OLDER HOMELESS PEOPLE: PATHWAYS INTO AND OUT OF HOMELESSNESS

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INTRODUCTION

In June 2002, just over 2.5 million people or 12.7 per cent of Australia's population was 65 or over, up from 10 per cent in 1982 (ABS, 2003). Noteworthy is that proportionately the fastest growing section of the population is that group aged 85 or over. In the year to June 2002 this group grew by 5.7 per cent from 265,200 to 280,400 (ABS, 2003). By 2051, it is estimated that 24 to 26 per cent of the population will be 65 or older, equivalent to at least 6 million people (ABS, 1998).

The assault on the welfare state has perhaps hit older Australians harder than any other group. No other grouping is as dependent on the state for everyday survival. Only about six per cent of all Australians 65 and over are in the labour force (ABS, 1999:4). In 1998 it was established that for 74 per cent of Australians aged 65 and over “government pensions and allowances were the principal source of income” (ABS, 1999:4). The Commonwealth pension ($440 a fortnight) gives most older Australians the means to sustain themselves but it allows little room for protection if unfortunate events befall the person or couple concerned. This is especially so in the case of those one in five pensioners who are not home-owners. The impact on older Australians of cut-backs in welfare expenditure has been mitigated by the fact that at present about 8 in 10 own their home, most outright (ABS, 1999:5). For many of the approximately 250,000 pensioners who at present do not own their own home, everyday life is characterized by great anxiety as they try and maintain access to adequate accommodation and their independence.

This paper has two main aims. It first explores the world of vulnerable older Australians and briefly examines what propels them into a situation where they are in real danger of being in a situation of primary or secondary homelessness.1 In the process of examining the dynamics involved in a housing crisis developing for an older person, the paper focuses on the structural dimensions rather than personal issues like alcoholism, dementia or mental illness.2 Secondly, it briefly examines the impact that intervention from outside agencies has had on their ability to continue living in adequate

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1 Primary homelessness is defined by Chamberlain and Johnson (2000a) as a situation where an individual is “without conventional accommodation – living on the streets, in cars, in deserted buildings, etc”. Secondary homelessness is defined as “moving between various forms of temporary shelter, including friends, emergency accommodation and boarding houses”.

2 There is a tendency to forget that 80 per cent of older people living in Australia enjoy good health (Rowland, 2003).
accommodation.³ The paper is prompted by the fact that although there is fair amount of research on homelessness in Australia, research focusing specifically on homelessness or potential homelessness amongst older Australians has been negligible.⁴

WHAT CREATES A SITUATION OF DESPERATE HOUSING NEED AMONGST SOME OLDER AUSTRALIANS?

The reasons for older Australians finding themselves in an accommodation crisis are multifaceted. Usually there is no single reason, rather it would be a combination of life events that precipitates the crisis. For heuristic purposes the processes and situations which precipitate a housing crisis are discussed in turn.

**Non-ownership of a home, inability to afford private rentals, inadequate accommodation**

Our survey of 42 ACHA programs found that of the 960 clients they were currently working with, only 6.3 per cent owned their own home. Another 17.4 per cent were in public housing and 2.3 per cent were residing in residential aged-care facilities. The remainder were either in rented accommodation or living with friends or relatives. Only 2.6 per cent were without any conventional accommodation (“primary homelessness”). Not one of the 60 ACHA clients interviewed for this study owned their own home. For many, this factor had been the prime contributor to their inability to find reasonable and affordable accommodation. They were mainly that part of the homeless population that Chamberlain and Mackenzie (1992) have termed “marginally housed” - that section of the population living in rented flats or boarding houses but always at risk of losing their accommodation. Many of our informants who had been in private accommodation had been forced to move after their rent was increased. The inability to afford private rentals was especially acute in the metropolitan areas. A 75-year-old male dependent on a pension and resident in Sydney’s eastern suburbs described his anguish in the following way:

“Yeah, $170 a week (rent). I have some money before (savings) and was not hurt but when the money’s finished the trouble started. What can you do on $200 a week? You pay rent and you don’t eat.”

