

**PREVENTING HOMELESSNESS IN  
OLDER WOMEN**

Phase One Report

**FINAL**

August 2023

# PREVENTING HOMELESSNESS IN OLDER WOMEN

Phase One Report

## FINAL

Prepared by  
**Umwelt (Australia) Pty Limited**  
on behalf of  
**Eastern Affordable Housing Alliance**

Project Director: Dr Sheridan Coakes  
Project Manager: Dr Kate Raynor  
Report No. 22901/R01  
Date: August 2023



This report was prepared using  
Umwelt's ISO 9001 certified  
Quality Management System.

**Acknowledgement of Country**

*Umwelt would like to acknowledge the traditional custodians of the country on which we work and pay respect to their cultural heritage, beliefs, and continuing relationship with the land. We pay our respect to the Elders – past, present, and future.*

**Disclaimer**

This document has been prepared for the sole use of the authorised recipient and this document may not be used, copied or reproduced in whole or part for any purpose other than that for which it was supplied by Umwelt (Australia) Pty Ltd (Umwelt). No other party should rely on this document without the prior written consent of Umwelt.

Umwelt undertakes no duty, nor accepts any responsibility, to any third party who may rely upon or use this document. Umwelt assumes no liability to a third party for any inaccuracies in or omissions to that information.

Where this document indicates that information has been provided by third parties, Umwelt has made no independent verification of this information except as expressly stated.

**©Umwelt (Australia) Pty Ltd**

**Document Status**

| Rev No. | Reviewer           |          | Approved for Issue |          |
|---------|--------------------|----------|--------------------|----------|
|         | Name               | Date     | Name               | Date     |
| Final   | Dr Sheridan Coakes | 3/8/2023 | Dr Sheridan Coakes | 3/8/2023 |
|         |                    |          |                    |          |
|         |                    |          |                    |          |



# EXECUTIVE SUMMARY



## PREVENTING HOMELESSNESS IN OLDER WOMEN PROJECT

The Preventing Homelessness Among Older Women Research Project is commissioned by the Eastern Affordable Housing Alliance (EAHA), delivered through funding from the Victorian Government’s Metropolitan Partnerships Development Fund, and with support from Knox City Council. This two-phase research project aims to understand the context of older women’s homelessness in Melbourne’s Eastern Metropolitan Region (Phase One) and develop solutions to address this issue (Phase Two).

### PROJECT PROCESS

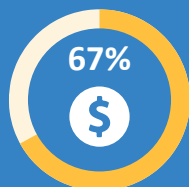
Since the end of 2022, this project has mapped the prevalence of older women at risk of homelessness across the region and the services that support them. Across interviews, surveys and focus groups with over 90 participants this project has focused on what it’s like to seek and deliver housing and homelessness support in Melbourne’s east, what it’s like to experience housing stress and homelessness and what we should be doing to resolve the growing prevalence of homelessness among older women. Throughout, the project has worked to give a voice to women who have often felt invisible.

We’ve conducted the following activities:

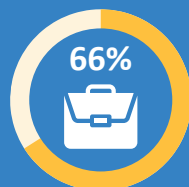
- Literature review
- Mapping the prevalence of older women across the EMR
- Mapping services across the EMR
- Key stakeholder interviews (11)
- Focus groups with service providers and older women with lived experience (39 people)
- Surveys issued to service providers and older women (39)

Older women are most at risk of homelessness and housing stress if they have one or more of the attributes outlined.

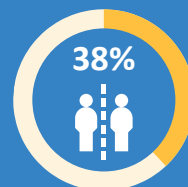
Attributes of women aged over 55 in the EMR.  
Source: ABS 2021.



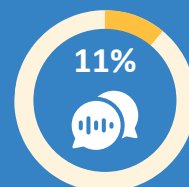
Earn a very low or low income



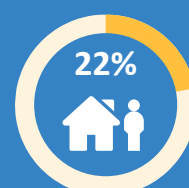
Not in the labour force



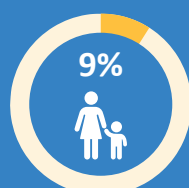
Widowed, divorced or separated



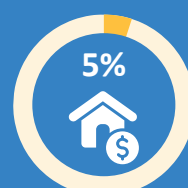
Low English proficiency



Live alone



Live as single parent



Rent in private rental

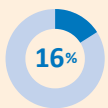


Aboriginal or Torres Strait Islander



## KEY FINDINGS

Phase One of this research has focused on understanding the context of older women's homelessness, especially at it relates to the Eastern Metropolitan Region. Key findings are summarized below:



### Housing risk is prevalent in the EMR:

Across the EMR, there are just under 150,000 women over 55. That's 16% of the region's population. 8,050 (or 5% of this cohort) rent in the private sector and two thirds earn a very low or low income.



### There are two key 'pathways' into homelessness:

Pathway One is the 'gradual pathway,' where women become homeless later in life after decades of social isolation, housing insecurity and poverty. Pathway Two is the 'rapid pathway,' where a relatively 'middle class' older woman experiences a shock like a divorce, job loss or serious illness resulting in homelessness



### Services and housing in the EMR (and across Australia) are insufficient:

Services are difficult to qualify for, systems are difficult to navigate and lack of crisis housing, social housing and affordable housing put vulnerable women at risk



### The issue is intersectional:

Responding to older women's homelessness requires consideration of intersecting and cumulative vulnerabilities of age, gender, cultural and linguistic background, disability, poverty and trauma



### Prevention is far more effective than crisis response:

Despite this, our systems rarely have the capacity and resources to prioritise prevention



### Housing and homelessness is deeply emotional:

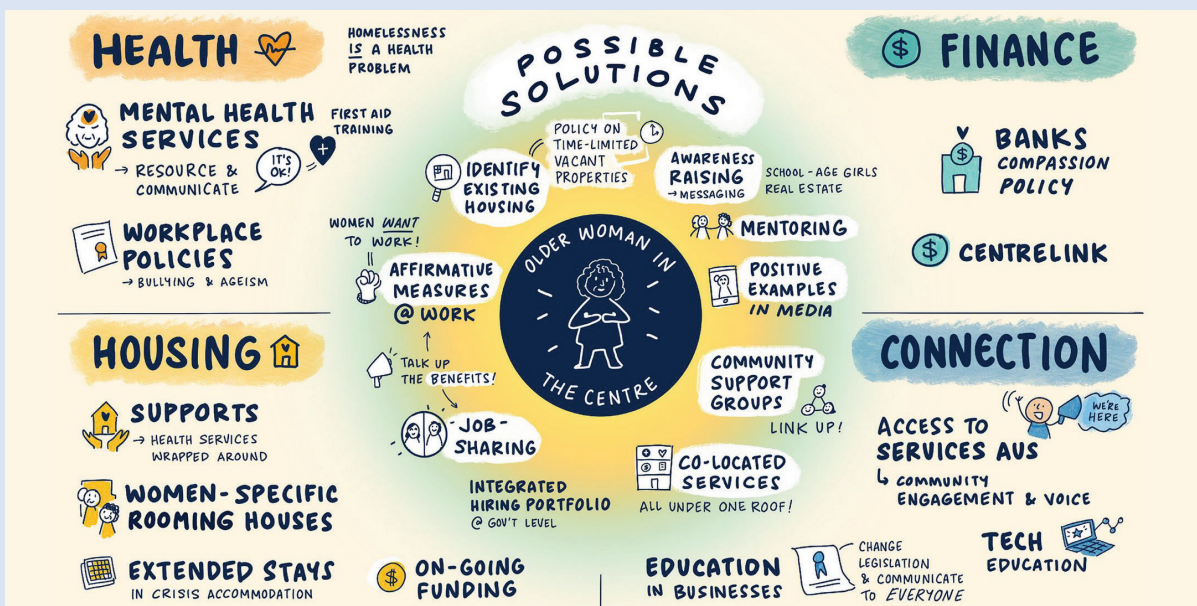
Pride, shame and the experience of feeling invisible are key barriers to accessing and receiving support for older women



### Solutions are cross-sectoral:

This report includes a wide variety of potential solutions, reflecting the diversity of recommendations that emerged throughout Phase One. Solutions need to consider connected responses to health, housing, social connection and finance.

# WHAT WE HAVE HEARD SO FAR FROM FOCUS GROUPS WITH SERVICE PROVIDERS AND OLDER WOMEN AT RISK OF HOMELESSNESS



# Abbreviations and Glossary

| Term                              | Definition   |
|-----------------------------------|--|
| <b>ABS</b>                        | Australian Bureau of Statistics.   |
| <b>Affordable Housing</b>         | Housing, including social housing, that is appropriate for the needs of a range of <i>very low to moderate</i> income households, and priced so these households are able to meet their other essential basic living costs (i.e., not more than 30% of their income).  |
| <b>Age Pension</b>                | An ongoing payment from the Government designed to support people who meet age, financial and residency requirements to meet basic living standards. As of 1 July 2023, those requirements are: aged 67 years or older, an Australian resident living in Australia at time of claim, and eligible after means testing (income and assets). The maximum basic rate is \$971.50/fortnight for singles, or for couples combined, \$1464.60/fortnight. |
| <b>Aging in Place</b>             | The ability of older adults to remain in their own homes and communities as they age, with access to the necessary support services, healthcare, and transportation.   |
| <b>At Risk</b>                    | Refers to individuals or groups who are more likely to experience homelessness due to a combination of risk factors such as poverty, housing insecurity, disability, mental health or substance abuse issues, domestic violence, and social isolation.   |
| <b>Community Housing</b>          | Housing owned or managed by community housing agencies for low-income people, including those eligible for public housing. Community housing agencies are regulated by the Government.   |
| <b>Deliberative Development</b>   | The Australian term for a model of housing provision in which a community develops their own multi-unit apartment structure, bypassing commercial developers, with the intention to occupy their self-owned units. More common in Europe, but beginning to build traction in Australia (Baker, 2022).  |
| <b>Disability</b>                 | A physical or mental impairment that substantially limits one or more major life activities, such as walking, seeing, hearing, or learning.  |
| <b>Disability Support Pension</b> | An ongoing payment from the Government aiming to support people who have a physical, intellectual or psychological condition which is likely to persist for at least two years and stops them from working. Amount received depends on whether an individual is classified as dependent or independent, but the maximum pay is \$971.50/fortnight for singles, or for couples combined, \$1464.60/fortnight.                                       |
| <b>Domestic Violence</b>          | The use of physical, emotional, or sexual abuse by one person against another in a domestic or intimate relationship.  |
| <b>EMR</b>                        | Eastern Metropolitan Region. The EMR includes Manningham City Council, Maroondah City Council, Knox City Council, Monash City Council, Yarra Ranges Shire Council and Whitehorse City Council.   |
| <b>Housing Affordability</b>      | An aggregated measurement, usually expressed as the ratio of housing costs to gross household income.  |
| <b>Housing Stress</b>             | A household is considered in housing stress if they are a very low or low income household and are spending more than 30% of their income on housing costs.  |

| Term                   | Definition  |
|------------------------|---|
| <b>Homelessness</b>    | <p>The condition of lacking a stable, safe, and permanent place to live, often accompanied by a lack of basic necessities such as food, clothing, and healthcare. May include</p> <ul style="list-style-type: none"> <li>• Tertiary homelessness: people living in single rooms in private boarding houses without their own bathroom, kitchen or security of tenure.</li> <li>• Secondary homelessness: people moving between various forms of temporary shelter including friends, emergency accommodation, youth refuges, hostels and boarding houses.</li> <li>• Primary homelessness: people without conventional accommodation (living in the streets, in deserted buildings, improvised dwellings, under bridges, in parks, etc).</li> </ul> |
| <b>LE</b>              | Abbreviation for 'lived experience'.  |
| <b>Low Income</b>      | <p>In Victoria, a low-income household is defined as one that earns between 50% to 80% of Area Median Income. The figures below are adjusted based on household composition and number of occupants.</p> <p>Low income for people living in the Greater Capital City Statistical Area of Melbourne is as following:</p> <ul style="list-style-type: none"> <li>• Single: \$26,681 to \$42,680.</li> <li>• Couple: \$40,011 to \$64,030.</li> <li>• Family (Single / Couple with dependent children) \$56,011 to \$89,630.</li> </ul>  |
| <b>Middle Women</b>    | <p>A term to encompass women whose assets are too high to qualify for social housing (i.e. \$36,340 for the Register of Interest or \$14,364 for the priority list) but are still at risk of housing stress or homelessness as they age due to insecure access to housing. These women usually don't own their own home but cannot qualify for a traditional mortgage. Upper limits on assets differ between contexts but could be up to \$200,000.</p>   |
| <b>Moderate Income</b> | <p>In Victoria, a Moderate-income household is defined as one that earns between 80% to 120% of Area Median Income. The figures below are adjusted based on household composition and number of occupants.</p> <p>Moderate income for people living in the Greater Capital City Statistical Area of Melbourne is as following:</p> <ul style="list-style-type: none"> <li>• Single: \$42,681 to \$64,020.</li> <li>• Couple: \$64,031 to \$96,030.</li> <li>• Family (Single / Couple with dependent children) \$89,631 to \$134,450.</li> </ul>  |
| <b>Public Housing</b>  | Housing owned and managed by the State and provided to eligible disadvantaged Victorians.   |
| <b>RSL</b>             | Returned and Services League of Australia.  |
| <b>Shared equity</b>   | <p>A shared equity scheme is a type of home ownership arrangement where a home buyer partners with an equity partner, often a government or non-profit organization, to purchase a property. Under this arrangement, the equity partner provides a portion of the capital required to buy the property, allowing the homebuyer to make a smaller initial deposit and have lower ongoing housing costs. However, the homebuyer also has reduced equity in the property, meaning they will receive a reduced capital gain when they sell the property. The Australian Labor Party has proposed a shared equity scheme for the 2022 Federal election, and similar schemes already exist in some states.</p>  |
| <b>Shelter</b>         | A temporary living arrangement for people experiencing homelessness, often provided by non-profit organizations or government agencies.   |



| Term                            | Definition  |
|---------------------------------|---|
| <b>Sleeping Rough</b>           | Refers to the act of sleeping in public places, such as parks, sidewalks, or abandoned buildings, without access to a shelter or other form of housing.   |
| <b>Social Isolation</b>         | A state of loneliness or disconnection from others, often resulting from a lack of social support or interaction.   |
| <b>Social Housing</b>           | An umbrella term that refers to both community and public housing.  |
| <b>SP</b>                       | Abbreviation for 'service provider'.  |
| <b>Trauma-Informed Research</b> | Trauma-informed approaches aim to improve engagement by realising the widespread impact of trauma, recognising signs and symptoms, responding in practice and policy, and preventing re-traumatisation through the same.  |
| <b>Very Low Income</b>          | <p>In Victoria, a very low-income household is defined as one that earns up to 50% of Area Median Income. The figures below are adjusted based on household composition and number of occupants.</p> <p>Very low income for people living in the Greater Capital City Statistical Area of Melbourne is as following:</p> <ul style="list-style-type: none"> <li>• Single: Up to \$26,680.</li> <li>• Couple: Up to \$40,010.</li> <li>• Family (Single / Couple with dependent children) Up to \$56,010.</li> </ul> |

# Table of Contents

|   |           |
|---|-----------|
| <b>Executive Summary</b>  | <b>i</b>  |
| <b>Abbreviations and Glossary</b>   | <b>iv</b> |
| <b>1.0 Introduction</b>   | <b>1</b>  |
| 1.1 Report Purpose  | 1         |
| 1.2 Project Context   | 1         |
| 1.2.1 Social and Affordable Housing Needs and Availability  | 2         |
| 1.2.2 Rental Availability and Affordability   | 3         |
| <b>2.0 Project Methodology</b>  | <b>8</b>  |
| 2.1 Methodology Overview  | 8         |
| 2.2 Action Research Approach  | 9         |
| 2.3 A Cross-Sectoral Approach   | 10        |
| <b>3.0 Understanding Older Women’s Homelessness</b>   | <b>11</b> |
| 3.1 How big is the problem?   | 11        |
| 3.2 Who is most at risk of homelessness?  | 13        |
| 3.2.1 Gambling as a Risk Factor   | 14        |
| 3.3 What are the key pathways into homelessness for older women?                                  | 15        |
| 3.4 What are the outcomes of homelessness in older age?   | 17        |
| 3.5 What should we do about it?   | 18        |
| 3.5.1 Age-Appropriate Homelessness and Housing Support Services                                   | 18        |
| 3.5.2 Housing and Care Provision  | 20        |
| <b>4.0 Quantifying the Scale of Older Women’s Homelessness in the Eastern Metropolitan Region</b> | <b>24</b> |
| 4.1 Employment  | 25        |
| 4.2 Older Women with Lower English Proficiency  | 25        |
| 4.3 Renting   | 27        |
| 4.4 Income  | 28        |
| 4.5 Older First Nations Women   | 29        |
| 4.6 Household Composition   | 30        |
| 4.7 Marital Status  | 31        |
| 4.8 Spatial Trends in Older Women’s Homelessness and Service Provision                            | 33        |
| 4.9 Summary of Findings   | 36        |

|            |  |           |
|------------|--|-----------|
| <b>5.0</b> | <b>Understanding Local Experiences</b>                                   | <b>38</b> |
| 5.1        | Housing – Current Experience, Needs and Preferences                      | 39        |
| 5.1.1      | Agency and Self Determination  | 39        |
| 5.1.2      | Access and Affordability   | 40        |
| 5.1.3      | Pathways to Permanency   | 41        |
| 5.1.4      | Co-Occurring Factors   | 42        |
| 5.1.5      | Intersectionality  | 43        |
| 5.2        | Service Access and Provision – Current Experience, Needs and Preferences | 43        |
| 5.2.1      | Awareness and Access   | 44        |
| 5.2.2      | Capacity and Capability  | 46        |
| 5.2.3      | Integration of Services  | 48        |
| 5.2.4      | Visibility and Respect in Care   | 50        |
| 5.3        | Structural Factors   | 51        |
| 5.3.1      | Employment Policy and Practice   | 51        |
| 5.3.2      | Gender Equity  | 52        |
| 5.4        | Solutions  | 52        |
| 5.4.1      | Overview   | 52        |
| 5.4.2      | Housing Supply   | 57        |
| 5.4.3      | Wrap Around Services   | 60        |
| 5.4.4      | Advocacy   | 64        |
| 5.4.5      | Connections  | 65        |
| 5.4.6      | Income Support and Financial Support                                     | 67        |
| <b>6.0</b> | <b>Conclusion</b>  | <b>69</b> |
| <b>7.0</b> | <b>Bibliography</b>  | <b>71</b> |

## Figures

|            |  |    |
|------------|--|----|
| Figure 1.1 | Social housing need in the EMR   | 2  |
| Figure 1.2 | Metropolitan Melbourne Affordable Dwellings  | 4  |
| Figure 1.3 | Rental affordability, single pensioner (L) and pensioner couple (R)                  | 5  |
| Figure 1.4 | Percentage of affordable rentals in Yarra Ranges Maroondah and Knox, 2012–2022       | 6  |
| Figure 1.5 | Percentage of affordable rentals in Monash, Whitehorse and Manningham, 2012–2022     | 7  |
| Figure 2.1 | Project Methodology  | 8  |
| Figure 3.1 | Older clients accessing specialist homelessness services in Australia                | 12 |
| Figure 3.2 | Older clients, by services needed and provided, 2021–22                              | 13 |
| Figure 3.3 | Pathways into homelessness: shocks, buffering resources and risk factors             | 15 |
| Figure 3.4 | Two divergent pathways into first-time homelessness in later life: rapid and gradual | 17 |

|                   |   |           |
|-------------------|---|-----------|
| Figure 3.5        | Spectrum of housing solutions   | 21        |
| Figure 3.6        | Classification of housing options for older Australians                         | 22        |
| Figure 3.7        | A spectrum of solutions   | 23        |
| Figure 4.1        | Income distribution of older women in the EMR                                   | 29        |
| Figure 4.2        | Location of services across the EMR, West section                               | 34        |
| Figure 4.3        | Location of services across the EMR, East section                               | 35        |
| <b>Figure 4.4</b> | <b>Attributes of older women in the EMR</b>                                     | <b>36</b> |
| Figure 4.5        | Percentage of Women Over 55 With Low and Very Low Income Relative to Population | 37        |
| Figure 5.1        | Grace’s Story   | 38        |
| Figure 5.2        | Solutions   | 53        |

## Tables

|            |  |    |
|------------|--|----|
| Table 1.1  | Social housing dwelling percentages by LGA                         | 2  |
| Table 1.2  | Rental Vacancy Rates and Availability                              | 3  |
| Table 1.3  | Per cent of affordable rentals by LGA in December 2022             | 3  |
| Table 2.1  | Project activities and inclusions, Phase One                       | 8  |
| Table 3.1  | Principles for improving homelessness services for older people    | 19 |
| Table 4.1  | Number and distribution of Older Women in the EMR                  | 24 |
| Table 4.2  | Unemployment and labour force status of older women across the EMR | 25 |
| Table 4.3  | Women with low English proficiency in the EMR                      | 26 |
| Table 4.4  | Rental tenure of Older Women across the EMR                        | 27 |
| Table 4.5  | Rental tenure of Older Women by LGA                                | 28 |
| Table 4.6  | Income Bands, Victoria   | 28 |
| Table 4.7  | First Nations women in the EMR                                     | 30 |
| Table 4.8  | Household composition of Older Women in the EMR                    | 31 |
| Table 4.9  | Marital status of Older Women in the EMR and by LGA                | 32 |
| Table 4.10 | Marital status of Older Women by LGA                               | 32 |
| Table 4.11 | Overview of geographical distribution of ‘risk factors’            | 36 |
| Table 5.1  | Summary of solutions   | 54 |
| Table 5.2  | Housing Supply Solutions   | 57 |
| Table 5.3  | Wrap-around service solutions                                      | 61 |
| Table 5.4  | Advocacy Solutions   | 64 |
| Table 5.5  | Connections Solutions  | 65 |
| Table 5.6  | Income and Financial Support Solutions                             | 67 |

## Appendices

|            |   |
|------------|---|
| Appendix A | Community and Stakeholder Engagement Plan |
|------------|---|

# 1.0 Introduction

## 1.1 Report Purpose

The purpose of this Phase One Report is to summarise findings from the first phase of the Preventing Homelessness among Older Women (PHOW) Project which has focused on developing an understanding of issues and service provision relating to older women's homelessness in the Eastern Metropolitan Region (EMR) of Melbourne and identifying potential solutions to these issues. To this end, Phase One had the following objectives:

- To provide a brief literature review of older women's homelessness, focusing on causes and outcomes of homelessness.
- To gather and collate existing quantitative and qualitative data to provide a richer insight into number, characteristics and geographical distribution of older women in the EMR<sup>1</sup>.
- To review existing services and identify potential gaps in service provision, data collection, service integration etc.
- To communicate the perspectives and lived experiences of older women and service providers working and living in the EMR and identify key gaps or opportunities in housing and service provision.
- To identify successful housing/service models and preventative approaches that could be implemented in the Eastern Metropolitan Region (EMR).

## 1.2 Project Context

Melbourne's Eastern Metropolitan Region spans the middle ring suburban neighbourhoods of Oakleigh, Box Hill and Doncaster to the mountain-ash forests of the Dandenong Ranges and the vineyards of the Yarra Valley in the far northeast. The Region is also home to many well-established suburbs such as Ringwood, Mooroolbark and Boronia, characterising the transition between the built and natural environments. Melbourne's Eastern Metropolitan Region is also the traditional home of the Wurundjeri and Bunurong people of the Kulin Nation.

Local government areas within the region include:

- Manningham City Council
- Maroondah City Council
- Knox City Council
- Monash City Council
- Yarra Ranges Shire Council
- Whitehorse City Council.

---

<sup>1</sup> Please note, for the purposes of this report, 'older women' have been defined as women 55 years or older. The exception is First Nations women who have been included from the age of 45. This change was implemented in response to stakeholder feedback and to reflect the increasing practice of including a lower age cut-off for First Nations peoples due to shorter life expectancies and higher levels of health challenges in this population group.

## 1.2.1 Social and Affordable Housing Needs and Availability

There is a substantial need for additional social and affordable housing across the EMR, where social housing provision is below State and Metropolitan averages. This need is particularly strong in Monash and Whitehorse, where minimum social housing need is projected to reach 3,630 and 3,290 dwellings respectively by 2036 (Knox City Council, 2018) as shown in **Figure 1.1**. This figure is also predicted to be high in the Manningham City Council area.

| Year           | Knox | Manningham | Maroondah | Monash | Whitehorse | Yarra Ranges | Total EAHA |
|----------------|------|------------|-----------|--------|------------|--------------|------------|
| Current (2016) | 390  | 1630       | 130       | 2820   | 2350       | 650          | 7970       |
| By 2021        | 530  | 1810       | 230       | 3070   | 2660       | 730          | 9030       |
| By 2026        | 640  | 1930       | 320       | 3260   | 2890       | 810          | 9850       |
| By 2031        | 750  | 2040       | 410       | 3440   | 3090       | 880          | 10610      |
| By 2036        | 860  | 2190       | 500       | 3630   | 3290       | 950          | 11420      |

**Figure 1.1 Social housing need in the EMR**

Source: Knox City Council, 2018.

Across Manningham, Whitehorse, Monash, Maroondah and Knox, less than 4 per cent of rental units are considered affordable (Knox City Council, 2021). In Maroondah, 1 in 10 households is experiencing either serious or severe housing stress, requiring rent or mortgage repayment assistance (Maroondah City Council, 2018).

The LGAs within the EMR have some of the lowest levels of social housing provision in Victoria. As **Table 1.1** illustrates, of the 80 LGAs in the state, the EMR LGAs are ranked 30<sup>th</sup>, 38<sup>th</sup>, 41<sup>st</sup>, 43<sup>rd</sup>, 66<sup>th</sup>, 70<sup>th</sup> and 76<sup>th</sup> in terms of the percentage of total dwellings in the LGA that are either rented with a State housing authority as a landlord (public housing) or rented with a community housing provider landlord (community housing).

**Table 1.1 Social housing dwelling percentages by LGA**

| Ranking | Local Government Area | Percentage social housing | Total number of social housing dwellings |
|---------|-----------------------|---------------------------|--|
| 1       | Yarra                 | 7.0%                      | 3,481                                    |
| 2       | Wodonga               | 5.1%                      | 936                                      |
| 3       | Maribyrnong           | 4.5%                      | 1,824                                    |
| 4       | Warrnambool           | 4.4%                      | 699                                      |
| 5       | Swan Hill             | 4.18%                     | 399                                      |
| 6       | Latrobe               | 4.08%                     | 1,455                                    |
| 7       | Port Phillip          | 3.84%                     | 2,433                                    |
| 30      | Maroondah             | 2.27%                     | 1,064                                    |
| 38      | Whitehorse            | 2%                        | 1,410                                    |
| 41      | Knox                  | 1.9%                      | 1,183                                    |

| Ranking | Local Government Area | Percentage social housing | Total number of social housing dwellings |
|---------|-----------------------|---------------------------|--|
| 43      | Monash                | 1.9%                      | 1,439                                    |
| 66      | Yarra Ranges          | 1.0%                      | 583                                      |
| 70      | Boroondara            | 0.8%                      | 610                                      |
| 76      | Manningham            | 0.5%                      | 253                                      |

Source: ABS, 2021.

## 1.2.2 Rental Availability and Affordability

Across the EMR, rental vacancy rates ranged from 0.30 per cent to 0.97 per cent in 2023, constituting highly constrained rental markets. As **Table 1.2** shows, LGAs within the EMR that had the greatest rental vacancy rates included Monash (0.97 per cent) and Whitehorse (0.93 per cent). LGAs within the EMR with the lowest rental vacancy rates included the Yarra Ranges (0.30 per cent) and Knox (0.46 per cent).

**Table 1.2 Rental Vacancy Rates and Availability**

| LGA                 | Current rental vacancy rate | Rental stock available |
|---------------------|-----------------------------|------------------------|
| Yarra Ranges Region | 0.30%                       | 199                    |
| Maroondah Region    | 0.59%                       | 280                    |
| Knox Region         | 0.46%                       | 293                    |
| Monash Region       | 0.97%                       | 786                    |
| Whitehorse Region   | 0.93%                       | 685                    |
| Manningham          | 0.57%                       | 297                    |

Source: Real Estate Investor, 2023.

