Older Women's Pathways out of Homelessness in Australia

REPORT FOR THE MERCY FOUNDATION

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Acronyms

ABS   Australian Bureau of Statistics

ACHA   Assistance with Care and Housing for the Aged

AIHW   Australian Institute of Health and Welfare

ISSR   Institute for Social Science Research

SHS   Specialist Homelessness Services

HAAG   Housing for the Aged Action Group

HRPA   Homelessness Research Partnership Agreement

FaHCSIA   Department of Families, Housing, Community Services and Indigenous Affairs

FEANSTA   European Federation of National Organisations Working with the Homeless

NAHA   National Affordable Housing Agreement

NRAS   National Rental Affordability Scheme

SAAP   Supported Accommodation and Assistance Program

Executive Summary

This study examines pathways out of homelessness for older women in Australia. It seeks to understand the range of possible responses and program models that would assist in addressing their homelessness. It explicitly intends to inform the service sector.

In Australia there has been increasing attention to older women's homelessness. This attention has been comprehensive with reports in the media, requested briefings by both State and Commonwealth Governments with service providers, peak bodies and researchers on trends and responses, as well as anecdotal reports from service providers of increasing numbers of older women seeking assistance. This focus on older women sits alongside increasing recognition of older people's homelessness in Australia. Following recommendations in the Australian Government's (2008) 'White Paper' on homelessness, there have been legislative changes as well as funding of specialised aged care facilities to specifically address the needs of older people experiencing chronic homelessness. Homelessness has been acknowledged in the aged care reform package, *Living longer. Living better* (Australian Government 2012). There has also been a number of important research projects undertaken all seeking to examine older Australian's homelessness. The increased recognition in Australia is not seen in other countries: there is a pervasive lack of attention internationally to older women's (and older people's) homelessness.

This study aims to contribute to the evidence base about programs and practice models that achieve housing outcomes for older women in Australia. Building on existing knowledge drawn from small but influential research studies undertaken recently on the experiences of older women leading up to their homelessness, this study examines service provision. It draws on new empirical material gathered within Australia and internationally from stakeholders with working practice knowledge in relation to older homeless women. Specifically, the study undertook to:

1. Review Australian and international knowledge of older women's homelessness from research and grey literature. Given the small amount of research literature it was imperative to consider both studies of women's homelessness and older people's homelessness to which older women contributed. This discussion includes patterns from the 2006 and 2011 Census on homeless older women.

2. Empirically seek an understanding of program and practice frameworks in relation to older women's homelessness internationally and within Australia. Semi- structured interviews were conducted with stakeholders in addition to correspondence with a range of researchers and practitioners. The material gained was analysed thematically utilising frameworks from senior's housing and homelessness disciplines.

3. Provide an overview of practice models – both Australian and international - assisting older women out of homelessness.

Key findings from this study include:

1. There is a lack of designated programs internationally for older women. Whilst there are services and programs for older people and women, we are not aware of any specific programs or service models for older women.

2. The context to the previous point is a lack of attention to older people's homelessness internationally. There is recognition of demographic changes with increasing numbers of older people living in poverty, as well as the ageing of the homeless population but this is not resulting in attention to older people's homelessness. There is one peak body in the United States of America (USA) and a number of services for older people within larger programs. There is little attention currently to older people's homelessness in the United Kingdom (UK); the former administration funded a Coalition of Older Homelessness that resulted in substantive policy and practice recommendations.

3. Drawing on a recent national research project carried out in Australia by Petersen et al. (2013), where 44 per cent of the sample of 561 were older women, three pathways into homelessness were highlighted: older women with a conventional housing history, older women who have lived with ongoing housing disruption, and older women who had lived transient lives. The diverse life experiences of women facing homelessness in their later years are highlighted and provide a framework for considering appropriate program models. The largest proportion of older women presenting with housing crisis in Australia have led conventional lives, and rented whilst working and raising a family. Few have had involvement with welfare and support systems. With

rapid rehousing it is put forward a large proportion of these older women will continue to lead independent lives.

4. The identification of two practice areas assisting older women out of homelessness. These are:

    *   Services that engage with older women in housing crisis.

        A range of agencies, generic and tailored for older people are considered. Key elements are discussed with the aim of discerning what works well with older women.

    *   Provision of affordable housing.

        The range of housing models including transitional, staircase and permanent housing, all social housing, are discussed. A range of forms of permanent supportive housing operating in Australia and internationally are outlined along with positive and negative attributes.

The key implications arising from this project include:

1. The diverse life experiences of older Australian women in housing crisis needs to be acknowledged.

2. It is essential programs and service providers consider how to engage with older women in housing crisis. The nature of this engagement is linked to the current circumstances and life experiences including culture of the women.

3. The models of housing advocated by the homelessness sector and by senior's housing sector are compatible. This model, permanent supportive housing, has been subject to international evaluation for people who have experienced chronic homelessness and is appropriate for older women of all backgrounds.

4. There are a range of forms of seniors housing – retirement village style, high density units, and a range of shared accommodation models. Furthermore, the level of support is tailored to the needs of the residents – this ranges from tenants accessing community aged care if needed to case management and a high level of psychosocial support. Furthermore, residential aged care is appropriate for women with high care needs.

5. Practice with older people is underpinned by a comprehensive assessment alongside a relationship focus. There is a recognition that addressing a housing crisis relies on supporting other parts of a person's life including social, health and legal aspects to ensure wellbeing.

6. This study has identified that older women's homelessness requires further exploration. A disparity exists in Australia of our enumerations of older women's homelessness and the trends identified by service providers who work with older women. There is international recognition that (older) women's homelessness is hidden and researchers need to engage innovatively with this social problem to examine the extent and nature so that they can, like the wider population, age in their communities.

1 Introduction

This study examines service responses and innovative models tailored for older women who have experienced homelessness. Older women's homelessness has only recently been on the practice and policy agenda and the overall picture we have is scant. Both from Australia and internationally, there is limited research documenting the nature and scale of older women's homelessness. Similarly, almost no published research has examined how, or if at all, older women experience homelessness and homelessness services differently from other groups, such as older men or younger women for example. Within this context of a limited empirical base, there is a lack of evidence which considers or demonstrates the nature of service provision and housing models to enable older women to achieve pathways out of homelessness. The empirical research challenge for this study, therefore, is to examine service responses and models in a relative vacuum of information. There is a need to recognise and address this considerable gap in gender specific research in relation of older women experiencing housing crises. Important factors like the interplay of geography, cultural background, migrant status and family circumstances need to be part of a research agenda.

The vacuum of information is compounded by the theme within all reports and research describing older women's homelessness as 'hidden' (Baptista 2010; Edgar & Doherty 2001; Wardhaugh 1999; Watson & Austerberry 1986). Yet we know from the Australian Census enumeration that 36 per cent of older homeless people are women. Second, if we take into account service record data from Assistance with Care and Housing for the Aged (ACHA), the key Australian agency working with older people in housing crisis, we know older women are approximately half of their client base and that this has been consistent over many years.

Attention to older people's homelessness in Australia provides us with factors that are likely to impact on older women. The demographic changes occurring within Australia with the cohort aged over 55 years are an important context for considering older women's housing. In addition, the proportion and numbers of older people renting in the private market is increasing. Drawing on data from the 2006 and 2011 Census, Table 1 shows that the number of older women renting privately has increased from 91, 549 women to 135, 174 women.

Table 1: Older people in private rental by gender, 2006-2011.

	2006		2011	
	Number	**%**	**Number**	**%**
Men 55yrs+	143,799	5	200,680	6
Women 55yrs+	91,549	3	135,494	4
Total	**235,348**	**8**	**336,174**	**11**

Source: Customised table from ABS TableBuilder 2006 and 2011. Counting: Persons Place of enumeration.

Notes 1) 2011 data from TENLLD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'rented: real estate agent' + rented person not in the same household" + 'rented: Other landlord type' + 'rented: landlord type not stated'. 2) 2006 data from LLDD, by States, person aged 55 years and over, and RPIP reference persons, excluded Other household member, Not applicable, and Overseas visitor. Private Rent combines 'real estate agent' + 'person not in the same household-parent/relative' + 'person not in the same household - other person' + 'residents at park (includes caravan parks and marinas).

These figures are unlikely to include many people living in substandard rental accommodation. It is a difficult process for the ABS to enumerate people renting in a garage or under a house; these renters are likely to be counted with the tenure of the owners. The pattern of increasing numbers of older women living in private rental is part of a wider concern expressed by Jones et al. (2007) in relation to housing affordability and risk of homelessness for older Australians.

This report contributes to our understanding with the provision of valuable qualitative data about the range of service models in Australia and internationally in addressing older women's homelessness. In particular, it will provide an understanding of the underlying principles of the different service models, and the conditions and contexts in which they apply. This is timely information given the current focus in Australia's policy and service sectors on addressing and preventing homelessness.

1.1 Research questions and aims

This study aims to examine a range of program models and housing options effective in preventing or resolving older women's homelessness. This is conducted in the context of an underdeveloped understanding of older women's homelessness across the western world and a very limited evidence base in relation to service provision. This report addresses the research questions:

> *What service and program models address older women's homelessness?*

To answer this, the following subsidiary questions will be examined:

1. *What program models and housing options are operating for vulnerable older women in Australia and internationally?*

2. *What is the mix of roles of sectors, especially women's services, specialist homelessness services and aged care providers assisting older women in housing crisis?*

3. *What are the critical features that contribute to positive outcomes for older women in housing crisis?*

4. *What are the learnings about the outcomes of different programs for vulnerable older women?*

1.2 Research approach

This research involved two phases: a literature review and qualitative interviews. The review of literature included peer reviewed scholarly research and policy and program documents. Three alternate approaches were undertaken including searching peer reviewed literature in databases; a search of Google Scholar to identify peer reviewed articles, theses and unpublished reports, and an internet search to locate service provider and peak body websites detailing program details, and service and housing models. Given the lack of scholarship on older women and homelessness this review considered literature relating broadly to older people and women respectively. Key words included older women, older people, and women as well as elderly, older adults, and homelessness. Whilst it is acknowledged that internet reviews are limited, the lack of rigorous research on older women's homelessness provides a rationale as well as enables consideration of leading agencies working in the sector. The countries that featured in the searches included the United States of America, the United Kingdom, and countries in the European Union.

The empirical phase involved semi-structured interviews with representatives from peak bodies and service providers in the countries identified in the academic and grey literature reviewed. Further to this, the empirical material was extended by the recent work conducted by Petersen, Parsell, Phillips & White. Petersen and colleagues have recently undertaken a national study on older people's homelessness with a particular focus on prevention (Petersen et al. 2013). Petersen & Jones (2013) have also undertaken Australian Government funded research through the Homelessness Research Partnership Agreement (HRPA) between the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Institute for Social Science Research (ISSR), University of Queensland on policy in relation to older people's homelessness. In addition, Parsell is currently undertaking research on

supportive housing models in Australia (Parsell 2013). The involvement of the authors in the Mercy project and the AHURI and HRPA projects enabled drawing on multiple concurrent data sources; this lessened the impact on service providers participating in a number of research projects by the same researchers.

An understanding of program models for older women who had experienced homelessness was sought in the community and public housing sectors, aged care providers, and specialised older people's homelessness programs within Australia. Also, spokespeople from international peak bodies working with vulnerable older people as well as scholars researching in this area were sought. We undertook interviews and correspondence with key stakeholders in Europe, the United States of America and England to provide a comprehensive exploration of the older women's homelessness. Following on from detailed correspondence with fourteen stakeholders, eight semi- structured interviews were conducted. All interviews sought to explore participants understanding of, and approach to working with, older women in housing crisis. As will be outlined in the report, there is little attention to this social problem internationally and specialised knowledge was difficult to attain.

The interviews and correspondence with Australian and international stakeholders whilst tailored to the role of the interviewee (Peak Body Executive, Academic, Social Worker, Not for profit Manager) had consistent themes. The questions focused on the characteristics of the services with older women; the life circumstances of the women they are working with; program and practice models; what informed program models; housing design; what informed the housing form; understanding the local context including private rental market and social housing availability; the nature, if any, of onsite support; and good practice.

The data collected for this study included details from correspondence, transcriptions from interviews, and document analysis of peak body and service provider web sites. The interview transcripts were analysed thematically to draw out the merits or otherwise of the program and housing models. The nature of the program was coded thematically according to the form and function of the service and of the housing provided – crisis, transitional, age specific, gender specific, and permanent housing.

The study received ethical clearance from the University of Queensland's Behavioural and Social Sciences Ethical Review Committee. All interviews were conducted with people in their professional capacity. Informed and written consent was obtained from all participants.