³ The paper is based on 60 in-depth interviews with older homeless people who are clients of the Assistance with Care and Housing for the Aged (ACHA) program; 15 in-depth interviews with ACHA managers and a questionnaire survey of 46 ACHA agencies. The research was funded by the Australian Urban Research and Housing Institute (AHURI). The interviews with the ACHA clients were carried out in NSW, Victoria and South Australia. Twenty interviews were done in each state. For this research the concept of older has been loosely defined in line with studies that have categorised homeless people as old at the age of 50. Most of our informants, however, were over 65. The ACHA program was set up by the Commonwealth in 1993 with the aim of assisting vulnerable older people to meet their housing and support needs so that they could remain living in the community. At present there are 46 ACHA programs nationally. About 6 000 people are assisted annually.

⁴ The research by Lipmann (1995, 1996a, 1996b and 1999) and by Kavanagh (1997) are the few examples of research on this topic in Australia.
At the time of the interview he had been living in public housing for a couple of months and his life had clearly been transformed: “Yeah, I have enough to survive … before I didn’t have enough to eat”. A 66-year-old woman on a government pension commented, “You just can’t live on a pension and rent. That’s the whole thing. I only live on the pension. I don’t have any other income, and it’s totally impossible to rent when you’re on a pension. You just cannot live on the pension and rent.”

The death of a spouse often resulted in the rent burden becoming unbearable. An informant whose wife had died described his dilemma: “Oh well, I was on $480 a fortnight and $520 was the rent. How could I, how could you live on one (pension).” When his wife was alive they had managed. An ACHA manager noted that the death of a partner is one of the most common reasons why older people who are tenants suddenly find themselves in an intensely vulnerable situation:

We’ve had many instances where there have been couples and they’ve managed in private rental accommodation. When one partner dies the income is split in half but the overheads of living are essentially the same, so these people who were not the most vulnerable in society all of a sudden become vulnerable.

The reality and fear of further rent increases creates enormous anxiety. A 65-year-old male resident in Melbourne who was paying $570 a month in rent, described his situation in the following way: “When you rent, and [an] agent and landlord is involved, you can never be sure what’s going to happen. The rent goes up. … So if you complain and you don’t pay, they kick you out.” Many other informants had similar stories of being stretched to breaking point as their rent was steadily increased. The vulnerability of older people in rented accommodation in the bigger cities is not surprising. Nationally, rents have been consistently increasing. In Sydney, in the 1990s, the number of households living in unaffordable households doubled (Holliday, 1999). One in four low income Sydney households had difficulty meeting their mortgage or rent payments. In the ACT, the Minister for Urban Services, noted that private rents had increased by 30 per cent between January 1999 and May 2002 and that people in the lowest income bracket in private rented accommodation were paying 59 per cent of their income in rent. He concluded that “thousands of families and individuals in our community face serious financial hardship just to keep a roof over their heads” (Wood, 2002).

In some cases an accommodation crisis was precipitated by the landlord selling the unit or boarding house. The informant just quoted observed,

And then there’s occasions where the place has been sold. You know and the people don’t want anyone there. The place before … they gave me four months. The place I think got pulled down and new luxury flats went up. So when you

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5 “A household is defined as being in housing stress where they earn the NSW median income or less ($36,400 in 1999) and are paying more than 30% of their income on housing” (Holliday, 1999).
rent private, you can never be sure what’s going to happen next day, where the rent goes up, or where the boss comes down and the agent say, “look you’ve got there months to get out because this is no longer available” (a 65-year-old Melbourne resident).

An 83-year-old Sydney woman described how she was forced to move from the unit she had been renting for 22 years - “I was only paying rent and they sold the flat and I just had to go”.

The issue of affordability is linked to the adequacy of the accommodation and suitability of the neighbourhood. Their limited finances meant that many of our informants had been living in totally unsuitable accommodation prior to intervention by a service provider. An informant in South Australia who was paying $150 a week for a run-down apartment described how her block of units was constantly visited by people looking for drugs. In addition he was constantly harassed by the landlord who would just “barge” into his unit at any time. The informant alleged that the landlord would charge $25 to change a light bulb. Several informants complained of being harassed by their landlord and that they felt very insecure.

