volunteers cover a 24 hour roster. The estimated cost of these unpaid hours is approximately \$149,000.00.
- The Regina Coeli Community reported their most urgent need is obtaining recurrent funding for overnight/out of hours staffing and a recreation worker, with the estimated cost being \$120,000.00. Their viability is currently assisted with the availability of at least one full-time stipended position. Possibilities for future developments are dependent on finding recurrent funding to maintain appropriate staffing levels.
- Bethlehem Community reported the need for one full-time worker for case work and outreach.
- Mercy Care currently has one full time coordinator and three casuals and needs two full time staff and 10 hours administration assistance.
- The Good Samaritan Inn has a need for a full-time permanent position to cover overnights.
- Participants agreed that they struggle for time to look at possibilities and extension of services, as they are constantly propping up resources. This situation is compounded by the minimal exit points for those residents wanting to move on. The capacity for outreach is limited under existing funding guidelines. This places at risk those people that do move on and need support.

The agencies working with women escaping domestic violence talked about the heart-wrenching experience for the workers as they witness women returning to abusive situations because there are no other options for them.

#### 9.6.2 Housing and support/care options

There was general consensus that some of the people currently residing in existing facilities for homeless people could move on to another less supported form of care but there are few realistic options. This in effect has blocked a number of services, which results in them being unable to respond to people currently trying to access their services. It also highlights a number of unmet needs:

- the need for *extra staff* to work with these people to develop lifestyle skills to enable them to live independently.
- the need for *affordable safe and permanent housing*. Long waiting lists for public housing as well as the poor quality of low-cost housing serve as barriers preventing people from moving on. Bethlehem Community reported an example of a person moving on from a community to a transitional Ministry of Housing flat. This person waited two years in this arrangement, and with the help of outreach support managed to settle well into the community. The property managers eventually asked the person to leave as this was a temporary housing arrangement. As there was no available appropriate accommodation, the person has had to return to one of the communities, however, not the one used originally as it did not have any vacancies.
- the need for *community services*. As already noted, access to specialist services is constrained by long waiting lists. Use of mainstream services, such as Home and Community Care (HACC), raised the need for appropriate education of workers who are not skilled in understanding the particular needs of homeless people.
- the need for *community based centres*. A number of agencies reported that older homeless people find the large centres that cater for homeless people difficult. Younger people using these centres tend to dominate older people who are often less demanding and tend to become withdrawn in these settings. Sacred Heart intends opening a 'Lifestyle Centre' with assertive outreach to older homeless people with complex needs but cannot access HACC funding for this. It is currently seeking partnerships with other organisations so that a funding source can be realised. It is envisaged this Lifestyle Centre will function not only during the day, but after hours and on weekends.
- the need for *outreach support*. A number of agencies stressed the significance of supporting people once they leave a residence. Currently three former residents of Corpus Christi, living in public housing, are reapplying for admission as they are not able to cope with the loneliness they are experiencing. Maintaining a sense of community even though a person has moved on is seen as vital to the person's adjustment. Government funding for outreach is severely limited. Services that are available are short-term and targeted. It was strongly felt that homeless people need services that stay with them for the long term. The use of volunteers was seen as one way ongoing support could be provided. A 'Do Care' service specifically for this population was suggested as a possibility. With appropriate support and training, it could provide the necessary opportunity for much needed one-to-one contact and the development of relationships. Homeless people don't necessarily need professional services; sometimes they need caring people. The 'Vannies' are seen as an excellent example of this, particularly for those people who don't want professional services or residential care.

- the need for *supported accommodation*. It was commonly identified that a major gap in the current service system is medium to long-term supported housing options for women and men. The need for a diversity of responses for people at different life stages was strongly acknowledged. Possible models range from small places where a meal is prepared and support is available as needed to more structured communal arrangements.
- the need for *assertive outreach*. Concern was raised for those people who are isolated, out of sight of services and the broad community, who do not come to day centres, or for regular users who have been noticed as missing for a while. The capacity of existing staff is extremely limited to follow up in these circumstances. A number of religious men and women working in participating agencies have traditionally focused on this aspect of their mission. As their numbers diminish this vital aspect of reaching out to people in low-cost housing such as rooming houses, private hotels and caravan parks is at risk.