As **Table 1.3** illustrates, across the EMR, there is extremely limited access to affordable rental properties. Yarra Ranges and Monash had the highest representation of affordable rentals in December 2022, at 4.1 per cent and 3.0 per cent respectively. Manningham and Maroondah had the lowest representation of affordable rentals, at 1.4 per cent and 1.5 per cent respectively.

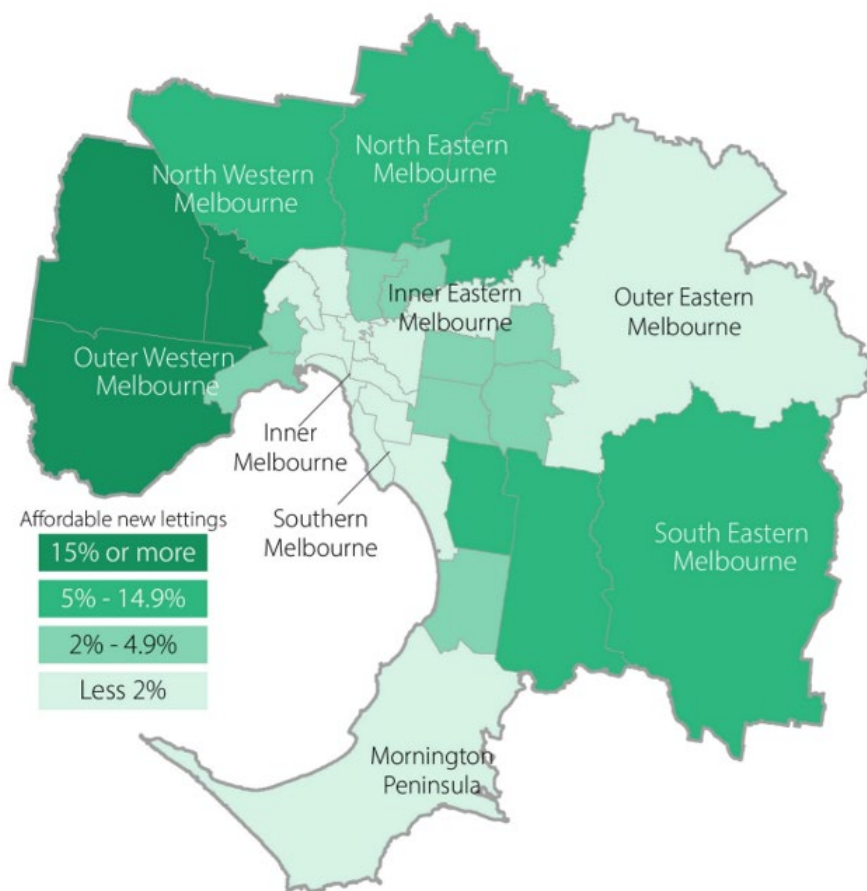
**Table 1.3 Per cent of affordable rentals<sup>2</sup> by LGA in December 2022**

| LGA          | Per cent of affordable rentals, December 2022 |
|--------------|---|
| Yarra Ranges | 4.1%  |
| Maroondah    | 1.5%  |
| Knox         | 2.6%  |
| Monash       | 3.0%  |
| Whitehorse   | 2.2%  |
| Manningham   | 1.4%  |

Source: Department of Families, Fairness and Housing, Affordable lettings by local government area – December quarter 2022.

<sup>2</sup> The Department of Families Fairness and Housing defines affordable housing as rental dwellings that are affordable to a household on a Centrelink income (i.e. a single on Jobseeker, a couple on JobSeeker with 2 children etc, an older person reliant on a pension).

Further, as **Figure 1.2** demonstrates, Outer Eastern Melbourne and Inner Eastern Melbourne are characterised by lower access to new affordable rental dwellings than most of Metropolitan Melbourne.

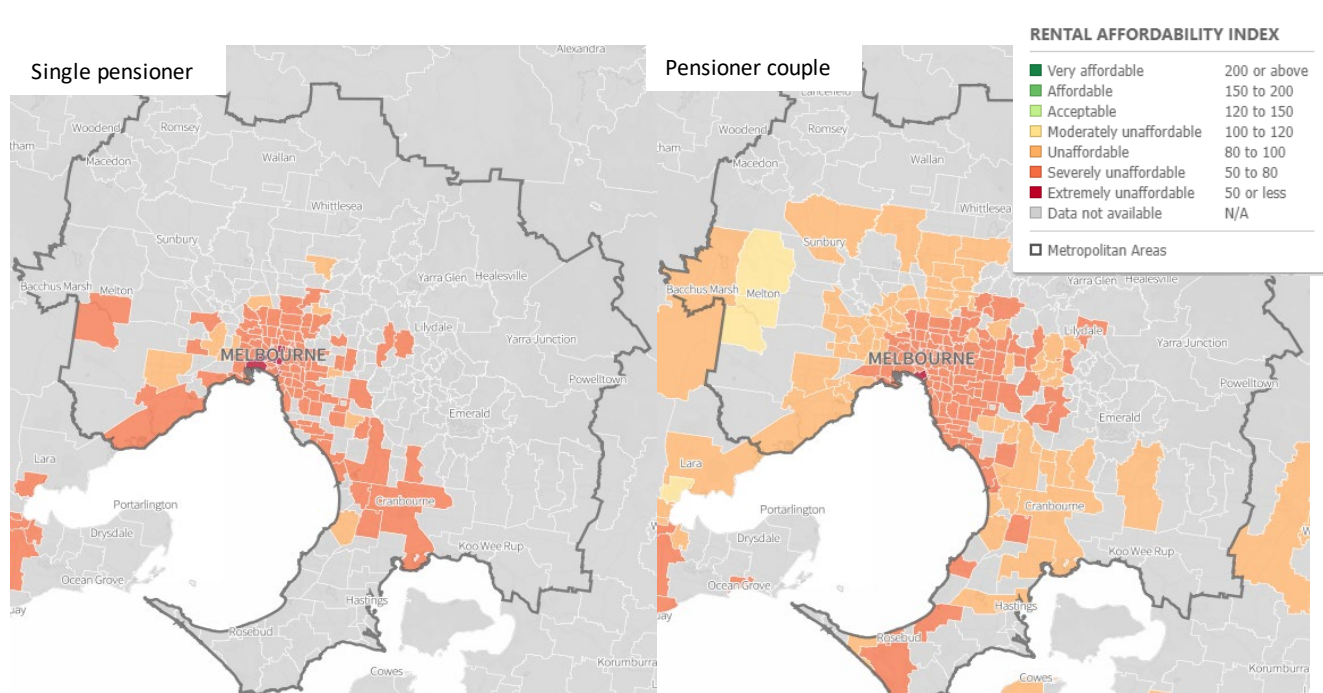


**Figure 1.2 Metropolitan Melbourne Affordable Dwellings**

Source: (Homes Victoria, 2022).

This lack of affordability is also a challenge for older people in the community, especially those reliant on the pension. As **Figure 1.3** illustrates, rental housing is either moderately unaffordable or unaffordable for single pensioners and pensioner couples across the Eastern Metropolitan Region.



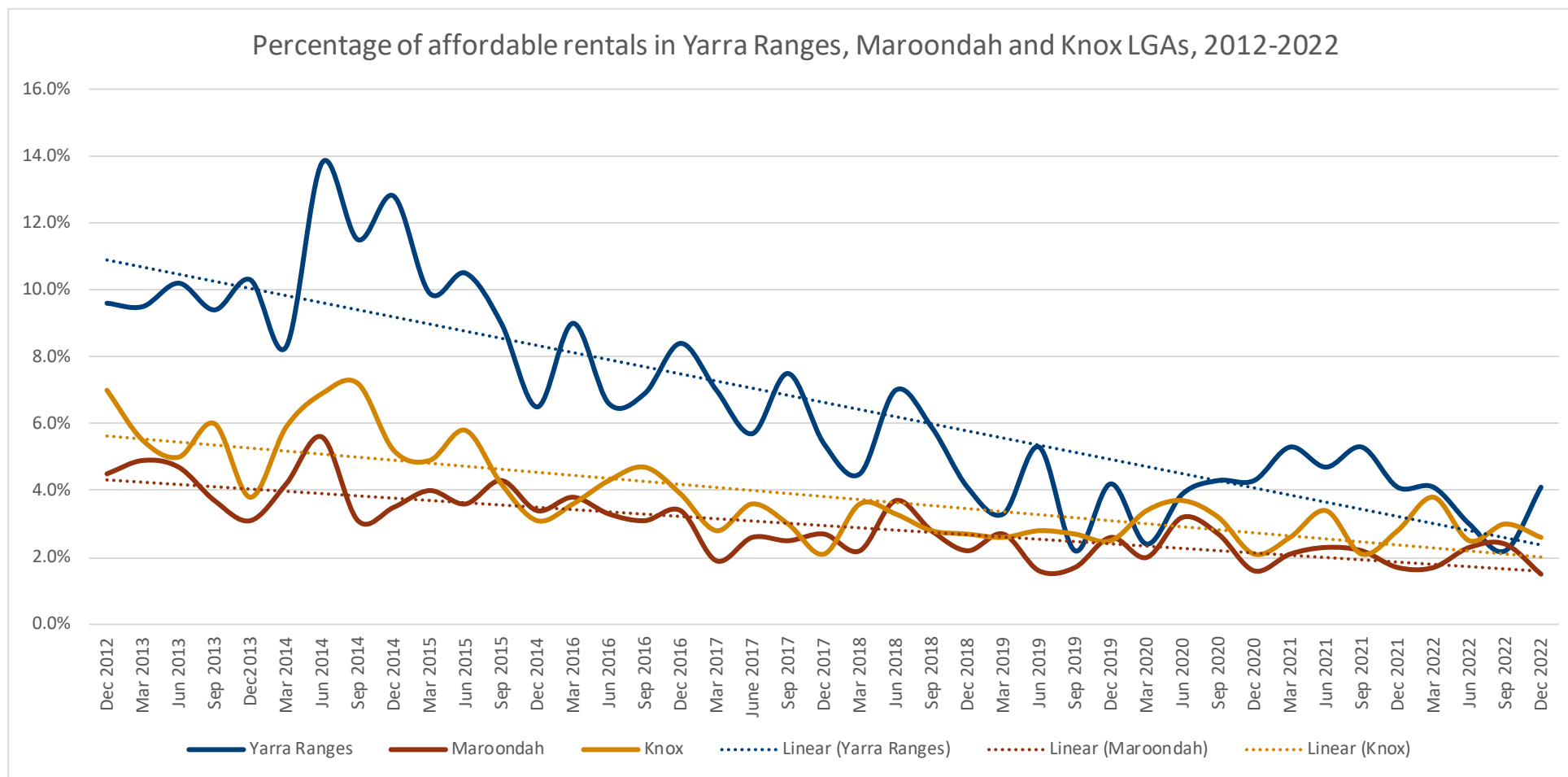


**Figure 1.3 Rental affordability, single pensioner (L) and pensioner couple (R)**

Source: (SGS Economics and Planning, 2022).

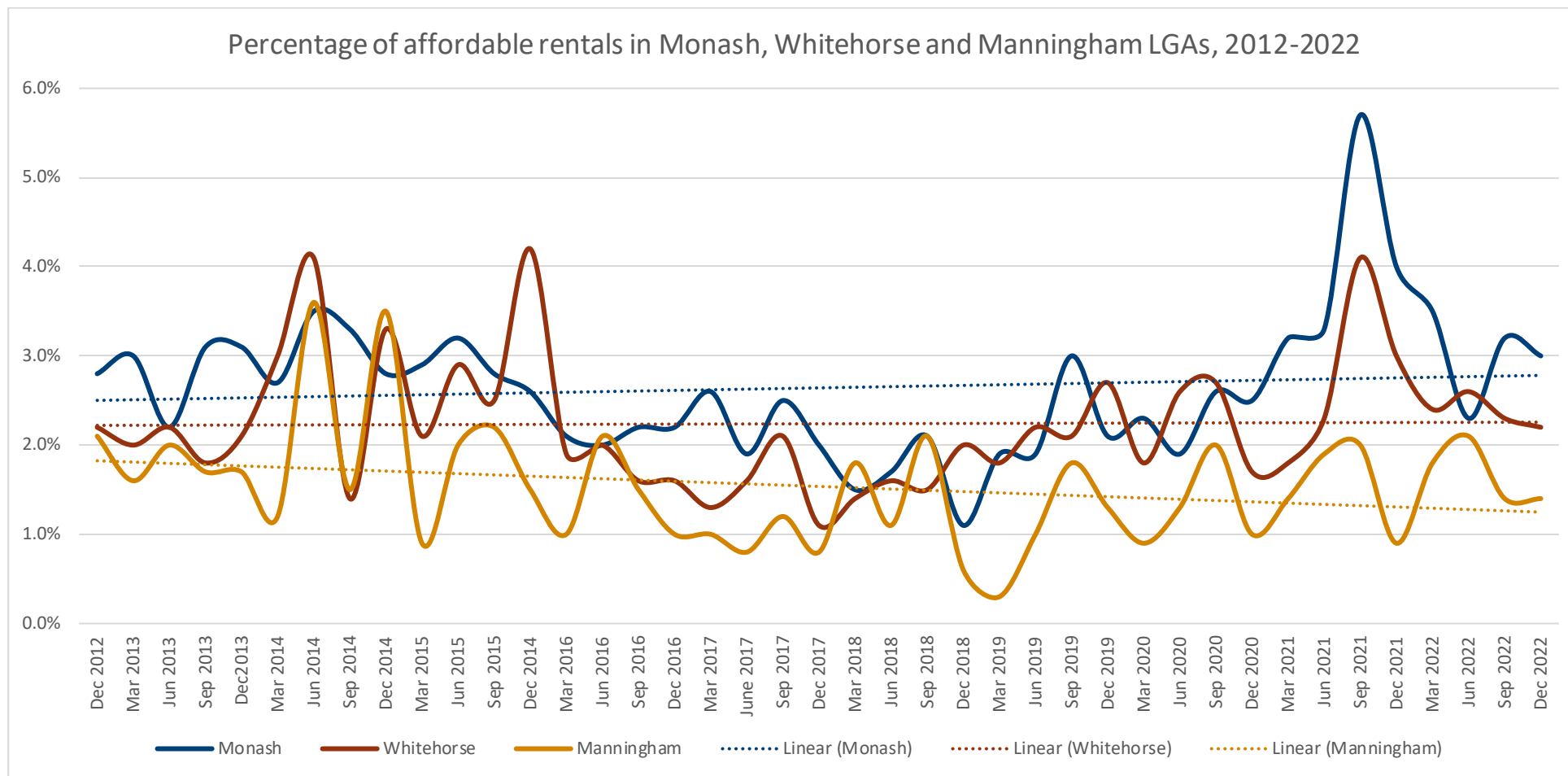
Over the last decade, each LGA within the EMR has experienced different changes in the percentage of affordable rental properties within their LGA. Key changes include:

- Yarra Ranges has experienced the largest decrease in the representation of affordable rentals in the LGA, decreasing from 9.6 per cent in 2012 to 4.1 per cent in 2022 (see **Figure 1.5**).
- Knox, Maroondah and Manningham all experienced decreasing trends in the representation of affordable rentals in their respective LGAs (see **Figure 1.2**). These decreases were not as dramatic as in the Yarra Ranges.
- Whitehorse and Monash experienced slight increasing trends over the last 10 years, increasing from 2.1 per cent to 2.2 per cent and 2.8 per cent to 3.0 per cent respectively as shown in **Figure 1.5**.



**Figure 1.4 Percentage of affordable rentals in Yarra Ranges Maroondah and Knox, 2012–2022**

Source: Department of Families, Fairness and Housing, Affordable lettings by local government area – December quarter 2022.



**Figure 1.5 Percentage of affordable rentals in Monash, Whitehorse and Manningham, 2012–2022**

Source: Department of Families, Fairness and Housing, Affordable lettings by local government area – December quarter 2022.

## 2.0 Project Methodology

### 2.1 Methodology Overview

This report represents the culmination of outcomes of Phase One of the broader research project as illustrated in **Figure 2.1**.



**Figure 2.1** Project Methodology

A high-level summary of the research methodology that has been adopted for the Project is provided in **Table 2.1**.

**Table 2.1** Project activities and inclusions, Phase One

| Activity  | Inclusion  |
|---|--|
| Literature Review                                     | A literature review has been conducted and is summarised in <b>Section 3.0</b> .   |
| Stakeholder Engagement Planning                       | The Project team developed a Stakeholder Engagement Plan, informed by stakeholder mapping, engagement methodology refinement and input from the PHOW working group. Refer to <b>Appendix A</b> for the Stakeholder Engagement Plan.  |
| Identifying existing services                         | The location of key services and facilities across the EMR were mapped, with relevance to older women at risk of homelessness. This was delivered through a desktop Geographic Information System (GIS) process and peer-reviewed through focus group engagement.                          |
| Understanding the Cohort - Mapping and Quantification | An initial analysis of the scale of older women at risk in the EMR is included in <b>Section 4.0</b> . It has been developed using ABS table builder to identify the number of women in the EMR over the age of 55 and with a selection of 'risk factors' as identified in the literature. |

| Activity  | Inclusion   |
|---|---|
| Understanding the Cohort – Key Stakeholder Interviews | <p>Two rounds of interviews (total of 11 interviews) were conducted with key stakeholders to understand current challenges and service strengths in the EMR. Refer to <b>Appendix A</b> for further detail on interview questions and participants. The key informant interviews aimed to:</p> <ul style="list-style-type: none"> <li>• Identify local stakeholders to be engaged in focus groups/ mechanisms for recruitment.</li> <li>• Gather insight into service provision and gaps in the region.</li> <li>• Gather insight into women’s experiences of homelessness/ housing insecurity in the region.</li> <li>• Establish a broader understanding of women’s intersection with housing, homelessness, health and legal concerns.</li> <li>• Follow up with under-represented groups or gaps identified in the focus groups</li> </ul>                            |
| Understanding the Cohort - Focus Groups               | <p>A series of two focus groups with service providers and one focus group with older women with lived experience of homelessness and/or housing stress were conducted to understand older women’s experiences of homelessness in the EMR. A total of 39 participants were involved across the three sessions. See <b>Appendix A</b> for further detail on focus group structure and participants. The purpose of these focus groups was to:</p> <ul style="list-style-type: none"> <li>• Gather insight into women’s experiences of homelessness/ housing insecurity in the region.</li> <li>• Establish a broader understanding of women’s intersection with housing, homelessness, health and legal concerns.</li> <li>• Gather insight into service provision and gaps in the region.</li> <li>• Build relationships between different actors and sectors.</li> </ul> |
| Understanding the Cohort – Survey                     | <p>A survey was also issued to service providers and older women across the EMR, attracting 39 responses.. Surveys were emailed to a mailing list, shared with attendees of the Making it Home event and shared with attendees of focus groups.</p>   |
| <b>Information Sharing Activities</b>                 |   |
| Making it Home Event, March 2023                      | <p>Knox City Council hosted an event called <i>Making it Home: Uncovering Solutions to Older Women’s Homelessness</i> on March 16 2023. The event included a screening of the documentary <i>Under Cover</i> and included a panel discussion. Panellists at the event include lead researcher for EAHA’s Preventing Homelessness in Women Over 55 project Dr Kate Raynor, Under Cover director Sue Thomson, architect and co-author of A Design Guide for Older Women’s Housing Sophie Dyring, and a guest woman featured in the film. The event shared an update on the research and was attended by just under 200 people.</p>  |

Source: Umwelt (2023).

## 2.2 Action Research Approach

The Project was designed to deliver an Action Research approach to understanding older women’s experiences of homelessness and housing stress in the Eastern Metropolitan Region and to identify solutions to address this challenge.

Action Research (AR) is both an ethical approach to research and a framework for guiding methodology. It seeks transformative change through taking action and undertaking research. It is based on methodological, ethical and epistemological values that promote direct participation of affected communities and a commitment to transformative activities (Saija, 2014).

Participatory Action Research (PAR) is an approach to research that focuses on recognising and building the capacity of impacted people to participate in all aspects of the research process. It emphasises action toward social change and improvement in the lives and settings of the research participants (Raynor, 2019). PAR places emphasis on the following:

- Involving impacted communities (i.e., older women at risk of homelessness and the individuals and organisations seeking to support them).
- Creating platforms and opportunities for collaborative problem solving.
- Delivering ethical, inclusive, trauma-informed, and emancipatory research methods and approaches.
- Creating opportunities for transformative action, moving from research to place-based solutions in housing, homelessness, or care systems.
- Commitment to partnerships, relationships and networks of long-term collaborators to ensure the longevity and application of identified solutions.
- Building relationships between different actors and sectors.

## **2.3 A Cross-Sectoral Approach**

Research has been designed to gather insights from housing, homelessness, health, family violence, gerontology and finance sectors. Engaging and collaborating with services such as aged care, health including mental health, Centrelink, and homelessness services is crucial in finding solutions, as research indicates that older people often fail to contact mainstream housing support or specialist homelessness services for housing assistance in Australia (Petersen, Parsell, Phillips, & White 2014, p. 15). Instead, studies in Australia have noted that ‘at risk’ older people will generally turn to health and aged care services when faced with housing problems (Lipmann 2009).

Aged care services in Australia have been criticised strongly in the past for failing to engage with the issue of older people’s housing needs. 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 service users and professionals alike (Westmore & Mallet 2011). This is despite homelessness being designated as a special needs category within the Aged Care Act. It is crucial to identify available services, and adopt a collaborative, multidisciplinary approach in order to identify those older women at risk of or already experiencing homelessness in Australia.

## 3.0 Understanding Older Women's Homelessness

Single women over 55 years are the fastest growing cohort of people experiencing homelessness in Australia (ABS, 2018). Women are increasingly reaching retirement either without ever having purchased a home, with a large mortgage remaining, or having exited homeownership due to financial hardship, relationship breakdown and/or ill health. This is particularly concerning given the importance of homeownership in ensuring secure ageing in Australia. Outright homeownership has long been regarded as a supporting pillar of Australian retirement income policy (Ong, Wood, Cigdem, & Salazar, 2019).

Reasons for rising homelessness and housing insecurity include rapid house price increases and rental costs since the late 1980s and long-term declines in social housing provision (Raynor & Panza, 2021). Older women are particularly vulnerable to these structural problems as, on average, they live longer than men; they earn less over their lifetimes and accrue less superannuation; they disproportionately take on unpaid caring roles; and are more likely to experience ageism in the workplace (Darab et al., 2018).

Addressing homelessness and housing stress among older women requires an understanding of how it is experienced and by whom. This report aims to answer several questions central to the topic of older women's homelessness. They are:

1. How big is the problem?
2. Who is most likely to be at risk?
3. What are the key pathways into homelessness for older women?
4. What are the outcomes and implications of homelessness?
5. What can and should be done about it?

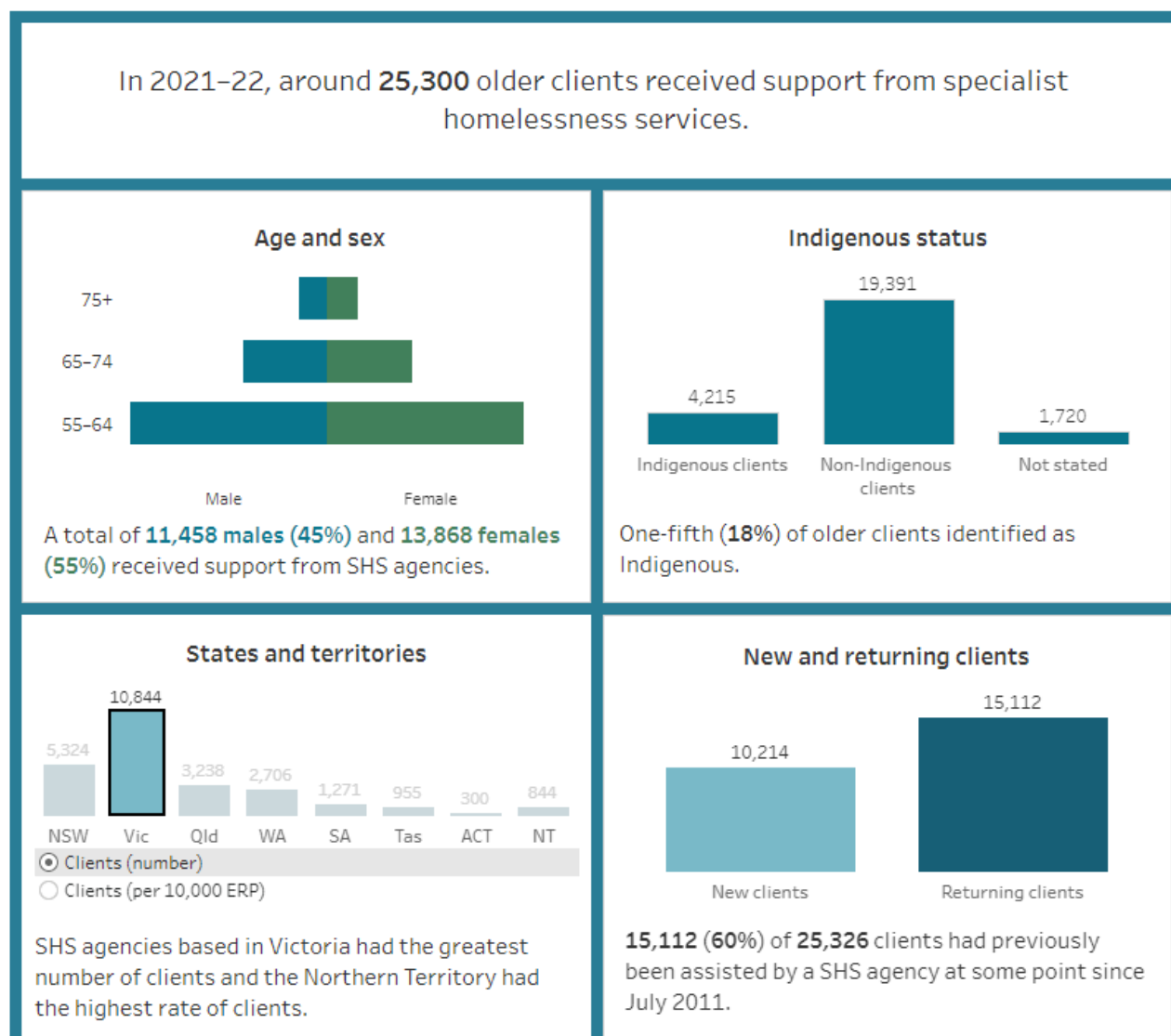
### 3.1 How big is the problem?

A report released in 2020 suggests that over 400,000 older women in Australia are at risk of homelessness (Lester & Faulkner, 2020). This includes 240,000 women 55 years or older and 165,000 women aged 45 to 55 years. This figure is likely to have increased in response to large house price and rental price increases since the onset of COVID-19.

Homelessness among older women is increasing, growing by over 30 per cent between 2011 and 2016, to about 6,900 older women (Australian Institute of Health and Welfare, 2022) and while this figure is small, it is likely a substantial under-reporting.

Women tend to experience homelessness differently to men as they are more likely to be staying with friends, living in their car, or remaining in at-risk situations of physical, emotional, economic and/or sexual violence in the home. For these reasons, their homelessness is more likely to be 'statistically invisible' and therefore underreported (Thredgold et al., 2019).

As **Figure 3.1** illustrates, around 25,300 older clients (defined as those aged over 55 years) received support from specialist homelessness services in Australia in 2021–22. Over half (55%) of these older clients were women and 10,844 (43%) were located in Victoria.