Physical conditions in boarding houses appeared to be particularly bad. A male informant who had been living in a boarding house in Sydney’s inner west described it in the following way: “The kitchen was filthy, and the toilets were awful, the bathrooms were terrible. ... and you know there was drunk residents and the police were there all the time … and there were these tiny little rooms …”6

The reliance on the market and limited income meant that many of our informants had been living in areas where they did not feel safe. A female, Aboriginal informant commented,

…I just wanted to move out of the … area because it’s very ah, you couldn’t go out after dark. There were a lot of people in the street. You know it was just a bad, unsafe environment. My daughter couldn’t play outside. She had to stay inside all the time.

The lack of social and family networks and the breakdown of the extended family

Research in Australia and elsewhere has found that older people who are isolated from family and community are more likely to descend into a vulnerable situation (Mingione, 1996:30-31). Our research certainly backed this up. Many of our informants had minimal or no family contact. Many were your proverbial loners - having never married or had children. Others had married, divorced and then lost contact with their children and other family members. This was more likely in the case of the men interviewed. After years of solitary living their social skills and contacts were often negligible. A 67 year-old, male

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6 In 2002 a survey by the South Sydney Council found that of the 640 properties in the area listed as boarding houses, half no longer existed (South Sydney Council, 2002). They had been knocked down to make way for upmarket apartments or converted into back-packer hostels. This is very significant as historically boarding houses, despite a tendency to be unsuitable, have been a refuge for poor older people.
who had lived in a boarding house for 19 years in Sydney before being rehoused, had the following perception of himself:

Ah, I just stick to meself. I ‘m alright, but I a, got a stick to company that I like, pick me company ... and go and see who I want to see, and that’s it…. I couldn’t live with anyone, like ah, I’m strictly retreating. I, I like, I just like to be by meself. That’s it.

A manager of an ACHA agency in Sydney commented that many of their clients, especially the males, were terribly isolated: “Family is few and far between. In many instances family is just the odd person and … to find services, many of our bachelor clients really have no-one on this earth that can assist them”. The lack of family and other networks often contributed to depression and other mental illness and meant that there was often a great deal of anxiety around becoming ill.

Those older people interviewed who had solid social or family contact invariably appeared to have a better quality of life. A 66 year-old Vietnamese woman who came across in the interview as a happy and content individual had the following observation:

The whole family they are united together. And that, they are very happy for that thing … I don’t go anywhere, and I think I have to live with my children until the rest of my life. Ha, ha. Because in our country we have a way that when you’re young you lean on your parents, and when you’re old you lean on your children.

Contact with family also takes some of the burden off the agency and makes the client feel less dependent on the service provider. It spreads the dependency around in a fairly healthy way. Thus an agency may organize cleaning once a week but a family member will take responsibility for the shopping.

A strong group of friends can be as important as a family. An 83 year-old woman who had never married but had a strong group of friends, mainly through her church activities, came across as a content, independent individual. Her church activities kept her busy and in constant touch with her contemporaries.

**Evicted from the home of a son or daughter**

A common reason for our informants being rendered homeless was a break down in relations with their children resulting in them leaving the child’s home. A 74-year-old woman who moved into her daughter’s home after her husband died describes the course of events. She originally slept inside the house but moved out of the house into the “sleepout” to resolve tensions related to her presence. The move failed to resolve the conflict:

The sleepout at my daughters. Well I didn’t have the sleepout straight away. I went into one of the rooms. But she’s got two boys and the boys were grumbling because they didn’t have a room. See. So I actually got their room, see. … And I felt I was on the outside looking in sort of feeling. … They’ve got their life there. And I’m an intruder.
In the contemporary period the idea of the parent living with their offspring in old age has become less and less common or desired (Rowland, 2003:262). In 1996 only 4 per cent of the aged were living in the home of a relative (ibid).