1.3 Overview

There are two essential elements that underpin this report. The lens of gender and life course is considered integral to addressing the research questions. A gendered lens is required to explore older women's homelessness. In addition, life course theory represents a useful means to explore the diverse and complex nature of housing exclusion experienced by older women over time.

In this chapter we have outlined an overview of the research purpose and approach. This has included an introduction to the study and details of the research aims, questions and methods.

The following chapter presents a detailed review of Australian and international literature that examines older women's homelessness. This review is a context and includes the enumerations of older women's homelessness drawn from the 2006 and 2011 Australian Census.

The findings concerned with first, second and third research questions are outlined in Chapter 3. This material is drawn from interviews and correspondence with stakeholders, and includes descriptions of program models and a discussion of service elements that engage with and meet the needs of older women experiencing a housing crisis.

The final chapter, Chapter 4 discusses the program and policy implications of this study. Four issues drawn from the study are discussed in terms of implications for service responses for older homeless women in Australia. The report concludes by identifying the major gaps that persist in our knowledge of older women's homelessness and indicates areas in need of further research.

2   Nature and extent of older women's homelessness

This chapter presents the literature that examines the nature and extent of older women's homelessness. First, the Australian and international research literature is discussed to provide a context. The latter part of this discussion draws on data from the Australian Census to indicate the extent, demographics and geographical distribution of older women's homelessness in Australia. Older women's engagement with the homeless service sector follows this discussion, and will include data from the data collections of the SHS and ACHA as they relate to older women clients. This chapter addresses the following research questions:

1. *What program models and housing options are operating for vulnerable older women in Australia and internationally?*
2. *What is the mix of roles of sectors, especially women's services, specialist homelessness services and aged care providers assisting older women in housing crisis?*

It is important to note that the age of 55 years will be used in this project. It is acknowledged that the Mercy Foundation sought this research to be framed for women aged 60 years and above. However, the Australian Bureau of Statistics (ABS) homelessness figures drawn from the Census and data from the Australian Institute of Health and Welfare (AIHW) on Specialist Homelessness Service (SHS) do not match this preference and necessitated using 55 years. The discussion and recommendations will be mindful of the Mercy Foundations preference to concentrate on a slightly older cohort of women.

2.1   The pathways to homelessness

The relationship between the feminisation of poverty and homelessness is a key message in international reports on women and homelessness (Edgar & Doherty 2001). Shifts in our social climate including women's search for financial and personal independence, the decline of the nuclear family and the increase in single person households, increasing longevity with rising numbers of women reaching very old age, changing migration patterns and access to housing are all identified by Watson (2000) in shifts in the gendered nature of homelessness. Baptista (2010) expands this with particular mention of the persistence of gender pay gaps and the occupational and sectoral gender segregation (in the context of Europe). It could be argued this applies more to younger women but recognition of continued disadvantage over the life course have culminated in few resources and employment prospects for older women.

There are a small number of influential research projects undertaken in Australia (McFerran 2010; Sharam 2008) which directly note the structural disadvantages faced by older women. The authors consistently note the entrenched financial disadvantages faced by women and how this impacts on women's housing choices. By considering life course, the housing vulnerability of older women can be seen in relation to earlier life experiences particularly education opportunities and work history. This culminates in Australian women in their middle and later years having few resources and in some cases being at risk of homelessness (Tually & Beer 2007). Researchers concerned with women (of all ages) and homelessness emphasise structural issues as well as the predominance of violence (Burke and Pinnegar 2007; McFerran 2010; Robinson & Searby 2006; Sharam 2008; Tually et al. 2008;). Kisor & Kendal-Wilson (2002) highlight that a frame is attached to older women experiencing homelessness that they are substance abusers, mentally ill and untreated, irresponsible or incompetent. They assert that individual dysfunctional view hinders the importance of structural factors including violence against women, shortfalls in public housing, and economic factors particularly the high cost of rental accommodation. Their study, accessing client records over 13 sites in the United States of America (USA), found the women were living below the poverty line, not well connected to services and half were receiving mental health and substance abuse assistance. As summed up by Tually et al. (2008), women from all backgrounds are structurally vulnerable to housing insecurity and homelessness due to violence.

Shinn (2007) points out that social policy and social cultural beliefs and practices, particularly with respect to social exclusion, are critical to understanding rates of homelessness. She proposes that individual characteristics interact with policies and patterns of social exclusion, to influence who becomes homeless. Interventions to reduce homelessness at one level (e.g. housing policy, income maintenance levels) can counteract vulnerabilities at a different level (e.g. individual risk factors such as poor health) (Busch-Geertsema et al. 2010; Shinn 2007).

The complex interaction of structural and personal factors as an explanation of homelessness has varied over time and according to the viewpoint of the researcher (Fitzpatrick & Stephens 2007). The 'new orthodoxy', based on robust research evidence, posits homelessness as the outcome of a dynamic interaction between individual characteristics and actions and structural change (Busch-Geertsema et al. 2010, p. 3). Homelessness is being increasingly understood as a process, with different routes into and out of homelessness for different people (Chamberlain &

Johnston 2011). It is increasingly evident, largely from longitudinal research, that homelessness is more likely to be temporary rather than permanent (Busch-Geertsema et al. 2010). The metaphor of pathways is useful, not only as a means of thinking of entering and exiting homelessness, but also as a means of framing the diversity and complexity of homeless peoples' lives. Petersen et al. (2013) in a recent research project outline three pathways for older Australians who are homeless or at risk of homelessness. This provides not only a useful but contemporary understanding that can inform the pathways experienced by older women in Australia. This report argues that pathways as it relates to older women's homelessness must not only account for age and gender but also cultural background and geography. The women's life course is also integral. The next section draws on the literature as it relates to homeless older women and then moves to discuss older women's interaction with the service sector. This material draws on a gendered analysis, as a means of developing an understanding of factors as they relate to all homeless older people, are experienced differently by older women. Research on older people's and women's homelessness is included as the studies are inclusive of older women.

2.1.1 Older women and homelessness

Research in Australia and internationally highlights the integration of individual and structural factors in understanding the causes of homelessness amongst older women (Crane & Warnes 2010; McFerran 2010). With increasing attention to the needs of older women experiencing homelessness in Melbourne and Sydney, two exploratory research projects recently undertaken assist in understanding the particular circumstances of urban older women (McFerran 2010; Sharam 2008). Research to date on older women and homelessness has largely been commissioned by community agencies as they have experienced increased referrals for the provision of appropriate housing and support for older women (Kliger et al. 2010; McFerran 2010). Research in Victoria and New South Wales has highlighted a lack of service options for older women who are homeless or at risk of becoming homeless (Kliger et al. 2010; McFerran 2010; Murray 2009). Batterham et al. (2013) note this is particularly so for older women in rural areas. In short, homeless older women have become a poignant symbol of housing insecurity within Australia. The Australian research to date highlights the aforementioned interaction between poverty, violence, gender and homelessness. The social and economic disadvantage for women living alone obstructs home ownership and an ability to compete in the private rental market for affordable accommodation. The women participating in all research projects are clear in their suggestions for overcoming their circumstances, emphasising the need for

affordable and safe housing. Indeed for some the inappropriate housing many women are living in puts them at risk of further violence.

McFerran's (2010) exploratory study challenges many of the perceptions Australia has of people experiencing homelessness and demonstrates the necessity of incorporating housing risk in research on older women and homelessness. McFerran interviewed 31 women aged 45 and older in Sydney and found that the women had experienced multiple disadvantages in their lives, balancing abusive relationships, poor health and economic insecurity. Most had remained independent and working. Many had brought up children. As women living alone in their 50s and 60s, however, they became susceptible to a crisis which put their job at risk, namely a health crisis or age discrimination at work. Batterham et al. (2013) extend this proposition to suggest that financial insecurity in later lives may be more the experience of older women who have been employed in lower paid , precarious employment. These findings are confirmed by international research, in which women (not only older women) saw poverty, limited education, violence and addiction in their families and relatives as the main causes of homelessness (Enders-Dragasser 2010). Murray's (2009) study with women in Victoria, (seven of the 29 were over 40 years of age) highlighted the violence women experience whilst homeless including living in boarding houses and in cheap motels. All women had experienced violence. McFerran asserts women who are older and living alone will be poorer than men their age, less able to maintain homeownership, and less able to compete in the private rental market for affordable accommodation. She states they will be at risk of homelessness, largely as a result of the entrenched social and economic advantage that continues to separate the experiences of women and men (McFerran 2010). These findings are substantiated by Sharam's (2008) work. This qualitative study undertaken in Melbourne interviewed 29 homelessness women (14 were over 45) in relation to their housing careers. Sharam found that structural issues including economic and housing instability rather than personal risk factors linked to their homelessness. The sample, however, excluded women with health (including mental health) problems, and drug and alcohol problems.

2.1.2 Older people and homelessness

There has been increasing attention to older people's homelessness in Australia with a number of research projects being undertaken since the release of the Australian Government's (2008) 'White Paper' on homelessness. Prior to this most of our understanding come from small number of projects. The tri nation study of Crane and Warnes, of which Australia contributed, is the largest scale of these projects. This

research study remains arguably one of the most influential pieces of work on older people and homelessness given its sample included older people across a number of sites in the United Kingdom (UK), Boston and Melbourne. Close to 70 per cent of the 377 people in the sample had never been homeless before (Crane & Warnes 2010) and nearly two thirds (60%) of participants in the Melbourne site were homeless for the first time (Rota-Bartelink &Lipmann 2007). The breakup of a marriage, death of a spouse, financial trouble brought on by retirement and the onset of mental illness were found to be triggers for homelessness amongst this group (Crane et al. 2005). Other subsequent Australian studies draw similar conclusions (Judd et al. 2004; McFerran 2010; Westmore and Mallet 2011). In Petersen et al.'s (2013) Australian study concerned with older people's homelessness, 67 per cent of the sample of 561 had a conventional housing history. This national study identified three pathways into homelessness. The three pathways include: people who have had conventional housing histories; people who have lived transient lives; and people who had had ongoing housing disruption throughout their lives.

There is an emerging body of international research that has reinforced this distinctive pathway - older people who have become homeless for the first time in later life (Cohen 1999; Crane et al. 2005; McDonald et al. 2007; Shinn et al. 2007). Shinn et al. (2007) from the USA uses the descriptor 'conventional lives' as people in this group had largely experienced long periods of employment and residential stability (Krogh et al. 2008; Shinn et al. 2007). In addition, approximately 40 per cent of the sample were willing and able to work, yet they were unable to obtain employment. Shinn et al. (2007) emphasise that at the time of crisis, the most important need of older people was to regain housing.

It is evident in research that disadvantage culminating in homelessness is experienced differently by men and women throughout their life course. For example, in Crane et al.'s (2005) study of older people experiencing homelessness, previous experiences of homelessness were more common amongst men than women, and that men were significantly more likely than women to have been homeless for periods of more than three years. Women are considered to be more likely to have first become homeless after the age of 50 years (Crane & Warnes 2012). Indeed, agencies such as Wintringham house predominately older men who have lived disrupted lives and have complex needs. In contrast, other agencies in Melbourne have reported that women make up more than 60 per cent of their referrals (Housing for the Aged Action Group 2012). In Petersen et al.'s (2013) study, older women made

up 44 per cent of the study's sample of 561 older people. Of the older people who had a conventional housing history, 51 per cent were women; and represented 29 per cent of the people who had lead transient lives and 31 per cent of the people who had lived with ongoing housing disruption (Petersen et al. 2013).

Recent research, funded by the Mercy Foundation, explored gender and locale in relation to older people in housing crisis or experiencing homelessness (Batterham et al. 2013). Following on from previous research (Westmore & Mallett 2011), Hanover sought to explore how men's and women's pathways into homelessness differ and the impact location has on different experiences. This project found there were more similarities amongst men and women across both rural and urban locations. A project being undertaken with rural older women (Darab & Hartman 2012) as well as the national longitudinal study on housing stability and instability (Scutella & Johnson 2012) will likely develop a greater understanding of the housing and homelessness experiences of older women.

On the other hand, there is research that suggests that risk factors faced by men and women can differ, resulting in different pathways to, and experiences of, homelessness. For example, in Canada and the United Kingdom, factors such as eviction, loss of a spouse, and loss of income are commonly cited as reasons for older people's homelessness, but are experienced differently by men and women. Whilst homelessness amongst women is more likely to stem from family crises such as separation, widowhood or domestic violence (Bowpitt et al. 2011), research suggests that for men it is often due to work related challenges such as loss of employment (McDonald et al. 2004). Indeed, even when a family event is cited as triggering homelessness, the underlying circumstances may differ between men and women. For example, in a UK study looking into men's and women's (of all cohorts) experiences of homelessness, Bowpitt (2011) found that men were more likely to abandon their accommodation due to complex family issues that they found intolerable, whereas women were more likely to flee for their safety due to such issues as domestic violence.