### **9.7 Policy and Advocacy Issues**

There are a number of issues central to any advocacy with Government.

Effective lobbying needs to involve closer collaboration with the larger Catholic Aged Care providers as well as Catholic Health Australia in establishing the needs of older homeless and marginalised people as a Church and Government priority. Concern was raised at the lack of submissions to the Hogan report from Catholic agencies working with older homeless people.

A number of specific issues were identified that act as barriers to homeless people or those at risk of homelessness getting access to the services and care they require. These include:

- the Aged Care Act (1997) which does not recognise the ‘special needs’ of homeless people. As already noted this means homeless people do not get funding for the social needs they have
- the limited amount of capital funding available (ten million dollars) for building which forces aged care providers to accept more non-concessional residents who can pay bonds
- the need for training and education of Aged Care Assessment Teams in relation to the needs of homeless people and in particular the significance of premature ageing
- the need for training and education of mainstream services, particularly HACC services, to provide sensitive and flexible service responses to homeless people
- the lack of safe, secure and housing options linked to appropriate support options
- funding for outreach services.

Ideas for further advocacy and support included a Fund for the Homeless, a Ministry to those who Experience Homelessness, a ‘Homeless Advocate’ and/or a ‘Chaplain to the Homeless’. The essential idea was to have someone or somebody that would coordinate and strengthen the advocacy efforts of all the agencies working in this area. However, it was agreed that more critical discussion was required as it was the view of some interviewed that the Council of CSSV should not involve itself in replicating institutions and/or activities that already provide support to the sector.

## **10. Findings from Forum of Catholic Agencies**

A forum was held on 29 June 2004 to discuss the interim findings of the study with CEOs and senior representatives from Centacare Ballarat, St Vincent’s Health, Southern Cross Care, Catholic Social Services Victoria Council, Society of Saint Vincent de Paul, Sacred Heart Homes, Sacred Heart Mission, Bethlehem Community, Good Shepherd Aged Services, The Way, Cabrini,

Catholic Homes for the Elderly, Regina Coeli Community, Corpus Christi Community Greenvale, Catholic Social Services Victoria. Findings from this forum are listed below.

### **10.1 Rural Areas**

As the report does not cover the specific needs and constraints faced by rural communities, this area requires further attention.

### **10.2 Agency Collaboration**

The competitiveness of agencies is a challenge for cooperative work. Future work together requires a willingness to move beyond particular territories and comfort zones and a commitment to exploring new ways of developing partnerships. Lobbying for new partnerships and mergers would assist in the development of improved services and sharing of resources.

The development of partnerships, in particular with government funding streams, was considered critical in the development of improved services and sharing of resources.

For a number of the larger aged care providers, these partnership strategies were raised as potential ways of funding that would enable the development of facilities and services. A number of organisations have already moved down this path and their experiences provide valuable insights for other organisations looking to undertake similar ventures. Examples include:

1. The development by Southern Cross Care Victoria of a Low Cost Housing Venture in the Geelong area for people at risk of homelessness. 'This project is the result of a collaborative partnership between Southern Cross Care Victoria, who contributed \$483,400 including the cost of the land and the State Government through the Social Housing Innovations Project who contributed \$1.35 Million' (Southern Cross Newsletter 2003: 6). Ongoing deficits that occur as a result of this development are met from revenue within Southern Cross's service to aged people.
2. Villa Maria has entered a partnership with the Office of Housing in developing 39 independent living units at their Wantirna site. 'The units are owned and managed by the Office of Housing (Ringwood and Reservoir branches) but are built on land leased from Villa Maria. Villa Maria retains sponsorship rights for admitting residents into the independent living units. The Office of Housing must have assessed applicants for the units as eligible for public housing. They must have been allocated an application number; receive the full pension; and have assets less than \$30,000, with discretion up to \$60,000' ([www.villamaria.com.au](http://www.villamaria.com.au)).