Most of the older people interviewed who had children expressed little or no desire to live with them. A 69 year-old female informant who was fairly healthy had the following response to the question of staying with her children:

Aah. Well at my age, you’ve got to. You’ve got to learn to stand on your own two feet. Like my children – my older son says, come Mum and live with us. No thank you! …I like my freedom. I like my independence. And if I moved in with them, that would mean that I have to more or less live by their rules …Which – that wouldn’t er, suit me. Because I might want to go out one day, and then oh, but nooo, you know. I don’t like to be restricted. … I want to do when I wanna do it if I wanna go out I’ll go out. If I don’t want to go out, I won’t go out.

What this quote powerfully illustrates is the deep desire by almost all our informants to retain their independence. The interviews starkly indicated that older people want to live in their own space and, as far as possible, be in control of their lives.

**Personal problems**

A large proportion of older people who become homeless have serious personal problems - mental illness, dementia, poor physical health and alcoholism are the key personal aspects which propel older people into homelessness. All of the ACHA managers saw mental illness as being an important and common factor in precipitating homelessness amongst their clients. Older people with mental health problems usually find it difficult to cope with many of the basic components of everyday life and often require significant support. Of course it is often impossible to separate out the structural and personal issues. Thus an individual may lapse into depression and substance abuse after a period of unemployment or after a particularly traumatic event in their life such as divorce or the death of a spouse. Often the individuals concerned live in dire, isolated circumstances. A 67 year-old male in Sydney who had lived in a boarding house for 19 years and had had a serious drinking problem, had the following observation: “Yeah. When sometimes when you’re on your own, it takes you to grog. You got to be careful.” Alcohol abuse not only lessens people’s capacities to cope but also results in financial difficulties and the inability to pay the rent and eviction.

Although personal problems can be pivotal in the spiral of decline, and ultimately homelessness, the interviews illustrated that, for the most part, older people found themselves in critical situations because of their lack of financial resources and the absence of affordable and appropriate accommodation and support options.
MAKING CONTACT WITH SUPPORT SERVICES

The manner in which an individual made contact with a service provider usually reflected the social situation and health status of the individual concerned. Those individuals who had a social and/or family network usually initiated contact with an agency through a family member or friend. Thus, the informant who had to move from her unit after 22 years was put in contact with the ACHA program by her church minister. A 78-year-old male informant described how his next door neighbour had helped him obtain public housing:

Yes, and I let some friend of mine, he’s a neighbour next door. He was a solicitor and I said to him my situation’s like this … the English I am not very strong … and really he helped. He write a letter, a very good letter, and we put it [the informant’s situation] as a priority … and they [the Department of Housing] said to me you have accommodation …

This informant was fortunate that his neighbour had the generosity and the “cultural capital” to assist him.

In cases of individuals who had minimal or no family contact or social network, contact with agencies would often be precipitated by the individual concerned being hospitalized and the social worker at the hospital putting the process of intervention in motion. A 58 year-old single man who had been living in boarding houses for most of his adult life and has no contact with his family and a minimal social circle came into contact with a service provider only after he had had a massive heart attack and triple bypass:

And er, so five days later I got kicked out of hospital and it was just good to get out of hospital but you can’t look after yourself ... I was staying on my own and everything so, er, I am not quite sure who organised it, but the charity there they were marvellous to me, you know, they yeah. I, I, think the hospital must have organised for somebody to look after me. When I got home ... they [the agency] turned up and said, “You know, we can look after you”. How they turned up, I’m still uncertain. (Laughs) Angles from heaven. Yes, absolutely. (chuckles)

The intervention by the service provider resulted in Harry being resettled in a small stone cottage (public housing) inner Sydney. The resettlement has fundamentally altered his life as this intensely emotional quote illustrates: “I love it [the house]. It’s er, it’s the first house I’ve had. I’m used to boarding houses…. I just love it, I just, just …yeah.”

Our interviews illustrated that whether an older person in desperate need makes contact with an agency is, to some extent, a matter of chance. This means that there are probably thousands of older Australians who never make contact with an agency and who live out their last years in misery and probably die prematurely.
THE IMPORTANCE OF INTERVENTION

What this section sets out to do is to illustrate the enormous difference even minimal outside intervention can have on the lives of vulnerable, older people.