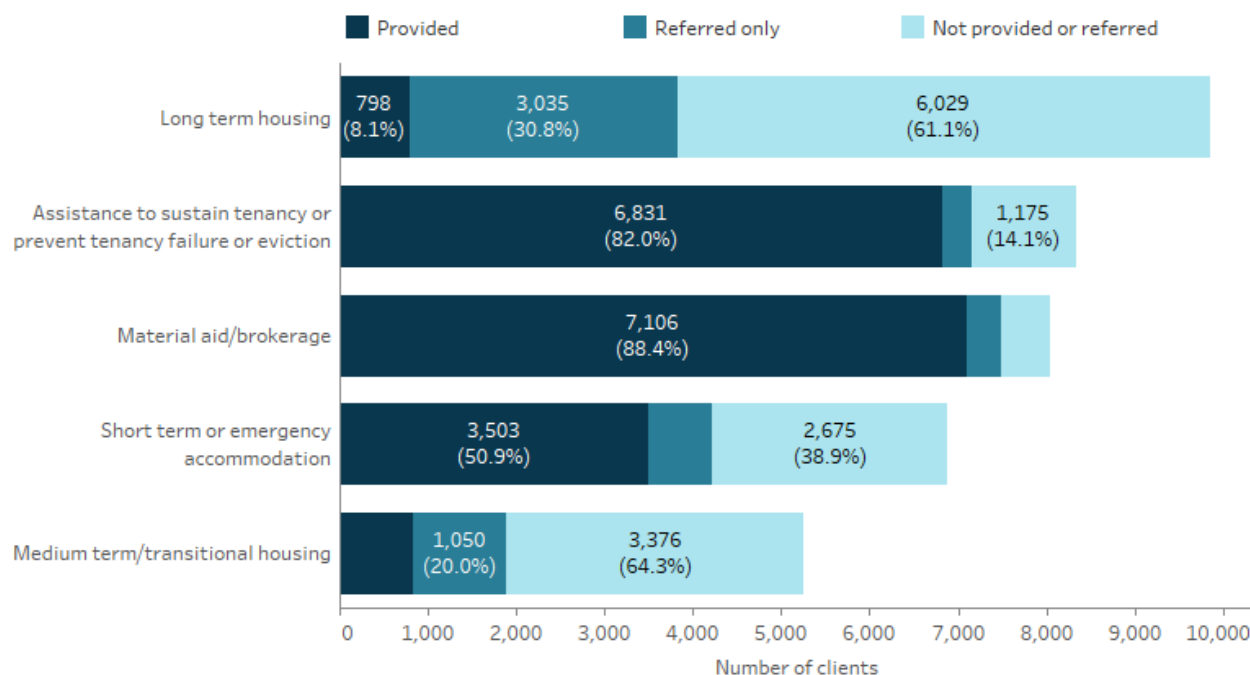


**Figure 3.1 Older clients accessing specialist homelessness services in Australia**

Source: (Australian Institute of Health and Welfare, 2022)



Select assistance category  
All



Notes:

1. Excludes 'Other basic assistance', 'Advice/information' and 'Advocacy/liaison on behalf of client'
  2. 'Short-term accommodation' includes temporary and emergency accommodation.
- Source: Specialist Homelessness Services Collection. Supplementary table OLDER.2.

In 2021–22, older clients needed:

- short-term or emergency accommodation (27% or around 6,900), with 51% of those needing this service receiving this service.
- assistance for family/domestic violence (14% or around 3,600 clients), with 90% receiving this service.
- material aid/brokerage (32% or around 8,000 clients), with 88% receiving this service.
- long-term housing (39% or around 9,900 clients), with 8.1% receiving this service.

**Figure 3.2 Older clients, by services needed and provided, 2021–22**

Source: (Australian Institute of Health and Welfare, 2022).

There are large differences in the capacity of Specialist Homelessness Services (SHS) to meet client needs. Of those accessing SHS in Australia, the majority presented as requesting access to long-term housing, followed by requests for assistance to sustain a tenancy or prevent eviction. Of the over 8000 clients that sought support to sustain a tenancy or prevent tenancy failure or eviction, 82 per cent received support. In contrast, of the over 10,000 clients who sought long term housing in 2021–22, only 8 per cent were provided with housing.

## 3.2 Who is most at risk of homelessness?

Risk of homelessness is highest amongst First Nations women, women from Culturally and Linguistically Diverse (CALD) backgrounds, single parents, and those that have previously experienced homelessness (Lester & Faulkner, 2020). In addition, LGBTQI elders are more likely to live in poverty and experience homelessness compared to the mainstream population, due to both the complexity of their experiences and difficulty accessing services (Walton, 2020). Significantly, those renting in the private rental sector are at highest risk of housing stress.

A woman aged 45 years and above is most at risk of homelessness if they have one or more of the following attributes:

- have been previously at Risk
- are not employed full time
- are an immigrant from a non-English speaking country
- are in private rental
- would have difficulty raising emergency funds
- are First Nations
- are a lone person household
- a lone parent who is separated, divorce or widowed, or
- specifically indicate they would have trouble paying their mortgage or rent. (Lester & Faulkner, 2020).

These risks are also compounding, with Lester and Faulkner (2020) finding that:

- for women aged 55–64 years in a private rental, about 28% are likely to be at risk
- for women who are also not employed full-time the percentage of risk increases to about 34%
- for those who are also a lone parent, the risk rises to over 65%
- the risk increases to over 85% if, in addition, they have experienced at least one prior occurrence of being at risk.

### **3.2.1 Gambling as a Risk Factor**

Older women are especially vulnerable to several compounding risk factors, such as problem gambling, family violence, and homelessness compared to the general population. In the US, the number of adults over 65 years who regularly gamble doubled between 1975 and 1998 (McKay, 2005), and by 2023 it has been reported that 69% of over-60-year-olds gamble each year (Griswold, 2023).

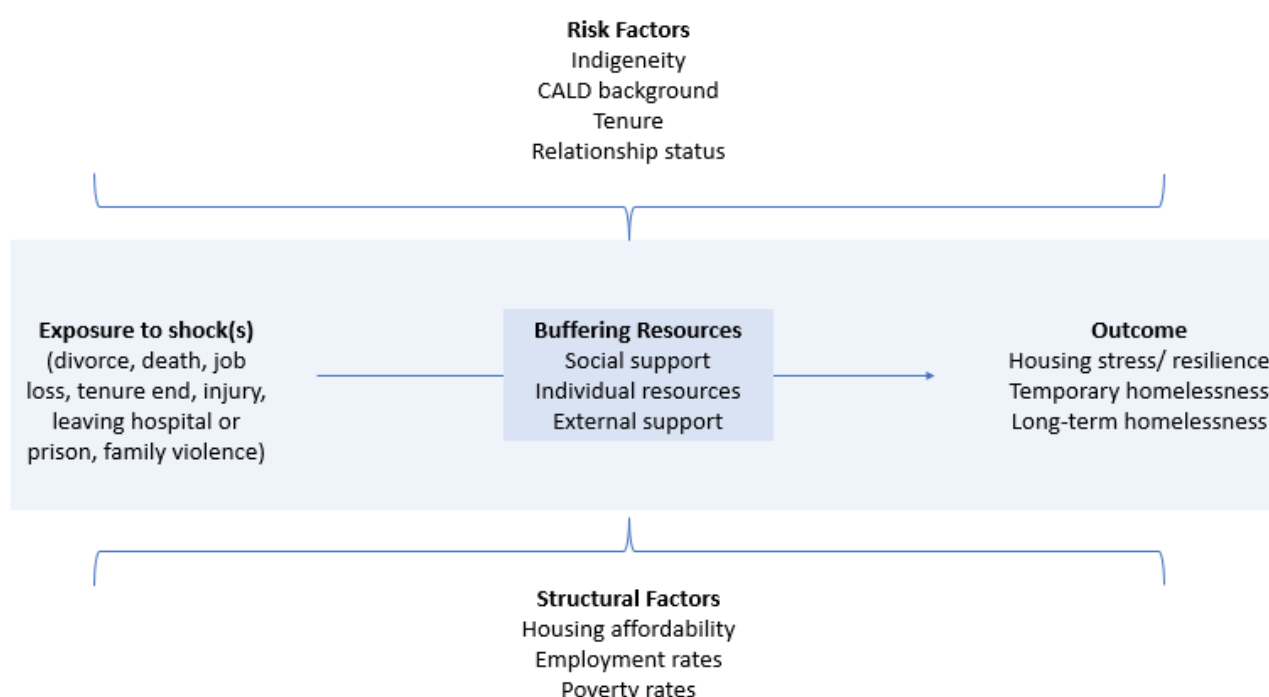
Almost half of all Australians who gamble in a typical month are over the age of 55 (Australian Institute of Health and Welfare, 2021). Electronic gaming machines, colloquially known in Australia as ‘pokies’, are responsible for most gambling addictions among older people and women in particular – especially due to their ubiquity in pubs, clubs and RSLs. A 2008 self-administered survey in Queensland of 414 60+ year olds who regularly play electronic gaming machines found that 27% of participants drew on their savings to fund their gambling (Southwell, Boreham, & Laffan, 2008). Australia is home to 20% of the world’s poker machines – 80% of which are outside casinos – and as a country has the highest gambling losses in the world (Miller, 2022). Though national gambling expenditure is overall on the decline as of 2018, rates of gambling losses have increased significantly in NSW, QLD and the NT (Australian Institute of Health and Welfare, 2021).

Aged care pensions in Australia are means-tested, the full amount granted to pensioners amounts to just \$27 600 p.a. for single persons, or \$20 600 per annum for each individual in a couple. For reference, the current Australian median income is \$52,000 p.a. (Australian Government, 2023). This means that due to the above pressures, retirees (especially women, who on average have less accrued super and lower pensions) stand to lose their disposable income far faster than the average income-earner and are thus vulnerable to negative consequences from gambling addictions (Chvastek & Kirkham, 2022).

Older women also experience family violence more often than men (Penhale, 2008), and when combined with social isolation, precarious financial status (on average) and a high rate of problem gambling, there are many factors of disadvantage that can lead to effects like homelessness or housing precarity among this group.

### 3.3 What are the key pathways into homelessness for older women?

Homelessness, for people of any age or gender, is impacted by both individual and structural factors. As **Figure 3.3** illustrates, transitions into homelessness are often caused by an individual’s experience of a shock or a series of shocks. How someone recovers from a shock is often strongly impacted by their access to buffering resources, such as personal savings, access to social welfare or access to supportive social networks.



**Figure 3.3 Pathways into homelessness: shocks, buffering resources and risk factors**

Source: Adapted from (Raynor & Panza, 2021).

**Figure 3.3** provides insights into how shocks, buffering resources and risk factors could be considered in relation to older women. In particular:

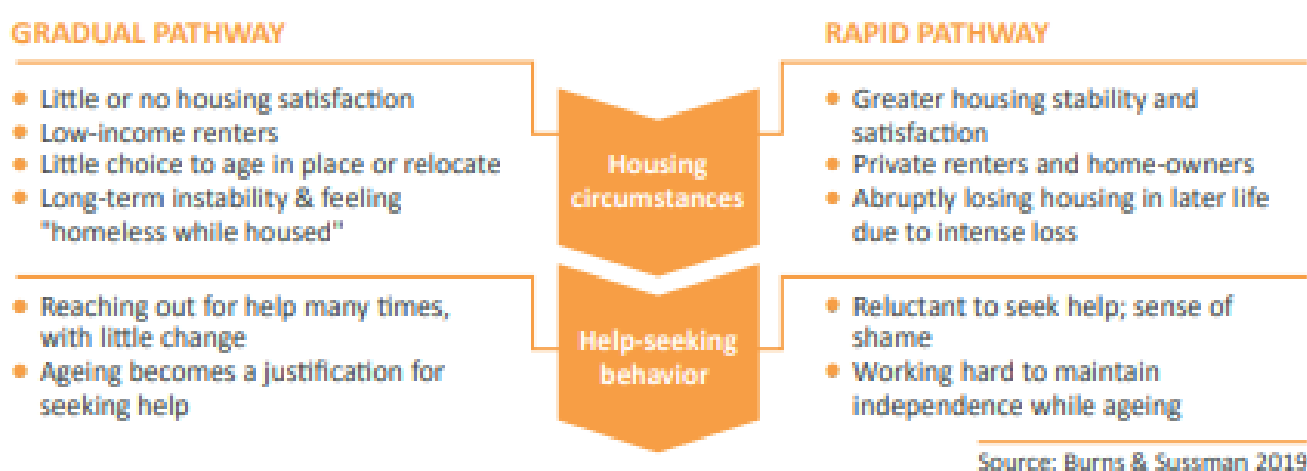
- **Shocks:** the most common shocks experienced by older women include loss of employment, end of a tenancy, death of a spouse, separation or divorce, eviction, providing housing to kin and family networks, family violence and elder abuse, poor mental health, injury or illness and transitions from hospital or justice systems (Grenier, et al., 2016; Raynor & Panza, 2021; Thredgold, Beer, Zufferey, Peters, & Spinney, 2019). When such events occur, older women are more likely to be at risk of homelessness.
- **Buffering resources:** key mediating resources include access to personal financial resources such as superannuation, savings, and housing equity; access to supportive social networks; access to social welfare and support such as the pension, social housing and/or disability payments. The more access to resources an older woman has, the greater her resilience or capacity to ‘buffer’ herself from the shocks she experiences.
- **Risk factors:** key demographic factors include being Indigenous, being from a Culturally and Linguistically Diverse (CALD) background, being single and being a tenant. Previous histories of trauma and abuse are also associated with greater risk of homelessness. When assessing population-level demographics, areas with higher proportions of women with these characteristics are likely to have higher proportions of women at risk of homelessness.
- **Structural factors:** societal and economic factors include inadequate affordable housing, fewer available jobs, poverty, gender inequality, ageism and policies that limit the access of disadvantaged or marginalised populations to health, disability and pension benefits.

Research in Australia and overseas suggests that there are two key ‘cohorts’ of older women who experience homelessness for the first time in later life with distinct pathways into homelessness (Om, Whitehead, Vafeas, & Towell-Barnard, 2022; Burns & Sussman, 2019). These include:

- **The gradual pathway:** Women in this group often follow a slow pathway into homelessness after sustained periods of housing instability. They often endure many years of poor housing conditions, long periods of housing insecurity and a lack of social support (Om, Whitehead, Vafeas, & Towell-Barnard, 2022). Individuals may experience a gradual decline into homelessness through precarious employment, diminishing finances leading to poverty, poor mental and physical health, decreasing social connections (Shinn, et al., 2007), psychiatric conditions, or alcoholism (Dietz, 2009). They are often socially isolated and lack caring networks of family, friends or services. They often have histories of asking for housing or homelessness support but have not been able to access it. They may be unemployed or under-employed and have relatively transient housing and employment histories. For example, they may spend many years renting formally or informally, living in caravan parks with precarious contracts or couch surfing. Their capacity to age-in-place and prepare for older age is severely limited. For this group, accessing crisis accommodation or supported housing was associated with a sense of relief as it represented the end of a long period of instability (Burns & Sussman, 2019).

- **The rapid pathway:** Women in this group often have relatively stable histories of work, housing and family lives prior to experiencing homelessness. They tend to experience an intense series of shocks in later life such as divorce, loss of a loved one or sickness that precipitate housing stress and homelessness. This group often resist asking for help because of internalised concerns that reaching out to existing social networks is shameful and to be avoided. Similarly, women in this group often did not perceive of themselves as in a crisis or requiring of support until they reach crisis point. For this group, the rapid nature of transitions into homelessness meant that accessing supported housing was accompanied by a sense of disbelief or confusion as the transition was experienced as jarring and difficult to comprehend (Burns & Sussman, 2019).

**Figure 3.4** shows the housing circumstances, help-seeking behaviours and reactions to homelessness often associated with these groups. Understanding these differences can support more targeted solutions and approaches.



**Figure 3.4** Two divergent pathways into first-time homelessness in later life: rapid and gradual

Source: (Burns & Sussman, 2019).

### 3.4 What are the outcomes of homelessness in older age?

The implications of homelessness are felt by individuals, communities and society more generally.

At the individual level, homelessness and housing stress has profound consequences for mental and physical health, financial stability, quality of life and social connection. Homelessness and ageing are often considered a 'double jeopardy' where homelessness and housing stress aggravate the challenges of old age. This is associated with lack of physical well-being, lack of emotional well-being, lack of social relationships, impaired coping strategies due to limited access to resources and precarious ways of living (Om et al., 2022).

Although homelessness is traumatising for all who experience it, experiencing homelessness in later life poses additional health risks and challenges (Scutella, 2014). Health problems are far more common among older people experiencing homelessness (Om et al. 2022). The harsh living conditions and reduced access to healthcare that often comes with homelessness can trigger or magnify health problems (Parsell, Ten Have, Denton, & Walter, 2018). Older people experiencing homelessness are not only more likely to live with more disabilities, chronic diseases, complex health problems and geriatric symptoms but also die earlier (Canham, 2021).

Precariously housed older women have an extremely constrained capacity to plan for safe, healthy, secure and fulfilling futures. Women can struggle to plan to safely age-in-place, to adequately care for their own health and for their loved ones, and often feel intense shame and psychological distress at not ageing ‘successfully.’ For those living in expensive and precarious housing, high housing costs and limited security of tenure can erode retirement savings, build feelings of disempowerment, and cause women to disconnect from their social networks and communities (Morris & Verdasco, 2020). Further, a lack of access to affordable housing is a key factor for women returning to violent perpetrators, increasing their risk of physical, psychological and financial harm (Equity Economics, 2021).

Homelessness also has implications for society. People experiencing homelessness are more likely to present at emergency departments, more likely to be unable to manage chronic and complex health issues, and more likely to be perpetrators and victims of crime. This has costs for health and justice systems. Specifically, it is estimated that Australian people experiencing homelessness cost the health system \$8,505 per year on average, compared to the \$2,271/year of Australians as a whole (University of Melbourne, 2017). The authors also estimate a \$6,182 extra cost compared to the general Australian population due to strain on the justice system and consequences of crime. Overall, for every person taken out of homelessness, \$25,000 is expected to be saved (University of Melbourne, 2017). Finally, those experiencing homelessness are usually less connected to their communities and families, reducing social cohesion and contributions to employment, volunteerism and care-giving activities (University of Melbourne, 2017).

### **3.5 What should we do about it?**

#### **3.5.1 Age-Appropriate Homelessness and Housing Support Services**

The current system of supporting older people who experience homelessness in Australia is fragmented, poorly resourced, lacking in age-specific services and unable to provide long-term solutions (Thredgold et al., 2019). While many principles for effective service delivery are universal, there are also age and gender-specific considerations. For example, age-appropriate homelessness and housing solutions should specifically consider mental health conditions; memory problems; difficulties navigating government services; language barriers; inappropriateness of services that aren’t targeted at older people; safety concerns, including experiences of victimization while homeless; and distrust of the system or negative past experiences as key barriers to older women’s use of homelessness and housing services. (Grenier et al., 2016).

The Assistance with Care and Housing (ACH) program of the Commonwealth Home Support Program partially addresses these gaps and barriers by supporting older people who are homeless or at risk of homelessness through eviction from a rental property or inability to secure appropriate housing. It links people into affordable and appropriate housing options, as well as assisting people to connect with home care services (Anglicare Australia, 2022). However, the ACH program is unable to meet demand for its services or provide the depth of assistance needed to support its vulnerable older clients. Further, there is concern recent changes to the home care program to roll the ACH into the new Care Finder program in Australia will mean the dedicated funding, staff and expertise of the ACH program will be lost (Anglicare Australia, 2022).

Homelessness needs to be addressed through long-term policies and programs that focus on prevention, early intervention, the provision of ‘housing first’ approaches, and the supply of ‘wraparound’ services. (Spinney et al., 2020). This includes the delivery of services and the training of employees to be empathetic, acknowledging that shame and/or not believing they qualify is a huge barrier to seeking help for older people (Thredgold, Beer, Zufferey, Peters, & Spinney, 2019). Table 3.1 provides an overview of key levers and actions for improving homelessness services in Australia, focusing specifically on the needs of older Australians. It was developed through a series of workshops hosted and analysed by Spinney et al. (2020).

**Table 3.1 Principles for improving homelessness services for older people**

| Levers   | Actions   |
|--|---|
| Creating early intervention platforms through flexibility of approach and simplicity of access to services | <ul style="list-style-type: none"> <li>• Early detection and intervention for older women to prevent homelessness in the first place.</li> <li>• Attention paid to prevention and early intervention among older persons at risk of homelessness.</li> <li>• Tailored person-centred approach.</li> <li>• Include questions addressing housing security in the aged care assessment.</li> <li>• Ensure national aged care policies address housing adequacy.</li> <li>• Enhance ACH to meet needs of older people who are at risk.</li> </ul>   |
| Innovative and affordable housing options and rethinking social housing                                    | <ul style="list-style-type: none"> <li>• Explore innovative housing options for Australians as they age.</li> <li>• Support for first home buyers.</li> <li>• National housing and homelessness strategy or framework to end homelessness.</li> <li>• Increase supply of social and affordable housing.</li> <li>• More public and social, affordable, appropriate housing with more options.</li> <li>• Older homeless Australians seek a home, not a house.</li> <li>• Better alignment of social and affordable housing stock to the needs of older households; affordable housing that is safe and secure; access to appropriate housing.</li> <li>• More low-cost properties for rent and purchase.</li> <li>• Expand ACH.</li> <li>• Engage with aged care housing services.</li> </ul> |
| Recognising the needs of Indigenous Australians  | <ul style="list-style-type: none"> <li>• Have somewhere for people who are one payslip away from losing their accommodation to go to, or someone they can speak to.</li> <li>• Points of referral linked to aged and seniors’ specific services across the social services system.</li> <li>• A central point for crisis housing and appropriate and safe housing.</li> <li>• Granny flats in backyards.</li> <li>• Improve consultation and engagement for planning and services.</li> <li>• Awareness-raising about seniors’ rights in society.</li> <li>• A central-intake centre with case coordination; dormitory housing for respite; interagency communications.</li> </ul>  |

| Levers  | Actions  |
|---|--|
| Collaboration between different sectors, better system integration and homelessness services  | <ul style="list-style-type: none"> <li>• Better coordination, integration and collaboration between and within services systems.</li> <li>• Integration of aged care, homelessness, health, social service and disability systems.</li> <li>• A dialogue and linkages between aged care, housing and homelessness sectors.</li> <li>• Establish a dialogue between homelessness and aged care providers.</li> <li>• Support SHS network with aged care providers.</li> <li>• Include outreach facilities for persons at risk of homelessness in face-to-face hubs within the aged care system.</li> <li>• Redesign the age pension.</li> <li>• Develop strategies to connect older people to their communities.</li> </ul> |
| Increasing financial supports, more employment opportunities and increasing economic security | <ul style="list-style-type: none"> <li>• Increase single parents' payments so it is a viable income for women and their families.</li> <li>• Increase and index the Homeless Supplement for residential aged care providers.</li> <li>• An urgent increase to income support such as JobSeeker and a review of eligibility for disability support.</li> <li>• More secure funding, and more flexible funding, so that additional services are created.</li> <li>• More government funding; accountability; transparency; support; streamlined processes; access points; simple language; and forms in multiple languages.</li> </ul>   |
| Improving relevant education, training and awareness for people at risk of homelessness       | <ul style="list-style-type: none"> <li>• Empowerment and education for older people of their rights; this may require modest government outlays.</li> <li>• Strategies and education programs to strengthen relationships.</li> <li>• Financial education and information for women that includes challenging gendered norms and myths.</li> <li>• Training, education and employment support for women.</li> <li>• Appropriate training and skills acquisition to ready people for re-employment.</li> <li>• Effective retraining for employment in the contemporary economy, with meaningful actions taken against age discrimination in the workplace.</li> </ul>   |

Source: (Spinney et al., 2020).

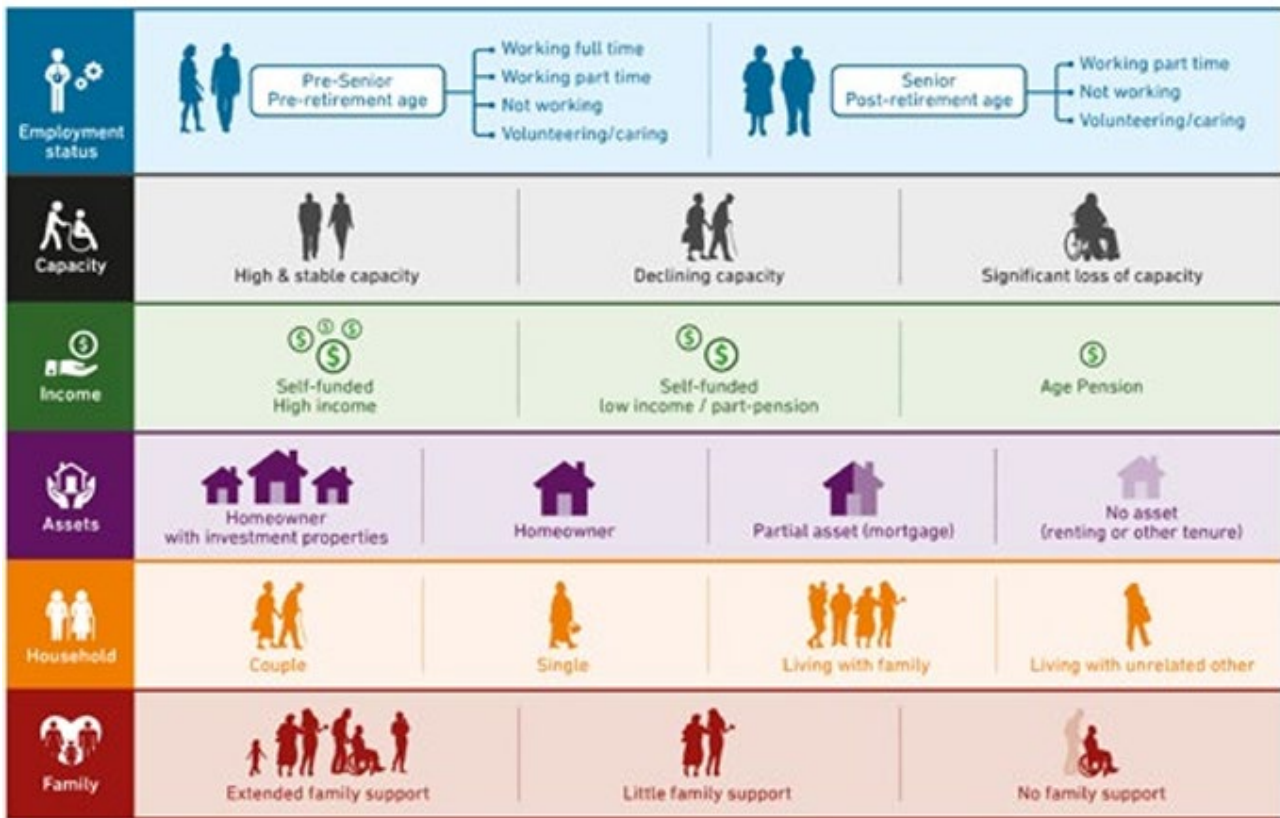
### 3.5.2 Housing and Care Provision

This section provides a high-level overview of models of housing and care relevant to older women. It presents a series of models for thinking about the characteristics that shape what will work, for whom and in what way. Recommended solutions are outlined in Section 5.

There is a spectrum available to older women based on differing housing needs, differing care needs and differing access to resources; the housing suitable to an older person with high care needs and low capacity differs substantially to someone capable of living independently without care. Similarly, the housing options available to an older person with access to modest savings differs from someone without any assets.



Seniors represent a large and diverse group with varying personal, economic and social circumstances. **Figure 3.5** provides a spectrum of factors for considering appropriate housing solutions based on family support, household composition, assets, income, capacity and employment status. This figure highlights the variety of individual situations that effect housing appropriateness and is derived from (Government of Western Australia Housing Authority, 2019)



**Figure 3.5** Spectrum of housing solutions

Source: (Government of Western Australia Housing Authority, 2016).