The establishment of strategic partnerships between larger general aged care providers and the community-based residential and outreach services would provide opportunities for assisting in the provision of support and development of services. For example, an outreach worker could be employed who works with a number of smaller agencies to support the vulnerable and isolated. Another possible approach is Aged Care providers currently providing Community Aged Care packages 'quarantining' a specific number of packages, which could be delivered to the target group. This is a practical and viable option currently available to service providers. Increased collaborative work would assist in the development of long-term plans necessary for effective change to occur.

Cross-subsidisation of services was recognised as a valuable and legitimate source of revenue for new developments. This practice normally involves taking reserve streams from profitable areas to fund those activities that are deemed important but run at a loss financially. Respondents raised issues concerning its viability as a business strategy. Concerns were also raised about the ethical

implications of developing services purely for the purpose of supporting another. Despite the caution of some agencies the idea is thought to warrant further exploration.

### **10.3 Education**

This is a critical tool for addressing the lack of understanding of issues surrounding the experiences of homelessness, particularly as it relates to older people. There were suggestions that more could be done in providing appropriate information to the aged care sector on homelessness. It was also agreed that agencies would benefit from greater awareness of each agency's service profile.

### **10.4 Church Leadership and Involvement**

The importance of Church leaders, notably bishops, and congregational leaders advocating for homeless aged people was a common theme. It was recognised that their position within the Church, and our society, means that their voice will be reported and heard, far more so than any one agency. It was emphasised that their involvement is critical in reminding people of the Church's mission to the poor, and in keeping the needs of the most vulnerable and marginalised on the public agenda.

Church leaders have a critical role in raising the awareness and profile of this special group. Participants at the forum felt that the leaders of the Church needed to be listening more intently to their concerns for action.

### **10.5 Church Assets**

Questions were raised about the accessibility of current Church assets, particularly properties, which are under-utilised. In the face of urgent need for appropriate housing for older homeless people and the Church's 'preferential option for the poor', this potential source of properties was considered as an obvious starting point for the development of new services. Concern was expressed that previous attempts at bringing this situation before Congregational leaders and parishes has yielded very limited success.

In thinking about how existing resources could be better utilised, respondents generally had a broad inclusive concept of Church that included dioceses, parishes and official Church agencies such as the Catholic Development Fund, Catholic Church Insurance, Religious Orders and Congregations, lay associations, Catholic Social Service agencies as well as Parishes. This broad definition opened up a range of possibilities of reform to investigate. Some proposals included:

- Use of existing buildings that are currently under-utilised, such as presbyteries, halls and houses and the possibility of their being used in ways that provides housing and/or services for people who are homeless. Other denominations that have already embarked on similar paths could be of assistance here.
- Use of land that is under-utilised through possible partnerships. As a number of organisations have embarked on such ventures, their expertise and experience could be of considerable benefit in working through relevant issues.
- Assistance provided to interested parties by Diocesan Building Advisory Services in the form of advice and support regarding funding, building requirements and negotiations. This would be of significant benefit to bodies, including parishes, wanting to examine their options for addressing the needs of marginalised groups.

### **10.6 Problems for Aged Care Providers**

A number of problems facing aged care providers were identified. The financial challenges to agencies were considered very real and genuinely impacted on the viability of care available. The

regulatory atmosphere created by funding bodies also created a fear of stepping outside normal practices of care. A critical need for appropriate Diversional Therapy for older homeless people is not recognised and specific funding is not available from government sources.