Ensuring that they have adequate accommodation and support

For almost all their clients the finding of adequate, secure accommodation is probably the most important intervention an agency can make. Many of our informants were in desperate circumstances prior to intervention and were in danger of slipping into primary homelessness. Chamberlain and Johnson (2000) argue that adult homelessness has three ‘stages’ - “at risk”, “homelessness” and “chronic homelessness”. Almost all of our informants were at risk and, for a brief period, some were in a situation of homelessness, however intervention usually meant that the period of homelessness was short, the “at risk” stage was significantly dissipated and chronic homelessness did not occur. A woman in her early fifties who had to stop working to look after her ill husband commented, “when we were trying to find accommodation, we couldn’t get anywhere … Put it this way, if it wasn’t for A… and M…. [the agency workers] we wouldn’t have had that place [public housing]. We would have been out in the street”. A 66 year-old women who has been rehoused in public housing described her situation and how intervention saved her in the following way:

It was a very, very old house. And I kept it very nice, but the thing was I just couldn’t afford to stay there. Yes, after that. Well I had to get out, and I just had nowhere to go, so I just stayed with a friend and then from there on I sort of went to my daughter’s for a little while and I went to M….’s [the agency worker]. I’ll tell you what, … M …. is my life-saver. Because it was a really hard time I went through, and emotionally and physically, and she was such a source of strength to me at that time. You know without her I don’t think I would have made it. I really don’t. She was so, so good.

Asked how she felt about her new accommodation, a one-bedroomed house in a housing commission she responded, “It’s just lovely. I just love it here. And I’m so blessed. I really am. It’s just so wonderful. Yes.” Another informant who had been in her public housing for only a week when asked how she felt about her new home commented, “beautiful, absolutely beautiful… I love it. Absolutely love it”.

The housing option most frequently used by ACHA programs was public housing. Our survey found that whereas 17.4 per cent of ACHA clients were in public housing on referral, 36.1 per cent were now in public housing. Another 5.5 per cent (0.6 per cent on referral) were currently in community housing or housing cooperatives. The main barriers (very inter-related) identified by the agencies to finding suitable accommodation was the lack of public housing or affordable and adequate accommodation. In response to the question “what barriers are there to obtaining suitable accommodation for your clients”, 59 per cent of our ACHA worker respondents said the lack of affordable,

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7 The survey of the ACHA agencies found that on average ACHA clients were rehoused within 4 months.
appropriate and adequate housing stock; the same proportion mentioned insufficient public housing and just on half mentioned the bureaucratic processes (the long waiting lists and the lack of facilitation). An agency working with an older person who is at risk of homelessness will help the older person clear the bureaucratic hurdles; show the individual concerned some accommodation options and usually helps with the removal and settlement. The process would often involve organising the move and thereafter supplying the client with the basic necessities - furniture, linen, pots, pans, fridge, etc.

The resolution of an individual’s housing crisis does not merely mean a roof over an informant’s head, but the finding of secure accommodation. Sosin, et al’s (1990) research with homeless people in Minneapolis in the mid-1980s found that most people who became homeless managed to find accommodation fairly soon but that a common pattern was for a sizeable proportion to slip back into homelessness within a six month period due to their accommodation not being secure.

For almost all older people at risk of homelessness, secure accommodation does not only mean affordable and adequate accommodation, but accommodation that is accompanied by support so that they can live independently. They had no desire to live in an aged-care or nursing home and they wanted their own space and privacy. Many of our informants, however, found it difficult to look after themselves. They often needed assistance with one or a more of the following - shopping, banking, accessing medical services, application forms, cleaning the flat, laundry, bathing/showering and meals. The agency was relied on by many of the informants to organise these activities/ needs. These interventions are enormously significant as they allow older people, especially those who cannot rely on assistance from family or friends, to retain their independence. A 69 year-old woman living in a public unit in inner Sydney described the role of the agency worker in the following way:

I’ve got this angel out here, because she’s been an angel, I’ll tell you, this woman here. … I will ring her up straight away. You know, immediately. Well I know if I do need help and you know I ring her up, she will organise it. They’ve been really good these people. They’ve been very, very good.