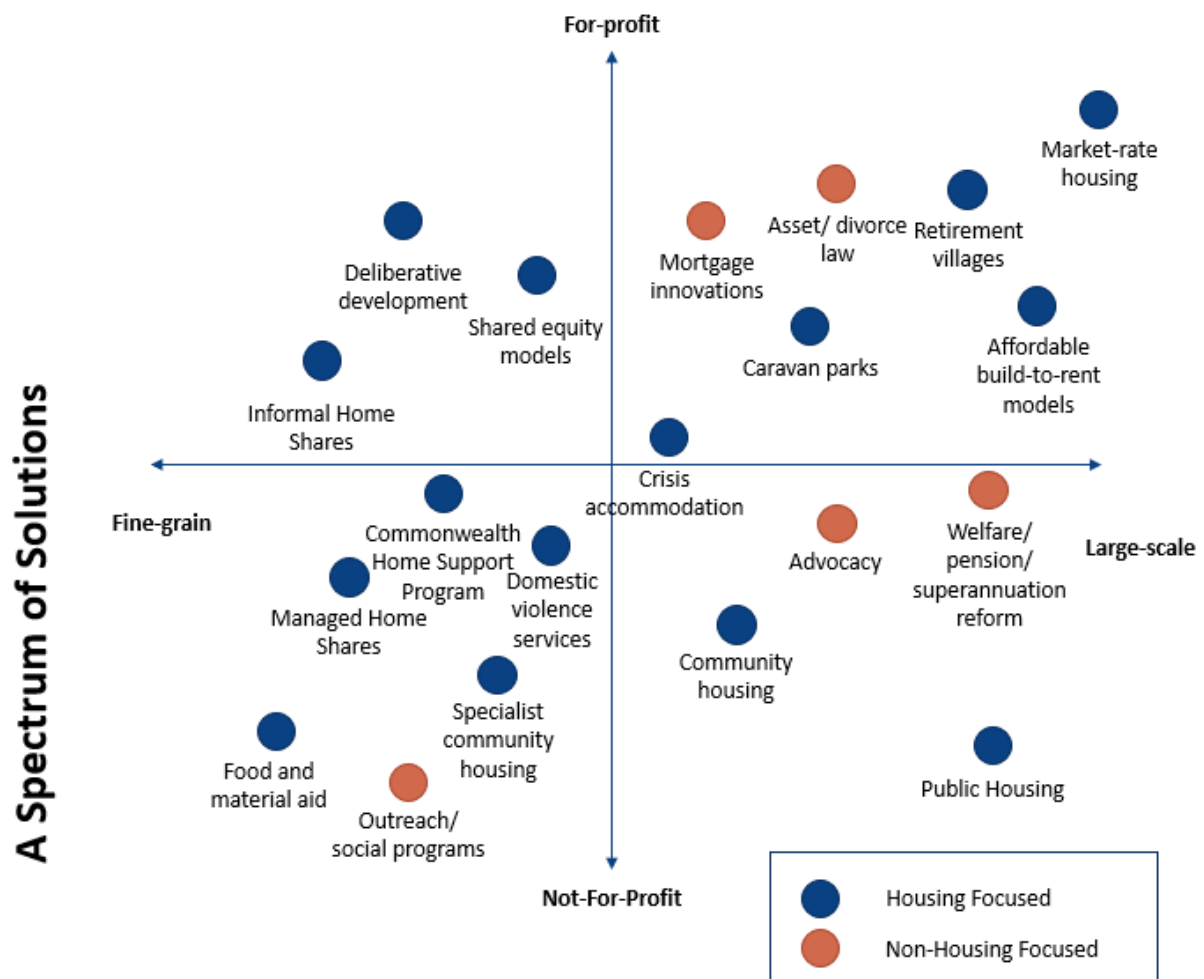
**Figure 3.6** below provides a conceptualisation of housing options for older Australians by age-specificity and tenure. As both figures demonstrate, there are a range of options available.

| Sector                              | Private housing                          |   | Community housing   | Public housing                 | Residential aged care                                     |
|-------------------------------------|--|---|---|--------------------------------|---|
| <i>Tenure</i>                       | <i>Owner, shared ownership, mortgage</i> | <i>Renting/leasehold</i>                            | <i>Renting</i>  | <i>Renting</i>                 | <i>Upfront payment and/or daily accommodation payment</i> |
| Housing available to all age groups | Age in place                             | Age in place  | Age in place  | Age in place                   |   |
|                                     | Buy existing or build new                | Rent existing or new dwellings (e.g. build to rent) | Subsidised rentals  | Rent existing or new dwellings |   |
|                                     | Strata schemes                           | Strata schemes                                      | Co-op housing   |                                |   |
|                                     |  | Shared/co-housing                                   | Shared/co-housing   |                                |   |
|                                     |  | Residential parks                                   |   |                                |   |
| Boarding houses                     | Boarding houses                          |   |   |                                |   |
| Age-specific housing                | Strata schemes for over 55s              | Strata schemes for over 55s                         | Co-op housing   | Existing or new dwellings      | Hostels   |
|                                     | Village living                           | Village living                                      | Subsidised rentals for 55s and over<br>Village living (includes Independent Living Units) | Village living                 | Nursing homes   |
|                                     | Shared/co-housing                        | Co-op housing                                       | Shared/co-housing   |                                |   |

**Figure 3.6 Classification of housing options for older Australians**

Source: (James, Rowley, & Stone, 2020).

It is acknowledged that older women’s homelessness is intersectional and will require solutions that go beyond housing solutions alone. **Figure 3.7** provides an overview of housing and non-housing solutions, ranging from those that represent fine-grain, person-by-person approaches through to large-scale responses that deal with more systemic or scalable outcomes. This model is presented as an initial framework, with solutions to be expanded upon in future reports.



**Figure 3.7 A spectrum of solutions**

Source: Raynor, 2022.

## 4.0 Quantifying the Scale of Older Women’s Homelessness in the Eastern Metropolitan Region

Across the Eastern Metropolitan Region there are approximately 150,000 women over 55 years of age (149,176). LGAs with the highest representation of the Region’s older women include Monash (19.8 per cent or 29,536 older women), Whitehorse (18.4 per cent or 27,488 older women) and Knox (17.5 per cent or 26,051 women). The LGA with the lowest representation is Maroondah (12.2 per cent or 18,264).

The LGA with the highest proportion of older women as a percentage of its total population is Manningham (18.8 per cent), followed by Knox (16.4 per cent). The LGAs with the lowest proportion of older women include Yarra Ranges (15.6 per cent) and Monash (15.5 per cent).

**Table 4.1** Number and distribution of Older Women in the EMR<sup>3</sup>

| LGA          | Total number   | Representation of Older Women across the EMR | Proportion of total LGA population |
|--------------|----------------|--|------------------------------------|
| Yarra Ranges | 24,410         | 16.4%  | 15.6%                              |
| Maroondah    | 18,264         | 12.2%  | 15.9%                              |
| Knox         | 26,051         | 17.5%  | 16.4%                              |
| Monash       | 29,557         | 19.8%  | 15.5%                              |
| Whitehorse   | 27,488         | 18.4%  | 16.2%                              |
| Manningham   | 23,414         | 15.7%  | 18.8%                              |
| <b>Total</b> | <b>149,184</b> | <b>100%</b>                                  |                                    |

Source: ABS, 2021.

The following sections provide a breakdown of attributes of older women in the EMR, based on the 2021 census. The selected characteristics have been informed by previous research that has identified that correlations exist between demographic factors, housing tenure and household composition and greater risk of homelessness (Lester & Faulkner, 2020). It is acknowledged that disadvantage is intersectional and there are other attributes, such as sexual orientation and long-term carer status, that are associated with higher levels of homelessness, but are not captured in ABS data, and therefore were not tracked and considered in this report.

<sup>3</sup> In all tables throughout this chapter the colour coding from red to green indicates highest to lowest proportions of a particular attribute.

## 4.1 Employment

Across the EMR, 1.0 per cent of older women are unemployed and actively seeking full-time or part-time work. Most older women across the EMR are not in the labour force (65.5 per cent). When considering the distribution of unemployed older women looking for work and older women not in the labour force across LGAs within the EMR, it is evident that:

- **Unemployed and actively looking for work:** Knox, Monash and Whitehorse had the highest number of unemployed older women actively seeking employment, representing 19.5 per cent, 18.5 per cent and 18.5 per cent of all unemployed older women seeking employment across the EMR. Maroondah had the lowest representation of unemployed older women actively seeking work, representing 11.9 per cent of all unemployed older women actively seeking work across the EMR. It is important to note that the number of unemployed older women actively seeking employment ranged from 170 to 279 across the LGAs, notably low.
- **Not in the labour force:** the highest number of older women not in the labour force was in Monash and Whitehorse, representing 20.7 per cent and 18.9 per cent of all older women across the EMR not in the labour force. Maroondah had the lowest number of older women not in the labour force, representing 11.7 per cent of all older women not in the labour force.

**Table 4.2 Unemployment and labour force status of older women across the EMR**

| LGA          | Representation of unemployed older women actively seeking employment by LGA | Representation of older women not in the labour force by LGA |
|--------------|---|--|
| Yarra Ranges | 16.31%  | 15.4%  |
| Maroondah    | 11.90%  | 11.7%  |
| Knox         | 19.52%  | 16.9%  |
| Monash       | 18.54%  | 20.7%  |
| Whitehorse   | 18.47%  | 18.9%  |
| Manningham   | 15.96%  | 16.4%  |
| <b>Total</b> | <b>100%</b>   | <b>100%</b>  |

Source: ABS, 2021.

## 4.2 Older Women with Lower English Proficiency

Research suggests that **older women from Culturally and Linguistically Diverse (CALD) backgrounds and immigrants from non-English speaking backgrounds are more likely to be at risk of homelessness.** Lower English proficiency is considered as a proxy for these attributes.

To understand English proficiency among older women across the EMR, the two following ABS indicators were used to identify older women with low English proficiency:

- Uses other language and speaks English: Not well.
- Uses other language and speaks English: Not at all.

**Across the EMR there are a total of 16,251 older women with low English proficiency, representing 10.9 per cent of all older women across the EMR.** To understand the distribution and representation of older women with low English proficiency the following two approaches have been used:

- Representation of older women with low English proficiency by LGA, by showing the distribution across the EMR (number of older women with low English proficiency per LGA / number of older women with low English proficiency across the EMR).
- Representation of older women with low English proficiency by LGA, by showing the relative representation in each LGA (number of older women with low English proficiency per LGA / number of older women per LGA).

The LGAs with the greatest representation of older women with low English proficiency across the EMR include:

- Monash with 31.3 per cent of all older women with low English proficiency across the EMR.
- Whitehorse with 25.3 per cent of all older women with low English proficiency across the EMR.
- Manningham with 21.4 per cent of all older women with low English proficiency across the EMR.

Yarra Ranges has the lowest number of older women with low English proficiency, representing 2.1 per cent of older women with low English proficiency across the EMR.

**Table 4.3 Women with low English proficiency in the EMR**

| LGA          | Total Number  | Representation of older women with low English proficiency across the EMR by LGA | Representation of older women with low English proficiency relative to the representation of older women per LGA |
|--------------|---------------|--|--|
| Yarra Ranges | 335           | 2.1%   | 3.3%   |
| Maroondah    | 1,014         | 6.2%   | 5.6%   |
| Knox         | 2,223         | 13.7%  | 6.1%   |
| Monash       | 5,084         | 31.3%  | 8.4%   |
| Whitehorse   | 4,115         | 25.3%  | 9.1%   |
| Manningham   | 3,483         | 21.4%  | 6.7%   |
| <b>Total</b> | <b>16,254</b> | <b>100%</b>  |  |

Source: ABS, 2021.

## 4.3 Renting

Across the EMR, 9.7 per cent of older women engage in some form of housing rental. Rental categories considered include:

- Rented: Real estate agent.
- Rented: State or territory housing authority.
- Rented: Community housing provider.
- Rented: Person not in same household.
- Rented: Other landlord type.

The most common rental type for older women across the EMR was renting from a real estate agent (5.4 per cent). A further 1.6 per cent of older women across the EMR lived in social housing owned by the Victorian Government, while 0.4 per cent lived in properties owned/managed by a community housing provider.

When considering key rental arrangements for older women across the EMR, distribution was not even across LGAs.

- **Rented: real estate agency:** Monash and Whitehorse had the largest number of older women renting from a real estate agency, representing 20.8 per cent and 19.5 per cent of older women renting from real estate agencies across the EMR respectively.
- **Rented: State or territory housing authority:** Monash, Whitehorse and Knox had the largest number of women living in State owned housing, representing 26.5 per cent, 23.9 per cent and 20.7 per cent of all women living in State owned housing across the EMR respectively.
- **Rented: Community housing provider:** Whitehorse and Monash had the highest number of older women renting from a CHP, representing 29.5 per cent and 20.7 per cent of all women renting from CHPs across the EMR respectively.

**Table 4.4 Rental tenure of Older Women across the EMR**

| LGA          | Rented: Real estate agent | Rented: State or territory housing authority | Rented: Community housing provider |
|--------------|---------------------------|--|------------------------------------|
| Yarra Ranges | 10.7%                     | 9.0%   | 7.7%                               |
| Maroondah    | 15.1%                     | 15.4%  | 16.5%                              |
| Knox         | 17.6%                     | 20.7%  | 16.2%                              |
| Monash       | 20.8%                     | 26.5%  | 20.7%                              |
| Whitehorse   | 19.5%                     | 23.9%  | 29.5%                              |
| Manningham   | 16.2%                     | 3.9%   | 4.7%                               |
| <b>Total</b> | <b>100%</b>               | <b>100%</b>                                  | <b>100%</b>                        |

Source: ABS, 2021.

When considering proportions of tenure types for older women in each LGA, the highest proportions of older women in the private rental sector were in Maroondah (7 per cent) while the highest proportion of older women in social housing are in Maroondah, Monash and Whitehorse (all 3 per cent).

**Table 4.5 Rental tenure of Older Women by LGA**

| LGA          | Rented: Real estate agent | Rented: Social housing (public or community housing provider) |
|--------------|---------------------------|---|
| Yarra Ranges | 4%                        | 1%  |
| Maroondah    | 7%                        | 3%  |
| Knox         | 5%                        | 2%  |
| Monash       | 6%                        | 3%  |
| Whitehorse   | 6%                        | 3%  |
| Manningham   | 6%                        | 1%  |
| <b>Total</b> | <b>100%</b>               | <b>100%</b>   |

Source: ABS, 2021.

## 4.4 Income

To understand the representation of older women with very low, low and moderate personal incomes, **Table 4.6** outlines the Victorian Government's definitions for Greater Capital City Statistical Areas of Melbourne. These have been aligned to ABS income categories where possible.

**Table 4.6 Income Bands, Victoria**

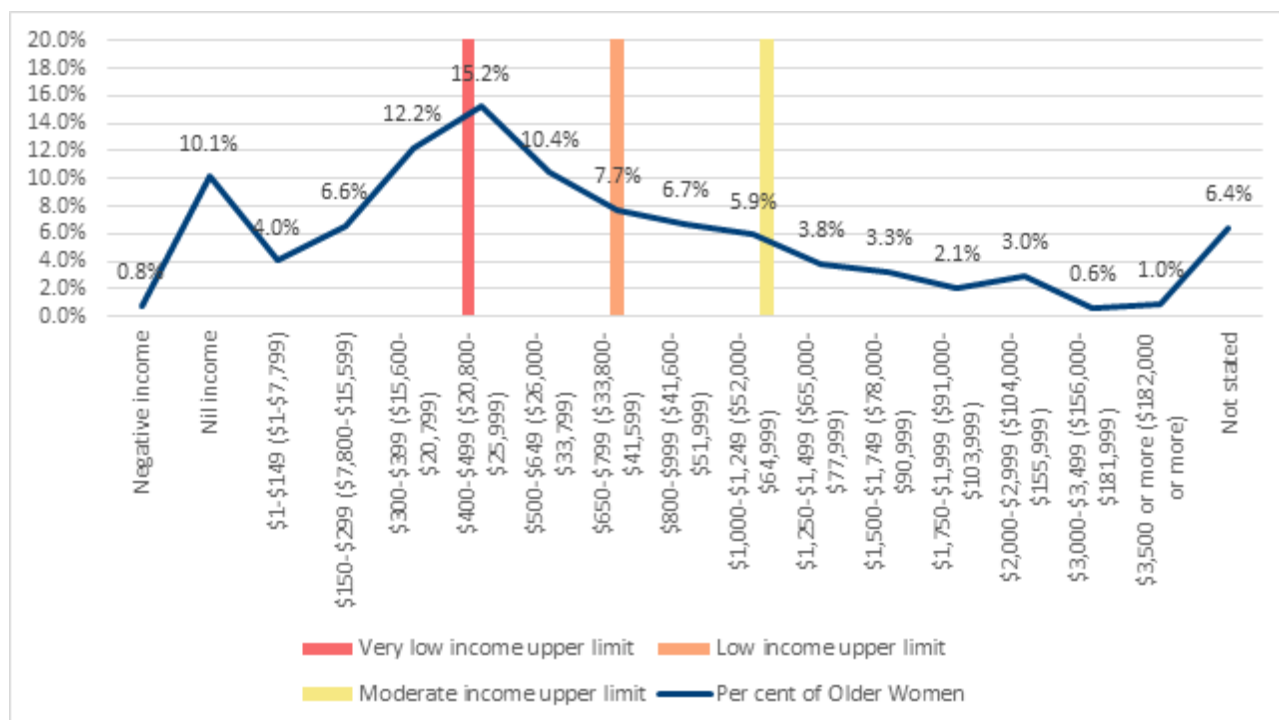
|                 | Victorian Government | ABS income brackets used |
|-----------------|----------------------|--------------------------|
| <b>Very low</b> | Up to \$26,680       | Up to \$25,999           |
| <b>Low</b>      | \$26,681–\$42,680    | \$26,000–\$41,599        |
| <b>Moderate</b> | \$42,681–\$64,020    | \$41,600–\$64,999        |

Source: <https://www.planning.vic.gov.au/policy-and-strategy/affordable-housing>

Based on the definition of very low, low and moderate person income, across the EMR:

- 33.8 per cent of older women reported having a very low income.
- 33.4 per cent of older women reported having a low income.
- 12.6 per cent of older women reported having a moderate income.





**Figure 4.1** Income distribution of older women in the EMR

Source: ABS, 2021.

## 4.5 Older First Nations Women

**First Nations people are 15 times more likely to experience homelessness than the broader population (Tedmanson, 2022). In 2021, there was a total of 672 First Nations Women over the age of 45 years in the EMR, representing 0.4 per cent of all women aged over 55 years and First Nations women over 45.<sup>4</sup>**

Across the EMR, the Yarra Ranges has the highest number of older First Nations women, representing 33.9 per cent of all older First Nations. Manningham has the lowest number of older First Nations women, representing 5.8 per cent of all older First Nations women across the EMR.

Based on feedback during consultation, the age range for older First Nations women was changed to 45 years of age. The larger sample size was only applied to the specific investigation into older First Nations women and increasing the age range (from 55 to 45 years) resulted in a sample increase of 277 women, representing 0.2 per cent of all older women (55 years and older) across the EMR. As the 0.2 per cent increase in sample size was not expected to generate statistically significant results it was not applied to the analysis already undertaken.

<sup>4</sup> Please note, we have added Aboriginal and Torres Strait Islander women over 45 to this analysis in response to stakeholder feedback. This is an increasingly common practice in service delivery and analysis for older women and is reflective of higher levels of health conditions and lower life expectancies in this cohort.

**Table 4.7 First Nations women in the EMR**

| LGA          | Total number | Representation of Aboriginal and/or Torres Strait Islander Women over 55 across the EMR by LGA |
|--------------|--------------|--|
| Yarra Ranges | 228          | 33.9%  |
| Maroondah    | 97           | 14.4%  |
| Knox         | 161          | 24.0%  |
| Monash       | 70           | 10.4%  |
| Whitehorse   | 87           | 12.9%  |
| Manningham   | 39           | 5.8%   |
| <b>Total</b> | <b>672</b>   | <b>100%</b>  |

Source: ABS, 2021.

## 4.6 Household Composition

Research suggests that **single women living alone are far more likely to be at risk of homelessness than older women living with others**. This risk factor is even higher for single parents (Sharam, 2010) (Bretherton, 2017).

More than a third of older women across the EMR live in a household that is a couple family with no children (36.6 per cent), with couple households (with or without children) representing 55.9 per cent of households that older women live in. **Notably, 22 per cent of older women across the EMR lived in lone-person households. Nine per cent of older women across the EMR lived in single-parent households.** This equates to 32,815 older women living in lone personal households and 13,708 older women as the parent in one-parent households. Key differences for each household composition by LGA include:

- **Couple family with no children:** Yarra Ranges and Monash have the highest number of older women living in a couple family with no children households, representing 18.8 per cent and 18.5 per cent of all older women living in this household type across the EMR.
- **Couple family with children:** Monash has the highest number of older women living in a couple family with children household, representing 21.4 per cent of all older women living in this household type across the EMR.
- **One parent family:** Monash, Knox and Whitehorse have the highest number of older women living in one parent family households, representing 21.3 per cent (2,913), 18.1 per cent (2,483) and 18.7 per cent (2,568) of all older women living in this household type across the EMR respectively.
- **Lone person:** Whitehorse and Monash have the highest number of older women living in lone person households, representing 21.3 per cent (6,977) and 18.3 per cent (6,003) of all older women living in this household type across the EMR respectively.

**Table 4.8 Household composition of Older Women in the EMR**

| Area         | Couple family with no children   | Couple family with children | One parent family | Other family | Multi family | Lone person | Group       | Visitor     | Other non class | Not Appl    |
|--------------|--|-----------------------------|-------------------|--------------|--------------|-------------|-------------|-------------|-----------------|-------------|
| EMR          | 36.6%  | 18.9%                       | 9.2%              | 0.9%         | 3.9%         | 22.0%       | 1.6%        | 0.4%        | 1.7%            | 4.8%        |
| Area         | Representation of older women by household composition across the EMR by LGA |                             |                   |              |              |             |             |             |                 |             |
| Yarra Ranges | 18.8%  | 14.2%                       | 15.2%             | 11.8%        | 14.8%        | 16.0%       | 20.6%       | 24.6%       | 20.7%           | 8.1%        |
| Maroondah    | 12.0%  | 10.5%                       | 12.1%             | 11.5%        | 8.4%         | 14.7%       | 11.8%       | 10.7%       | 11.3%           | 14.3%       |
| Knox         | 17.5%  | 18.6%                       | 18.1%             | 16.4%        | 18.6%        | 16.4%       | 17.8%       | 13.9%       | 15.9%           | 16.7%       |
| Monash       | 18.5%  | 21.4%                       | 21.3%             | 22.6%        | 23.6%        | 18.3%       | 19.8%       | 18.1%       | 20.3%           | 24.4%       |
| Whitehorse   | 16.8%  | 17.3%                       | 18.7%             | 23.5%        | 17.1%        | 21.3%       | 20.4%       | 18.0%       | 18.3%           | 20.5%       |
| Manningham   | 16.4%  | 18.0%                       | 14.5%             | 14.1%        | 17.6%        | 13.4%       | 9.5%        | 14.6%       | 13.5%           | 16.0%       |
| <b>Total</b> | <b>100%</b>  | <b>100%</b>                 | <b>100%</b>       | <b>100%</b>  | <b>100%</b>  | <b>100%</b> | <b>100%</b> | <b>100%</b> | <b>100%</b>     | <b>100%</b> |

Source: ABS, 2021.

## 4.7 Marital Status

Research suggests that **single women are more likely to be at risk of homelessness than married women. Women who are divorced, widowed, or separated are more likely to be at risk than those who have never been married.**

Across the EMR, more than half of all older women are married (56.2 per cent) with one in five (20.3 per cent) are widowed. Fewer older women across the EMR are divorced (14.6 per cent), while very few have separated or never married (2.9 per cent and 6.1 per cent respectively). Marital status of older women varied across LGAs. It should be noted that this indicator does not consider de facto relationships, with de facto relationships falling within the 'never married' category. Given the difficulty in ascertaining relationship status outside of marriage for data purposes, the 'never married' category is artificially inflated and contains multiple living arrangements. The 2021 Census recorded 8.75 million married people compared with 2.17 million in a de facto relationship, so an approximate 1/4 ratio could be used as a guide, but is not specific.

Key noted differences for each material status by LGA include:

- **Never married (incl. de facto):** Whitehorse has the highest number of older women who have never been married, representing 24.9 per cent of all older women who have never been married across the EMR. Manningham has the lowest number, representing 11.4 per cent of all older women who have never been married across the EMR.
- **Widowed:** Monash and Whitehorse have the highest number of older women who are widowed, representing 21.9 per cent and 19.4 per cent of all widowed older women across the EMR respectively. The number of widowed older women was lowest in Maroondah and Yarra Ranges, representing 12.2 per cent and 13.2 per cent of all widowed older women across the EMR respectively.

- **Divorced and Separated:** Yarra Ranges, Knox and Whitehorse have the highest number of divorced and separated older women, representing 20 per cent, 19 per cent and 18.2 per cent of all divorced and separated older women across the EMR respectively. The number of divorced and separated older women was lowest in Manningham, representing 11.6 per cent of all divorced and separated women across the EMR.

**Table 4.9 Marital status of Older Women in the EMR and by LGA**

| Area  | Never married | Widowed     | Divorced / Separated | Married     |
|---|---------------|-------------|----------------------|-------------|
| EMR   | 6.1%          | 20.3%       | 17.5                 | 56.2%       |
| <b>Representation of older women by material status across the EMR by LGA</b> |               |             |                      |             |
| LGA   | Never married | Widowed     | Divorced /separated  | Married     |
| Yarra Ranges  | 16.1%         | 13.2%       | 41.0%                | 16.4%       |
| Maroondah   | 13.6%         | 12.2%       | 30.3%                | 11.1%       |
| Knox  | 14.6%         | 16.8%       | 38.6%                | 17.5%       |
| Monash  | 19.3%         | 21.9%       | 32.1%                | 20.3%       |
| Whitehorse  | 24.9%         | 19.4%       | 35.0%                | 17.4%       |
| Manningham  | 11.4%         | 16.4%       | 23.5%                | 17.2%       |
| <b>Total</b>  | <b>100%</b>   | <b>100%</b> | <b>100%</b>          | <b>100%</b> |

Source: ABS, 2021.

Looking at each LGA, the proportion of older women who have the risk factor of being separated, divorced or widowed is highest in Maroondah (42.2 per cent) and lowest in Manningham (34.1 per cent), where the proportion of married women is much higher than in other LGAs.

**Table 4.10 Marital status of Older Women by LGA**

| LGA          | Never married | Separated, widowed or divorced | Married | Total |
|--------------|---------------|--------------------------------|---------|-------|
| Yarra Ranges | 6.0%          | 37.8%                          | 56.2%   | 100%  |
| Maroondah    | 6.8%          | 42.2%                          | 51.1%   | 100%  |
| Knox         | 5.1%          | 38.5%                          | 56.4%   | 100%  |
| Monash       | 5.9%          | 36.4%                          | 57.7%   | 100%  |
| Whitehorse   | 8.2%          | 38.6%                          | 53.1%   | 100%  |
| Manningham   | 4.4%          | 34.1%                          | 61.5%   | 100%  |

Source: ABS, 2021.

## 4.8 Spatial Trends in Older Women's Homelessness and Service Provision

As **Figure 4.2** and **Figure 4.3** illustrate, many of the services relevant to older women are clustered in the LGAs closer to Melbourne's CBD. Yarra Ranges demonstrate more dispersed services. As can be seen, the northern and eastern parts of the EMR have an emphasis on retirement villages, which often do not cater for those at risk of, or experiencing homelessness. There is however a shortfall of family violence support and homelessness support services in Manningham and the Yarra Ranges. For an interactive map of service locations and proportions of different cohorts, please refer to the Eastern Affordable Housing Alliance website.