Most of what is known in Australia about older people that have experienced long term homelessness throughout their lives has been gathered from the Wicking Project. This action research project conducted at Wintringham, Melbourne focused primarily on models of care for older people with complex needs. The project outlined the challenging behaviours that can occur as a result of alcohol related dementia and brain injury, or what is known as an Alcohol Related Brain Injury (ARBI) (Rota-

Bartelink 2012). Findings from the project suggest that the older people in this group of chronically homeless individuals are more resigned to their homelessness than those who had not had prior experience of homelessness (Rota-Bartelink 2007). The qualitative study of Kavanagh (1997) with men living in boarding houses in inner Sydney also found trauma in early life alongside chronic problems with alcohol, mental and physical disabilities as well as multiple deprivation. The Wicking project recommended housing models for this group of individuals should be comprised of supported accommodation and residential care models; now a well-established form of service provision run by Wintringham and Mission Australia. Recent work showed that 30 per cent of older people who have lived with ongoing housing disruption throughout their life were older women (Petersen et al. 2013). This included living in marginal accommodation such substandard caravans, boarding houses and couch surfing.

This group, referred to as chronic, long term or multiple exclusion homelessness in the literature (Fitzpatrick et al. 2011), consists of individuals with complex needs including substance misuse, poor physical and mental health, and possible limited insight. It is not uncommon for people in this group to have spent significant periods of their lives in institutions such as orphanages, mental health hospitals and prison. The iterative homelessness that they experience also results in use of crisis accommodation, marginal housing and day centres. The first project dedicated to older people's homelessness conducted in New York during the 1980s provided an understanding of older men living on the streets and in crisis shelter (Cohen & Sokolovsky 1989). Our understanding of long term homeless people continued to be informed by studies from the USA - Cohen followed up with a study of older women (Cohen et al. 1997) and then the work of (Douglass et al. 1988) in Detroit, and Kutza (1987) and later Keigher and Greenblatt (1992) in Chicago. All studies highlighted the multiple exclusion experienced by this group over many years of their lives. The most recent work in USA whilst not exclusively focused on this group reinforced the disruption and disadvantage experienced by this group early in their life (Shinn 2007).

The health concerns of older people experiencing homelessness are also of paramount concern. There is a substantial body of data garnered from research in the USA highlighting the prevalence and severity of health problems amongst the older homeless population and the barriers that they frequently face when receiving care (Padgett et al. 2006; Shinn et al. 2007; Watson 2010; Watson et al. 2008). Studies in Boston and San Francisco have shown that rates of 'geriatric conditions' amongst homeless people are two to four times higher than the general over 50 population

(Brown et al. 2012). Also germane is the higher rate of mortality amongst long term street homeless people (O'Connell 2005). The large study in the UK on multiple exclusion homelessness is providing a clearer understanding of early trauma in people's lives and how this is linked to homelessness at an early age and consequent health and substance abuse concerns (Fitzpatrick et al. 2013). Further to this, the risk of violence and mental stress is also considerably higher when someone is living in an unsafe and insecure environments (McFerran 2010; Westmore & Mallet 2011). Both men and women commonly experience violence and victimisation on the streets (Bowpitt et al. 2011) and research shows that assaults are common amongst older women in marginal housing (Murray 2009).

Family can be a protective factor from homelessness (Gonyea et al. 2010). However, a consistent finding in the research into older homeless people is that they either have no contact with family or contact is very limited (Faulkner 2007; Kavanagh 1997). This lack of familial support is a consistent finding across western countries (Crane et al. 2005; Gonyea et al. 2010; McDonald et al. 2007). However, the work of Petersen et al (2013) in their national study found that family breakdown due to carer stress, overcrowding and conflict resulted in older people being in housing crisis. Of the older people that had a conventional housing history, 20 per cent had been living with family before being at risk of homelessness (Petersen et al. 2013). Older women outweighed older men as having formerly resided with family.

The loss of a spouse through death or separation is widely accepted as an event that can potentially trigger a housing crisis, particularly because the resulting loss of income can impact upon the remaining partner's ability to pay their rent (Crane et al. 2005; Judd et al. 2004; McFerran 2010; Westmore & Mallet 2011). A common experience shared by many vulnerable older people is that of social isolation, particularly due to financial problems that make it difficult for them to get involved in social activities. However, not all individuals want, or are able, to seek assistance from family and friends (Rota-Bartelink & Lipmann 2007; Westmore & Mallet 2011).

In conclusion, it is evident that scholars in the area of older people's homelessness have conceptualised two pathways into homelessness in later life: people who have been homeless for many years, referred to as 'long term', and people who become homeless for the first time in their later life, referred to as 'first time' (Crane & Warnes 2012; Shinn et al. 2007). In this section we provided an overview of the two pathways into homelessness for older women. We demonstrated how an understanding of

pathways, evident in both Australia and overseas, provides a clear erudition of the distinctive nature of older women's homelessness.

2.1.3 Official count of older women's homelessness in Australia

There are interconnections between the argument that women's homelessness is hidden and the enumeration of this social problem. We understand that older women's homelessness is largely not characterised by rough sleeping and as such official counts are limited given vulnerable older women are more likely to be staying with friends, living in a car, living under the threat of violence in their home or physically 'hiding'. This leads writers to note that care must be taken in noting the nature of older women's homelessness and how the significance of the problem is assessed; older women are more likely to be statistically invisible in data systems.

The recent changes in the definition of homelessness by the Australian Bureau of Statistics contributes to a comprehensive understanding of housing exclusion as it effects (older) women. The meaning of 'home' as a place to enable stability, security, safety, privacy, and the ability to control one's living space (Mallett 2004; Parsell 2011) is a core feature in Australia's official definition of homelessness (Australian Bureau of Statistics 2012). The definition focuses on 'home'lessness as opposed to 'roof'lessness (Australian Bureau of Statistics 2012). Being defined as homeless does not only occur when a person does not have a roof over their head. Individuals are also considered homeless if they do not have suitable accommodation alternatives; if their current dwelling is deemed as 'inadequate'; if their accommodation has no tenure or if their initial tenure is short or cannot be extended; or if they do not have control of, and access to, space for social relations (Australian Bureau of Statistics 2012, p.11). Baptista (2010) comments that ETHOS, the European Typology on Homelessness and Housing Exclusion, from which Australia's definition is closely linked, may represent important progress in improving the visibility of some gendered forms of homelessness.

There is concern that homelessness is at a demographic crossroad (Culhane et al., 2013). This argument is linked to the ageing of the homeless population as well as the increase in the numbers of people in the older cohort. It is difficult to draw out these points in the Australian context as the Census enumerations of homelessness accounting for age and gender are only available for two successive enumerations, 2006 and 2011. On the basis of the available data homelessness patterns for older

women across two censuses can be outlined. This provides an important context to this study.

Table 2: Number and proportion of older homeless women, 2006-2011.

	2006			2011	
Age	Women			Women	
	no.	%		no.	%
55-64	2,603	3		3,095	3
65-74	1,298	1		1,320	1
75 and over	871	1		915	1
Total over 55 years	**4,772**			**5,330**	

Source: ABS, 2006 & 2011 Census of Population and Housing: Estimating Homelessness, 2049.0

As seen in Table 3 of the 105,237 people enumerated as homeless on Census night in August 2011, there were 14,851 people aged over 55 years. In 2006, there were 12,461 people considered homeless in this age group. This increase of 2,390 persons represented a slight drop in the rate per 10,000 of the homeless population from 15.4 in 2006 to 14.6 in 2011.

Table 3: Change in homeless categories amongst older men and women, 2006-2011.

	2006	2011
Men 55 years and older	7,688	9,521
Women 55 years and older	4,772	5,330
Total 55 years and older	**12,461**	**14,851**
Total Homeless	**89,728**	**105,237**

Source: ABS, 2011 Census of Population and Housing: Estimating Homelessness, 2049.0.
Note: Cells in this table have been randomly adjusted to avoid the release of confidential data. As a result cells may not add to the totals.

The Census figures do show us that homelessness as enumerated is experienced differently by men and women in the older cohort. Older men largely make up the numbers older people sleeping rough and staying in boarding houses (Petersen & Jones 2013). As seen in Table 4 older women, on the other hand, do not generally live in boarding houses and according to the Census enumeration are decreasing in numbers in this accommodation. There is evidence from Australian research of the violence (further violence) that women experience in boarding houses (Murray, 2009).

Recent research from Chamberlain (2012) in Victoria has highlighted the number of illegal boarding houses in Melbourne and other parts of Victoria most of which are likely to be recorded as private dwellings and not boarding houses (non-private dwellings) in the Census count.

Table 4: Change in homeless categories amongst older women, 2006-2011.

	Older Women			
	2006	**2011**	**Change**	
Improvised dwellings, tents or sleeping out	408	372	-36	↓
Supported accom for homeless people	571	781	210	↑
Staying temporarily with other households	1,588	1,708	120	↑
Staying in boarding houses	935	874	-61	↓
Other temporary lodging	66	90	24	↑
Persons in severely crowded dwellings	1,196	1,519	323	↑
All homeless 55+	**4,772**	**5,330**	**558**	↑

Source: ABS, 2011 Census of Population and Housing: Estimating Homelessness, 2049.0.
Note: Cells in this table have been randomly adjusted to avoid the release of confidential data. As a result cells may not add to the totals.

Our knowledge in Australia on older women and homeless is growing but there remain gaps in our knowledge and inconsistencies between practice reports and official records. The discussion moves to consider service provision for older women vulnerable to homelessness.

2.1.4 Service sector
The rationale behind this section rests on the observation that older women's risk of being homeless can be lessened by the way welfare and housing systems work and interact with older women. There is limited evidence about the appropriateness of support services for older homeless women. This sector draws on literature concerned with women experiencing homelessness and older people experiencing homelessness respectively. Both pools of material identify critical issues that are important considerations for services for older women in housing crisis.

In Crane & Warnes (2005) study of older homelessness people in the UK, Boston and Melbourne, women were more likely to say that their homelessness could have been prevented if service providers and landlords had been more helpful. Most of the

respondents in this study had never been homeless before and had not engaged with this sector. In the research of Hanover, service providers related of the difficulty older people have in seeking assistance. Whilst is it not clear what the reasons are it is put forward that a lack of understanding of the service system and independence as well as the stigma associated with seeking welfare assistance (Batterham et al. 2013). This is a central tenet of the body of work of Crane & Warnes (2005), that older people in need do not ask for help and that most statutory services do not seek out unmet needs and that many older homeless people are reluctant to use hostels and day centres for fear of violence, intimidation and disturbance from younger clients. On the other hand, all Hanover projects highlight that older people do not know where to go for help (Batterham et al. 2013; Westmore & Mallett 2011).

The Hanover study found there were fewer housing and homelessness services available in regional areas relative to demand compared to metropolitan areas (Batterham et al. 2013). The service provider participants in this study also noted that there were more crisis accommodation options for men. Women's services were largely tied to domestic violence services. This is contrasted with the finding that older single men were seen to be a much lower priority in the service system than older single women. As noted by Hanover, the study was small and findings are limited by the size of the project. Fitzpatrick (2005) argues that the (very limited) evidence in the UK on gender and homelessness indicates that women are more likely than men to approach local authorities and housing associations when they find themselves homeless. This assertion relates to women of all cohorts and would thereby include women heading lone parent families.

A number of writers have argued that ageing and homeless service systems have consistently overlooked the older homeless (Cohen 1999; Gonyea et al. 2010). A study undertaken in Chicago found that agencies working with homeless people reported significant growth in the numbers of older homeless people presenting at their agencies (Krogh et al. 2008). The prevalence of older people presenting in housing need was posing significant challenges for the staff who were only just beginning to identify the specific needs and challenges of this population. The researchers pinpointed specific areas in which agency staff needed to be educated to better assist the increasing numbers of older homeless people they were seeing. These included life stage issues, issues around ageing in general, social isolation and grief and ways in which their dignity can be maintained as they age. In Australia, there are similar issues with older people largely not engaging with mainstream housing

support services or specialist homelessness services for housing assistance. Older people are seen to under-utilise the Specialist Homelessness Services (SHS) in Australia – older people represent less than six per cent of SHS clients (Australian Institute of Health and Welfare 2012, p.46).