This informant relied on the agency worker to take her shopping and carry things for her. Many of the informants had somebody come and clean their unit once a week and do their laundry. Especially for the men this ensured some degree of order.8

For those older clients with mental health problems ongoing support kept them from lapsing into primary homelessness. An ACHA manager had the following observation:

If magically housing appeared for every homeless person in Sydney, and blankets and food and the medication were all put in the housing, and you went back in three months time, I think you’d find the majority of the people would be back on the street. Because they may not have the skills to (depending again on their circumstances and on how long they were homeless) … to live. How do they cash the pension cheque, how do they spend it, how do they know what to spend it on.

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8 Our survey of ACHA agencies found that only a quarter of their clients only needed housing. The remainder needed support only (13.3 per cent) or support and housing (63.2 per cent).
You know. How to ensure (and often times you can’t ensure) that they’re not going to take it down and either drink the whole thing in the first week or gamble it or buy ridiculous things with it. I mean ridiculous in the sense of things that aren’t going to support them and help them live. So, that’s [intervention], it’s not just bricks and mortar.

**Company, relief of anxiety, somebody is there for them**

For many of the informants a key feature of their lives was their relationship with the agency worker/s. For some it was their primary source of human contact. For many of the informants the connection with an agency and the linked services meant that they now had somebody they could rely on. This was usually exceptionally comforting. A 67 year-old male living in a bed-sitter in a retirement village in Sydney commented, “Aaah yeah, if I got problems, all I got to do is get on the phone ring R…” [the outreach worker]. An 88 year-old informant in one state asked what he thought of the Community Care Package responded in the following way:

Absolutely wonderful. My whole life would be totally different…It’s the fact of security, the tenure, the security that I know that unless something extraordinary happens, I just won’t have to go to a Home. I don’t even like going into a hospital any more. Ha, Ha. So that if I do get ill, it’s generally that they look after me. When I need care it’s done with a nursing assistant at home.

An 89 year-old respondent who had found his apartment with the help of an ACHA worker and used the service provider for various activities commented,

Look, let me tell you, I never struck so many nice people in all my life. When I could … I use my own ability to do what I wanted. But now I can’t and I’ve got to ask for help when I want help, and I’ve struck the loveliest people in the world. …I’ve never had anybody in my life like everyone to do anything for me like these people. But they’re not looking. Everyone that wanted anything off me were always looking for something. For something in return. There’s nothing. All they want to do is give. Do this for you. Do that for you. … I’ll tell you what, I’m as lucky as anything.

The 58 year-old man referred to earlier who had been living by himself in a boarding house for many years and been settled in public housing in Glebe after a triple by-pass, spoke emotionally about his relationship with his service provider. During his convalescence the agency had spent a great deal of time helping him and, 12 months later, although not working, he could now look after himself:

If I get to the stage where I really need help well, I’ll just ring up … ‘cause I got their phone number and um, they’re lovely people. And it’s the first time I’ve had that [people that he could call on for help]. Because um, you think about it before, if anything happened to me, well, I’m just on me own. Got no backup and I wouldn’t have known where to go, who to ring, what to do. And knowing me, as
I said, I wouldn’t asked for help. Too self-assured … I never ask for anything. … Certainly wouldn’t hesitate to ask them. I think they are wonderful people, and er, I owe them a lot, and er, and I keep saying, you know, if I can do anything, just ask, I’ll do it. I’ll assist.

He is now helping two intellectually disabled people who live a few houses away from him. He checks up on them and does their shopping every week.

An ACHA agency manager in Sydney had the following perception of the agency’s impact:

We’re going into the lives of very vulnerable people. We’re assisting them with very personal matters. We’re talking about their finances. We’re talking about their housing, so if there were any of that to happen, the ACHA coordinator needs to develop a relationship … even friendship … with that person to be able to … be welcomed into their personal life which is very tragic, you need to, to be in there to be able to assist.

Contact with an agency gives older people renewed hope and trust - fundamental components of psychological well-being.