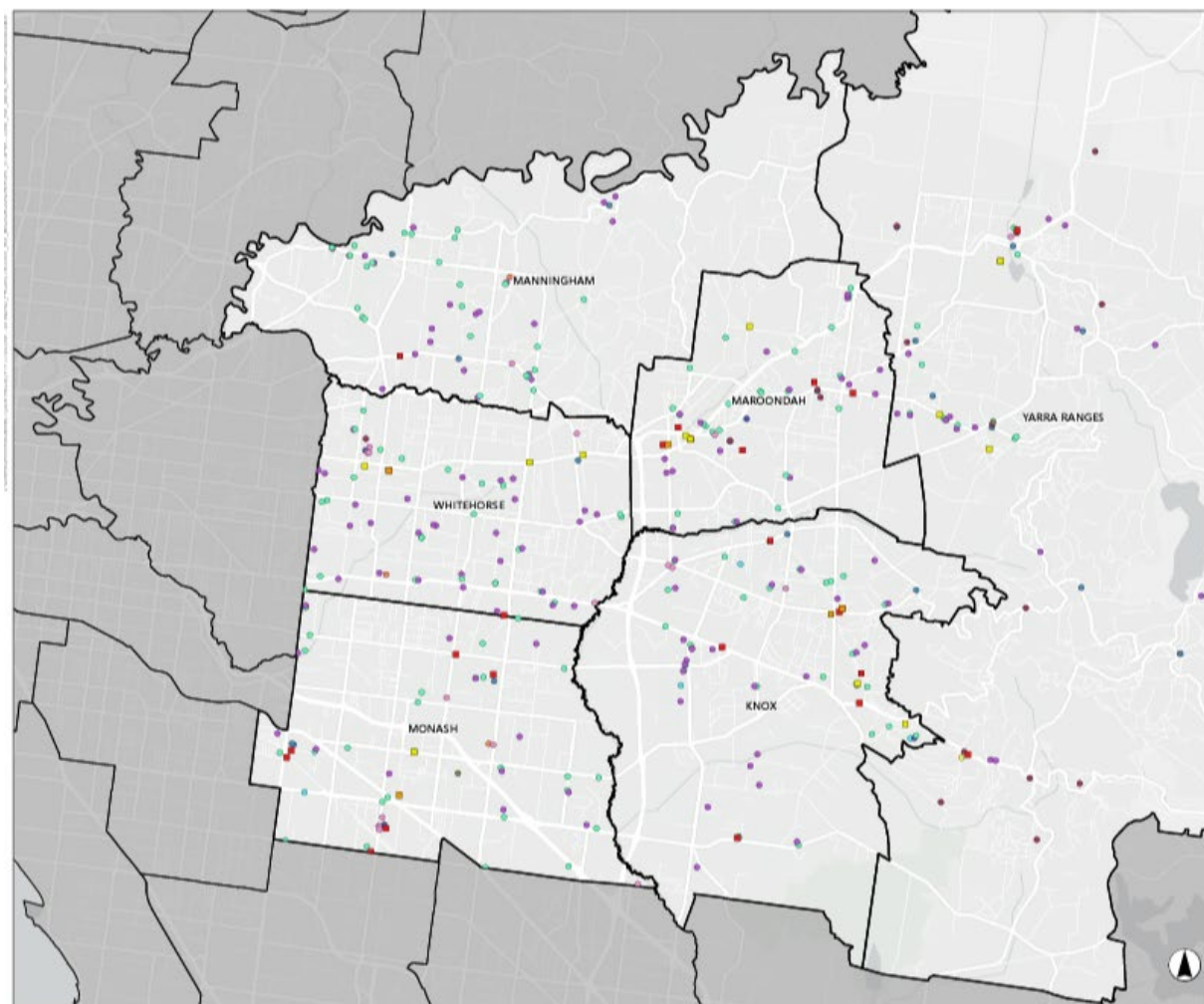
**FIGURE 1.A**

Key services available to older women

- Legend**
- Study Area LGAs
  - Domestic / Family violence, homelessness and legal services**
    - Family violence support (24)
    - Homelessness support (12)
    - Legal services (5)
  - Health Services and Aged Care Facilities**
  - Care Facility**
    - Aged care (134)
    - Retirement village (121)
    - Disability support centre (4)
  - Community Venue**
    - Senior citizens (19)
    - Community centre (1)
    - Neighbourhood house (3)
  - Health Facility**
    - Maternal/child health centre (17)
    - Community health centre (5)
  - Hospital**
    - General hospital (emergency) (4)
    - General hospital (19)



Scale 1:170,000 at A4  
GDA2020 MGA Zone 55



**Figure 4.2** Location of services across the EMR, West section

FIGURE 1.B

Key services available to older women

- Legend**
- Study Area LGAs
  - Domestic / Family violence, homelessness and legal services**
    - Family violence support (13)
    - Homelessness support (7)
    - Legal services (3)
  - Health Services and Aged Care Facilities**
  - Care Facility**
    - Aged care (52)
    - Retirement village (47)
    - Disability support centre (0)
  - Community Venue**
    - Senior citizens (16)
    - Community centre (1)
    - Neighbourhood house (4)
  - Health Facility**
    - Maternal/child health centre (22)
    - Community health centre (3)
  - Hospital**
    - General hospital (emergency) (2)
    - General hospital (4)

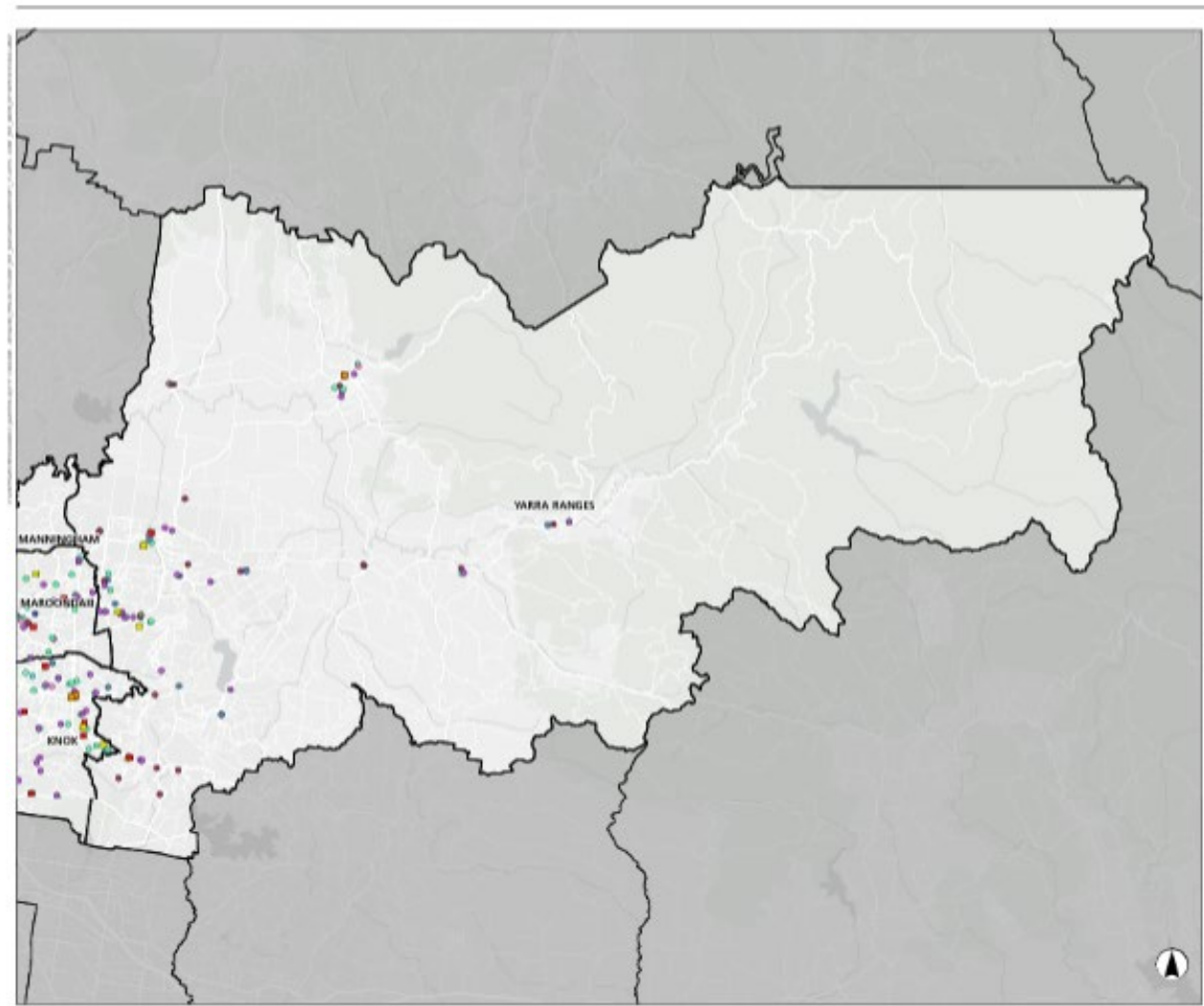


Image Source: ESR Basemap (2022) Data source: ABS (2023), DELWP (2023)

Figure 4.3 Location of services across the EMR, East section

## 4.9 Summary of Findings

This section has provided an overview of the number and distribution of older women at risk of homelessness in the Eastern Metropolitan Region (EMR). There are just under 150,000 women aged over 55 living in the EMR, representing 16% of the region’s population.



**Figure 4.4** Attributes of older women in the EMR

Source: ABS, 2021.

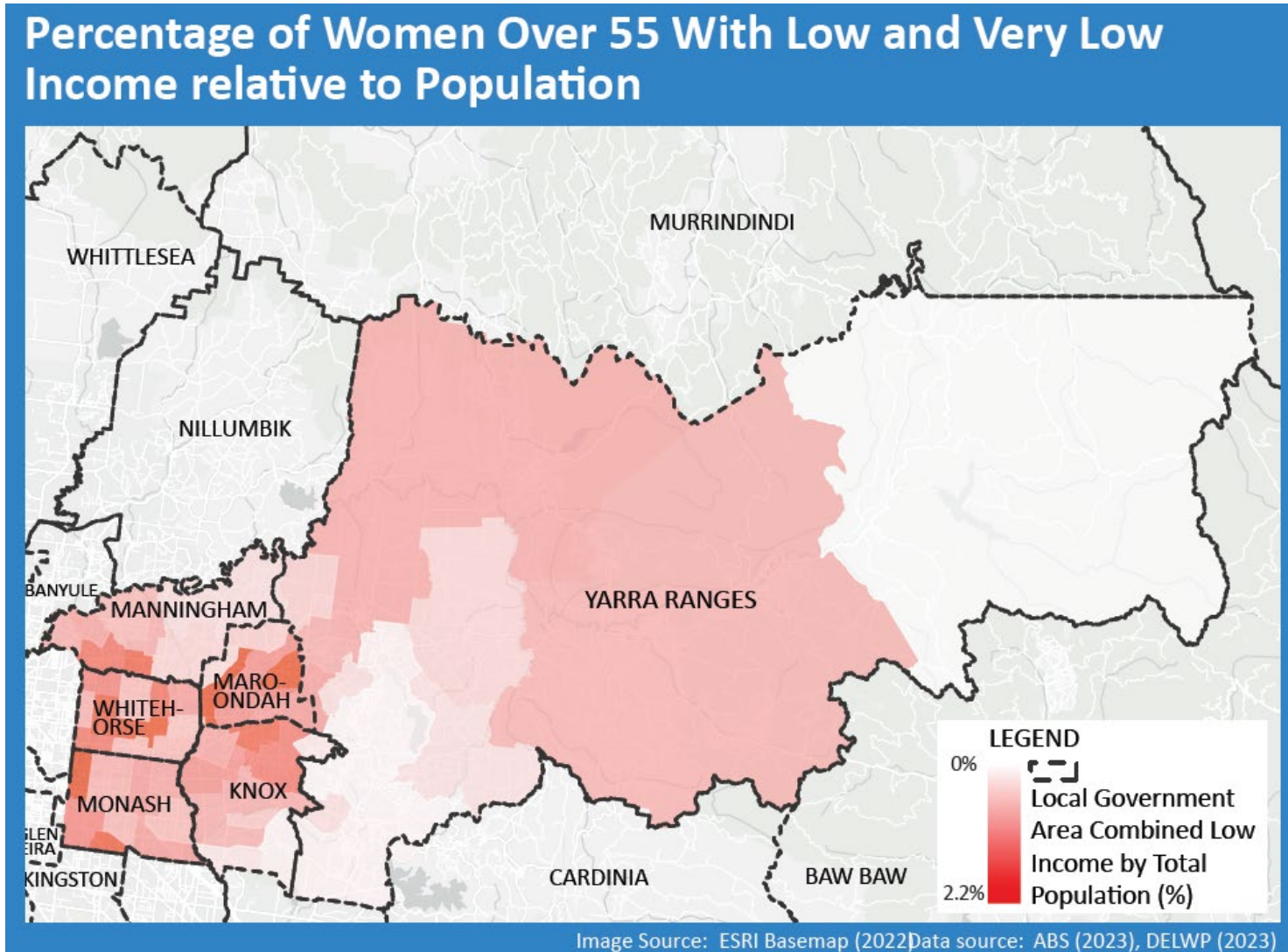
**Table 4.11** provides an overview of where these characteristics are most prevalent, providing insight in relation to the potential targeting of resources. For instance, Monash and Whitehorse have the highest proportions of single parents and women living alone, older women with low English proficiency, and women living in private rental – all significant factors for women at risk of homelessness.

**Table 4.11** Overview of geographical distribution of ‘risk factors’

| Risk Attribute   | LGA with Highest Proportion      |
|--|----------------------------------|
| Highest proportion of First Nations older women                          | Yarra Ranges                     |
| Highest proportion of older women with low English proficiency           | Monash and Whitehorse            |
| Highest proportion of older women who are single parents                 | Monash and Whitehorse            |
| Highest proportion of older women who live alone                         | Monash and Whitehorse            |
| Highest proportion of older women who are divorced, widowed or separated | Maroondah and Manningham         |
| Highest proportion of older women living in private rental               | Monash, Maroondah and Whitehorse |
| Lowest proportion of older women living in social housing                | Yarra Ranges and Manningham      |
| Highest proportion unemployed and looking for work                       | Knox, Monash and Whitehorse      |

The distributions between geographical locations can be further understood by the heat map in **Figure 4.5** below, which indicates the higher percentage of risk factors on the locations with a darker shade of red.





**Figure 4.5 Percentage of Women Over 55 With Low and Very Low Income Relative to Population**

## 5.0 Understanding Local Experiences

This section begins with Grace's<sup>5</sup> story. Grace is an older woman currently living in social housing in the EMR. As **Figure 5.1** captures, Grace moved from being a homeowner to homelessness to social housing over several years. Her family connections, health practitioner and social housing were key supports in supporting her through an incredibly difficult period of her life. Decline in her mental health and job loss were two significant shocks that precipitated her transition to homelessness, while shame and stigma were key barriers to seeking support.



**Figure 5.1** Grace's Story

While Grace's story is unique, it is not uncommon. She is reflective of the 'rapid pathway' into homelessness discussed in **Section 3.3**. She is also an example of the ways that 'shocks' (like job loss and mental health crises), 'buffering resources' (like family support, services and social housing) contribute to pathways into, through and out of homelessness. This notion is further discussed in **Section 3.3**.

Many other older women experience 'gradual pathways' into homelessness characterised by decades of housing, employment and social instability and disconnection before ageing into homelessness. The story of Grace and others provides a framework for thinking through holistic pathways and emotional and physical experiences, rather than just considering the point of crisis, and approaches to housing and homelessness support.

<sup>5</sup> Name changed to retain anonymity.

The following sections of the report focus on findings from interviews, focus groups and surveys conducted as part of this research project. Focus groups were conducted with older women from the EMR with lived experience of homelessness and housing stress, and with service providers from housing, homelessness, legal, family violence, women, First Nations, culturally and linguistically diverse, disability and aged care sectors in the EMR. Refer to **Appendix A – Stakeholder Engagement Plan** – for further information on the engagement process.

Throughout this section we acknowledge the work of graphic artist Zahra Zainal who created all the illustrations to reflect findings from focus group discussions.

## 5.1 Housing – Current Experience, Needs and Preferences

### 5.1.1 Agency and Self Determination

Participants with lived experience told us they value autonomy and a perceived sense of control over choosing where to live, how to live and being able to do so as independently as possible. This included playing an active and consensual role in decisions such as living in an independent space or sharing with someone, having space to undertake hobbies or own a pet, living close to transport and amenities, or being provided with a range of options; and not being penalised if the options provided are deemed unsuitable.

In the quotes below, (LE) refers to the words of someone with lived experience in homelessness, whereas (SP) references the words of a service provider. When asked about housing preferences, participants shared the following:

*“[I value a home where you can] do what you want, get up when you want, have a garden, a pet, a bit of personal space.” (LE)*

*“I hate that the landlord comes around to inspect the place all the time, I feel so much pressure to keep everything tidy.” (LE)*

*“[My goal for the next few years?] To feel in control.” (LE)*

*“I want to be able to look after myself – to not be a burden on anyone.” (LE)*

Participants also raised a desire to (re)connect with their communities on their terms. They spoke of times when they had felt comfortable ‘asking the neighbour for a cup of sugar’ and the importance of helpful neighbours or relatives and the closeness of existing social networks, such as friends and family. Almost all the participants in the lived experience focus group discussed experiences of mental health issues due to feeling isolated from the community and expressed the importance of community connectedness, highlighting the need for communities and services to work together to ensure that “*nobody falls through the cracks*”.

However, just as important was the ability to seek privacy if they felt unsafe, or needed space that wasn’t shared with others. This was deemed to be difficult due to the lack of single rooms that are available in crisis accommodation or transitional housing.



### 5.1.2 Access and Affordability

Access to affordable housing was a recurring theme, with frustration articulated about the wait lists for social housing; lack of government support for the sector; availability, suitability and affordability of private rentals; and underuse of existing housing infrastructure.

*"[We are only] housing 130 to 150 people per year in social housing, 1,000 are on the waiting list [or aren't eligible because] they are in the 'middle group'." (SP)*

*"Vulnerable people are turning to public and social housing, but the wait lists are just so long. There is literally nowhere for these people to turn or nowhere for the organisations/ groups to send them for support." (SP)*

*"AoD (alcohol and other drug) services and mental health services will sometimes keep people in their facilities even after funding has ended if they don't have to give the bed to someone else immediately because there is just nowhere for people to go."*

*"[Housing providers] have vacancies at times but the affordability element is really challenging — people who previously could afford the housing now no longer can...the only people who can afford to be in that residential program are those on disability support payments not those on JobSeeker." (SP)*



*“As interest rates are increasing at the same time, Mum and Dad investors – who tend to be those who rent privately at the lower end of the market - are being forced to leave the market and sell [reducing the number of private rentals available].” (SP)*

*“Those that leave safe housing, due to financial or other reasons [such as domestic and family violence], find it really difficult to “get back into” the market so the best thing we can do is ensure they don’t lose housing in the first place.” (SP)*

Participants firmly believed that political understanding and a will to exert positive change at all levels of government (local, state and federal) was required to drive a multisectoral approach to reducing homelessness. This included the development and implementation of policies and plans, funding levels and speed of decision making to increase access to affordable, safe and suitable housing.

*“Housing is an over governed sector. Local government are not releasing land and the amount of social housing is declining. The Federal government recognises that we need 100,000’s of social housing places but we are only getting 40,000 released.” (SP)*

*“Big Housing Build is great but we need that to be long term and certain – Community Housing Providers will scale up for the Big Housing Build but don’t have enough certainty to grow bigger.” (SP)*

Finally, a reliance on technology to apply for rental housing was raised as a barrier for accessibility. Participants asked the question that if older women cannot view what is available on housing or real estate websites and / or are unable to due to a lack of access to a device or safety concerns, how do they apply for private rentals?

*“There are no agents calling you back as they are relying on web forms and submissions.” (SP)*



### 5.1.3 Pathways to Permanency

Many participants referred to the benefits that would stem from clearer pathways into permanent accommodation solutions, and the need to adopt a longitudinal approach to case management to ensure positive outcomes after leaving crisis accommodation.

*“Crisis accommodation is a very disruptive, challenging pathway. Bounced between several refuges, motel stays, no pathway into transitional accommodation ... risk of re-entering homelessness [was very real].” (LE)*

*“When a client leaves crisis accommodation they need wrap-around support to live independently and sustain their tenancy.” (SP)*

The lack of available social housing was also seen as a key barrier to the appropriate functioning of crisis accommodation in the region, as people were often stuck in crisis accommodation for longer than their ‘designated’ time, faced the risk of being exited into homelessness or returning to dangerous or abusive households.

*“Crisis accommodation is meant to be a stop gap but because of bottlenecks people can be there far longer than they are ‘supposed to.’” (LE)*

*“Crisis accommodation packages just aren’t long enough – 8 weeks is not enough time to find a long-term home, organise your health, support your children. But there just isn’t anywhere for women to exit to.” (SP)*

*“You can have all the services in the world available, but if women can’t access housing, how much is it going to help them?” (SP)*

#### **5.1.4 Co-Occurring Factors**

Co-occurrence or cumulative aspects of factors influencing the risk of homelessness and/or potential outcomes of homelessness, were raised by participants. This included the impact of poor health and the experience of domestic and family violence.

*“We have been discussing risk factors in isolation however the cumulative effect with having more than one is important to keep in mind.” (SP)*

Physical health is affected by the pressure of meeting the costs of both housing and an illness requiring medication, and the health impacts of sleeping in vehicles or in sub-optimal emergency accommodation. Those with lived experience described how the non-permanence of their situation acted as a significant stressor that caused, or compounded, the experience of poor mental health. Participants spoke of feeling stigmatised, shamed, and/or suicidal, with little avenue to access affordable, readily available mental health support. Further, service providers struggled with their capacity to respond to those seeking housing that also experienced concurrent significant mental health concerns.

The co-occurring factor of experiencing domestic and family violence alongside homelessness was raised as an issue requiring a more nuanced approach from service providers.

*“Many older women don’t feel safe or comfortable escaping abuse or leaving abusers... [that is a] gap in service provision.” (SP)*

*“Older women may use gambling venues as an escape because they are safe – a place where they can be free of elder abuse or domestic and family violence.” (SP)*

### 5.1.5 Intersectionality

Participants in this study raised the importance of diverse, multifaceted, and evolving social identities, not just those defined by age and or/gender. Intersecting identities raised by the participants included specific consideration of older women who also identified as having a disability, were from First Nations, or were from a Culturally and Linguistically Diverse community.

Living with a disability was a strong theme throughout the engagement, with participants citing numerous barriers to safe and adequate housing for this group. These included the high cost of assessment to be recognised as having a disability through the NDIS, challenges gaining access to housing through the NDIS, and accessibility issues in terms of applying for private rentals using online technology and the types of housing available.

*'It is so expensive to be assessed for disability support. Many do not have the funds for a physical, psychiatric, OT assessment and so many homeless (or at risk of) people may have undiagnosed physical or mental health issues that they cannot get assessed for and get the support they need and are eligible for.'* (SP)

*"Many people supported through NDIS receive no information/support on housing – they are on their own."* (SP)

Consideration of how 'older' First Nations women were defined was raised throughout the engagement. Participants acknowledged that various Aboriginal Community Controlled Organisations (ACCOs) considered an older Aboriginal and/or Torres Strait Islander woman to be 45, 50 or 55 years of age compared to the broader definition of older women which considers 55 years of age to be the benchmark. This is due to differences in life expectancy and health outcomes between First Nations and non-First Nations women.

Housing typology and service delivery may need to be flexible to cultural needs, as older women from a Culturally and Linguistically Diverse background require specific responses. Participants spoke of the layering of gender inequality, ageism and cultural differences that some older women in the region experienced and the lack of clear pathways or appropriate housing to suit these women.

*'[For] CALD women – "fitting into" a refuge if older and with language barriers can be difficult.'* (SP)

*"[In this culture] family units are tighter, intergenerational households and family support networks are normal as are connection to church and mediation from church leaders."* (SP)

## 5.2 Service Access and Provision – Current Experience, Needs and Preferences

This section of the report focuses on findings related to service needs, service integration and service gaps, as highlighted by service providers and women with lived experience in the EMR.

## 5.2.1 Awareness and Access

### 5.2.1.1 Awareness

Participants spoke of the need to broaden communication, promotion and information sharing on the diverse lived experience of people who are, or are at risk of becoming, homeless. Participants felt that narratives in the wider community and government sphere need to include a range of older women and the diverse settings / circumstances surrounding their lived experiences, and that this would go some way to reducing the feelings of 'invisibility' that some of the older women felt. This would not only assist service providers in recognising people who may be in need of support but also encourage older women to know where and when to seek assistance.

*"[There is] a lack of understanding, the community doesn't understand the situation ... [they] see homelessness as 'man on the street in dirty clothes'." (SP)*

*"The cohort we want to attract to [a preventative project] they are the ones that are not nearly connected into the welfare system. They don't know about it, they haven't had to engage with it. Many have supported themselves throughout their lifetime. Are they embarrassed?" (SP)*

*"Trying to find women – Facebook groups, social media, in-person events – connecting was really hard – finding the way to connect with these women was really difficult." (SP)*

*"[There is] no obvious way of finding information out". (LE)*

*"If information is available, it isn't always up to date – things are always changing". (LE)*

A service provider in the focus group recalled their interactions with older women experiencing separation or divorce later in life; having not received support before they had to navigate a complicated system not knowing where to go or whether these services could benefit "them." As a result, they drained their own resources while they gained the confidence to approach agencies for support or looked for services more appropriate to "them".

### 5.2.1.2 Physical Access

Physical access to services was also raised as a potential issue as services may be dispersed and not located near public transport routes, which was exacerbated in areas such as the Yarra Ranges.

*"Accessibility to services and support - mobility issues, no cars, too many barriers to access." (SP)*

*"We need integrated services – co-located services with Centrelink, health, Medicare." (SP)*

Equipping older women to utilise technology would not only assist with accessing housing but would also assist in accessing services.

*"Women need to be supported to be empowered – technology access and education, wifi access, help to get an ID, help to navigate the system." (SP)*



There was an acknowledgement that vulnerable communities may not wish to interact with agencies via technology, preferring face to face service delivery for a number of reasons, including literacy levels and safety concerns, with one participant speaking of being frustrated when they approached a local Council to gain housing assistance and were told to “google it”.



### 5.2.1.3 Eligibility

Eligibility criteria for accessing housing services were described by both those with lived experience and services providers as confusing, ever evolving and left some in need of support without any assistance.

*“The worst thing we can do is be so criteria-specific that it funnels people towards crisis (ie. Until this happens you can’t access Y, until Y happens you can’t access Z) – it creates a crisis situation rather than assisting earlier on.” (SP)*

*“[We need] more flexibility around funding streams. Not everyone can meet strict criteria but [they] still need help.” (SP)*

*“[It’s] dehumanising – having to jump through the hoops.” (LE)*

Those with lived experience described the challenges they experienced with qualifying for concurrent types of support, including the Disability Support Pension and NDIS. They explained the numerous assessments and documentation that was required was overwhelming and questioned if it was a tactic to force people to utilise other services or payment options.

*“I applied for over a year – they requested more and more paperwork. They were just trying to wait til I was 65 so I wouldn’t be able to apply.” (LE)*

For some, especially new migrants or First Nations women, the first hurdle to overcome in qualifying for or receiving support was to gain identification documentation. Some women may never have had ID due to lack of trust in government systems, new migrant status or lack of access to registration systems, while others may have been separated from key documentation such as drivers’ licenses, birth certificates or Medicare cards while fleeing family violence or as a result of coercive control.

Financial eligibility was also raised as an issue by service providers with a particular focus on women in “the middle”. One provider discussed the difficulty in accessing Independent Living Units or low-cost retirement housing if women had \$35,000 to \$150,000 in savings or superannuation and as a result “they sit in private rental waiting for that to deplete” so that they can access housing support.



## 5.2.2 Capacity and Capability

### 5.2.2.1 Sector Workforce

Participants with lived experience stated that at times they felt the staff they interacted with weren't trained or experienced enough to support them. This included NDIS support workers, homelessness and housing outreach workers and council staff. Some of the women felt staff didn't understand the complexities of concurrent experiences of mental and physical ill-health and domestic and family violence and often weren't equipped to provide trauma-informed care. They questioned whether the quality and outcome of the service was considered or just that a service had been provided.

*“The people dealing with NDIS applications are not there to help you, they are just ticking boxes.” (LE)*

*“You feel like you're on the phone with someone straight out of uni with no idea what you're going through – they aren't trained to deal with complex issues.” (LE)*

In contrast, some women described extremely positive experiences of seeking and receiving support. As one woman explained:

*“Based on my own journey and experience with support organisations, I was very lucky to be matched with a really exceptional social worker who provided me with safe accommodation and emotional support” (LE)*

The previous quotation is in keeping with broader findings in the research relating to the ‘lucky dip’ of being paired with services and social workers with different approaches and access to resources. Both LE and SP participants spoke of vastly different experiences in accessing services, often based on the ability of service providers to advocate for the people they support or more successfully refer clients based on individual relationships and connections.