Australian aged care services have been strongly criticised in the past for failing to engage in the issue of older people's housing needs. 'At risk' older people are most likely to turn to health and aged care services when facing housing problems, yet the staff within the agencies do not have sufficient skills in identifying and working to overcome their client's housing problems (Lipmann 2009). Navigating the complex system of policy and service areas including housing, residential and community aged care, health care and specialist homelessness services is difficult for older services users and professionals alike (Westmore & Mallet 2011). However, there is evidence that the needs of financially disadvantaged older people are becoming increasingly recognised by the aged care sector. The inclusion of homeless older people as a 'special needs' group under the Aged Care Act 1997 is in line with this paradigm shift and a number of policy and funding initiatives in recent years have partially addressed the historical neglect of homeless people in Australia's aged care sector. Within Australia there are 20 residential aged facilities that receive specialist funding, a viability supplement, for accommodating people who had formerly been homeless. This includes 10 in Victoria, five in New South Wales, one in South Australia, two in Queensland and two in Western Australia. Facilities providing residential care for former homeless people is an integral part of strategies to assist older people who have complex health needs as a consequence of 'living rough' for many years. In addition, in the aged care reform package, *Living Longer, Living Better* (Australian Government 2012) there was a clear acknowledgement of older people experiencing homelessness and at risk of homelessness and their inclusion in wider health and aged care portfolios.

From a service provision perspective, however, there remains an underutilisation of the housing and support services by older people in housing crisis. Furthermore, the culture of many homeless services are unsuited to the problems and needs of older homeless people (Crane & Warnes 2005). Crane et al. (nd) presented to service providers within the UK a discussion paper that summarised findings form their extensive work on older people's homelessness. They put forward that more attention is needed in relation to the 'detection' and 'response' of service providers to older people who are at high risk of homelessness. This includes practices such as monitoring and response systems within tenancy support and primary health teams;

the need for collaboration across organisations and how can older people be better informed about services and encouraged to access them. Many of these recommendations are now practiced within the wider service sector in Australia following the release of the White Paper, The Road Home and attention to service integration.

Both Australian and international advocacy highlight the importance of retaining housing, or enabling a quick return to housing for older people. Results from a longitudinal study carried out in the UK (Crane & Warnes 2007) clearly indicate that individuals with stable backgrounds are much more likely to retain housing after resettlement intervention than those with a long history of homelessness. In-home support programs such as community aged care are also stressed as being key to the maintenance of housing. Whilst it is widely recognised that homelessness is not purely a housing problem (Somerville et al. 2011) housing provision is key. A secure home base provides older people with a base upon which they are able to stabilise other areas of their life. A secure home ensures an older person can build and maintain social networks, health care and other long term supports around their home. This is in contrast to the health consequences both physical and mental that are linked to homelessness for older people. Prevention in the first instance, or rapid subsequent rehousing, can effectively avoid such issues.

Hearth, a non-profit organisation, based in Boston USA is specifically concerned with addressing homelessness among older people. Their work is a mix of prevention, placement, and housing programs all designed to help older people find and manage in a home of their own. At the end of 2011, a policy paper undertaken by Hearth with the Corporation for Supportive Housing and Hearth was released after consultation with a wide range of stakeholders. The initiatives rest on the premise that the issues relating to ageing require creative solutions and centre around combining affordable housing and support services. Older adults, the term used in the USA, refers to people aged 50-64 whereas elders are people aged 65 years and over. This work sets out detailed guidelines and well as highlighting issues of concern in the sector in how it engages with older people. The core element in the recommendations is the provision of service enriched housing programs (termed service integrated housing in Australia), that is subsidised rental units with a continuum of care to meet individual's needs. The care, which is tailored to their individual needs after an assessment by allied health and health professionals, is similar to HACC and the Aged Care Assessment Team (ACAT) assessments in Australia. The strategies centre on:

1. Preventing homelessness - recognising the risk factors and high risk times at the time of initial assessment i.e. housing type, period of stay, rent and income comparison, tenure type
2. Rapid rehousing of recently homeless
3. Linking homeless service providers with affordable older adult housing
4. Permanent Supportive Housing for chronically homeless
5. Integrating housing with services i.e. residential care model

The concerns in the sector that are seen as important to address include:

1. Program barriers – communities implement a coordinated assessment process assuming that assigning people to programs will be enough to change outcomes without taking a look at programs services, requirements etc
2. Weak referrals
3. Narrow focus on intake – leave out prevention and diversion resources
4. Lack of evaluation
5. Front door sabotage

During the term of the previous administration in the UK, the Blair/Brown Labour government, there was attention to older people's homelessness. Specialist programs for older people were developed and grew out of concerns that their needs were not appearing in older people's housing and homeless strategies. The UK Coalition on Older Homelessness was a lobby group of housing and homelessness agencies concerned with raising the profile of older homeless people in the UK. This group no longer exists. The Coalition supported a local approach to addressing older people's homelessness. This initiative resulted in a highly developed framework for working with older homeless people. This includes assessment protocols, descriptions of skills and expertise needed, and resettlement options including referrals to other services. A person centred approach alongside a consumer focus is recommended as a means to work with older people (Petersen & Jones 2013).

Within the initiatives in the USA and the UK there are core elements of older people's strategies and program design seen in Australian practice. The clear difference across countries is whether homelessness policy identifies and plans for older people's homelessness and thereby recognises the specialised program and service design required to address their needs. The core elements of overarching homelessness policy apply to older people as well as other populations and include:

1. Housing First. The policy of Housing First has been evaluated to be highly effective in improving the stability and quality of life of highly vulnerable people with complex needs (Fitzpatrick 2009) and in assisting people experiencing first time homelessness and thereby limiting health impacts (Crane & Warnes 2007).

2. Prevention. The difficulties low income people face in accessing affordable housing suggest the appropriateness of prevention and broadening the safety net to enable the rapid access to mainstream housing with appropriate support for people at risk.

The core elements that characterise strategies for older people's homelessness include:

1. Programs are person centred. Person centred practice is the cornerstone of aged care policy and practice in Australia and internationally. In turn, it is considered essential in working with older people living precariously. Indeed, this practice model enables an individual comprehensive assessment.

2. Comprehensive assessment. The circumstances of an older person living precariously are sought and an assessment would incorporate housing needs (including access needs), psycho-social needs and health needs (including mental health, substance abuse). The timeliness of this assessment is also vital and enables putting in place appropriate measures to reduce risk and may include referrals for housing applications, welfare rights, health, community care and support, meals on wheels and social participation.

3. There is an acknowledgement of the differences between older people who have experienced homelessness over many years and those who are experiencing homelessness for the first time in their later years.

4. Housing is linked with support and care. Permanent supported living arrangements permit a level of support linked to the person's abilities and as need increases additional support can be made available. This model is integral to the aged care sector and service integrated housing in the social and market sectors. Service integrated housing applies equally to those older people who have experienced long term homelessness and those experiencing homelessness for the first time in their later years.

5. Interventions to find housing for recently homeless older people are recommended to be swift and immediate and a priority to prevent entrenchment in street life (Cohen 1999; McDonald et al. 2007). There is little research on how countries manage the role of housing and services – service integrated housing as it is known in Australia. This is important for informing evidence based practices as it remains unclear how closely linked housing and services should be.

Whilst the bulk of the above material relates to older people, core elements remain pertinent to older women in housing crisis. There is recognition of the distinctive nature of older people's homelessness and that interventions and services need to tailored to the person's needs and wants. Comprehensive assessments consider not only housing need but the wider concerns integral to a person's wellbeing. A holistic assessment results in interventions that provide housing as well as care and support. The following chapter will consider these issues in more detail.

3 Pathways out of homelessness for older women

This chapter considers how older women are assisted to exit homelessness. The material is drawn from interviews and correspondence with stakeholders, and includes descriptions of program models as well as discussion of the elements of the services that engage with and meet the needs of older women experiencing or at risk of homelessness. Whilst there are services that specialise in working with older people there are few in Australia and internationally that are tailored to work with older women who are homeless. There are, however, gender specific services that work with older women and there are age specific services that also work well with older women from which to draw out important service design elements. This chapter aims to identify the features of innovative practice that can assist in addressing older women's homelessness and addresses the research question:

> *What are the critical features that contribute to positive outcomes for older women in housing crisis?*

The current public and policy concern in Australia about older women's homelessness is not shared in other western countries. There were repeated statements that there:

> Are no discussions on older [homeless] people in the US. (IV 7)

> Really, there is not a lot going on in the US on elderly homelessness, much less elderly women, specifically. I think this will be changing soon, because of the ageing population. (IV 10)

> homelessness among elderly people in Sweden…has not been studied before in this country. (IV 11)

> This is not an easy request for information… in Europe. (IV 12)

This is contrast to homelessness scholars and peak bodies noting that the homeless population is ageing (Culhane et al. 2013).

> Among homeless service providers there a recognition that there's been a greying in the emergency shelters over the last ten years. That includes women as well as men. One distinction that's often observed is that for a lot of the older women who present in shelters they're becoming homeless for the first time in their lives. A much higher percentage of the men have been at it for a much longer time. (IV 8)

There is evidence that more generous welfare systems, with a range of services that aim to promote social inclusion, may be more likely to protect citizens from entering homelessness (Busch-Geertsema et al. 2010). In the UK and parts of Europe, particularly in Nordic States, we suggest that homelessness among older people and in turn homelessness prevention strategies are not a dominant issue or area of public concern because broader structural factors and the welfare state mean that older people's homelessness (and the need to prevent it) is not seen as a problem. In Finland, homelessness has decreased as a result of an ongoing commitment by the government to fund new dwellings and various support services (Haahtela 2013). Homeless women in Finland are a minority amongst homeless people, and they are often young, subjugated to men and threatened by violence. Petersen et al. (2013) made the point that prevention of homelessness can be conceptualised at the broader structural or population level, and it may include the supply of affordable housing or the level of income support – including rental allowances and subsidies.

There is also considerable literature that identifies routes out of homelessness requiring shifts in lifestyles and networks (Boswell 2010). This includes models to assist previously homeless older people with employment and community reintegration. There are examples of programs from the women's refuge sector running programs including training and employment for older women (see Blood 2004). Loneliness has been identified as a significant factor for some older people in precipitating a return to a homeless lifestyle (Willcock 2004). The overwhelming majority of participants in Willcock's study were older men who frequented homeless day centres and night shelter, considered 'hard to engage with'. Consideration of these routes out of homelessness as they apply to older women is beyond the scope of this project.

The material in this chapter is grounded in the Australian context. The discussion includes programs and policies addressing older people's homelessness from Australia and international countries, in particular the USA. As noted above older women's (and older people's) homelessness is not under discussion in many countries in part due to their universal welfare and housing policies. The findings garnered from international sources - peak bodies, academics, and grey literature- are considered in light of Australia's distinctive social welfare system. Australia's welfare system without the universality and social housing infrastructure of some western countries does, however, have a strong health and welfare safety net alongside a clear commitment to community aged care. In addition, there are programs within

Australia that do not have international equivalents; the strengths and restraints of these programs are also considered. There are also distinctive factors within Australia, including the circumstances of Indigenous older women that do not resonate with the international context. The European Federation of National Organisations Working with the Homeless (FEANSTA), arguably the leading international peak body on homelessness does not engage with issues surrounding homelessness for aboriginal peoples. The material presented in this chapter is a starting point for further development of appropriate resources in terms of deepening our understanding of the social problem and designing effective programs to assist vulnerable older women. It is set out in two sections in light of the paramount issues garnered in the literature review: engaging with older people in housing crisis and supported housing. The housing discussion encompasses residential aged care.

3.1 Engaging with older women in housing crisis

We understand many older people in housing crisis had very limited experience of engaging with the welfare sector. We know from Australian research that most older people presenting in housing crisis had not been homeless before and had reported a conventional housing history (Crane & Warne 2005; Petersen et al. 2013; Westmore & Mallet 2011). This poses important questions about the avenues older women may undertake to seek assistance and conversely how they are identified by the wider service sector and linked to homeless organisations. An important facet of this is that many older people often do not perceive themselves as homeless or at risk of homelessness and many workers working with vulnerable older people do not use a homeless discourse choosing to use a discourse centred on housing need (Petersen et al. 2013). Other women, however, who have lived transient or lives characterised by ongoing housing disruption and have lived in various forms of insecure accommodation including marginal housing and crisis accommodation may have had long term engagement with homelessness, health and welfare agencies. As noted earlier older women have different pathways into homelessness and as such pathways out may also be of a different form. A range of models of service provision are outlined below, both Australian and international, as a means of examining how services need to be tailored to the client group.