**Survival**

Intervention by an outside agency has certainly increased the life span of many of our informants. The two extended excerpts from interviews with agency managers are moving portrayals of the enormous impact competent, caring intervention can make. An ACHA manager told the story of Reg, an 87 year-old man, an ex-alcoholic, living in Sydney. The agency had made contact with Reg about five years previously:

Reg was living in public housing. He was an active alcoholic who was not caring for himself, not eating, couldn’t walk, couldn’t do anything. And now he’s fantastic. ACAT (Aged Care Assessment Team) had been notified about him, but didn’t know quite what to do with him… So I started visiting, I took him things, I got to know him, I negotiated with the neighbours to get them to try and stop buying him beer… I just did general things which were trust-building exercises… So while he was getting all this attention, invariably he started to respond, eventually started to walk somewhat [he was bed-ridden]… Whenever I took him out I was really at risk because he would shake and stumble and he was very, very frail. Quite skinny, malnourished. And so I worked to get to know Reg and gained some trust and then negotiated with …. Hospital to place him there in the rehab section to get his legs working again… I worked on him about coming into care. And although he was reluctant I just kept focusing on, this is how you’ve been living, this is squalor, that’s not appropriate, that’s not living, it’s just surviving, you know… Ah it [his accommodation] was filthy. He couldn’t even get to the toilet, he would pee in a bottle under the bed. So the stench was there all the time.

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9 All the names used in this paper are pseudonyms.
There was no cleaning up done. There was nothing done. He didn’t even have any heating.

Reg is now living in supported housing. He has his own room in a clustered retirement unit. He shares a lounge with four other older people and there is a dining-room where residents have prepared meals. He is now a much more social, functional individual.

One ACHA manager described the case of an 88 year-old man, Colin:

He’d been there [in a boarding house], very isolated, for some years. And was unwell and was not coping well looking after himself. And he was in his seventies. This is a long time ago. He’s now 88. So this was ten years ago, and he’s now one of our regular volunteers that comes and does the statistics and does the weaving and does the thank-you letters and all of that. But when he came to us, there was years of neglect. He had operations and problems and wasn’t looked after properly. Couldn’t shop and couldn’t eat. He was just lying there on his bed. But he also had a problem in being willing to accept help, because he was very proud, very intelligent man, very capable, and very disappointed that his own family had abandoned him, you know… So we invited him to just see us as a neighbourhood house that he could come to and talk about art and look at our Monet books in the Library and you know, to engage him in all sorts of ways. And have a meal while he was at it, and then gradually we invited him in to share a house with one of our other men and now he’s got his own little house and we have a cleaner that cleans it and somebody provides his meals, and someone who takes him shopping. And he’s really well. He’s a very happy man. It’s just that there’s lots and lots of stories like that, but he’s sort of classic …

Clearly the lives of these two men had been dramatically transformed by their contact with the agencies. A woman in her late sixties who was in serous financial difficulties, has a sick husband and was in a spiral of decline reflected poignantly, “she [the ACHA worker] saved my life, as far as I’m concerned, because I really had had it. And you know, things started to turn a bit better for me then because M …[the ACHA worker] looked after me…And through her actually, meeting her, it was the turning in my life, in as much as, she was a complete stranger, but she is just so good to us.”

It is fair to conclude that the outside intervention had not only improved the quality of life of the three individuals just discussed, but had also, in all probability, extended their respective life-spans significantly.

**Ontological security**

Giddens defines ontological security as the fundamental trust that develops between a parent and child. If a child experiences a strong routine and positive ties with its parents from infancy this creates the basis for the development of a strong sense of self. Giddens (1984:4) argues that “in the enactment of routines agents sustain a sense of ontological security”. Elsewhere he argues that “the radical disruption of routine produces a sort of corrosive effect upon the customary behaviour of the actor, associated with the impact of
anxiety or fear …” (Giddens, 1979:126). In situations where routine is violently disrupted (an extreme example that Giddens points to are the concentration camps in Nazi Germany) the individual personality is severely affected. It could be argued that the constant anxiety around accommodation severely undermined the ontological security of many of our informants. They became distrustful, fearful and anxious. The intervention of the service provider and the resolving of their accommodation concerns and the support provided helps to restore trust and a degree of ontological security. It gives people stability, control and identity. This is captured in the following quote by a 69 year-old Australian woman: “It doesn’t matter how drab the room is, you get things to lighten it up, you get pictures, you put the pictures up ... you’ve got a roof over your head ... you’ve got nobody telling you what to do and what not to do ... you are a free spirit and you can do what you like.” A male informant spoke of the importance of having a space where they can have their personal items and a sense of ownership:

I think when people get to the stage of having something, you know, some kind of accommodation, they can say this is my little chair, this is my little table, this is my little kitchen and this is my little bathroom. It doesn’t really matter you know. You can’t, you cannot pretend in your mind that they’ve got to provide you with a castle.