One service provider raised concerns that the transition from the Assistance with Care and Housing (ACH) program to the new Care Finder program was likely to exacerbate this issue. They stated:

*Many funded Care Finder organisations have no expertise in supporting older people who are homeless and will tell them to call Wintringham. Over time I expect the homelessness experience of Care Finders staff to dissipate as staff turnover, and the program will become more focused on linking to aged care services only."*

This is not only a concern for staff capacity and capability but a broader concern for the delivery of targeted and well-resourced services for this vulnerable cohort, and for services that appropriately deal with intersecting issues of housing and ageing. As this stakeholder further noted:

*"The Specialist Homelessness Service sector typically have a poor understanding of ageing. Homelessness staff often have limited experience identifying and assessing aged care needs. They also do not understand how to navigate the aged care system."*

### **5.2.2.2 Resources for Services and Non-Crisis Responses**

Both service providers and those with lived experience recognised the need for a focus on prevention and early intervention programs with flexible access criteria and capacity in terms of staffing, funding and housing stock to provide multiple options to those at risk of, or experiencing, homelessness. Services felt at times unable to triage clients successfully through to safe and stable housing as their focus was on those in crisis or those deemed to be most 'at-risk' of homelessness, such as women and children attempting to leave a situation of domestic and family violence or at risk of self-harm.

*"Most of us work in programs targeted at more complex cases – people who are pre-crisis aren't being supported because we're prioritizing the person who is immediately suicidal." (SP)*

*"There are early intervention programs but there are criteria – we tell people 'you aren't in a bad enough situation. You don't fit the criteria' – we don't get help until the shit hits the fan." (LE)*

*"[Services] are struggling to provide crisis response to families. For those over 55 and single if they present they usually wouldn't get a good response – single males and females are left behind. Women and children are taking most resources." (LE)*

*"Older women are not being taken on board because women and children are being prioritized ... so women are coming back to say they can't be helped. It is very difficult at the moment until the next financial year." (SP)*

*"All services are chronically underfunded and under resourced." (SP)*

Some service providers also discussed the absence of solutions for some clients due to the lack of housing infrastructure in their area. Both Knox City and Yarra Ranges have limited crisis accommodation. As a result services in these areas rely on hotel/motel accommodation to temporarily house people but experience 'pushback' when attempting to access the Housing Establishment Fund (HEF) for this purpose.

## 5.2.3 Integration of Services

### 5.2.3.1 Siloing of Services

Participants with lived experience spoke of siloed support structures where they were referred to multiple services and navigated the complex structures by themselves or referred to one key service with the expectation that they would provide the central case management, which did not eventuate in a timely manner. For some participants, both approaches led to a labyrinth of form filling and re-telling of often traumatic personal histories as it was perceived that information was not shared between the different service providers.

*“All health systems are very siloed – [they] do not work together and are very regulated.” (LE)*

*“NDIS and disability support pension don’t talk to one another – NDIS and other government services are siloed ... we have one minister for both now; better linkages are required.” (LE)*

*“[Get] all the housing and homelessness, housing, aged care together ... Things are very siloed.” (SP)*

*“Had I been provided with the assistance and ability to navigate through the maze of services out there, I feel I would never have ended up homeless at that critical time in my life. I feel we desperately need to be furnished with the knowledge of how potentially homeless elderly women can access aid more simply. Having multidisciplinary teams coming together under one umbrella would be one vehicle to ending homelessness. I feel it is currently extremely disjointed.” (LE)*

Service providers in the homelessness sector also recognised the importance of working across sectors to provide effective and targeted support to older women. This could include mental health professionals, domestic and family violence case workers, legal advice, Alcohol and Other Drug counsellors, community health organisations, language interpretation services, financial counselling, local council services, and food banks. Keeping up to date with these various services, their capacity to assist, and their referral pathways, was also highlighted by some service providers who stated that it was difficult to know who to direct clients to in the area, due to changing criteria and capacity issues.

*“Level of integration is very varied and inconsistent, dependant on practitioners.” (SP)*

*“Importance of networks and importance of wrap around services, knowing who to refer to and how, and most importantly continuum of care once a referral had been made.” (SP)*

*“It can be confusing for people in regard to where to go but we try to help each other out.” (SP)*

For some service providers funding models dictate a service footprint which adds another layer of confusion for those seeking assistance for homelessness. Some services are restricted to a particular geographic area which constrains their ability to work with others in the sector. While in other locations multiple services are funded to provide support in the same area, leading to confusion for those seeking assistance.

*“[A service provider] is transforming to the new Care Finder – after changing to Care Finder they are limited to clients living in Knox and Whitehorse – [another service provider] is doing the same area so that is confusing to the client – we don’t want competition between services.” (SP)*



### 5.2.3.2 Person Centred Care

Ultimately, integration and ‘no-wrong door’ approach is key for services remaining person centred. For individual case work the challenge remains to address issues regarding consent to share information in a timely manner to ensure a holistic and collaborative approach to case work is undertaken. Some services were identified as doing this well:

*“EACH is a great model of community health – strengthening the intake process with a client centred system.” (SP)*

*“[We’re] lucky in Port Phillip because they have great housing support workers – relationship building with cohorts in your area for each individual client – we are their voice so we need to build up those relationships.” (SP)*

A possible model where clients and professionals work together with a central advocate as part of the case team was also suggested:

*“Salvos work with social workers at the (hospital name) and the psychiatric outreach team. They work with GPs and family doctors. Your GP is your best friend at this age. You need the doctor on your side for advocacy.” (LE)*

## 2. SERVICE INTEGRATION



### 5.2.4 Visibility and Respect in Care

A consistent theme across interviews, focus groups and the literature is the topic of emotion, trauma, shame and (in)visibility as key barriers to accessing services and housing. Similarly, uncaring, dehumanising, or inappropriate services exacerbate distress for older women who feel invisible within housing systems and society more broadly. As one participant explained:

*“Women putting in 50 years of work, paying taxes – now I feel invisible and should just ‘go die’.” (LE)*

*“I did experience an intense series of shocks and I was very much reluctant to reach out for help, seeing it as a failure on my part. I was feeling totally overwhelmed with life and to be honest my internal coping mechanisms were totally shutting down. I faced denial that my life was spiralling and my mental health was declining rapidly. I did resist offers of help as I feared being a burden to anyone... I feel older women don't tend to present at homelessness services because we feel intimidated, undervalued and a failure. We get passed from pillar to post, waiting in long queue's, often leaving without feeling we have "been heard". Instead we 'make do' by missing meals or medication, staying with friends, or housesitting," Having "APPROACHABLE" Community support groups and Co-located services linked in under one roof would help tremendously.*

This sense of feeling invisible, of not wanting to be a burden and of feeling intense shame at ‘failing to age successfully’ was an almost unanimous experience among lived experience participants in this research. Participants noted that making services and housing not only accessible, but welcoming and destigmatised, is of utmost importance.

## 5.3 Structural Factors

### 5.3.1 Employment Policy and Practice

For those employed, the implementation of workplace policies that provide support across domestic and family violence leave and counselling, facilitated a healthy workplace free of bullying or ageism, and enabled women to stay in the workforce with flexible work arrangements, were perceived to be important priorities. These practices underpin an older woman’s ability to stay active in the workplace and provide some financial security to reduce the risk of losing access to safe housing.

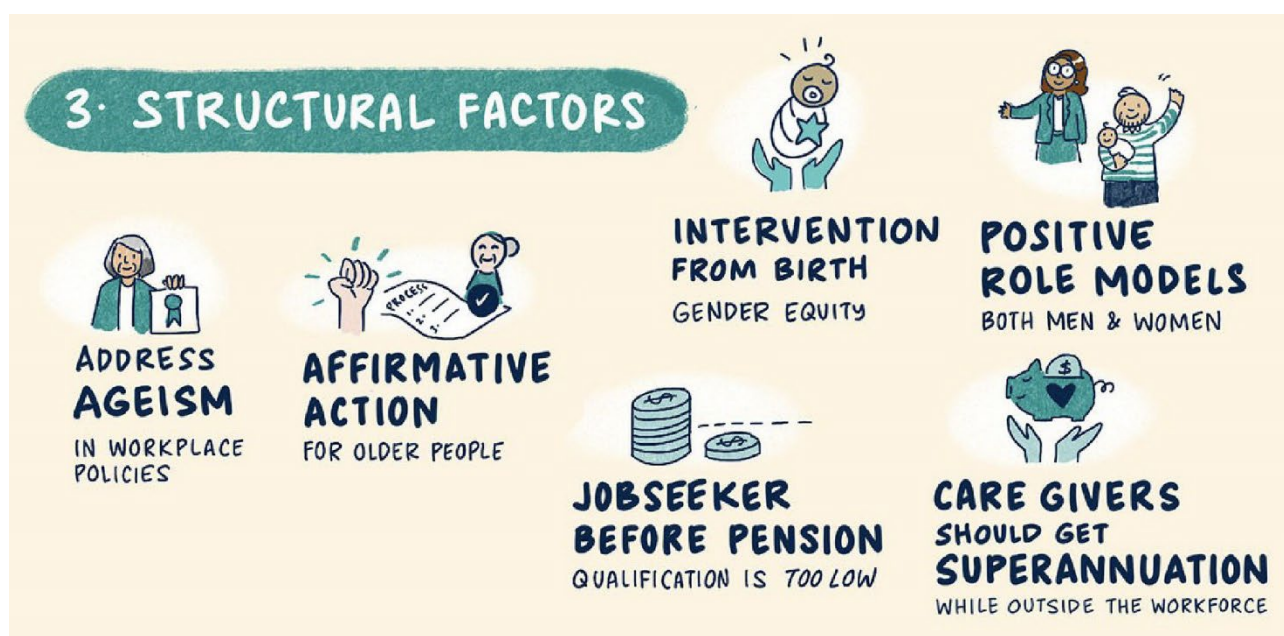
Broader employment practices outside of individual workplaces were also considered to be important for financial security and included supporting women with no or under employment as they transition towards accessing the age pension or their superannuation. However even with this support, it was recognised that some older women fall through the cracks as the financial support available does not cover concurrent housing and costs of living and /or by this time their risk of homelessness is at a critical/crisis level.

*“Employment services need to support older women in the limbo between being on JobSeeker and not being able to be employed and waiting to be on a pension.” (SP)*

*“[I’m] really struggling to re-enter the job market. Family circumstances change and [then you] cannot re-enter job market. JobSeeker dollars are not enough. Waiting to get the aged pension. [I am] stuck between being employable and pension age.” (LE)*

*“Those women also experience ageism when it comes to employment which is based on gender, age and appearance.” (SP)*

*“[The pension] doesn’t get you far – with prices increasing, pension doesn’t cover costs of living ... [It’s] unknown what the next couple of years will hold.” (LE)*



### 5.3.2 Gender Equity

Outside of the workplace structural factors that were perceived to contribute to the risk of homelessness in older women included the gender pay gap, promoting healthy relationships (to reduce incidences of family and domestic violence), job type and security due to norms of primary care giving role, and the invisibility of older women in society.

In the focus group undertaken with older women with lived experience, only one participant had access to a superannuation fund. The participants across the engagement methods perceived that this was not uncommon, and while in part due to superannuation not being compulsory until 1992, contributing factors also included women largely being in lower paid and part time employment and undertaking unpaid caring and domestic roles throughout their lifespan (including older children now returning home due to housing unaffordability). These factors, based primarily on gender roles, place older women at greater financial risk in maintaining or accessing housing, and stressors such as divorce, domestic and family violence, or unemployment heighten this risk. Participants called for government intervention to ensure gender parity for superannuation, particularly for those who are most at risk.

*“[I was a] stay at home mum for 25 years – prior to this when working it was non-compulsory super and was back at work for only 4 years before medical incident. [It] has meant no super was available.” (LE)*

## 5.4 Solutions

The following section highlights the potential solutions to older women’s homelessness raised by participants or identified in the literature review undertaken for the project.

### 5.4.1 Overview

As shown in **Figure 5.2**, solutions have been grouped under the headings of housing solutions, health / wrap-around services, finance, and connection. In practice, solutions are often intertwined and may have relevance across multiple categories.



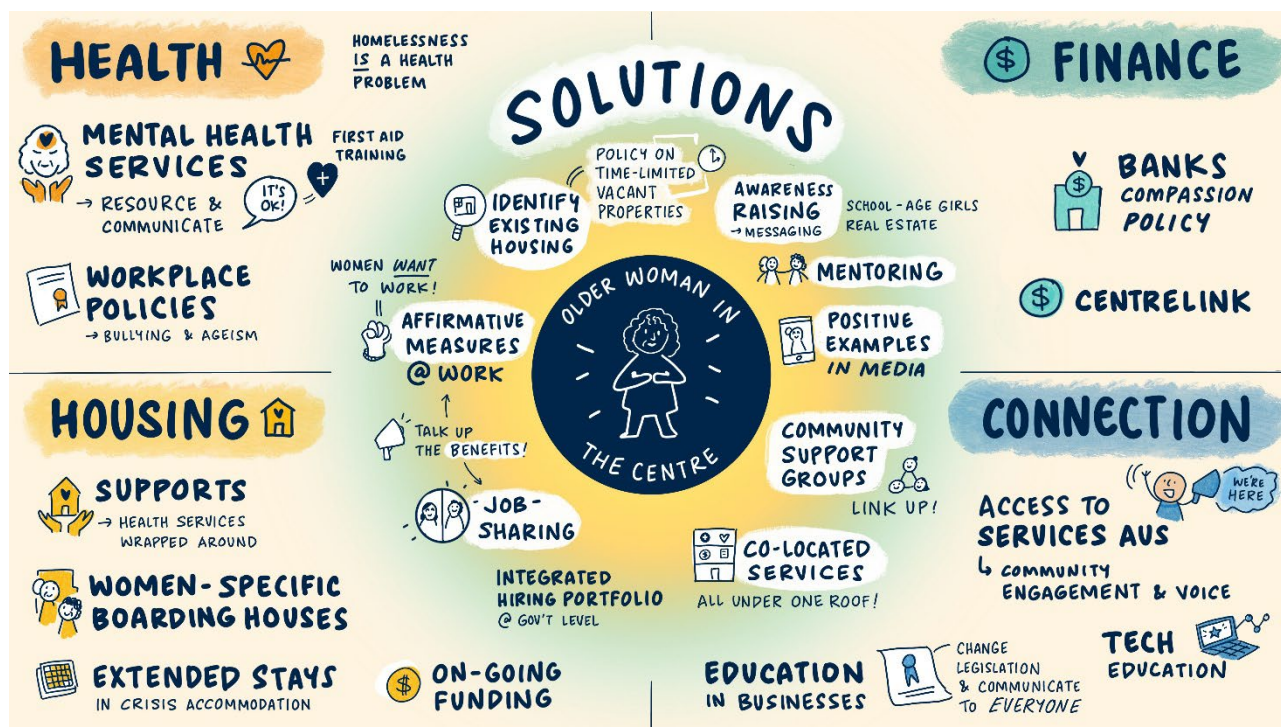





Figure 5.2 Solutions

Table 5.1 provides a summary of all the solutions discussed in this section, indicating delivery timeframe (from short-term to long-term), response context (from crisis to prevention) and in relation to solution type (housing, services, advocacy, connections and financial support). Descriptions and examples are expanded in detail in the following subsections.

**Table 5.1 Summary of solutions**

| <br>Solution | <br>Delivery Timeframe |        |      | <br>Response context |                    |        | <br>Solution type |          |          |             |            |
|---|---|--------|------|---|--------------------|--------|--|----------|----------|-------------|------------|
|   | Short   | Medium | Long | Preventative  | Early Intervention | Crisis | Housing supply   | Services | Advocacy | Connections | Financials |
| Using underutilised land and property   | ✓   | ✓      | ✓    | ✓   |                    |        | ✓  |          |          |             |            |
| Support for granny flats  |   | ✓      | ✓    | ✓   | ✓                  |        | ✓  |          |          |             |            |
| Culturally appropriate housing  |   | ✓      | ✓    | ✓   | ✓                  | ✓      | ✓  | ✓        |          | ✓           |            |
| Funding crisis accommodation  |   | ✓      | ✓    |   |                    | ✓      | ✓  |          |          |             |            |
| Shared equity   |   | ✓      | ✓    | ✓   |                    |        | ✓  |          |          |             | ✓          |
| Build-to-rent and rent-to-buy   |   | ✓      | ✓    | ✓   | ✓                  |        | ✓  |          |          |             |            |
| Cheaper rentals in retirement villages  | ✓   | ✓      | ✓    | ✓   |                    |        | ✓  | ✓        |          | ✓           |            |
| Social housing  |   | ✓      | ✓    | ✓   | ✓                  | ✓      | ✓  | ✓        |          |             |            |
| Community Health model  | ✓   | ✓      | ✓    | ✓   | ✓                  | ✓      |  | ✓        |          | ✓           |            |
| Culturally Safe Practices and Services  | ✓   | ✓      | ✓    | ✓   | ✓                  | ✓      | ✓  | ✓        |          | ✓           |            |
| Support for victims of elder abuse  | ✓   | ✓      |      |   | ✓                  | ✓      |  | ✓        | ✓        |             | ✓          |

| Solution  | Delivery Timeframe |        |      | Response context |                    |        | Solution type  |          |          |             |            |
|---|--------------------|--------|------|------------------|--------------------|--------|----------------|----------|----------|-------------|------------|
|   | Short              | Medium | Long | Preventative     | Early Intervention | Crisis | Housing supply | Services | Advocacy | Connections | Financials |
| Co-located services   | ✓                  | ✓      | ✓    | ✓                | ✓                  | ✓      |                | ✓        |          |             |            |
| Functional Zero   | ✓                  |        |      |                  |                    | ✓      |                | ✓        |          |             |            |
| Moving from a 'crisis response' to a preventative approach to mental health and homelessness services |                    | ✓      | ✓    | ✓                | ✓                  |        |                | ✓        |          |             |            |
| Housing first options with wrap-around services   |                    | ✓      | ✓    |                  | ✓                  | ✓      | ✓              | ✓        |          |             |            |
| 'Changing the face of homelessness'   |                    |        | ✓    |                  | ✓                  | ✓      |                |          | ✓        |             |            |
| Understanding the scale of the problem  | ✓                  | ✓      |      | ✓                |                    |        |                |          | ✓        |             |            |
| Addressing the perception that the Eastern suburbs don't require homelessness support                 |                    | ✓      | ✓    | ✓                | ✓                  |        |                |          | ✓        |             |            |
| Peer support networks   | ✓                  | ✓      | ✓    | ✓                | ✓                  | ✓      |                |          |          |             | ✓          |
| CALD community networks   | ✓                  | ✓      | ✓    | ✓                | ✓                  |        |                |          | ✓        |             | ✓          |

| Solution  | Delivery Timeframe  |        |      | Response context  |                    |        | Solution type  |          |          |             |            |
|--|--|--------|------|--|--------------------|--------|---|----------|----------|-------------|------------|
|  | Short  | Medium | Long | Preventative   | Early Intervention | Crisis | Housing supply  | Services | Advocacy | Connections | Financials |
|  | Faith-based connections  | ✓      | ✓    | ✓  | ✓                  | ✓      |   |          |          | ✓           | ✓          |
| Cohousing  | ✓  | ✓      |      |  | ✓                  |        | ✓   |          |          | ✓           | ✓          |
| Superannuation or income payments to reflect time spent as carer                           |  |        | ✓    | ✓  |                    |        |   |          |          |             | ✓          |
| Incentives and education for workers to employ older workers                               | ✓  | ✓      |      | ✓  |                    |        |   |          | ✓        |             | ✓          |
| Compassionate banking policies   | ✓  | ✓      |      | ✓  | ✓                  |        |   |          |          |             |            |

## 5.4.2 Housing Supply

A recurring theme across the project was the need for additional affordable and social housing supply. This was identified as a key bottleneck in supporting older women.

**Table 5.2** provides an overview of key housing supply solutions relevant to older women’s homelessness in the EMR.

**Table 5.2 Housing Supply Solutions**

| Solution                                 | Details  | Examples  |
|--|--|---|
| Using under-utilised properties and land | Participants raised a desire to see under-utilised homes, buildings and land for social housing. This could include under-utilised hotels, hospitals, empty units or council land.   | <ul style="list-style-type: none"> <li>• The NSW housing minister, Rose Jackson, told Guardian Australia that providing incentives to developers to convert surplus office space presented a “good opportunity” for the state as it struggles with a soaring social housing waitlist (The Guardian, 2023).</li> <li>• A University of Melbourne study mapped the location of ‘lazy land’ (defined as surplus, underutilised or vacant land) across Melbourne in 2018 (Transforming Housing, 2018), finding an inventory of over 250 sites owned by federal, state and local government deemed suitable for housing.</li> <li>• The Lakehouse is an example of a ‘lazy’ or underutilised site being repurposed to provide temporary accommodation. The Lakehouse is an innovative pop-up housing model that provides safe, temporary accommodation to around 40 older women in Melbourne. Formerly a residential aged care facility, the building was sitting empty awaiting redevelopment. Through collaboration with the private sector and local governments, YWCA have repurposed this building on a short-term lease, paying peppercorn rent of \$1 a year, to provide affordable housing for older women.</li> </ul> |
| Support for granny flats                 | “Under Victorian law, only one person can live in a granny flat at any time. That person must be dependent on the person/s in the main home – usually this is because of an economic, social or medical disadvantage. That’s why granny flats are called DPUs in Victoria. Common DPU inhabitants include a grandparent, an elderly parent, a teenage child, or a relative with a disability.” (RACV Victoria, 2022) | <ul style="list-style-type: none"> <li>• The NSW planning system includes provisions to enable low-cost market housing— particularly accessory dwellings (granny flats) and boarding houses in residential areas, irrespective of local planning controls. These provisions have seen significant take up (over 13,000 dwellings and rooms since 2009), equating to nearly 5 per cent of total housing output in the Sydney metropolitan region. Flexibility is inherent in the secondary dwelling provisions under the Affordable Rental Housing State Environmental Planning Policy (ARHSEPP), which allows ‘granny flats’ to serve the needs of the primary household as they change over time. Alternatively, the provisions also offer potential for households to gain</li> </ul>   |

| Solution                                | Details   | Examples   |
|---|---|--|
|   | <p>Amending these planning and development rules would allow for the construction of more affordable accommodation options as well increasing density in well-serviced middle-ring suburbs like those in the EMR.</p>   | <p>additional income while providing a form of rental housing supply to the local market. (Gurran, et al., 2018).</p>  |
| <p>Culturally appropriate housing</p>   | <p>Mainstream housing providers are grounded in Western cultural norms, and their incompatibility with Aboriginal worldviews leads to First Nations people being coerced into cultural compromises within the housing sector, either to be offered housing or to remain in their current house. For housing and support to be effective, culture must be front and centre of design and delivery and be valued as a birthright by the western system.</p>   | <ul style="list-style-type: none"> <li>• The Elders Village is a joint project between Indigenous Land and Sea Corporation, Kurna Yerta Aboriginal Corporation, Aboriginal Community Housing Limited and SA state government. It is currently undergoing development on a 6ha property owned by ILSC, 13km south of CBD and close to the Warriparinga cultural site. It will feature 40 standalone homes and will house Aboriginal elders currently eligible for public housing.</li> <li>• Marrageil Baggarrook (Wurundjeri for ‘divine women’) is crisis accommodation run by the Uniting Church. Jointly funded by Vic. Government, Uniting Church, Community Housing Ltd and the Oak Building Group. It features 8 Independent Living Units and opened in August 2021. It provides a safe space for women to live temporarily while they find permanent accommodation. It is fee-free due to significant joint funding.</li> </ul> |
| <p>Funding for crisis accommodation</p> | <p>Participants in the study highlighted the lack of crisis accommodation in the EMR. For example, one interviewee explained: <i>“There is currently no crisis accommodation in the Yarra Ranges LGA, this becomes more acute in winter as we don’t have the capacity to be able to help everyone”</i>.</p> <p>Participants also highlighted the inappropriateness of current crisis accommodation options such as boarding houses or low-quality hotels and motels for older women and called for more purpose-built crisis accommodation.</p> | <ul style="list-style-type: none"> <li>• Marrageil Baggarrook (Wurundjeri for ‘divine women’) is crisis accommodation run by the Uniting Church. Jointly funded by Vic. Government, Uniting Church, Community Housing Ltd and the Oak Building Group. It features 8 Independent Living Units and opened in August 2021. It provides a safe space for women to live temporarily while they find permanent accommodation. It is fee-free due to significant joint funding.</li> </ul>  |

| Solution   | Details  | Examples  |
|--|--|---|
| Shared Equity  | Participants raised the potential for tailored shared equity programs to support ‘middle women’ with some access to equity. In shared equity, government or institutional investor co-purchases a home with an older woman, reducing mortgage payments and deposit requirements  | <ul style="list-style-type: none"> <li>MAP is a development in North Melbourne designed to support current residents of social housing to move into homeownership. The model requires participants to pay at least a \$25,000 deposit and source a loan to cover the remaining development costs of an apartment (about 63% of market value). The remaining 37% of market value is not payable until the homeowner sells their unit. This component, referred to as a ‘Barnett Advance’ in this project, does not attract interest or fees and functions as a deferred second mortgage. For more info, see: <a href="https://www.mcm.org.au/-/media/mcm/content-repository-files/the-melbourne-apartments-project.pdf">https://www.mcm.org.au/-/media/mcm/content-repository-files/the-melbourne-apartments-project.pdf</a></li> <li>Older People’s Shared Ownership (OPSO), UK Government, England: OPSO is a form of Shared Ownership available to people aged 55 and over. It allows you to buy an initial share in a OPSO home and pay rent on the remaining share. More info: <a href="https://www.ownyourhome.gov.uk/scheme/shared-ownership/">https://www.ownyourhome.gov.uk/scheme/shared-ownership/</a></li> </ul> |
| Build to rent housing options                        | Institutional investor develops and manages a large rental property and makes units available for long-term rent   | <ul style="list-style-type: none"> <li>Assemble combines market-rate and social and affordable build to rent housing. Their social and affordable BTR model offers long term mixed-income rental accommodation, providing housing to a range of demographics with the following targets: 20% of homes as Social Housing managed by Housing Choices Australia, 35% of homes as affordable housing, ~10 Specialist Disability Accommodation homes and ~40% of homes at market</li> </ul>  |
| Cheaper, rental accommodation in retirement villages | Older women shared experiences of living in retirement villages or having friends in retirement villages with empty units that were not occupied. They raised a desire to see these units, usually offered through an ingoing contribution and a Deferred Management Fee (DMF) model, to be transitioned into a leasing model that reduced barriers to entry for lower income households. This would also allow more residents to access Commonwealth Rental Assistance. | <ul style="list-style-type: none"> <li>According to a report published in 2022 by PWC and the Property Council ‘Affordability is increasing, with the average two-bedroom home in a village being 55 per cent of the median house price in the same postcode, down from 67 per cent.’ This means retirement villages offer a viable housing option for many women in ‘the missing middle’ with some access to savings.</li> <li>The Retirement Living Council recommends supporting affordability with rental assistance. Approximately 7.3% of retirement village residents receive Commonwealth Rent Assistance (CRA), as many residents do not qualify for support because of the unique rules applying to retirement villages. To make retirement villages more accessible for people with limited financial means, the RLC recommended that the Commonwealth Government’s home ownership proxy indicator for residents on a loan lease or loan licence contract should be removed. Among other benefits, this will bring retirement villages into line with other forms of seniors housing (Retirement Living Council, 2022).</li> </ul>   |

| Solution       | Details  | Examples   |
|----------------|--|--|
|                |  | <ul style="list-style-type: none"> <li>• Uniting in NSW and the ACT provides Affordable rental housing for seniors. Eligibility criteria includes not owning a property and having an annual income of less than \$58,905. This program is run in collaboration with the Federal government’s National Rental Affordability Scheme (Uniting, 2023). The scheme aims to provide people on low to moderate incomes rental homes at least 20% below market rate (Department of Social services, 2023).</li> <li>• Brisbane Housing Company has delivered a large portfolio of social housing targeted at older people. They have also worked to support older people living in larger detached social housing dwellings to downsize if they choose to do so. More info: <a href="https://bhcl.com.au/developments/new-developments/">https://bhcl.com.au/developments/new-developments/</a></li> <li>• Maroondah Retirement Village in Yarra Valley, Victoria is a 30-unit community in walking distance from local shops, churches, cafes, restaurants and the local RSL. More info at: <a href="https://www.unitingvictas.org.au/services/homelessness-housing/low-cost-retirement-villages/maroondah-retirement-village/">https://www.unitingvictas.org.au/services/homelessness-housing/low-cost-retirement-villages/maroondah-retirement-village/</a></li> </ul> |
| Social Housing | Government or a community housing provider manages and rents housing at a subsidised rent and with security of tenure. | <ul style="list-style-type: none"> <li>• Viv’s Place (Dandenong), Launch Housing, Dandenong Melbourne. Launch Housing Viv’s Place (Dandenong) includes housing for women over 50 / 55 years and is an Australian-first apartment building tailored to women and children escaping family and domestic violence and homelessness. More info: <a href="https://www.launchhousing.org.au/australian-first-housing-for-women-and-children-opens-its-doors">https://www.launchhousing.org.au/australian-first-housing-for-women-and-children-opens-its-doors</a></li> </ul>   |

### 5.4.3 Wrap Around Services

Another recurring theme across the project was the need for tailored, human-centred wrap-around services to support older women. **Table 5.3** provides an overview of key service solutions relevant to older women’s homelessness in the EMR.