#### **10.7 Respect for Older Homeless People**

The complexity of the system is apparent for all consumers of aged care services. This is not a problem peculiar to those in greatest need. Those people with high complex needs were considered potentially challenging to some service providers. However, it was the view of the forum that each person deserved to be respected for his or her unique qualities and needs. The question/challenges of what defines ageing impacted on the eligibility criteria for some people. For example, in the homeless population people aged between 40 to 50 can be considered 'old'. However, under age eligibility criteria they are prevented from accessing some services.

#### **10.8 Service Responses**

Developing multi-faceted plans and community packages in aged care were identified as possible courses of action to pursue. For example, larger organizations could sponsor community aged care packages available to smaller homeless agencies.

#### **10.9 Ongoing Opportunities to raise Issues**

Time constraints at the Forum only allowed the raising of a few issues and concerns. This highlighted the need for agencies to have ongoing opportunities to explore ways of responding to the report's findings. It was suggested that any future meetings could be held at the various agencies as a way of people familiarising themselves with the activities of others. The importance of instilling a spirit of curiosity - a process of questioning possible ways of moving forward - was emphasised.

## **11. Conclusion**

The unmet needs of elderly homeless and vulnerable people are significant. Responding to their unique needs presents a challenge to the Catholic Social Services Sector.

Within the Catholic aged and welfare sectors there are a number of positive and effective service responses that demonstrate ways forward for future service developments. Some agencies have the knowledge, experience and wisdom acquired from being immersed in the lives of elderly homeless people. However, they are struggling to meet the high demand for their existing services and require assistance for new initiatives. Although willing to commence exploring new responses of care in partnership with others the lack of resources mitigates against this action.

As the numbers of elderly homeless people increase over the coming decade the need for a comprehensive Catholic response to the needs of elderly homeless people is urgent. This necessitates a strong advocacy platform aimed at Governments, both Federal and State, which have a clear and fundamental responsibility to fund and address these issues.

There has been significant mention in this document of the role church agencies, religious congregations and faith communities have played in responding to the needs of people who are elderly, vulnerable and marginalised. While many of these developments of agencies have been isolated and local initiatives, they provide an essential and valuable response to this disadvantaged population.

Given the extent of emerging demand for housing, support and residential care, what is now required is a whole-of-Church response that necessitates Diocesan and Congregational leaders, Catholic aged and welfare providers and parishes working together. Catholic Social Services

Victoria is uniquely placed to develop and coordinate this response and will subsequently have a pivotal role in facilitating this movement of advocacy, policy and service development.

## **12. Recommendations**

A critical part of the study was the investigation of possible strategies for addressing the needs of this special group of elderly people. The suggestions from the stage one initial study and from the stage two forum of the Catholic Agency CEOs are taken up by the recommendations. Not all of these ideas have the support of all agencies. They are options for consideration. This section also provides potential actions that will assist in the practical application of each idea.

**RECOMMENDATION 1: CSSV to convene and facilitate discussions with agencies wanting to consider activities of cross-subsidisation**

**RECOMMENDATION 2: CSSV Council to facilitate discussion with agencies able to deliver proposed model of service delivery**

**RECOMMENDATION 3: Council to facilitate activities that would promote agencies to exercise nomination rights for older people and the homeless to an identified number of beds and services**

**RECOMMENDATION 4: CSSV to develop an educational strategy to increase the knowledge and awareness of issues relevant to ageing and homelessness**

**RECOMMENDATION 5: CSSV Council to build on and resource existing work currently being undertaken by the Church and Housing Project**

**RECOMMENDATION 6: CSSV Council to seek opportunities to raise awareness of the needs of this special group of older people**

**RECOMMENDATION 7: CSSV Council to consider activities that would enhance and support existing advocacy efforts of agencies**

## Abbreviations

ACAT	Aged Care Assessment Team
ACSAA	Aged Care Standards and Accreditation Agency
CACP	Community Aged Care package
CSHA	Commonwealth State housing Agreement
DHS	Department of Human Services
EACHP	Extended Aged Care at Home Package
HACC	Home and Community Care
RCI	Resident Classification instrument
RCS	Resident Classification Scale
SAAP	Supported Accommodation Assistance program
SRSs	Supported Residential Services
VHS	Victorian Homelessness Strategy