3.1.1 Specialist homelessness services

In Australia, SHS offer a range of dedicated interventions to assist people who are homeless or are at imminent risk of becoming homeless. The services are on the whole are provided by the not-for- profit sector. Some services are for particular target

groups such as refuges for women and children escaping violence and others are generic and offer services to those who require support. Support services include crisis accommodation, meals, emergency assistance, counseling and assistance with sourcing permanent housing. Older people tend to access the agencies offering generic services but not exclusively. There are approximately 1,480 SHS agencies throughout Australia (Australian Institute of Health and Welfare 2012, p. 1). Under the National Affordable Housing Agreement (NAHA) extensive data has been collected by specialist homelessness services and collated by the AIHW. All SHS agencies reported monthly on their activities; this commenced in July 2011. To understand the extent and nature of the contact of older women with SHS, data from this collection strategy was purchased from the AIHW and analysed. The data covering the period 1 July 2011 to 30 June 2012 provides a current and detailed understanding of older women's engagement with SHS. The data collection reported here focuses on older women who were assisted . The AIHW advises there is considerable missing data with the records pertaining to unassisted people. The data in this section relates to older women defined as aged 55 years and over.

As seen in Table 5, 7,383 women aged 55 years and over presented to SHS in the year 2011-2012. Older women represent 5 per cent of all women clients of this service.

Table 5: SHS referrals of women, 2011-2012.

		Women	Total
Age	**54 years and under**	**127,506**	**214,900**
	% within Age	59%	**100%**
	% within Gender	95%	**94%**
	% of Total Clients	56%	**94%**
	55years and over	**7,383**	**14,346**
	% within Age	51%	**100%**
	% within Gender	5%	**6%**
	% of Total Clients	3%	**6%**
Total	**All ages**	**134,889**	**229,246**
	% within Age	59%	100%
	% within Gender	100%	100%
	% of Total Clients	59%	100%

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

The collection of data in this detail is a recent initiative and as such it is not possible to consider trends in relation to older women's engagement with SHS. Lai (2003) considered Supported Accommodation Assistance Program (SAAP) data for the period 2000-2001 in relation to older people's engagement but defined older people as aged 50 years and over for non-Indigenous clients and 45 years and over for Indigenous clients. Whilst not comparable it is interesting to note Lai reported that men outnumbered women among the older clients and that older women comprised seven per cent of all female clients in that year. Table 5 shows in 2010-2011 older women, where older is defined as 55 years and over, are five per cent of all female clients. SHS remains one of the major programs in Australia that assists homeless women. However, the data above suggests that SHS agencies are not utilised widely by older women.

Table 6 outlines the most common reasons older women sought assistance for when presenting to a SHS. Older men as well as younger women and men have been included in this table for a context. It is evident domestic and family violence for older

women remains the dominant issue for presentation for assistance. Issues around safety remain central to women's housing crises throughout their life course.

Table 6: Top 10 cited reasons for seeking assistance for all clients, 2011-2012.

	Older Women	%	Young Women	%	Older Men	%	Young Men	%	Total (%)
Domestic and family violence	1,938	26	36,855	29	140	2	7,821	9	66
Financial difficulties	1,292	17	14,372	11	1,453	21	11,523	13	62
Not stated	856	12	20,950	16	788	11	17,298	20	59
Housing crises	590	8	12,514	10	830	12	11,164	13	43
Inadequate or inappropriate dwelling conditions	636	9	9,728	8	771	11	7,366	8	36
Other	471	6	6,012	5	506	7	5,475	6	24
Housing affordability stress	354	5	4,851	4	381	5	3,132	4	18
Previous accommodation ended	258	3	4,384	3	487	7	4,714	5	18
Relationship/family breakdown	206	3	6,460	5	190	3	4,736	5	16
Mental health issues	139	2	1,228	1	194	3	1,739	2	8

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

Most clients of SHS seek and are provided with more than one service. An older woman may seek assistance to prevent eviction as well as seeking meals, support and counselling. Table 7 sets out the services older women (and men) sought and what SHS were able to assist with. Most older women were seeking assistance with sustaining their tenancy and thereby preventing eviction. The data suggests it is easier to find emergency accommodation for older men than it is for older women. Service providers interviewed for this project outlined this as an issue:

> The government here is actually saying it's too expensive for accommodation services. Let's put the money into early intervention and prevention and what that means is there is not going to be places for women escaping domestic violence. (IV 3)

Table 7: Needs identified by older men and women, and services provided, 2011-2012

	Older Women			Older Men		
	Need	Provided	% Assisted	Need	Provided	% Assisted
Short term/emergency accom.	1,299	781	60	2,316	1,671	72
Med term/transitional housing	823	272	33	1,186	407	34
Long term housing	1,789	189	11	2,081	226	11
Sustain tenancy/prevent eviction	1,789	1,515	85	1,793	1,536	86
Prevent foreclosure/mortgage arrears	96	67	69	73	47	64
General Assistance & support	6,421	6,265	98	5,980	5,898	99
Specialist Services	1,923	1,487	77	1,897	1,447	76

Source: Australian Institute of Health and Welfare 2012 (unpublished data).

In considering models that respond to vulnerable older women it is important to build on what is working well rather than expecting agencies to be everything to everyone. It is acknowledged within the welfare and housing agencies including SHS that services specialise and concentrate on working with one client group, such as youth and women with children in their care. This focus on specialisation is discussed within the literature, and researchers and practitioners alike advocate for having services dedicated to older homeless people (Crane & Warnes 2005). Indeed many SHS are skilled in working with women, operating women's refuges and women's support services. However, older women without dependent children are precluded from utlilising these crisis and transitional housing options. In relation to general crisis shelters service providers' note:

> Older homeless women are fearful of going to shelters (IV 7)

> Older people are frightened to attend because of the type of clientele. They are also less likely to have a history of IV drug use. They're quite scared of that. I think that's part of the reason they've avoided interacting with those services (IV 6)

On the other hand, there is a strong argument for generic services to be able to assist all referrals. Indeed, this is the position of the 'no wrong door' policy with various State and Territory homelessness strategies. However, just as working with youth there are specialist skills attached with working with older people particularly those with care and support needs. The aged care system within Australia, both community and residential, is a complex system. Agencies with specialist skills in working with older

people, knowledge of the health and disability issues associated with later years, as well as service integrated housing are often needed to provide appropriate housing and support assistance to older Australians living precariously. As with other specialised groups SHS are then in a position to refer to agencies that are skilled in working with older people. It is recognised, however, that older is such a wide cohort, an age of 55 and older (and may include people younger that this who have prematurely aged) and as such older people's needs are not homogeneous. Indeed some clients, part of the older cohort, may find it appropriate to seek assistance with SHS, and the SHS service may be in a position to assist.

3.1.2 Assistance with Care and Housing for the Aged

The ACHA program, operating since 1993, supports older people who are homeless or insecurely housed. The program is funded through the Commonwealth Department of Health and Ageing[1] and implemented through community agencies and aged care providers working within the community. There has been limited data available on the work of ACHA agencies since its inception in 1993. In the past year, however, this has changed with Program Activity Reports released for 2009-10, 2010-11 and 2011-12. There were 58 programs operating; 13 are new services funded in outer regional, remote and very remote areas of Australia. The ACHA program along with the Commonwealth Home and Community Care Program, National Respite for Carers Program, and Day Therapy Centres are to be consolidated under the new integrated Commonwealth Home Support program on 1 July 2015 (Australian Government 2012).

Since its inception is the early 1990s the program has consisted of a number of project types; outreach project, on-site projects and combination projects. The majority of ACHA programs are outreach in nature. The program covers a geographical locale which can include a 'shop front' such as a community centre or migrant resource centre alongside the core outreach role of the worker. Clients self refer or are contacted by ACHA workers after being referred by hospitals, community aged care staff, Centrelink, real estate agents and other agencies. Assistance includes accessing appropriate accommodation as well as linking older people to other services. The overall aim is to support older people to continue to live in the community. It is, however, for some clients a safer and more appropriate alternative for them to live in residential aged care. There are also on site projects which assist

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[1] With recent changes in machinery of Government, responsibility for Ageing is now with the Department of Social Services.

within a designated area of housing. An example of this type of project would be an area characterised by privately run boarding houses. The group of older people this ACHA worker assists may share many concerns – insecure tenure in a disadvantaged urban area alongside complex health concerns. In addition, some projects may have an onsite worker and an outreach worker. The onsite worker may be responsible for intake and telephone assistance whereas the outreach worker is engaging with older people at risk in the community. The respective program type outlined above is linked to the purpose of the program in that site.

Over the past three years of service records the proportion of female clients has remained reasonably consistent.

Table 8: Summary of Assistance with Care and Housing for the Aged Program Activity.

	2009-2010	2010-2011	2011-2012
Clients assisted	3,842	3,858	4,239*
Average cost per client	$1,155	$1,300	$1,094
Average age of clients	67 years	68 years	70 years
Largest group of clients	39% over 70 years ; 70% over 60 years	38% over 70 years; 75% over 60 years	33% 60-69 years; 32% 70-79 years
Length of client service	25% assisted for up to 4 weeks, 28% for more than 6 months	19% assisted for up to 4 weeks, 30% for more than 6 months	14% assisted for up to 4 weeks, 41% for more than 6 months
Gender of clients	49% Women	47% Women	49% Women
Clients with CALD backgrounds	946 (25%)	992 (26%)	1,213 (29%)
Clients with Indigenous heritage	338 (9%)	406 (11%)	202 (5%)

Source: Department of Health and Ageing 2013.

Note: The 2011-12 figure includes 3.979 primary clients and 507 secondary clients (clients living with the primary client seeking assistance). The 2011-2012 data also includes clients who were clients referred between ACHA service outlets; 2011-12 is the first year this was recorded.

The ACHA program is designed and funded on the premise that vulnerable older people have specialised needs. Petersen & Jones (2013) conducted discussions with

ACHA workers across Australia and highlighted the core elements of the program. These facets include:

1. Utilise a person- centred focus. A feature of aged care policy and practice, a person centred focus alongside one on one contact with older clients enables building of trust and facilities undertaking a comprehensive assessment.

2. A comprehensive assessment includes not only housing need but health, family, housing history, care and legal needs. This enables appropriate referrals to be in place to community agencies including legal centres, aged care providers, Meals on Wheels etc.

3. The knowledge base of ACHA workers includes tenancy rights, the systems around a range of public and community housing applications, health knowledge including concerns often associated with older people including dementia, chronic disease, frailty, elder's rights, knowledge of legal avenues in cases of elder abuse, cultural norms, and local accommodation options such as appropriate caravan parks and sensitive real estate agents.

4. The program facilitates flexibility to enable working with older people in a variety of circumstances with the local context. This is seen to be a core strength of the program.

5. The program enables working one to one with a client, sometimes over a period of months to secure housing or support. The role encompasses linking people with suitable housing, referring them on to appropriate services and also offering emotional and practical support including assisting clients in the process of moving their belongings. Older people find it difficult to navigate the housing and aged care systems and assistance is needed to undertake the administrative tasks. In addition, ACHA workers advocate for their clients. Older people are seen to 'accept' the system and do not assert their entitlements or rights.

ACHA is a relatively small program that is not widely recognised by the welfare and aged care sector. Its role in housing older people prevents people being prematurely placed into an aged care facility. Although in place since the early 1990's the ACHA program remains a distinctive service model for vulnerable older people in the international context.

3.1.3 Specialist tenancy service for older people

In Melbourne, the Housing for the Aged Action Group has operated for 15 years to assist older people who are at risk of homelessness. It has a prevention and early intervention focus. HAAG draws on funding from Commonwealth and Victorian Governments across the portfolios of aged care, consumer affairs, and homelessness to provide a number of services:

1. A tenancy service which focuses on private renters and assists when tenants leave their accommodation, bond returns, disputes with landlords, assisting with new accommodation. Older people require advocates to navigate complex housing applications. Funding is from Victorian Consumer Affairs.

2. A retirement housing service working with older people renting in retirement villages including ILUs. HAAG assist with the complex contractual and financial arrangements that are often associated with this form of accommodation. Funding is from Victorian Consumer Affairs.

3. An outreach program, funded through the Commonwealth ACHA program assisting older people at risk of homelessness

4. Funded by the Victorian Government in April 2012 as part of Homelessness Action Plan and the National Homelessness Partnership Agreement, *Home at Last* is a one-stop shop of housing information, support, advice and advocacy. *Home at Last* provides information services to older people in insecure housing (short lease, expensive private market) who need to implement a future affordable housing plan, and intensive assistance to older people with impending risk of homelessness. The design of this service is in line with the aged care policy reforms set out in *Living Longer Living Better.* The single entry point, to assist older people, families and carers in navigating the aged care system, *My Aged Care* reduces the number of organisations and professionals that older people have to deal with. *Home as Last*, with its Victorian focus provides regional information. Whilst operating for under a year the service has had very positive outcomes in assisting older people; and has recently been evaluated.