CONCLUSIONS

Our research has shown that a large proportion of older Australians are “at risk” of becoming homeless and that, in many instances, it is only because of outside intervention that this at risk group does not lapse into homelessness. It also showed that besides helping older people find housing, the intervention and ongoing support enabled most of our informants to live out the last chapter of their lives with a degree of independence, hope and dignity. A question this research evokes is what happens to those older Australians who require assistance but whom for one reason or another are not in contact with an agency. It is probable that, in many instances, their level of social exclusion is dramatic and their health and life expectancy is adversely affected. The paper has shown that a fundamental problem facing older Australians, especially those who are not home-owners, is accessing affordable, adequate and secure housing. Over the last decade this has become more and more difficult due to the virtual freeze on the building of new public housing, ever increasing rents and the spiralling cost of buying a home. The dire shortage of affordable housing is mainly due to cuts in Commonwealth funding for public housing and the shift towards the rent assistance model. In many instances the rent assistance is not adequate especially in places where housing costs are high. In June 2003 a spokeswoman for the Department of Housing in NSW argued that “more than $76 million in real terms” had been “taken out of public housing in NSW under the last Commonwealth State Housing Agreement” (Masters, 2003). In mid 2003 about 92 000 people in News South Wales were on the waiting list for public housing (Masters, 2003). There are varying estimates as to the average waiting period. Gary Moore, the NSW Council of Social Services director estimates that the waiting period is between 3 and 10 years (Masters, 2003). The waiting period is dependent on location and priority. A manager of an ACHA agency in the eastern
suburbs of Sydney commented that her area “there’s a twelve year waiting list for Department of Housing [housing] … a huge lack of public housing, and … to get onto the priority waiting list one needs to be aged over 80 and have medical support and evidence”.

The dramatic shortage of public housing comes at a time when structural unemployment, low earnings and a sustained housing boom means that it is very likely that an ever increasing proportion of Australians face old age as renters rather than earners. The 2001 Census found that 66.2 per cent of all occupied private dwellings “were either fully owned or being purchased” and 26.3 per cent were being rented (ABS, 2002). In the larger cities a greater and greater proportion of families are finding it difficult to purchase a home. In the year to June 2002 house prices in Sydney increased by 20 per cent and the median price of a home in Sydney in mid-2002 was $372,000 (O’Loughlin and Davies, 2002). This means that even well-paid workers such as academics, teachers and experienced police officers are finding it difficult to purchase a home in Sydney. This scenario suggests that by the middle of this century, when 24-26 per cent of the population or at least 6 million Australians are over 65 means, there could be 2-3 million older people without the security of home-ownership. A proportion will have accumulated enough superannuation to comfortably afford the private market, most, however, are unlikely to be in this position. Periods of unemployment, enforced early retirement, disability and a career of poorly paid employment will ensure that a large proportion of older Australians will remain dependent on government for income support. Clearly, the market can only do so much. For an ever-increasing proportion of the population, the market will not provide them with security for their old-age. The research illustrates that if Australia wants to avoid the spectre of tens of thousands of older people being destined to primary or secondary homelessness at present and in the future it is crucial that policy be revamped. The virtual freezing of the building of public housing has to be rethought. In many ways it is the easiest way to ensure that poorer, older Australians are adequately housed. Some thought also needs to be given to the building of age-specific housing. If public housing is not a viable route then the level of rental assistance has to increase so that older people dependent on a state pension are able to access adequate, private accommodation. The funding for substantial intervention and support also has to be increased. The interviews with the ACHA managers indicated that the agencies are hopelessly overstretched and are in dire need of more resources.
References