## Glossary

**Accommodation Bond.** An up-front resident contribution to the cost of accommodation in a low care residence

**Aged Care Act 1997** This legislation applies to all Commonwealth –funded residential aged care facilities as well as to Commonwealth-funded flexible and community care throughout Australia

**Aged Care Assessment Team (ACAT)** A multidisciplinary team of health professionals responsible for determining eligibility for a Community Aged Care Package or entry to residential aged care

**Ageing in Place** The policy of helping residents to stay in one area as their care needs increase

**Community Aged Care Packages (CACPs)** Commonwealth funded individually tailored care services provided to the elderly in their homes who may otherwise require entry to a low care (hostel) residential facility

**Extended Aged Care at Home Program (EACH)** Commonwealth funded individually tailored packages providing high level care at home to elderly people who have been assessed as being eligible for entry into a high care (nursing home level) residential facility

**High Care Residents** A person assigned to classification levels 1-4 using the resident classification scale, previously known as nursing home care

**Housing Linked Packages** Refers to packages that provide care to financially disadvantaged people in designated rental housing developments, including public or community housing, and in secure private rental accommodation

**Low Care Residents** A person assigned to classification levels 5-8 using the resident classification scale, previously known as hostel care. Low level care enables a person to live in a shared facility with meals, laundry and personal care assistance. High level care provides ongoing nursing care as well as meals, laundry, cleaning and personal care, in a shared facility.

**Low Level Residential Care** Refers to general accommodation services provided in residential facilities, such as meals, laundry and room cleaning, together with additional daily personal assistance such as bathing, showering and personal hygiene. Care also includes organising, supervising and administering of medication; toileting and continence management; meal assistance; transfers; mobility; dressing/undressing; fitting of sensory/communication aids; assessment and referral for appropriate support; communication assistance and provision of special diets and emotional support.

**Home and Community Care Program (HACC)** Provides frail older (and other) people with support and services such as meals on wheels, home help, health support and the like.

**Residential Aged Care Service** A service that consists of a number of approved places at a specific location

**Resident Classification Scale** The instrument which assesses a care recipient's care needs. This scale has 8 classification levels ranging from low care (RCS 5- 8) to high care (RCS 4-1).

**Respite care** Provides a break for full time carers supporting a person at home. For people who are aged and homeless it can provide a break away from the ongoing demands of daily survival. Sometimes used as a way a person can check out the suitability of a facility for a longer term option, it also enables the facility to test out the facilities capacity to meet the needs of the resident for the longer term.

**Service outlet** An organization or incorporated body which has been approved to provide Community Aged Care Package services. The outlet also has the responsibility to plan, coordinate and manage the provision of community care services to its care recipients.

**Special needs groups** Section 11-3 of the Aged Care Act 1997 specifies the following people as people with special needs: people from Aboriginal and Torres Strait Islander communities; people from non-English speaking countries; people who live in rural or remote area; people who are financially or socially disadvantaged; and veterans.

**Viability Supplement** Supplement paid to some rural and remote aged care homes and some catering to special needs groups to help them operate in circumstances that might not otherwise be financially viable.

## Web Sites

The following are sites that may be of interest.

<http://www.agedcare.org.au/>

Aged and Community Services Australia (ACSA) is the national peak body for the not-for-profit aged care industry. This site includes a series of useful fact sheets.

<http://www.ahuri.edu.au>

Australian Housing and Urban Research Institute

<http://www.aph.gov.au/library/intguide/SP/agedcare.htm>

“Caring for the Elderly” – an Overview of Aged Care support and Services in Australia, McIntosh G, and Phillips, J. April 2003.

<http://www.ceeh.org/>

The Committee to End Elder Homelessness, Inc. in Boston, Massachusetts, is a non-profit organisation dedicated to the elimination of homelessness among the elderly.