The team at HAAG place importance on their interface with older people contacting the organisation placing importance of relationship and advocacy skills:

> … it's not enough just to have an information service alone. For it to work with older people because we know that older people they might make the first phone call but if they're not getting anywhere they will often give up. So it's at the point that as soon as

possible we need to link information with advocacy. They need someone to support them. They need someone to empathise with them and they need someone who's going to help them. In a sense hold their hand and help them navigate through whatever system they're needing to get through to get their outcome. So information services alone just won't work. (IV 2)

HAAG is a flagship agency providing a dedicated service to vulnerable older people. Their client base tends to be people who are experiencing economic hardship often linked to high rents. Close to 70 per cent of HAAG's clients are older women. The workers utilise a person centred approach and provide assistance tailored to the circumstances and needs of their client. Their work rests on established relationships with health, aged care and housing agencies with the region. The workers assist older people to navigate the complex aged care, housing, and homelessness services, as well as providing ongoing advocacy for some people. Tailored assistance to vulnerable older people enables them to remain living independently in the community and lessens premature entry to residential aged care. Many clients on resettling with housing remain independent, others draw on mainstream community aged care support. In addition older people, often former clients are part of the agency's membership and assist new clients.

HAAG has drawn together funding from a variety of sources to provide a holistic housing and support service for vulnerable older people in Melbourne. Their specialised skills with older people and strong networks in their region facilitate the positive housing and support outcomes for the clients of their service. The person centred approach with clients and the no wrong door policy are integral factors in working with vulnerable older people (Petersen & Jones 2013).

> The service is fully integrated. I think the critical thing is that we've set up the service so that anyone with a housing problem can make contact and so we've got three workers whose dedicated role is for the intake information and referral so they do the initial assessment of the person's needs. Primarily people are contacting us because their housing is in jeopardy but they might need support from our other services as part of that. So if someone rings up and says "I've got a notice to vacate in 60 days because the landlord wants to sell. I need somewhere to live" so the intake information referral worker does that assessment. They'll try and link the person into either our own outreach service or an external ACHA service where possible. (IV 2)

Alongside understanding of the senior's housing and the social housing sector a vital part of this service is specialised knowledge of the aged care sector. The aged care

sector, both community and residential care, is complex. Similarly, it is important to have knowledge of aged related health concerns such as dementia and frailty. The program's person centred focus facilitates forming relationships with their older clients. This is considered imperative to the success of the program. Many older clients are facing extreme loss and anxiety, ill health, exploitation and humiliation and have little understanding of the service sector. As such the person centred approach is well placed to assist older people in housing crisis. The emphasis on this program is on enabling older people to continue living normal lives by addressing their housing and support needs.

3.1.4 Outreach in hospitals and welfare organisations

There are a number of services, which can loosely be named assertive engagement where workers seek to end a vulnerable person's homelessness. Assertive engagement rests on having agencies having access to appropriate affordable housing or their clients. There are workers within large welfare agencies in Australia working exclusively with vulnerable older people. Workers over time build a relationship with the older people, and with this relationship they are then in a position to assist clients when appropriate with access to health services, community aged care services or more appropriate housing. In one agency, a large welfare agency, workers engage with the older client over a long period of time when they come into their day centre for meals:

> We have a model we call assertive engagement. [Name] and two other workers are out on the floor with clients all day meeting and marketing the services. So it's an education role, it's checking for risk, it's looking at what people's needs are and gradual rapport building which can take weeks or months before someone even gives you a name in some cases. (IV 6)

Characteristically the older clients are living in boarding houses and rooming houses or are sleeping rough. They have a separate place for women:

> So if we've got older women you can see that they don't look comfortable in the dining hall we often refer them to the women's house where they can also have lunch. It's completely separate. It offers case management and a chill out place if they need a sleep and a shower. It's just they're allowed to go in there and make themselves at home really. (IV 6)

This was also evident outside the Australian context:

> Older homeless women are fearful of going to shelters. (IV 8)

In addition to gender specific services there is an acknowledgement that generic homelessness services are not considered safe by older people:

> Our average age here is about 42. I think traditionally funded services the average age is 25-30 and so quite a few services older people are frightened to attend because of the type of clientele. They're also less likely to have a history of IV drug use. They're quite scared of that. I think that's part of the reason they've avoided interacting with those services. (IV 6)

There are similar services operating in emergency departments of hospitals, where multidisciplinary teams of clinicians provide assessment and short term care coordination of people who are homeless. St. Vincent's Health have allied health professionals in ALERT (Assessment, Liaison, & Early Referral Team) to engage with people at risk. Whilst not solely with older people their practice rests on strong relationship skills and access to appropriate accommodation and housing for clients.

Assertive outreach or assertive engagement is carried out in Boston, USA, where outreach workers purposively seek out older people who are living on the streets and in homeless shelters. The staff endeavours to engage with the homeless older people to work towards permanent housing for them. But as noted above this service delivery may require time given older people who have lived with chronic homelessness are:

> sly aggressive …some are very troubled….a very challenged population (IV 7)

3.1.5 Conclusion

In Australia, the work of Batterham et al. (2013), Westmore & Mallett (2011) with Hanover, Petersen & Jones (2013), and Petersen et al. (2013) with ACHA, have mapped the existing service frameworks around older people in housing crisis and concluded that the service systems are complex and daunting. An important function of the services outlined above is assisting older people navigate the systems as well as advocating for housing. The practice framework evident in these agencies is the relationship focus they have with their clients. In addition, the conduct of holistic assessments, longstanding in the aged care sector but fairly recent in the homelessness sector is pivotal.

Comprehensive assessments

A core feature of programs that work specifically with older people is the use of comprehensive assessments. This framework centres on having the person as the core of practice and developing a comprehensive understanding of their needs and wants. It will be argued that this frame represents a strength of service programs; person centred practice enables carrying out interventions tailored to the individual older woman's circumstances. Housing remains central to intervention but it is part of

a holistic framework that includes support and care, income maintenance, health and legal concerns. The context for practice is not without restraints, however. This has long been a critique of the aged car sector; simplifying the systems around care and support for older Australians is a core aim of the aged care reform package, *Living longer. Living better*. (Australian Government 2012).

Australia's longstanding practice of a comprehensive assessment is linked to the ACHA program being part of the Ageing portfolio where person centred practice and assessments are standard. The now non-operational Coalition on Older Homelessness in the UK designed a highly developed framework for working with older homeless people. This includes assessment protocols, descriptions of skills and expertise needed, and resettlement options including referrals to other services. A person centred approach alongside a consumer focus is recommended as a means to work with older people. In the USA,

> [Holistic assessment] is a fairly recent movement in addressing homelessness. As recently as ten years ago most of the organisations in most of the cities that are working on homeless issues would have an organisational philosophy and they would apply that to whoever presented. So for some of them that meant clean and sober was the first step, probably with a Jesus component as well and for a lot of them a job was up next and they would apply that to people who presented at age 60 in the same wat they would with people presenting at age 20. That's changed a lot and the assessment is becoming more and more accepted as a standard. (IV 8)

> In the last ten years in homeless work has been towards coordinated assessment ...and that leads to appropriate interventions. So with homeless older women the interventions that are appropriate are going to vary and the same is true with men. A much higher percentage of the men are going to be chronically homeless so the interventions may tend to be what are appropriate for chronically homeless much more so that for women. (IV 8)

The knowledge base in Australia in relation to practice with vulnerable older women is strong. Australia's designated programs working with older people, some with high proportions of older women, provide valuable program and practice frameworks for engaging and working with this vulnerable group. Whilst these programs are relatively small, with large portions of Australia not serviced (Petersen et al. 2013) the practice models are of an international standard. In addition, there is recognition of older women. As noted by a peak body in the USA:

> There are not specialised facilities for older people. (IV 7)

3.2 Affordable accessible housing with support for older women

Whilst housing is not the only consideration in understanding pathways out of homelessness for older people it is fundamental. In relation to older women, and older people generally it is not only access to housing but also the appropriateness of the housing and support services that is imperative. The recent national study of Petersen et al. (2013) provides a current and detailed understanding of older women's pathways into homelessness in Australia; women who have had conventional housing histories; women who have lived transient lives; and women who had had ongoing housing disruption throughout their lives. Although their pathways out of homelessness may differ, all share a need for affordable appropriate accommodation or housing. The form of housing and the nature and level of support would ideally be tailored to the needs of the older woman. The importance of individual comprehensive assessment outlined in the previous section is key to the effectiveness of this intervention. The importance of home and place long recognised as essential to wellbeing in gerontological literature is supported by homelessness initiatives with their focus on 'housing first', prevention and early intervention to ensure women's residency.

3.2.1 Integrating housing and ageing frameworks

The overriding consideration in assisting older women in housing crisis is the integration of frameworks from aged care alongside housing and homelessness policy (Petersen & Jones 2013). This important feature cannot be overemphasised. It is imperative that older women's housing not be dissociated from the capability to integrate support services that will enable women to age in place. Many older women identified in the pathways outlined in Petersen et al. study (2013) did not require support; they will with the provision of housing be independent. However, other older women require community aged care and support. For both groups of women, however, the ability to age in place is vital; the capacity to have community care requires affordable accessible housing.

Within Australia's aged care policy independent living in the community is at one end of the continuum with high level residential care at the other end. There is a range of forms of service integrated housing in between. Australian aged care is available for people living in the community and as part of residential care, with both low and high levels of care available for people in either locale. Australia over the past three decades has had strong recognition and support of community aged care; this focus is

strengthened in the recent aged care reform package *Living Longer Living Better* (Australian Government 2012). In Australia older residents in many forms of housing irrespective of tenure – suburban houses, public housing units, retirement villages, caravan parks, and rooming houses - can access community care. On the other hand, for some older people residential aged care is the most appropriate form of accommodation. Whilst housing and residential aged care facilities are separate policy portfolios and are conceptualised in very different ways, the former associated with home and independence, the latter with shared living and care this does not reflect the strong interconnection in practice between housing and care for older Australians (Petersen & Jones 2013). Thus this discussion of affordable housing and its impact on older women living precariously includes this entire range of accommodation forms within Australia.

Contemporary homelessness policy shares a focus on suitable, adequate and affordable housing (Busch-Geertsema 2010). Transitional housing has historically had an important role in supporting homeless women. It has assisted women, particularly women leaving trauma such as domestic violence. There remains strong support for transitional housing for women to give them time, safety, a community of women with similar experiences, and a supportive environment with access to appropriate services to assist in recovering from trauma. From there it is proposed women are then able to make decisions about their future housing (Fotheringham et al. 2013). There has been increasing acknowledgement of violence against older women in the past fifteen years (Blood 2004; McFerran n.d). Further, there is advocacy that older women who have experienced domestic violence require a tailored approach largely due to issues surrounding ageing (Blood 2004; Straka et al. 2002). Straka et al. (2002) highlight older women in this situation as sitting between two paradigms with different contexts of practice and different intervention strategies; conjugal violence and elder abuse. There are examples of refuges for older women in Australia with self-contained suites or with nomination rights to accommodation within the community housing sector (see McFerran 2012 p. 17-18). There is current concern within the women's sector:

> We are having cuts to the homelessness sector at the moment which is going to impact on two of the women's refuges here. The government here is actually saying it's too expensive for accommodation services. Let's put the money into early intervention and prevention and what that means is there is not going to be places for women escaping domestic violence. There are people in cars…and they're cutting the homelessness sector.

Several countries use staircase models of services for homeless people. Whilst it emerged in Sweden and remains most developed there, there are services in Australia, Canada and the USA which share traits of the staircase model. These accommodation services use a series of steps for homeless people to be housing ready. Homeless people move stepwise from shelters through various forms of sheltered housing to rented flats (Sahlin 2012). A key feature of the model is that it is possible to 'fail' the requirements, and thereby not move on from one stage to the next, or to be rejected from the program. The requirements often centre on complying with abstinence from alcohol or drugs (Sahlin 2005). The so called staircase models have been criticised for placing unrealistic expectations on people, not letting them progress through the stages and inadvertently perpetuating homelessness (Busch-Geertsema & Sahlin 2007; Sahlin 2005).

An alternative model, widely adopted in the USA, Europe and increasingly in Australia is Housing First. It is essentially providing homeless people, in particular those who have lived with chronic homelessness with permanent rental accommodation alongside tailored support to enable them to live independently. The Housing First strategy, whilst open to different interpretations and at times used as a rhetorical device (Johnson, Parkinson & Parsell 2012), fits well with older women. There is clear recognition in Housing First of bundling support to housing and that permanent supportive housing where services are flexible and linked to the resident's needs and preferences (Stanhope et al. 2012). In the contemporary Australian policy context however, it must be understood that permanency in social housing is no longer guaranteed. Numerous State Housing Authorities have introduced short and medium term leases and position social housing not as a long term arrangement but rather a stepping stone into the private rental market.