**Table 5.3 Wrap-around service solutions**

| Solution                               | Details   | Examples or case studies  |
|--|---|---|
| Community Health model                 | Community health nursing is a specialised model of nursing which bridges the gap between social work and the health system. Community nurses do the legwork for clients to refer to relevant services, make access to healthcare simpler and provide on-the-ground support. The model places a greater emphasis on prevention than treatment. Settings are focused outside of the hospital, such as in-home care, schools, outreach clinics and health fairs. The aim is to proactively manage health outcomes before they become acute emergency situations. | <ul style="list-style-type: none"> <li>cohealth is a Melbourne-based not-for-profit organisation aimed at providing a range of health services for anyone living in the inner north and west of Melbourne, especially for lower income communities. The organisation’s purpose is to reduce health and social inequality through health promotion, community health, advocacy and research. cohealth has a homelessness support service which is free to access and provides harm reduction assessments, chronic health concern support, integrated referrals and community development activities.</li> <li>EACH is an integrated community health network which also operates in Melbourne as well as much of the east coast. It specialises in disability support, mental health and family support services. Separating EACH from other healthcare providers is their emphasis on equity, aiming to provide a support network for the larger community regardless of socioeconomic status. It recognises that the health system needs to be well-integrated rather than siloed and fragmented, so its services are holistic via a social health model.</li> </ul> |
| Culturally Safe Practices and Services | Participants in this study raised the importance of services that make people feel safe to be able to talk about their own unique world views and cultural values without feeling diminished, demeaned or disempowered. This included culturally safe services for First Nations community members and members of multi-faith and CALD communities. Participants suggested working with faith-based leaders, to educate them on how to respond when women disclose financial vulnerability or family violence.  | <ul style="list-style-type: none"> <li>This has been acknowledged by the Victorian government who have committed to the establishment of culturally responsive services through the establishment of four demonstration projects to test the service models for First Nations Victorians with complex health and social needs. Each of these projects are led by an Aboriginal Community Controlled Organisation in partnership with a local public health service. <i>“The partnership models encourage coordination of care with other service providers to deliver integrated wrap-around care for Aboriginal and Torres Strait Islander people with moderate to severe mental illness and other complex health and social support needs.”</i> (Vic Dept. of Health, 2021)</li> <li>One service provider raised the importance of teams which can straddle cultural boundaries, involving workers who understand the dynamics of family violence, elder abuse and other pressing issues from an Indigenous perspective.</li> </ul>   |

| Solution                           | Details  | Examples or case studies   |
|------------------------------------|--|--|
| Support for victims of elder abuse | <p>Participants raised the importance of addressing elder abuse in the EMR. There was a particular emphasis on CALD communities, as language barriers and shame or stigma were considered a risk factor in seeking support from elder abuse in these communities.</p> <p>Elder abuse was considered in the forms of financial abuse, physical, mental and sexual abuse, and coercive control.</p>  | <ul style="list-style-type: none"> <li>Eastern Community Legal Centre’s Elder Abuse Response Services, ROSE (Rights of Seniors in the East) and ELSA (Engaging &amp; Living Safely &amp; Autonomously), provide free and confidential legal advice and assistance to older people experiencing or at risk of elder abuse. ROSE, a partnership with Oonah Belonging Place, provides assistance to older people across the eastern metropolitan region while ELSA, a partnership with Eastern Health, is dedicated to supporting older people receiving care at Eastern Health. As a participant explained, much of the success of ROSE and ELSA is based on strong partnerships and a focus on culturally safe practices: <i>“We have been able to deliver ELSA and ROSE across different CALD groups in eastern Melbourne, through engaging with faith and community leaders to build rapport and gain trust to deliver these programs”</i></li> </ul> |
| Co-located services                | <p>Co-location of services can provide benefit particularly to clients, who need access to more than one service and is especially necessary to those with complex needs and in the context of geographically dispersed populations. It also allows for collaboration between service providers and the potential for information sharing.</p> <p>An interview with an older woman with lived experience spoke about the importance of wrap-around services in working with victims of family violence: ‘[they] formulated a task force for DV (domestic violence) – DV one stop shop – the police have a social worker, police etc and you go there and get information from there – this is on the Peninsula’.</p> | <ul style="list-style-type: none"> <li>Services Australia and the NDIS are working together to deliver “Fix it Fridays” model currently in Whittlesea where multiple different service providers, especially Services Australia and the NDIS are present together at a community centre or similar location, in order to work collaboratively.</li> </ul>  |

| Solution  | Details   | Examples or case studies   |
|---|---|--|
| Functional Zero   | <p>Functional Zero is a way of measuring goals to end homelessness. Essentially, it is when the population of a community experiencing homelessness is measured as below the monthly housing capacity of a community. This may be measured by identifying and recording each individual who is experiencing homelessness. Projects employing functional zero targets focus on systems of equity, prioritising marginalised groups in terms of gender, sexual orientation and ethnicity. (Community Solutions, 2023)</p> | <ul style="list-style-type: none"> <li>• Launch Housing is a Melbourne-based organisation which is building a ‘By-Name-List’ (BNL), a list which attempts to account for and acknowledge every individual sleeping rough in an area. Then this works in tandem with the Homelessness to a Home (H2H) program to find housing solutions for each applicant’s individual needs. Most of the clients on the BNL experience chronic homelessness for eight to fifteen years on average (Launch Housing, 2022). The individualised nature of the list means that Launch can integrate services and assist rough sleepers to get specific assistance. They operate in the Cities of Melbourne, Port Phillip, Frankston and Stonnington.</li> </ul>   |
| Moving from a ‘crisis response’ to a preventative approach to mental health and homelessness services | <p>Interviews and focus groups emphasised the challenges of delivering preventative measures in the context of a constrained system that is only resourced to respond to those in immediate crisis</p>  | <ul style="list-style-type: none"> <li>• Sweden’s national mental health strategy places paramount importance on prevention and early intervention, in order to both stop crises from occurring in the first place and to relieve strain on the medical and emergency systems.</li> <li>• In Helsinki, Finland, policymakers implemented a strategy in 2008 called Housing First, which has successfully lowered Finland’s homeless population by 35% as of 2019, trending towards zero (<a href="#">Henley, 2019</a>). It combines a focus on preventing homelessness in the first place by assisting precarious tenants and liaising with landlords to prevent evictions, with the unconditional provision of low-cost social housing to those at risk of or experiencing homelessness. The policy is integrated with accessible services such as rehabilitation for addiction, career and life skills training and medical services. The housing provided to at-risk tenants is a mix of renovated flats with shared kitchen and common areas, newly built complexes and standalone houses.</li> <li>• Australian institute Everymind is dedicated wholly to prevention of mental ill-health based in Newcastle. It has partnered with the state and national departments of health, University of Newcastle, Hunter Medical Research Institute, the ABS and Beyond Blue amongst others to incorporate preventative measures in workplaces, advise the government on policy direction from a prevention perspective and communicate best practice to a wider audience.</li> </ul> |

| Solution                                       | Details   | Examples or case studies  |
|--|---|---|
| Housing first models with wrap-around services | Participants raised the importance of providing housing-first models that emphasised access to housing as a key factor in achieving other life goals and needs. | <ul style="list-style-type: none"> <li>Wintringham provides an example of a housing first care model targeted at older people at risk of homelessness. It includes support for the life of the tenancy (with flexibility to increase or decrease support based on need over time), strong pathways and linkages to community and mainstream fundings such as NDIS and the aged pension and properties designed with the needs of older people in mind.</li> </ul> |

#### 5.4.4 Advocacy

A theme that was raised throughout the engagement process was the need for greater advocacy to government for greater funding and services. Advocacy is also important in educating the broader community about the importance of addressing this issue. **Table 5.4** provides an overview of Advocacy Solutions

**Table 5.4 Advocacy Solutions**

| Solution                               | Details   | Examples / Case studies   |
|--|---|---|
| 'Changing the face of homelessness'    | Women over 55 are the fastest growing group of people seeking assistance from homelessness services. Between 2013 and 2018, the number of women experiencing homelessness in Victoria increased by 48.3 per cent. Several study participants raised the need to change the perception of homelessness to acknowledge that older women are vulnerable and also to de-stigmatise the experience of homelessness and housing stress. | <ul style="list-style-type: none"> <li>The Eastern Affordable Housing Alliance (EAHA) screened the documentary 'Under Cover' directed by Sue Thompson, and hosted a panel discussion around older women's homelessness. The documentary and the panel discussion promoted community understanding of this issue.</li> <li>Similarly, roles like the Age Discrimination Commissioner and Royal Commissions into Aged Care Quality and Safety help to bring attention and resources to older women's issues.</li> </ul> |
| Understanding the scale of the problem | The rate of "hidden homelessness" in older women – who are less likely to be sleeping rough and are more likely to be sleeping in their car or couch surfing – means that many women experiencing homelessness are more likely to go unnoticed.   | <ul style="list-style-type: none"> <li>The NSW Department of Communities and Justice since 2020 has been posting on a yearly basis the number of people sleeping rough across the state with a breakdown on an LGA basis. This work has been done in response to a target to reduce street homelessness in NSW by 50% by 2025.</li> </ul>   |

| Solution  | Details  | Examples / Case studies   |
|---|--|---|
| Addressing the perception that the Eastern suburbs don't require homelessness support | Participants frequently raised the challenge of attracting funding or support in the Eastern suburbs of Melbourne as they are seen to be wealthy enclaves that are less deserving of funding than suburbs in the North and West of the city. | As Census data is only made available on a five yearly basis the NSW government has committed to doing this annually to deliver more regular data, as they seek to meet their goals. (NSW Department of Communities and Justice, 2022).   |
| Advocate to increase rights of renters under the Residential Tenancy Act              | Participants frequently raised the precarity of rental tenures and fear of rent price increases, evictions or issues with maintenance occurring in a timely fashion.   | Additional rental security, including caps on rent rises, increased access to long-term tenancies, increased rights to modify homes to meet accessibility needs, improved minimum building standards, additional rights for residents with pets, increased protections around sales inspections and additional protections around evictions are all elements advocated for by peak bodies such as Tenants Victoria. Increasing protections for renters in the private sector can greatly decrease risk of homelessness for older women. |

## 5.4.5 Connections

The importance of community connections and peer support was a reoccurring theme throughout engagement.

Table 5.5 provides an overview of connections-based solutions.

**Table 5.5 Connections Solutions**

| Solution              | Details  | Examples  |
|-----------------------|--|---|
| Peer support networks | Women in the study raised their desire to see support for peer support networks for older women in the EMR. One woman explained: <i>'support groups for older women like myself – it shouldn't be viewed that it was a failure if you only got 2 people showing up. Tend and befriend – women do this. Women brainstorm solutions – women do that differently to men. Meeting other women in the same position, there would be a link. The groups wouldn't necessarily need to be educated – get their nails done or hair done or baking biscuits together. Mindful and productive.'</i> | <ul style="list-style-type: none"> <li>• Foothills Community Centre in Ferntree Gully currently offers a range of different peer to peer support mechanisms. One of these is their community meals which they offer two nights a week (Foothills Community Care, 2023).</li> <li>• Community centre/neighbourhood houses offer various opportunities for older women to connect, such as social or hobby groups.</li> </ul> |

| Solution                | Details   | Examples  |
|-------------------------|---|---|
| CALD community networks | Working with CALD community networks requires an understanding of the cultural practices and norms of those communities and ideally an understanding of their language as well. Bringing these together allows the opportunity to break down barriers with these communities and be able to engage proactively and develop trust. | <ul style="list-style-type: none"> <li>The City of Melbourne offers a range of services to support people from CALD backgrounds. The multicultural hub located on Elizabeth St Melbourne is a <i>'place where people from Melbourne's many different cultures can meet, work, share and learn in a safe and supportive environment.'</i> (City of Melbourne, 2023)</li> </ul>   |
| Faith-based connections | Building trust and connection with faith-leaders in communities, is important to be able to gain the trust of not just the leaders, but the members of their communities  | <ul style="list-style-type: none"> <li>The People's Place is a community project, a public venue and hub for various faith and community groups in Flemington, Melbourne and host a number of faith-based community groups, programs and support networks. (Newmarket Baptist Church, 2023)</li> </ul>  |
| Cohousing               | Housing designed to encourage connection and shared spaces between like-minded people   | <p>WINC's cohousing will be a community of 24-30 homes designed to enable older women of varying incomes and backgrounds to cooperate and thrive in a mutually supportive environment. So WINC's cohousing will have:</p> <ul style="list-style-type: none"> <li>A minimum of four homes for women eligible for social housing – they will rent from a community housing provider, who will own these WINC homes and rent them to WINC women who are eligible for the Victorian Housing Register.</li> <li>Homes owned by women who may need some assistance to purchase – we are working very hard to find programs and investors to fund the gap for those who don't have all the assets to purchase.</li> <li>Homes owned by women who are able to buy outright.</li> <li>A few of the latter homes will be available for rent for some years, until the owner wishes to live in the community.</li> </ul> <p>Murundaka Cohousing Community is a collective based in Heidelberg Heights, Melbourne, which consists of 20 households with around 40 people. It is a rental-only social housing program accommodating all ages and backgrounds, as well as containing a guest room for travellers. In the cohousing block, rent can be paid monetarily or via alternative arrangements, such as work exchange. It aims to foster a sense of community while being affordable and safe.</p> |

## 5.4.6 Income Support and Financial Support

The importance of income support and financial support was raised throughout the course of engagement for the Project. **Table 5.6** provides an overview of the solutions identified.

**Table 5.6 Income and Financial Support Solutions**

| Solution  | Details   | Examples  |
|---|---|---|
| Superannuation or income payments to reflect time spent as carers | Increasingly, it is becoming recognised around the world that unpaid work (often connotated as women’s work) is just as important to society as paid work, and so some governments are implementing schemes to alleviate financial pressures of unpaid work, especially for carers of dependent children or elderly or disabled relatives. Mostly, this involves a variety of policies to provide tax relief, employment allowances or pension bonuses for those providing unpaid care. | <ul style="list-style-type: none"> <li>• Most governments in the EU recognise unpaid caregiving as work. A common practice is through “caregiver credits”. Generally, these credits are applied through means-testing a carer’s hours of care and related expenses against income and employment hours. In most of these systems, such as that of France, Sweden and Germany, very little application process is required on the individual’s part due to the governments’ comprehensive, integrated citizen databases and records. In some systems, years of caregiving are factored into a proportionally lowered pension eligibility age, or an increased pension/ superannuation amount. Essentially, time spent caregiving is counted as time worked in a paid job for tax/ super/ pension purposes.</li> <li>• Singapore provides annual tax deductions for adults who provide unpaid care for their parents or grandparents. Australia has a Caregiver Payment for those who are unable to work due to carer obligations, equivalent to the full retirement pension (Jankowski, 2011; Goodhead &amp; McDonald, 2007).</li> </ul> |
| Incentives and education for workers to employ older workers      | Gaps in resumes due to raising children have long been discriminated against in the hiring process (Pender, 2019). Since significant discrimination based on age exists in the workforce – 14% of workers over 55 state they have experienced age-based discrimination in the workplace – many international organisations and the Australian Government has recognised the need to employ and combat stereotypes against older workers.  | <ul style="list-style-type: none"> <li>• Some major Silicon Valley companies in the US are trialling programs known as “returnships”, which are targeted mostly at older or mid-career women returning to the workforce. They provide cadetships and subsidies to increase workforce participation from older demographics (Pender, 2019).</li> <li>• The Australian Government, through subsidiary Workforce Australia Services has also created a subsidy for up to \$10 000 for employers who hire and retain workers over 55 years of age (DEWR, n. d.).</li> </ul>   |

| Solution                       | Details   | Examples   |
|--------------------------------|---|--|
| Compassionate banking policies | <p>“Compassionate banking” refers to finance policies which are flexible and lenient for vulnerable populations and those experiencing hardship.</p> <p>Some banks have policies to remediate customers on compassionate grounds; this can be especially relevant for older women. The situations that most major banks grant compassionate allowances for generally include illness, domestic violence, loss of employment, grief, disability and carer obligations.</p> | <ul style="list-style-type: none"> <li>• Commonwealth Bank has several policies aimed at alleviating stress on customers in vulnerable circumstances, such as Home Loan Compassionate Care, which fully covers 12 months’ worth of home loan repayments for the claimant or their spouse or dependent if they have passed away or are terminally ill. Another policy is the early release of super in compassionate circumstances. Individuals are allowed access to their superannuation early if needed to pay for things like home loan repayments to avoid losing the home, medical treatments and palliative care, disability aids and similar circumstances. They have also introduced a “self-service lock” for those experiencing gambling addiction.</li> <li>• ANZ has a tailored application program for compassionate circumstances, e.g., illness, divorce or domestic violence, job loss, natural disaster, or permanent disability. Claimants can apply based on these situations for an unspecified short- or long-term assistance program.</li> </ul> |



## 6.0 Conclusion

This report presents the findings of the first phase of the Preventing Homelessness among Older Women (PHOW) project. This phase has focused on gathering previous research findings, undertaking statistical analysis of the cohort in the EMR and by LGA, and documenting the perspectives of older women with lived experience and service providers. The outcomes of this work highlight the scale of the problem of older women's homelessness within the EMR.

The study has identified that there are 150,000 older women in the EMR, representing 16% of the region's population. Within this population, 67 per cent earn a very low or low income, 66 percent are not in the labour force, 1 in 5 live alone, 1 in 10 have low English proficiency, 38 per cent are divorced, widowed or separated, with 1 in 20 renting in the private rental sector. A third of older women in the EMR (31.2 per cent/46,523 older women) either live alone or are a single parent, and 0.4 per cent identify as Aboriginal and/or Torres Strait Islander. It has been demonstrated that Monash and Whitehorse exhibit higher proportions of older women likely to be at risk of homelessness.

Key themes emerging from the research, include housing experiences, needs and preferences, service experiences, structural factors impacting older women and potential solutions to address the growing problem of older women's homelessness. The social research has highlighted the following themes:

- **Housing risk is prevalent in the EMR:** Across the EMR, there are just under 150,000 women over 55. That's 16% of the region's population. 8,050 (or 5% of this cohort) rent in the private sector and two thirds earn a very low or low income.
- **There are two key 'pathways' into homelessness:** Pathway One is the '*gradual pathway*,' where women become homeless later in life after decades of social isolation, housing insecurity and poverty. Pathway Two is the '*rapid pathway*,' where a relatively 'middle class' older woman experiences a shock like a divorce, job loss or serious illness resulting in homelessness.
- **Services and housing in the EMR (and across Australia) are insufficient, siloed and difficult to navigate:** Services are difficult to qualify for, systems are difficult to navigate and lack of crisis housing, social housing and affordable housing put vulnerable women at risk.
- **The issue is intersectional and so are women's experiences:** Responding to older women's homelessness requires consideration of intersecting and cumulative vulnerabilities of age, gender, cultural and linguistic background, disability, poverty, and trauma.
- **Housing and homelessness is deeply emotional:** Pride, shame and the feeling of being invisible are key barriers to accessing and receiving support for older women. Women are often interacting with service systems for the first time in their lives, often during periods of extreme stress and trauma. Dehumanised housing and service systems exacerbate distress and feelings of helplessness.
- **Prevention is far more effective than crisis response:** Despite this, our systems rarely have the capacity and resources to prioritise prevention.
- **Solutions are cross-sectoral:** This report identifies a wide variety of potential solutions, that reflect the diversity of recommendations that emerged throughout Phase One. Solutions need to consider connected responses to health, housing, social connection and finance.

Subsequent phases of the project will focus more centrally on these solutions, which present a variety of options that range from small-scale interventions through to systemic taxation and superannuation changes. Solutions have been identified across housing supply, service provision, advocacy, community connections and income support, all of which will be considered in further detail.

## 7.0 Bibliography

- ABS. (2018, March). *Census of Population and Housing: Estimating Homelessness*. Retrieved from Australian Bureau of Statistics: <https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/latest-release>
- ABS. (2023). Retrieved from <https://www.abs.gov.au/census/find-census-data/search-by-area>
- Anglicare Australia. (2022). *Ageing in Place: Home and Housing for Australia's Older Renters*. Anglicare Australia.
- Australian Government. (2023). *MoneySmart*. Retrieved from MoneySmart: <https://moneysmart.gov.au/>
- Australian Institute of Health and Welfare. (2021). *Gambling in Australia*. Australian Government.
- Australian Institute of Health and Welfare. (2022). *Specialist homelessness services annual report 2021-22*. AIHW.
- Baker, M. (2022). Deliberative development in Australia: a legal framework and financial challenges. *University of New South Wales Law Journal Student Series*.
- Bretherton, J. (2017). Reconsidering gender in homelessness. *Centre for Housing Policy, University of York*.
- Burns, V., & Sussman, T. (2019). Homeless for the first time in later life: Uncovering more than one pathway. *The gerontologist*.
- Canham, S. (2021). Shelter/housing options, supports and interventions for older people experiencing homelessness. *Ageing and Society*.
- Chvastek, N., & Kirkham, N. (2022, September 6). *Calls for gambling reform as Australian poker machine losses hit \$11.4b in financial year*. Retrieved from ABC: <https://www.abc.net.au/news/2022-09-06/calls-for-gambling-reform-amid-devastating-pokies-losses/101409668>
- City of Melbourne. (2023). Retrieved from <https://www.melbourne.vic.gov.au/community/hubs-bookable-spaces/multicultural-hub/Pages/multicultural-hub.aspx>
- Community Solutions. (2023). *Functional Zero*. Retrieved from Community Solutions: <https://community.solutions/built-for-zero/functional-zero/>
- Department of Social services. (2023). Retrieved from <https://www.dss.gov.au/our-responsibilities/housing-support/programmes-services/national-rental-affordability-scheme>
- Dietz, T. (2009). Drug and Alcohol Use Among Homeless Older Adults: Predictors of Reported Current and Lifetime Substance Misuse Problems in a National Sample. *Journal of Applied Gerontology*.
- Foothills Community Care. (2023). Retrieved from <https://www.foothillscare.org.au/>
- Government of Western Australia Housing Authority. (2019). Retrieved from Department of Housing.

- Grenier, A., Barken, R., Sussman, T., Rothwell, D., Bourgeois-Guerin, V., & Lavoie, J. (2016). A Literature Review of Homelessness and Aging: Suggestions for a Policy and Practice-Relevant Research Agenda. *Canadian Journal of Ageing*.
- Griswold, D. (2023, May 8). *Gambling addiction facts and statistics*. Retrieved from The Recovery Village: <https://www.therecoveryvillage.com/process-addiction/compulsive-gambling/gambling-statistics/>
- Gurran, N., Gilbert, C., Gibb, K., van den Nouweland, R., James, A., & Phibbs, P. (2018). *Supporting affordable housing supply: inclusionary planning in new and renewing communities*. AHURI.
- Homes Victoria. (2022). *Homes Victoria Rental Report, december Quarter*. Victorian Government.
- James, A., Rowley, S., & Stone, W. (2020). *Effective downsizing options for older Australians*. AHURI.
- Knox City Council. (2018). *Minimum supply of social housing, EMR*. Knox City Council.
- Knox City Council. (2021, 05). *Minimum supply of social housing, Eastern Metropolitan Region (2016-2036)*. Retrieved from <https://www.knox.vic.gov.au/sites/default/files/2021-05/minimum-supply-social-housing-eastern-metro-2016-36.pdf>
- Launch Housing. (2022). *Impact Report 2021-2022*. Retrieved from Launch Housing: <https://impact.launchhousing.org.au/impact-measure-2-analysis/>
- Lester, I., & Faulkner, D. (2020). *At Risk: Understanding the population size and demographics of older women at risk of homelessness in Australia*. Retrieved from Older Tenants Final Report: At Risk: Understanding the population size and demographics of older women at risk of homelessness in Australia: [https://www.oldertenants.org.au/sites/default/files/at\\_risk\\_final\\_report\\_web.pdf](https://www.oldertenants.org.au/sites/default/files/at_risk_final_report_web.pdf)
- Manningham Council. (2020, 09 04). *13 Councils, 2 million-plus residents: a unified voice to tackle homelessness*. Retrieved from Manningham: <https://www.manningham.vic.gov.au/news/regional-local-government-homelessness-social-housing-group-charter>
- Maroondah City Council. (2018). *Maroondah Affordable and Social Housing Policy 2018*. Retrieved from <https://www.maroondah.vic.gov.au/files/assets/public/documents/policies/maroondah-affordable-and-social-housing-policy-2018-1.pdf>
- McKay, C. (2005). *Double jeopardy: older women and problem gambling*. Calgary: Alberta Gambling Research Institute, University of Calgary.
- Mitchell, L. (2019). *Everybody's Business: What Local Governments can do to end Homelessness*.
- Morris, A., & Verdasco, A. (2020). Loneliness and housing tenure: Older private renters and social housing tenants in Australia. *Journal of Sociology*.
- Newmarket Baptist Church. (2023). Retrieved from <https://newmarketbaptist.church/>
- NSW Department of Communities and Justice. (2022). Retrieved from <https://www.facs.nsw.gov.au/reforms/homelessness/premiers-priority-to-reduce-street-homelessness/street-count>

- Om, P., Whitehead, L., Vafeas, C., & Towell-Barnard, A. (2022). A qualitative systematic review on the experiences of homelessness among older adults. *BMC Geriatrics*.
- Ong, R., Wood, G., Cigdem, M., & Salazar, S. (2019). *Mortgage stress and precarious home ownership: implications for older Australians*. ahuri.
- Parsell, C., Ten Have, C., Denton, M., & Walter, Z. (2018). 'Self-management of health care: multimethod study of using integrated health care and supportive housing to address systematic barriers for people experiencing homeless. *Australian Health Review*.
- Penhale, B. (2008). Older women, domestic violence, and elder abuse: a review of commonalities, difference, and shared approaches. *Journal of Elder Abuse and Neglect*.
- RACV Victoria. (2022). Retrieved from <https://www.racv.com.au/royalauto/property/renovating/granny-flat-building-rules-costs-victoria.html>
- Raynor, K., & Panza, L. (2021). Tracking the impact of COVID-19 in Victoria, Australia: Shocks, vulnerability and insurances among residents of share houses. *Cites*.
- Retirement Living Council. (2022). *Retirement living - a solution for older women at risk of homelessness*. Property Council of Australia.
- RLGCHSHG. (2020, 09 09). Retrieved from [https://www.manningham.vic.gov.au/sites/default/files/2021-12/social\\_housing\\_and\\_homelessness\\_charter\\_group\\_submission\\_to\\_fed\\_govt.\\_inquiry\\_into\\_homelessness\\_in\\_australia.pdf](https://www.manningham.vic.gov.au/sites/default/files/2021-12/social_housing_and_homelessness_charter_group_submission_to_fed_govt._inquiry_into_homelessness_in_australia.pdf)
- Scutella, R. (2014). *Findings from Waves 1 to 4: Special Topics*. The University of Melbourne.
- SGS Economics and Planning. (2022, February). *SGS Economics and Planning* . Retrieved from Rental Affordability Index: <https://www.sgsep.com.au/projects/rental-affordability-index>
- Sharam, A. (2010). A predictable crisis: older, single women as the new face of homelessness. *Parity*, 21-22.
- Shinn, M., Gottlieb, J., Wett, J., Bahl, A., Cohen, A., & Ellis, D. (2007). Predictors of homelessness among older adults in New York city: disability, economic, human and social capital and stressful events. *Journal of Health Psychology*.
- Southwell, J., Boreham, P., & Laffan, W. (2008). Problem gambling and the circumstances facing older people. *Journal of Gambling Studies*, 151-174.
- Spinney et al. (2020). *Ending homelessness in Australia: A redesigned*. AHURI.
- Tedmanson, A. e. (2022). *Urban Indigenous homelessness: much more than housing*. AHURI.
- The Guardian. (2023). Retrieved from <https://www.theguardian.com/australia-news/2023/may/18/nsw-labor-eyes-vacant-offices-as-option-to-boost-social-housing-stock>
- Thredgold, C., Beer, A., Zufferey, C., Peters, A., & Spinney, A. (2019). *An effective homelessness services system for older Australians*. AHURI.