<http://www.chp.org.au>

The Council to Homeless Persons Victoria is the peak body for providers of services to homeless persons.

<http://www.dhs.vic.gov.au/vhs/>

The Victorian Homelessness Strategy is an initiative of the Victorian State Government.

<http://myerfoundation.org.au>

Follow the links to the report, 2020 A Vision for Aged Care In Australia.

<http://www.shef.ac.uk/sisa/homelesslinks.shtml>

Sheffield Institute for Studies on Ageing. This site provides links to international services exclusively for older homeless people, covering England, United States of America, Australia, Canada, Mexico and Hungary.

<http://www.vahec.com.au/>

The Victorian Association of Health and Extended Care (VAHEC) is the peak body for the aged care industry in Victoria.

<http://www.uscatholic.org/cstline/tline.html>

US Catholic: The Busy Christians Guide to Catholic Social Teaching: Part 1 & Part 2

<http://www.wintringham.org.au>

Wintringham developed in the late 1980s as a specialised not-for-profit welfare company to provide housing and care services to elderly frail homeless men and women. It has developed a wide range of resident care facilities, housing accommodation options, community care and outreach services.

## Bibliography

Aged and Community Services Australia fact sheets, <http://agedcare.org.au/factsheets>.

Aged and Community Services Australia, *Submission to Working Towards a National Homelessness Strategy – Consultation Paper*, 2001.

Aged Care Act 1997.

Arbias, Advice to SRS & Accommodation Support Strategy: Department of Human Services, Fitzroy 2003

Australian Bureau of Statistics, *Counting the Homeless 2001*

Bethlehem Community, pamphlet, 2003

Bishop, J. *Investing in Australia's Aged Care: More Places, Better Care*, Department of Ageing, Commonwealth of Australia, 2004

Briar Terrace, *Vision Statement*, 1998

Brotherhood of St Laurence *Brotherhood comment*, November 2003

Camilleri, P. and Winkworth, G. *Disparate and Diverse: Mapping Catholic Social Services in Australia* Australian Catholic University, Canberra, 2003

Catholic Health Australia, *Here for Good*, Advocacy, Policy and Research Plan 2003-2005

Catholic Health Australia, *Residential Aged Care Pricing Review Submission* March 2003

Catholic Homes For The Elderly Inc Annual Report 2002/03

Chamberlain, C. and McKenzie, D. Understanding Contemporary Homelessness: Issues of Definition and Meaning, *Australian Journal of Social Issues*, 1992, 27(4)

Cohen, C. and Sokolovsky, J. *Old Men of the Bowery: Strategies for Survival among the Homeless*. Guildford: New York, 1989

Commonwealth Advisory Committee on Homelessness, *Working Towards a National Homelessness Strategy: Response to consultations*, Department of Family and Community Services, Australian Government 2003

Corpus Christi Community, *The Living Spirit of Corpus Christi Community*, 2002

Council to Homeless Persons, *Overview of Homelessness*, Fact sheet 1, 1998

Crane, M. *Understanding Older Homeless People: Their circumstances, problems and needs*: Open University press, Buckingham, United Kingdom, 1999

Crane, M. *Policy and Programmes to Meet the Needs of Elderly Homeless People*, Parity Volume 13, Issue 2 2000

Crane, M. and Warnes, A. M. *Meeting Homeless People's Needs: Service Development and Practice for the Older Excluded*. The King's Fund, London 2000

Department of Family and Community Services, *SAAP Monograph 2: Older SAAP Clients*, Commonwealth of Australia, 2003

Department of Health and Ageing: *Aged Care In Australia*, Commonwealth of Australia, August 2003

Department of Health and Community Services, *Disability Services Census 1997*, Commonwealth of Australia, 1998

Department of Human Services, *Acquisition of Disability in Victoria-Cause and Extent*, Government of Victoria, 2001