Notwithstanding the limitations of social housing constituting a permanent solution for people exiting homelessness, the Housing First approach is seen as a paradigm shift in service approach for homeless people as there is a move from making clients housing ready (as in transitional housing and staircase models) to providing permanent supportive housing. 'Housing First has been embraced in the USA' (IV 7). Housing is not conditional on participation in mental health programs or treatment for sobriety.

Housing First encompasses a form of housing that is suited to homeless people generally not just those experiencing multiple exclusion. Housing First has been subject to robust evaluations with positive outcomes for chronically homeless people

(Pleace 2012). The key elements of Housing First – permanent housing with flexible services depending on the resident's needs and preferences – share the essential elements of seniors housing. Although originating from very different philosophies both link housing with flexible support tailored to the needs of the resident. Within Australia senior's housing literature this form is known as service integrated housing, and refers to all forms of housing for people in later life where the housing provider deliberately makes available or arranges for one or more types of support or care in conjunction with the housing provision (Jones et al. 2012 p. 12). In relation to older women support can therefore take a range of forms with independence on one end and higher level of care at the other. The discussion below outlines a description of models.

3.2.2 Community living

This section outlines a range of permanent housing with integrated support programs that provide pathways out of homelessness for older women. Both Australian and international models that integrate housing and support for disadvantaged older people living in the community are considered with the intention of providing templates that can assist in addressing later life homelessness for older women. Within gerontology there are discussions about specialised housing designated for older people only alongside the merits of wider integration of older people's housing within the community. A further consideration is that older homeless women are a diverse group and includes those experiencing multiple exclusion and those experiencing homelessness for the first time in their later life. For these reasons there is unlikely to be one model that suits all women; diverse models of housing with support are needed to suit a range of women. The programs outlined below are cited as examples of models of supported housing; this chapter is not exhaustive nor an audit of supported housing for disadvantaged older people. The aim is to showcase different models and their attributes.

In the Australian context there are a range of affordable housing models from the community housing, public housing and non for profit aged care providers. As a means of classifying service integrated housing for older people within Australia, Jones et al. (2010 p. 4) considers the *sector* of the organisation responsible for the housing, the *dwelling form* including detached villa, private apartment and shared dwellings; and the *service arrangements* for the provision of care services (internal or external). In discussing older women living in the community the form of housing

provides a useful guideline for our discussion; the sector and service arrangements are also discussed.

Retirement villages

Retirements villages are the predominant form of seniors housing within Australia. The Australian retirement village sector is largely not affordable housing given most villas require significant capital outlays with freehold or leasehold tenure. There are, however, affordable rental retirement villages managed by the not for profit sector including ECH in South Australia; and Harmony and Wintringham in a range of sites across Victoria (see Appendix 1). There is also an older modest form of retirement village in Australia, known as independent living units, that were a traditional form of accommodation for financially disadvantaged older people. These small units, similar to bedsits are commonly part of not for profit retirement villages. Although some were renovated with National Rental Affordability Scheme (NRAS) funding the stock of ILU's is decreasing in Australia. Some writers see ILU's as an appropriate form of affordable modest senior's housing (McNelis & Sharam 2011). Contemporary retirement villages whilst providing management services, maintenance and in some cases shared facilities for sports and recreation do not provide aged care services. Some provide meals and other services such as laundry for a fee. Community aged care is accessed by residents if required. Wintringham, a community housing and aged care provider, specialising in providing accommodation for former homeless people in their retirement village offer support; their residents whilst independent 'have alcohol and drug addiction' concerns.

> My role as coordinator is to support people living here. There is another full time support worker. Our role is to make sure that people stay…continue to live her…that they do not put their tenancy at risk for any reason. And we refer them to other services, such as HACC services, community aged care packages, anything really. We've also got a full time recreation worker,,,we have a mini bus, couple of shopping trips a week, and other activities...we have created a little community here.

Retirement villages offering affordable seniors housing provided by the not for profit sector in Australia is seen as a different 'paradigm' from assisting older people who are homeless or at risk of homelessness. A number of seniors housing providers contacted for this study do not consider themselves providing housing for older people vulnerable to homelessness:

However, they are providing affordable accessible housing for financially disadvantaged older people. Indeed, the accessible design of the housing within communities close to amenities is both innovative and affordable. There remains a disconnect within the wider sector that low income older people with few resources are at risk of homelessness and part of the wider policy and program discussions concerning homelessness. This may be due to a lack of recognition of the conventional housing history of the large majority of older people experiencing critical housing incidents for the first time in their later years.

High density housing

Whilst retirement villages are the predominant form of seniors housing in Australia there are also increasing development of high density housing. Public housing in Australia has historically built high density housing; probably the most well-known being the large tower blocks in inner Melbourne and inner Sydney. There are now a much wider range of forms, some incorporating accessible design alongside community integration. In addition this form of housing often facilitates older people continuing to live in their community. An example in Melbourne, a partnership between community housing providers Wintringham, Housing Choices and Office of Housing provides one bedroom apartments in an inner city three story complex. There is a range of support and recreational services the residents can access if they choose. This community housing is an alternative to marginal housing such as inner city 'hotels' and rooming houses.

This form of high density housing, consisting of studio or one bedroom apartments is the predominant form of housing offered by Hearth, a specialised provider of housing in Boston, USA for older homeless people. Social housing for older people in the UK is predominately this type of dwelling as well. Some apartments are mixed-use developments comprising of residential and retail units – this is found in the UK, the USA and Australia. A public housing development specifically for low income older people in Sydney is an exemplar of a high density housing model for independent people. Seniors Central Living in Fairfield has two bedroom units, common rooms and a retail unit within the heart of Fairfield. This complex is based on the Humanitas Foundation's model designed to assist residents to be able to live as independently as possible with socially connected lives. Seniors Central Living does not see itself as a provider of housing for homeless people. However, as a public housing provider

supplying housing for older people with medium to low income this form of housing is an appropriate model – affordable, accessible and integrated within the community with easy access to services – for independent older women who have experienced or at risk of homelessness.

There are a range of service arrangements in high density housing for older people. Complexes as Fairfield outlined above house independent seniors. There are also unit complexes that offer on site support. Again this varies across providers and the needs of the residents. Older people living in apartments or studio flats are commonly supported by on site manager. The level of support can include case management, on site mental health clinics as well as meals and laundry. Downtown Women's Centre in Los Angeles, USA has a number of complexes, all of high density that as permanent supportive housing offer meals, case management, counseling, health support and classes for literacy. Downtown Women's Centre was a pioneer of permanent supportive housing for women and now houses over 100 homeless women – their average age is 48 years (Downtown Women's Centre n.d.). Alongside the housing (119 units) they provide meals, job readiness training and a health clinic within the day centre. The shift for the service to secure permanent supportive housing by Downtown Women's Centre is representative of a paradigm shift in service approaches for homeless people.

> Most respected homeless organisation…an organisation for homeless women. (IV 7)

The permanent supported housing specifically built by Hearth for older people and by Downtown Women's Centre for women are examples of the Housing First model. Permanent supportive housing with flexible services is the preferred approach for addressing homelessness amongst older people.

> There are buildings that have the services built in, typically non-profits, mission driven non-profits that are providing the affordable housing and are coordinating the services. More typically the seniors who quality for help …there is an assessment done and they qualify for a number of hours per week. (IV 8)

Tenants hold leases. Providers such as Hearth and LA Shelter in the USA,

> …don't make distinctions between men and women when they're signing up folks. They'll help either as long as the client is comfortable. Men are more likely to have issue with substance abuse and alcohol but women are more likely to really have an economic issues and much less need for the services. (IV 8)

Hearth provides a support team on site including a social worker, nurse, residential services coordinator as well as volunteers. Shelter Partnership in Los Angeles notes the important role of the support to the housing:

> Housing first programs are described as housing programs. They're not. If they're effective they're service programs that have a housing component. (IV 8)

The Older Person's High Rise Program in the inner suburbs of Melbourne provides monitoring and support to tenants in 11 older persons public housing estates. On site workers use a case management approach to ensure isolated and vulnerable tenants are linked to supports and services. The tenants are commonly living with a mental illness, drug or alcohol dependence and acquired brain injury. This program offers a model of intensive support to enable vulnerable older people to continue living in public housing.

It is important to note all the above examples of permanent supportive housing are highly clustered. Housing First as conceptualised by Sam Tsemberis with the Pathways to Housing program was put forward as scatter-site apartments with flexible services (Stanhope et al. 2012). However in practice:

> If you look at a map of where consumers are living they're highly clustered and they have to be or the provision of service would be much too expensive. (IV 8)

Having a social mix within the seniors housing is also evident in the UK and the USA. For example Darwin Court, built by the Peabody Trust in addition to having a social mix includes both apartments for independent older people as well as those requiring formal support. This complex is similar to Australian resort style retirement village with a pool, social and recreational facilities. A proportion of the apartments are accessible but all are designed to be easily adapted if need be. Hearth in the USA also in some of its sites integrates formerly homeless elders in a mainstream senior's housing complex.

Shared accommodation

Another form of housing offered by not for profit providers is shared accommodation. These forms of accommodation are described by different terms in different countries. Congregate housing in the USA is similar to sheltered housing in the UK and hostels in Australia (Jones et al. 2010). Congregate housing is one form of housing managed by Hearth in the USA for older homeless people. Whilst people have a separate unit there are several common areas within the house including a kitchen, a dining room

and a living room. Wintringham in Melbourne have a low care hostel for older men and women who were formerly homeless. Variations of this form include community housing managed boarding houses and shared houses for seniors. In Australia:

> Some of them have bedsits, so they have their own kitchenette. They're usually Victorian houses. Sort of last century or earlier that have been converted. They come with a bar fridge and high standards of cleaning and maintenance compared to privately run places.

McFerran's (2010) research highlighted the role of boarding houses for older women. Boarding houses managed the community housing sector in the inner suburbs of Melbourne and Sydney largely accommodate older men. Some ACHA agencies operating in the area have nomination rights for the rooms as they come available for their older clients. There is no known evaluation of this model, although Petersen et al. (2013) noted this form of accommodation suited the preferences of some older men.

There has been a range of seniors shared housing that has operated successfully in Europe but with less success in the USA and Australia. There are a number of forms including Abbeyfield Housing and Co-housing. Abbeyfield Housing, a model that originated in the UK, is a communal house consisting of bed sit style rooms with a shared dining, living and laundry facilities   Meals and cleaning of shared areas is provided by a housekeeper. In Australia, this model has not been embraced by the community housing sector or the government (Jones et al. 2010).

> There is an organisation in [city in USA] that's had this as their model for 25 years, a shared housing model for seniors; they report that it's very very hard.   Most seniors don't want a roommate. (IV 8)

Cohousing, another form of shared housing has also only received limited attention. Co-housing is a European cooperative housing model involving people opting to live together as part of a supportive community with a mix of personal and public spaces. Co-housing can involve groups of 10-50 dwellings with common facilities – they can be age specific. They are most prevalent in Denmark, the Netherlands and Germany but are known to test the boundaries of cultural acceptability in the USA (Jones et al. 2010).

In Australia, there are number of examples of shared housing for older women; some highly successful and yet other examples have limited take up. It is imperative that

there is an understanding of the preferences of future tenants. As an example of shared housing that does not appear to be popular with older women, a Manager from a women's organisation reflected on the experiences of operating an underutilised shared house for older Australian women;

> … there could have been some more research done at a higher level….we've got room for five but we've just got three in there at the moment… we are not getting the applicants we thought we would be getting for the property (IV 4)

Two contrasting examples were evident in our interviews. The first model was affordable housing for older women which operated like a share house for five older women.

> Each woman has her own space. So it's basically a room that's set out that she can have a bed in one end and a little sit in area in the other and its got its own ensuite. So they're got their own showers in their room and then there's communal areas like the kitchen and two lounge rooms and a laundry. I think the idea of being in that age bracket of 45+ and fairly independent but then to come back into a shared house can be quite difficult. …daunting to think that you're back in shared accommodation. (IV 4)

In contrast, this agency also had apartments which proved much more popular with older women:

> one bedroom apartment …independent housing…they fill very very quickly (IV 4)

The second example of a shared house is an exemplar. It is a shared house for elderly Indigenous women managed by a caretaker.

> At the moment there are five women there …very elderly and lovely. All their single beds are put together so they're in company. The old ladies are peaceful, they're in their own lore, the country there is their lore ground anyway, it's built on their lore ground and they're just very happy (IV 9)

Volunteers assist and the local clinic manages the medication.

> It is like a house. It's got a really big main room and there is where all the single beds are pushed together …and (carers) look after them, do their washing, they help them shower (IV 9)

It is evident that the shared house, specifically for older women in an indigenous community mirrors the traditional role of elderly women on country.