Department of Human Services, *The use of neuropsychological assessments in determining whether a person with an Acquired Brain injury, (ABI) meets the criteria outlined in the Disability Services Act (DSA)*, Victoria 2002a

Department of Human Services, Office of Senior Victorians *Population ageing in Victoria* June 2003

Duncan, B. CSsR, *Launch out into the deep: Why the Pope stresses social concern so strongly*, Summit, September 2001

Faulkner, D. *Ageing, Housing, Social Provision and Wellbeing* Parity Volume 15 Issue 10, 2002

Gray, R. *The Third Wave of Aged Care Reform*, Catholic Health Australia, 1999

Green, D. *Advice to the Department of Human Services on Supported Residential Services*, 2001

#### **Health Services Act, 1988**

#### **Health Services (Residential Care) Regulations, 1991**

Hogan, W.P. *Review of Pricing Arrangements in Residential Aged Care: Summary of the Report*, Commonwealth Department of Health and Ageing, Australia 2004

Hogan, W.P. *Review of Pricing Arrangements in Residential Aged Care: Background Paper No. 1, The Context of the Review* Commonwealth Department of Health and Ageing, Australia 2003a

Hogan, W.P. *Review of Pricing Arrangements in Residential Aged Care, Background Paper No. 2 The Commonwealth Legislative Framework* Commonwealth Department of Health and Ageing, Australia 2003b

Hogan, W.P. *Review of Pricing Arrangements in Residential Aged Care Background Paper No. 3:* Commonwealth Department of Health and Ageing, Australia 2003c

Hogan, W.P. *Review of Pricing Arrangements in Residential Aged Care Background Paper No 4: Historical Perspectives: The evolution of the Australian Government's involvement in supporting the needs of older people*. Commonwealth Department of Health and Ageing, Australia 2003d

- Incerti, K. *Exploring the role of local government in responding to the needs of older people facing housing stress, at risk of homelessness*, Parity Volume 15 Issue 10, 2002
- Judd, B. Kavanagh, K. Morris, A. and Naidoo, Y. *Positioning Paper: Housing Options and Independent Living: Sustainable Outcomes for Older People who are Homeless*, Australian Housing and Urban Research Institute, 2003
- Kane, R. A. Kane, R. I. and Ladd, R.C. *The Heart of Long-term Care* Oxford University Press, New York 1998
- Kilger, B. *Social Responsibility Meets Private Provision in the Rooming House Sector* 2004  
<http://www.parity.infoxchange.net.au/group/noticeboard/items/20070201002b.shtml>
- Lipmann, B. *The Elderly Homeless: An investigation into the provision of services for frail, elderly homeless men and women in the USA, Britain, Sweden and Denmark*, Winteringham Hostels, Victoria, 1995
- Lipmann, B. *New causes and triggers of homelessness among older people*, in Council to Homeless Persons, *There's no place like home: Proceedings of the 2<sup>nd</sup> National Conference on Homelessness*, Melbourne, 1999
- Lipmann, B. *Funding Needs to Come From Many Sources*, Parity Volume 15 Issue 10, 2002
- Lipmann, B. *Opinion*, Parity Volume 15 Issue 10, 2002B
- Lipmann, B. *Winteringham: Providing housing and care to elderly homeless men and women in Australia*, The Journal of Long Term Home Health Care
- Marshall, M. *Rooming Houses: A Victorian Government Approach*, Office of Housing 2004  
<http://www.parity.infoxchange.net.au/group/noticeboard/items/20070201001b.shtml>
- McCallum, J. Calder, R. Walsh, J. Moy, S. Bye, R. and Nakamura, T. *Australian aged care and the new international paradigm*, Australasian Journal on Ageing, vol.20, no.3, supplement 2, 2001
- McIntosh G and Phillips, J. *'Caring for the Elderly' – an Overview of Aged Care Support and Services in Australia* E brief 27 February, 2003  
<http://www.aph.gov.au/library/intguide/SP/agedcare.htm>
- McNelis, S. and Herbert, T. *Independent Living Units: Clarifying their current and future role as an affordable housing option for older people with low assets and low incomes*, Australian Housing and Urban Research Institute, 2003
- Mercy Health and Aged Care Group *Submission to the Review of Pricing Arrangements in Residential Aged Care* March 2001
- Mogg, K. Fr. *Stake Everything on Charity*, Micah Feb 2001
- Myer Foundation, *2020 A vision for aged care in Australia*, Melbourne, 2002