> It is a model that is very related to the traditional model. So I think the way it synchronises with that and the ladies they're very powerful with the lore and culture of the women. Once children were reared and gone then traditionally the older women would have had a place of their own…their own camp. It's a women's lore centre, and once the women got past bringing up the children they would have a place that they could move to where men know they cannot go…traditionally women would have a camp and men would not go there. (IV 9)

This form of housing is in contrast to the overcrowding and difficulties experienced by older indigenous people in some communities where overcrowding and humbugging can be an issue (Petersen et al. 2013).

> Older women housed without conditions of security or safety where an old person is sleeping on the sofa in the lounge room in a house that's got 16 people in it and the television's blaring and the music's blaring and they've got no peace and quiet.

There are a range of housing models – all service integrated housing – within Australia. Another initiative available in Victoria, and funded by public housing is the installation of prefabricated cottages. These are commonly erected in people's garden and can enable older people to remain living 'with' family. Overcrowding and conflict and tension as a result of an older person was living with family was identified as a common reason for older people to be at risk of homelessness in Petersen et al.'s (2013) study.

3.2.3   Residential Care for older women with complex care needs

For some older women, a high level of support is required. Australia's residential care specifically designed for older homeless older people is widely cited as a flagship model. Within Australia there are 20 residential aged facilities that receive specialist funding, a viability supplement, for accommodating people who had formerly been homeless. This includes 10 in Victoria, five in New South Wales, one in South Australia, two in Queensland and two in Western Australia. Facilities providing residential care for former homeless people is an integral part of strategies to assist older people who have complex health needs as a consequence of 'living rough' for many years.

There is concern of the design and weighting of the Aged Care Funding Instrument (ACFI) which utilises three domains for calculating funding for each resident, Activities of Daily Living, Behaviour and Complex Health Care needs. The concern centres on the ACFI does not accurately reflect the challenging nature of care required for

formerly homeless people. Funding for behaviours is less in comparison to Complex Health Care and Activities of Daily Living yet it is the domain that largely applies to residents who were formerly homeless (Noone 2011). Added to this is that aged care facilities offering care to formerly homeless people do not have the support of the resident's family and friends in providing care; facilities have to do the things that family would do for the resident such as taking them out, visiting the dentist or shopping.

3.2.4 Conclusion

Australian social housing, housing owned and managed by the public sector and community sector offers a range of appropriate models of secure and affordable rental housing for older women. It is not the purpose of this study to consider the availability and overall supply of social housing in Australia. Nevertheless in practice social housing offers some of the most innovative forms of affordable, appropriate housing for financially disadvantaged older people (Petersen & Jones 2013).

There is a discussion within gerontology of the merits of specialised housing set aside specifically for older people alongside counter assertions that senior's housing interspersed in the community is preferable (Petersen & Warburton 2012).   However in practice, congregate settings remain the predominate form of supportive housing for older people. There are similar discussions in relation to social mix and social housing both internationally and within Australia. Indeed, Housing First, a key housing initiative for people who have been homeless, originally aimed to have permanent supported housing scattered throughout the community to avoid concentrations of disadvantage and have people live in non-distinguishable housing in the community (Stefanic & Tsemberis 2007).   The benefits of economies of scale found in congregate seniors housing is also now evident in Housing First developments.   Common Ground another social housing initiative aims to have both formerly homeless people and lower income people sharing a high density housing development. The discussion surrounding the merits or otherwise of congregate and interspersed models of social housing is appropriate and assists in the provision of a range of models of housing to meet the diverse needs of older people.

4 Conclusions and Recommendations for Assisting Older Women in Housing Crisis

This chapter addresses the research question:

> What are the learnings about the outcomes of different programs for vulnerable older women?

It draws on the findings presented throughout the report to identify themes that inform models that are effective for older women and their pathways out of homelessness. The chapter discusses the key elements that require consideration in designing programs for older women experiencing a housing crisis.

This project builds on a small but significant body of work that has been undertaken in Australia on older women's homelessness. Importantly, this study focuses on responses and service models to assist older women experiencing a housing crisis. Findings from recent Australian studies on older people's homelessness, which provided valuable information on the pathways experienced by older women, assisted in providing insights for this study. Australia's attention to this social problem stands apart internationally. Indeed, Australia's recognition of older people within The Road Home (Australian Government 2008), in research projects and calls from service providers are distinctive. A constant challenge in the conduct of this study was a lack of international information to draw on as well as linking with stakeholders that had knowledge of this group. While there is a lack of appropriate gender sensitive programs and services for older women, it has been possible to identify integral elements that respect older women and inform pathways out of homelessness.

In considering service responses it is important the diversity and highly distinctive nature of older women's homelessness is recognised. This is valuable for both the service sector and policy makers. In addition, the material gained from interviews and correspondence with a range of international stakeholders identified strengths and gaps in Australia's response to older women's homelessness. The data obtained from stakeholders cements the integration of housing with support services for older women. Australia's outreach program for older people, whilst small and arguably under resourced, is a flagship model for engaging older people experiencing a critical housing incident. The findings from this study point to implications across a number of areas as detailed below.

4.1.1 Recognise diverse lives and how this is linked to the housing needs of older women

Older women vulnerable to a critical housing incident in their later years are not a homogenous group. Their life experiences, biographies and pathways into homelessness vary. The majority of homeless older women become homeless for the first time in later life. Housing affordability and accessibility are primary reasons. Older women in this group also become homeless due to a breakdown in relationships with family with whom they were living – this is due to overcrowding, conflict and carer stress. Housing is the prime need for this group of women - many are independent and are not in need of a high level of care and support.

Some women have lived precariously in marginal and substandard accommodation, as well as couch surfing and on the streets. As a result of chronic homelessness their service needs are often higher necessitating housing with intensive services, in some cases residential aged care.

A smaller group of older women have experienced transient lives working, housesitting and travelling between family (including across countries). With secure housing and access to support services they are able to manage the health concerns or lack of employment that may have contributed to, and is exacerbated by, their housing access and sustainability problems.

Within the three pathways into homelessness for older women there are a diverse range of women. An 'older' woman is a large cohort with a range of over forty years. It is also important to recognise culture. Of note is the preferred housing for indigenous older women – this may be on country, in provincial cities to access health care or close to kin. The experiences of older women from CALD backgrounds also need to be considered. As noted, for many older women housing in their communities are important considerations.

Whilst secure housing is an imperative for homeless older women it is important that the life experiences of the women are recognised and their needs and wants are considered in relation to the form of housing.

4.1.2 Prevention

This project did not empirically investigate homelessness prevention. However, drawing on the findings of our research project (Petersen et al. 2013) we assert the importance of homelessness prevention. The recommendations in this study range

from broad policies of increased welfare safety nets for older people (in particular the rate of aged pension), increases in social housing stock – housing that is both accessible and affordable – that will enable older women to age in place, practice interventions including rent brokerage for older tenants in the private rental market, advocacy with landlords to prevent women becoming homeless and timely resettlement of women once evicted or homeless to lessen the stress and mental health consequences of a lack of secure housing.

4.1.3 Importance of engaging with older women at risk

It is clear from research conducted in Australia and internationally that most older women (and older people) do not know where to go for assistance. Older women, at risk of homelessness or homeless for the first time in their later years, do not have experience of the homelessness, housing and welfare sectors. Our system relies on people seeking out assistance when in need. The traditional homelessness services are not on the whole accessed by older people. Many older people do not consider themselves homeless and a housing assistance discourse is preferable in service design.

This has implications for the pathways to assistance when older women are facing a housing crisis. The experience of Housing for the Aged Action Group in Melbourne with their one stop shop approach in relation to older people's housing provides important guidelines. HAAG have promoted their Home at Last service widely throughout Victoria both with the community welfare sector and in advertisements and stories in regional media. A housing not homelessness discourse is used. The agency utilises a holistic practice framework, and the assessment and interventions for the older client are based on respectful relationships alongside a knowledge base that incorporates an understanding of the housing, aged care and welfare sectors. As HAAG utilise funding from a range of sources and manage multiple programs all related to older people's housing the multiple and varied needs of older women in housing crisis are attended to. A state or regional basis is considered most appropriate for this gateway model given the detailed knowledge of housing, welfare and aged care sectors and networks in many locales that is needed to ensure this service is effective.

It is also imperative that outreach workers build relationships with older women experiencing chronic homelessness. This includes engaging with vulnerable older women in day centres, in hospital emergency rooms and in locales of marginal housing. Outreach in rooming houses building relationships with the operators and

with the tenants enables preventing evictions, putting in place community aged care and support and with time placing women in secure supportive housing.

4.1.4 Permanent supportive housing

There is consensus amongst researchers, peak bodies and service provides engaged with the issues for homeless older people that permanent supportive housing is the preferred housing model. Permanent supportive housing bridges the philosophy of Housing First and seniors housing.   It is also clear that rehousing older women at risk quickly is effective at ensuring their ongoing independence and prevents depression and anxiety.

The design of permanent supportive housing for homeless older women needs to account for women's diverse life experiences, needs and preferences. The housing must be accessible to enable women to age in place. In addition, many older women will have a preference to remain in their own community. Whilst individual preferences vary in relation to the dwelling form a balance must be met between women's independence alongside a sense of community. Mindful of the limited scale of our study, Australian older women seem to prefer independent units in preference to shared housing. Although this is not across the board, older Indigenous women in the Kimberley's with strong ties preferred shared housing, a continuation of their tradition.

The level of support provided on site is linked to the needs of the residents. As noted above many older women are independent and can access community aged care and support when and if they need it in the future. Other older women with complex health and mental health concerns may benefit from extensive supports on site to enable them to manage long term tenancies. Whilst largely providing housing for older men who were formerly homeless, Wintringham have a range of service models with varying levels of support attached to its housing. As another flagship agency their practice framework is based on respectful relationships, a holistic assessment of the client's needs and integrating housing with range of supports ranging from aged care, case management or tenancy support all matched to the client group. The Older People Tenancy Program has given the high support needs of tenants a team of support workers offering intensive assistance to residents.

There is no consensus on the whether there should be a social mix of tenants in supportive housing. Hearth in the USA has a social mix in some of its housing complexes. Our largest community housing provider in Australia for former homeless older people, Wintringham, does not have a social mix; importantly though the

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housing complexes do not have an institutional feel. These are wider issues within social housing scholarship and gerontology with convincing arguments for and against a social mix. It is put forward that homeless women who have lead conventional lives and homeless for the first time in their later years present as compatible with social housing project that house low income seniors.

4.1.5 Inconsistent understandings

This study along with other recent reports (Batterham et al. 2013; Petersen & Jones 2013; Petersen et al. 2013; Westmore & Mallet 2011) significantly add to the relatively small existing evidence base available to inform policy and practice regarding homelessness and older women in Australia. There remains, however, an inconsistency with the official counts from large data sets including the 2011 Census, the SHS records, ACHA program records and the community sector's concern about increases in the number of older women presenting in housing crisis. One manager contacted in relation to this study noted there is a need for services to document older women ringing for assistance but not being taken up as a client of the service. The wider context of a changing demography in Australia and the evidence that the number of older women living in private rental is increasing (Petersen & Jones 2013) suggests there is reason for concern. The widely held view that older women's homelessness is hidden is in part a reason for our lack of accurate enumeration on the extent of the expressed problem. A lack of international policy and academic attention to older women and homelessness adds to the inconsistent picture.

As noted throughout this report, older women experiencing homelessness have diverse histories. Arguably less is known about older women who have had led 'conventional lives'. The finding of Petersen et al. (2013) that older people describe themselves as having a 'housing problem' rather than being homeless is relevant to this discussion. There is a need for a detailed understanding of the life histories of older women, in particular the circumstances surrounding a housing crisis, to enable the implementation of effective and efficient prevention measures.   This would be further assisted by research with older women who have been homeless or at risk of homelessness with the aim of understanding effective interventions over time from the women's point of view.

In conclusion, there is a need to further explore the extent and nature of older women's homelessness. The distinctive nature of this social problem necessitates partnerships with researchers, women's organisations, the housing and

homelessness sectors and most importantly older women to not only understand older women's homelessness but also how to shape service models and housing. There remains a need in Australia for a gendered analysis of older peoples' homelessness.

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Appendix 1: Relevant Websites

ECH http://www.ech.asn.au/

Harmony http://www.harmonyvillage.com.au/

Housing for the Aged Action Group (and Home at Last) http://www.oldertenants.org.au/

Hearth   http://www.hearth

Humanitas Foundation http://www.humanitas.nu/static/index.html

Wintringham   http://www.wintringham.org.au

Downtown Women's Center   http://www.dwcweb.org

UK Coalition on Older Homelessness http://olderhomelessness.org.uk   No longer operating but contains a lot of useful information

Shelter Partnership https://www.shelterpartnership.org/

FEANSTA   http://www.feantsa.org/