Nash, S. *Assisting Homeless People with Complex Needs Access and Sustain Public Housing* Parity Volume 15 Issue 5 2002

Office of the Public Advocate 2003

Regina Coeli Annual Report 2001-2002

Rota-Bartelink, A. *Homelessness among older people: A comparative study in three countries of causes and contributory factors*, Parity, Volume 15, Issue 10 2000

Shekinah Homeless Services Inc. *Volunteer Program Manual*, 200

Society of St Vincent de Paul, Annual Report, 2002-2003

Society of St Vincent de Paul, *The Vulnerable Elderly Hidden From Society*, Vision Jan/Feb 2004

Southern Cross Newsletter: 5<sup>th</sup> Edition 2003 page 6

St Mary's House of Welcome: *2001 Research Report*

St Vincent's Health Annual Report 2003: Focus

St Vincent's Health *Response to the Review of Pricing Arrangements in Residential Aged Care*, Melbourne, March 2003

Trewin, D. *2001 Census Dictionary – Paper No. 290*, Australian Bureau of Statistics: Canberra 2001

United Kingdom Royal Commission on Long Term Care 1999 *With Respect to Old Age: Long Term Care – Rights and Responsibilities* Main Report and Research Volume 2, The Stationery Office, London  
<http://www.archive.official-documents.co.uk/document/cm41/4192/4192-00htm>

Victorian Association of Health and Extended Care, *Homeless Elderly in Residential Care Issues Paper- Federal Election 2001*

Victorian Association of Health and Extended Care, *Homeless Taskforce Community Care Issues Paper 2002*

Victorian Association of Health and Extended Care (VAHEC), and the Victorian Healthcare Association, (VHA), *“Issues and Challenges for Victorian Public Sector Residential Aged Care Services”*, April 2004

Victorian Homelessness Strategy, *Background Paper: Current Service System* Office of Housing, Department of Human Services 2000

Victorian Homelessness Strategy, *Working Report Homelessness*, Office of Housing, Department of Human Services, Melbourne 2001

Victorian Homelessness Strategy, *Homelessness, Directions for change – A collaborative approach to improving our response to homelessness* Office of Housing, Department of Human Services, Melbourne 2002

Victorian Homelessness Strategy, Information Paper: *Residential Support Responses to Older People who are Homeless or have a History of Homelessness*, Office of Housing, Department of Human Services, Melbourne 2000a

Victorian Homelessness Strategy, Outcomes of Focus Group: *Residential Support Responses to Older People who are Homeless or have a History of Homelessness*, Office of Housing, Department of Human Services, Melbourne 2000b

Victorian Homelessness Strategy, Information Paper: *Support Responses for Older People with Complex Needs who are Homeless* Office of Housing, Department of Human Services, Melbourne 2000c

Victorian Homelessness Strategy, Outcome of focus Group: *Support Responses for Older People with Complex Needs who are Homeless* Office of Housing, Department of Human Services, Melbourne 2000d

Waanders, O. *Why we need a National strategy for the Homeless Elderly* Parity Volume 13 Issue 2, 2000

White, S. *How old is Old? An exploration of health and support needs of older homeless people*, Parity Volume 15 Issue 10, 2002

Wintringham, *Submission to the Review of Pricing Arrangements in Residential Aged Care* 2003

Wright-Howie, D. *Older Homeless people: Hidden and Vulnerable* Parity Volume 15 Issue 1 12 2002