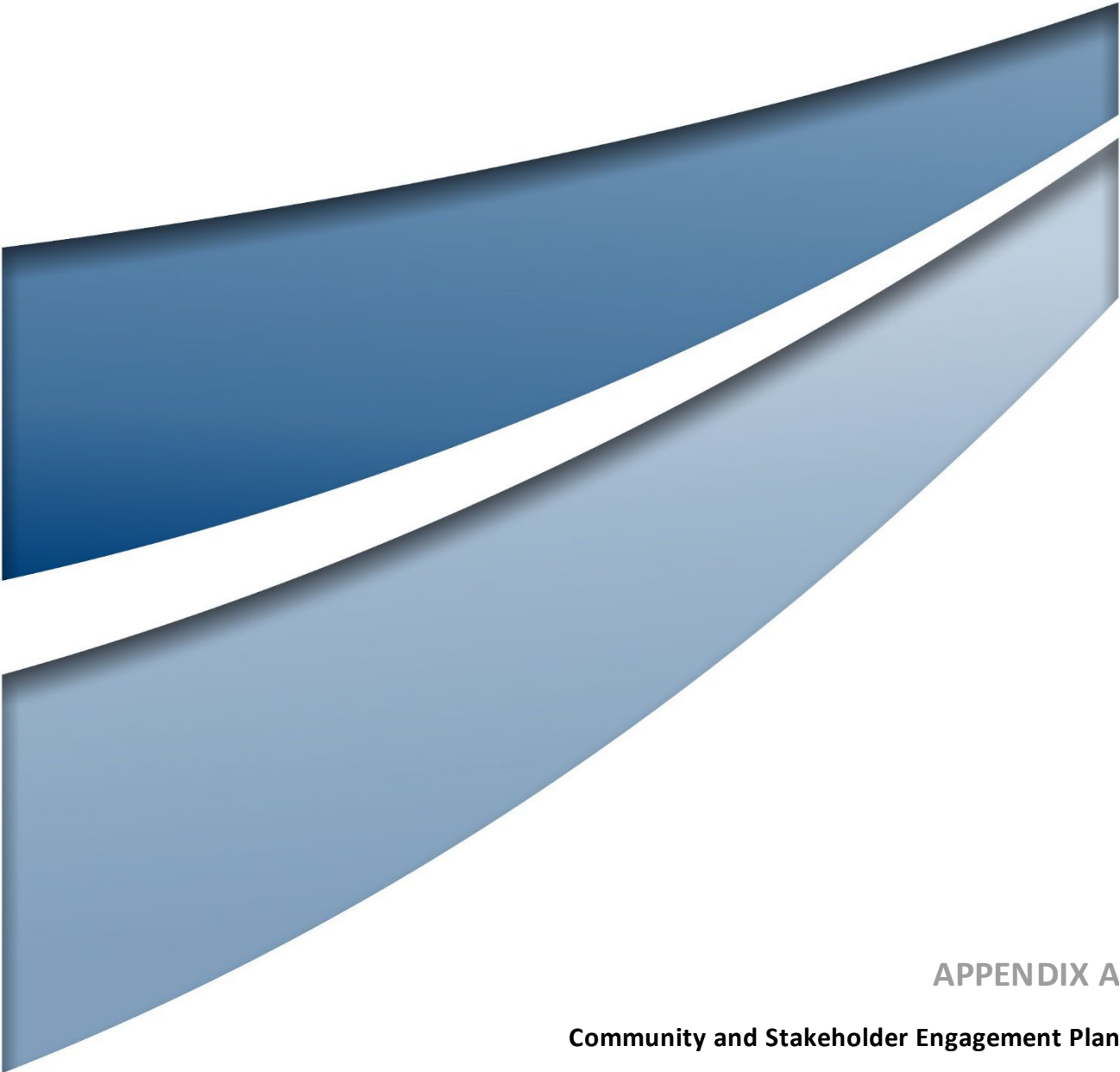
Transforming Housing. (2018). *Project 30,000: Producing Social and Affordable Housing on Government Land*. Melbourne: University of Melbourne.

Uniting. (2023). Retrieved from <https://www.uniting.org/services/retirement-and-independent-living/affordable-rental-housing/affordable-rental-housing-for-seniors>

University of Melbourne. (2017). *The Case for Investing in Last-Resort Housing*. MSEI.

Vic Dept. of Health. (2021). Retrieved from <https://www.health.vic.gov.au/priorities-and-transformation/supporting-the-social-and-emotional-wellbeing-of-aboriginal-and>

Walton, R. (2020). LGBTI Older Women. *Parity*.



**APPENDIX A**

**Community and Stakeholder Engagement Plan**



**PREVENTING HOMELESSNESS IN  
OLDER WOMEN**

Stakeholder Engagement Plan

**DRAFT**

January 2023





## **PREVENTING HOMELESSNESS IN OLDER WOMEN**

Stakeholder Engagement Plan

### **DRAFT**

Prepared by  
**Umwelt (Australia) Pty Limited**  
on behalf of  
**Eastern Affordable Housing Alliance**

Project Director: Dr Sheridan Coakes  
Project Manager: Dr Kate Raynor  
Report No. Stakeholder Engagement Plan  
Date: January 2023



QMS Certification Services

This report was prepared using  
Umwelt's ISO 9001 certified  
Quality Management System.

### **Acknowledgement of Country**

*Umwelt would like to acknowledge the traditional custodians of the country on which we work and pay respect to their cultural heritage, beliefs, and continuing relationship with the land. We pay our respect to the Elders – past, present, and future.*

### **Disclaimer**

This document has been prepared for the sole use of the authorised recipient and this document may not be used, copied or reproduced in whole or part for any purpose other than that for which it was supplied by Umwelt (Australia) Pty Ltd (Umwelt). No other party should rely on this document without the prior written consent of Umwelt.

Umwelt undertakes no duty, nor accepts any responsibility, to any third party who may rely upon or use this document. Umwelt assumes no liability to a third party for any inaccuracies in or omissions to that information. Where this document indicates that information has been provided by third parties, Umwelt has made no independent verification of this information except as expressly stated.

**©Umwelt (Australia) Pty Ltd**

### **Document Status**

| Rev No. | Reviewer           |             | Approved for Issue |      |
|---------|--------------------|-------------|--------------------|------|
|         | Name               | Date        | Name               | Date |
| V1      | Dr Sheridan Coakes | 13 Jan 2023 |                    |      |
|         |                    |             |                    |      |
|         |                    |             |                    |      |

# Table of Contents

|            |   |           |
|------------|---|-----------|
| <b>1.0</b> | <b>Introduction</b>                             | <b>1</b>  |
| 1.1        | Document Purpose                                | 1         |
| 1.2        | Project Description                             | 1         |
| 1.3        | Project and Engagement Plan Objectives          | 1         |
| <b>2.0</b> | <b>Stakeholder Analysis</b>                     | <b>3</b>  |
| 2.1        | Stakeholder Identification                      | 3         |
| <b>3.0</b> | <b>Research Method</b>                          | <b>7</b>  |
| 3.1        | Participatory Action Research: Ethics and Ethos | 7         |
| 3.2        | Research Approach and Timing                    | 8         |
| <b>4.0</b> | <b>Roles and Responsibilities</b>               | <b>10</b> |
| <b>5.0</b> | <b>Engagement mechanisms and materials</b>      | <b>11</b> |
| 5.1.1      | Invitation Plan                                 | 11        |
| 5.1.2      | Key Informant Interviews                        | 13        |
| 5.1.3      | Focus Groups                                    | 13        |
| <b>6.0</b> | <b>Data Recording and Analysis</b>              | <b>15</b> |
| <b>7.0</b> | <b>Evaluation and Monitoring</b>                | <b>16</b> |

## Figures

|            |  |    |
|------------|--|----|
| Figure 1.1 | PHOW Methodology                         | 1  |
| Figure 2.1 | IAP2 Public Participation Spectrum       | 3  |
| Figure 3.1 | Participatory Action Research Principles | 7  |
| Figure 7.1 | Impact Evaluation Framework for Phase 1  | 17 |
| Figure 7.2 | Impact Evaluation Framework for Phase 2  | 17 |

## Photos

No table of figures entries found.

# Graphs

No table of figures entries found.

# Tables

|           |  |    |
|-----------|--|----|
| Table 2.1 | Stakeholder identification                           | 4  |
| Table 3.1 | Stakeholder Engagement Mechanisms and Timing Summary | 9  |
| Table 4.1 | Project Roles and Responsibilities                   | 10 |
| Table 5.1 | Drafted emails for Interviews and Focus Groups       | 11 |
| Table 5.2 | Invitation Mechanisms                                | 13 |
| Table 5.3 | Focus Group Structure/ Activities                    | 14 |

# Appendices

|            |                               |
|------------|-------------------------------|
| Appendix A | Draft Interview Guide         |
| Appendix B | Participant Distress Protocol |
| Appendix C | Draft Focus Group Invitation  |

# 1.0 Introduction

## 1.1 Document Purpose

The purpose of this Stakeholder Engagement Plan is to support engagement and data collection for the Preventing Homelessness for Older Women (PHOW) project.

## 1.2 Project Description

The Eastern Affordable Housing Alliance (EAHA) has commissioned an action research project on Preventing Homelessness in Women Over 55. The aim of the project is to build understanding of older women’s homelessness in the Eastern Metropolitan Region and to develop a range of recommendations for place-based solutions. The methodology and engagement plan has also been designed to build connections between contributing participants.

This Engagement Plan refers to activities to be conducted as part of Phase One of the Project. It forms part of the Background Paper deliverables and supports the ‘Understanding the Cohort’ stage of the research methodology. The broader methodology is summarised in **Figure 1.1**.



**Figure 1.1 PHOW Methodology**

## 1.3 Project and Engagement Plan Objectives

The key objectives of the Project are to

- Gather and collate existing quantitative and qualitative data to provide a richer insight into the target cohort.
- Review existing services and identify potential gaps in service provision, data collection, service integration etc.

- Consult with service providers and the target cohort to provide a robust understanding of women's experiences in accessing support services and early intervention points.
- Identify successful housing/service models and preventative approaches that could be implemented in the Eastern Metropolitan Region (EMR).
- Identify priorities for prevention that will include recommendations to improve service planning, address gaps or commission future services, and inform and advise government and stakeholders.


The objectives of the engagement plan are to:

- Undertake stakeholder analysis to identify key stakeholders and how they are to be engaged in the project.
- Provide further details regarding the engagement mechanisms to be utilised (by stakeholder group), materials to be developed to support the engagement process, timelines and responsibilities.
- Identify key project messages to be used in communicating about the project.
- Provide an evaluation framework for monitoring and evaluating project outcomes and processes.

## 2.0 Stakeholder Analysis

### 2.1 Stakeholder Identification

A stakeholder identification process has been undertaken to further define relevant stakeholders for the project within stakeholder groupings/categories. Levels of engagement have been defined based on the International Association of Public Participation (IAP2) Public Participation Spectrum as illustrated in **Figure 2.1**.

| INCREASING IMPACT ON THE DECISION  |  |  |   |   |  |
|--|--|--|---|---|--|
|  | <b>INFORM</b>  | <b>CONSULT</b>   | <b>INVOLVE</b>  | <b>COLLABORATE</b>  | <b>EMPOWER</b>   |
| <b>PUBLIC PARTICIPATION GOAL</b>   | To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions. | To obtain public feedback on analysis, alternatives and/or decisions.  | To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.  | To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.                     | To place final decision making in the hands of the public. |
| <b>PROMISE TO THE PUBLIC</b>   | We will keep you informed.   | We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. | We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision. | We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible. | We will implement what you decide.                         |

© IAP2 International Federation 2018. All rights reserved. 20181112\_v1

**Figure 2.1** IAP2 Public Participation Spectrum

Source: International Association for Public Participation, 2019.

A breakdown of proposed stakeholders for engagement are presented in **Table 2.1**, with intended levels of engagement specified by stakeholder grouping.

**Table 2.1 Stakeholder identification**

| Stakeholder Group                              | Stakeholders  | Level of Engagement (IAP2) | Form of Engagement  |
|--|---|----------------------------|---|
| State Government                               | <ul style="list-style-type: none"> <li>• Eastern Metropolitan Partnership, Suburban Development</li> <li>• Department of Jobs, Precincts and Regions</li> <li>• Department of Families, Fairness and Housing</li> <li>• Eastern Region Group of Councils.</li> </ul>  | Collaborate and Empower    | Invitation to be involved in Focus Groups<br><br>Capacity to shape report recommendations               |
| Local Government                               | <ul style="list-style-type: none"> <li>• Knox City Council</li> <li>• Monash City Council</li> <li>• Manningham City Council</li> <li>• Maroondah City Council</li> <li>• Whitehorse City Council</li> <li>• Yarra Ranges Council.</li> </ul>   | Empower                    | Invitation to be involved in Focus Groups<br><br>Capacity to co-develop recommendations and methodology |
| Advocacy/ Peak groups / Older Women's networks | <ul style="list-style-type: none"> <li>• Celebrate Ageing</li> <li>• COTA - Council of The Aged (Vic branch)</li> <li>• Housing All Australians</li> <li>• Housing for the Aged Action Group</li> <li>• VCOSS</li> <li>• Seniors Rights Victoria</li> <li>• Bright Ideas Network (facilitated by Knox City Council)</li> <li>• WEAVERS, facilitated by the University of Melbourne.</li> </ul>  | Collaborate                | Invitation to be involved in Focus Groups<br><br>Invitation to shape methodology and recommendations    |
| Housing service providers                      | <ul style="list-style-type: none"> <li>• Aboriginal Housing Victoria</li> <li>• Anchor Incorporated, Lilydale</li> <li>• BaptistCare Community Housing</li> <li>• Community Housing Industry Association (CHIA)</li> <li>• Community Housing Ltd, Box Hill</li> <li>• Council to Homeless Persons</li> <li>• DEC Housing</li> <li>• Eastern Affordable Housing Alliance</li> <li>• Eastern Homelessness Network</li> <li>• Eastern Homelessness Service System Alliance (EHSSA)</li> <li>• HANZA (Homeshare Australia &amp; New Zealand Alliance)</li> <li>• Haven Home Safe</li> <li>• Homes Victoria</li> <li>• Housing Choices</li> <li>• Justice Connect</li> </ul> | Collaborate and Involve    | Invitation to be involved in Focus Groups   |



| Stakeholder Group        | Stakeholders  | Level of Engagement (IAP2) | Form of Engagement                        |
|--------------------------|---|----------------------------|---|
|                          | <ul style="list-style-type: none"> <li>• Launch Housing</li> <li>• Launch Housing Research</li> <li>• Lord Mayors Charitable Foundation</li> <li>• Maroondah Winter shelter groups</li> <li>• Moreland Affordable Housing</li> <li>• Neighbourhood houses - CHAOS Network (Community Houses Association of the Outer Eastern Suburbs)</li> <li>• Older Women in Co-housing Inc. (WINC) , Daylesford</li> <li>• Probus Women’s Housing Association of Victoria Incorporated</li> <li>• Regional Local Government Homelessness and Social Housing Charter Group</li> <li>• Sacred Heart Mission: Help for Women - The Women's House</li> <li>• Safe Steps Victoria</li> <li>• Servants</li> <li>• The Salvation Army, Ferntree Gully</li> <li>• The Salvation Army, Nunawading</li> <li>• Uniting</li> <li>• Villa Maria Catholic Health (VMCH) - Care and Assistance with Housing</li> <li>• WINC (Older Women in Co-housing)</li> <li>• Winter shelter groups</li> <li>• Winteringham</li> <li>• Womens Housing Limited</li> <li>• Women's Property Initiatives</li> <li>• YWCA.</li> </ul> |                            |   |
| Health service providers | <ul style="list-style-type: none"> <li>• Eastern Health – Alfred Mental Health Unit</li> <li>• Eastern Health Homeless Outreach Psychiatric Services (EHOPS)</li> <li>• Eastern Mental Health Service Coordination Alliance (EMHSCA)</li> <li>• Women’s Health East</li> <li>• North East Public Health Unit</li> <li>• Eastern Melbourne Public Health Network (EMPHN)</li> <li>• EACH (Eastern region).</li> </ul>  | Collaborate                | Invitation to be involved in Focus Groups |
| First Nations groups     | <ul style="list-style-type: none"> <li>• Ngwala Willumbong Aboriginal Corporation</li> <li>• Boorndawan Willam Aboriginal Healing Service</li> <li>• Mullum Mullum Indigenous Gathering Place</li> <li>• VCAT - Koori support team (Oakleigh office).</li> </ul>  | Collaborate                | Invitation to be involved in Focus Groups |

| Stakeholder Group                    | Stakeholders   | Level of Engagement (IAP2) | Form of Engagement                        |
|--------------------------------------|--|----------------------------|---|
| Material Aid and homelessness        | <ul style="list-style-type: none"> <li>• Knox Emergency Relief Network (KERN)</li> <li>• Knox Infolink</li> <li>• Uniting Ringwood</li> <li>• The Orange Door – Outer East Melb (Croydon base).</li> </ul>   | Collaborate                | Invitation to be involved in Focus Groups |
| Legal and emergency services         | <ul style="list-style-type: none"> <li>• Bolton Clarke</li> <li>• Consumer Affairs</li> <li>• Eastern Community Legal service/ Eastern Elder Abuse Network</li> <li>• Legal Aid – Eastern office</li> <li>• VCAT – Family violence support team (Oakleigh office)</li> <li>• Veterans Advocacy Centre / Op Shop – Boronia</li> <li>• Victoria Police.</li> </ul> | Collaborate                | Invitation to be involved in Focus Groups |
| Research and Partnerships            | <ul style="list-style-type: none"> <li>• Thriving Communities Partnership</li> <li>• AHURI.</li> </ul>   | Collaborate                | Invitation to be involved in Focus Groups |
| Outreach and Social support services | <ul style="list-style-type: none"> <li>• Bridges Connecting Communities Ltd.</li> </ul>  | Collaborate                | Invitation to be involved in Focus Groups |
| Family Violence                      | <ul style="list-style-type: none"> <li>• Dhelk Dja Regional Action Group</li> <li>• Eastern Health Responding to Family Violence Reference Group</li> <li>• Family Services Alliances</li> <li>• Free from Family Violence (FVREE) (Formally EDVOS)</li> <li>• LGBTIQ+ Family Violence Network</li> <li>• Together for Equality and Respect (TFER).</li> </ul>   | Collaborate                | Invitation to be involved in Focus Groups |
| Real Estate Agents                   | <ul style="list-style-type: none"> <li>• Stockdale &amp; Leggo</li> <li>• Barry Plant Boronia</li> <li>• First National Real Estate Hogan Riveroso</li> <li>• LJ Hooker Boronia</li> <li>• Ray White Wantirna</li> <li>• Schroeder &amp; Wallis.</li> </ul>  | Collaborate                | Invitation to be involved in Focus Groups |
| Developers and Aged Care Providers   | <ul style="list-style-type: none"> <li>• Aveo Group</li> <li>• Frasers Property / National Affordable Housing Alliance Chair</li> <li>• Lendlease</li> <li>• Levande (Retirement Village property owner).</li> </ul>   | Collaborate                | Invitation to be involved in Focus Groups |
| Broader Community                    | <ul style="list-style-type: none"> <li>• Community members in the Eastern Metro Region.</li> </ul>   | Inform                     | Sharing of project findings               |

## 3.0 Research Method

### 3.1 Participatory Action Research: Ethics and Ethos

Research will be conducted in line with principles of Participatory Action Research. Key principles are summarised in **Figure 3.1**.

|             |   |
|-------------|---|
| Involve     | Involving impacted communities                            |
| Collaborate | Creating platforms for collaborative problem solving      |
| Respect     | Delivering ethical, inclusive, trauma-informed research   |
| Action      | Moving from research to progressing place-based solutions |

**Figure 3.1 Participatory Action Research Principles**

Key strategies for trauma-informed and ethical research include:

- Participant payments or honorariums to compensate participants.
- Preparation and use of participant distress protocols and informed consent protocols. (see **Appendix B**).
- Co-facilitation with impacted communities.
- Respectful and appropriate meeting times and locations.
- Research questions and approaches acknowledge older women’s agency, capabilities, intelligence and ingenuity.

## 3.2 Research Approach and Timing

Phase One will include desktop research and engagement activities. **Table 3.1** highlights the engagement mechanisms proposed to be used to engage with relevant stakeholders and gather information to inform Phase One of the project. Further detail on the engagement mechanisms and materials to be utilised is provided throughout this section.

Older women will be emphasised in the second phase of the research to embed lived experience perspectives in solution design and empower women to shape the solutions that are more appropriate.

**Table 3.1 Stakeholder Engagement Mechanisms and Timing Summary**

| Activity                 | Indicative Timing | Stakeholders   | Purpose  | Materials Required  |
|--------------------------|-------------------|--|--|---|
| Key Informant Interviews | Jan/ Feb 2023     | Stakeholders from housing, homelessness, older women, health, legal services and family violence sectors (as identified through key informant interviews).   | <ul style="list-style-type: none"> <li>Identify local stakeholders to involve in focus groups/ mechanisms for recruitment.</li> <li>Gather insight into service provision and gaps in the region.</li> <li>Gather insight into women’s experiences of homelessness/ housing insecurity in the region.</li> <li>Establish a broader understanding of women’s intersection with housing, homelessness, health and legal concerns.</li> </ul> | <ul style="list-style-type: none"> <li>Interview Schedule.</li> </ul> |
| Focus Groups             | March/ April 2023 | Older women experiencing or who have experienced homelessness and/or housing security in the region (As identified through key informant networks)   | <ul style="list-style-type: none"> <li>Gather insight into women’s experiences of homelessness/ housing insecurity in the region.</li> <li>Establish a broader understanding of women’s intersection with housing, homelessness, health and legal concerns.</li> </ul>   | <ul style="list-style-type: none"> <li>Focus Group plan.</li> </ul>   |
|                          | April 2023        | Stakeholders from housing, homelessness, older women, health, legal services and family violence sectors (as identified through key informant interviews).   | <ul style="list-style-type: none"> <li>Gather insight into service provision and gaps in the region.</li> <li>Establish a broader understanding of women’s intersection with housing, homelessness, health and legal concerns.</li> <li>Build Relationships between different actors and sectors.</li> </ul>   | <ul style="list-style-type: none"> <li>Focus Group plan.</li> </ul>   |
| Key Informant Interviews | June 2023         | Women with lived experience of homelessness and Stakeholders from housing, homelessness, older women, health, legal services and family violence sectors (as identified through key informant interviews). | <ul style="list-style-type: none"> <li>Gather insight into service provision and gaps in the region.</li> <li>Gather insight into women’s experiences of homelessness/ housing insecurity in the region.</li> <li>Establish a broader understanding of women’s intersection with housing, homelessness, health and legal concerns.</li> </ul>  | <ul style="list-style-type: none"> <li>Interview Schedule.</li> </ul> |

## 4.0 Roles and Responsibilities

Table 4.1 provides an overview of roles and responsibilities associated with the project.

**Table 4.1 Project Roles and Responsibilities**

| Activity                                     | Umwelt Responsibility   | EAHA Responsibility  |
|--|---|--|
| Develop a Stakeholder Engagement Plan        | <ul style="list-style-type: none"> <li>Develop plan.</li> </ul>   | <ul style="list-style-type: none"> <li>Review, edit and sign-off on engagement plan.</li> </ul>  |
| Conduct preliminary key informant interviews | <ul style="list-style-type: none"> <li>Identify and contact key informants.</li> <li>Conduct interviews.</li> <li>Gather and record data.</li> <li>Analyse data.</li> </ul>   | <ul style="list-style-type: none"> <li>Contribute to identification of key informants.</li> <li>Manage payments to lived experience participants.</li> </ul>   |
| Conduct focus groups                         | <ul style="list-style-type: none"> <li>Plan focus group structure.</li> <li>Identify participants to invite.</li> <li>Lead sharing of invitations with relevant stakeholders.</li> <li>Lead focus group events.</li> <li>Lead data gathering and recording activities at focus groups.</li> <li>Manage follow-up communications with participants.</li> </ul> | <ul style="list-style-type: none"> <li>Provide input and advice into focus group content and design.</li> <li>Provide support in booking in-person focus group locations and catering.</li> <li>Support the dissemination of invitations and social media advertising.</li> <li>Manage payments to lived experience participants.</li> <li>Attend focus groups.</li> <li>Support note taking and data gathering activities at focus groups.</li> </ul> |
| Share findings                               | <ul style="list-style-type: none"> <li>Lead writing of report and briefing papers.</li> <li>Draft and issue follow-up email to participants.</li> </ul>   | <ul style="list-style-type: none"> <li>Review and sign-off on report outcomes.</li> <li>Support sharing of findings through City of Knox and EAHA channels.</li> </ul>   |

## 5.0 Engagement mechanisms and materials

### 5.1.1 Invitation Plan

To invite participation and schedule the key informant interviews outlined in **Table 3.1**, the key contacts will be contacted directly via a phone call and follow up email with relevant project information provided, to organise a time most suitable for a Teams video call or telephone interview.

Feedback collected throughout the key informant interviews will help determine stakeholders to be invited to the focus groups.

A shared stakeholder contact detail register has been developed to manage stakeholder contact and interaction. An email invitation will be sent to all those on the email list, with the drafted email/graphic outlined below. Stakeholders will be asked to kindly pass on the invitation to their key contacts who they think may be interested in being involved in the focus groups (process of snowball sampling).

**Table 5.1 Drafted emails for Interviews and Focus Groups**

| Drafted emails for Interviews and Focus Groups  |
|---|
| <p><b>Drafted email invitation for Key informant interviews, after calling directly.</b></p>  |
| <p>Hi [Name],</p> <p>Kate Raynor looks forward to interviewing you regarding an action research project about Preventing Homelessness among Older Women, commissioned by the Eastern Affordable Housing Alliance.</p> <p>This interview is part of a preliminary round of discussions designed to 1) support future focus groups 2) identify key stakeholders to involve in the project, 3) build understanding about the experiences of older women in the Eastern Metropolitan Region who are experiencing or at risk of experiencing homelessness.</p> <p>See attached the interview questions.</p> <p>Warm regards,</p>   |
| <p><b>Drafted email for invitation for Focus Groups – Older Women</b></p>   |
| <p>Dear [Recipient],</p> <p>We are conducting research to better understand the unique challenges faced by women who have experienced and/or experiencing homelessness or housing insecurity in our region. We want to hear directly from women who have experienced these issues, and we believe that your voice and experiences are critical in creating solutions that work for everyone.</p> <p>To achieve this goal, we are hosting a series of focus groups where you can share your story and insights in a supportive and collaborative environment. Our discussions will cover topics such as housing, health, and legal concerns, and your participation will help us establish a more in-depth understanding of the issues faced by women in our community.</p> <p>The focus groups will be held on XXX from 9am to 12pm at Ringwood. There will be morning tea and lunch included transport to and from the venue anywhere in Melbourne is offered and all participants will be paid according to the WEAVERS usual rate. Our discussions will be casual, confidential, and your insights will be anonymised in our final report.</p> |

### Drafted emails for Interviews and Focus Groups

Your participation in these focus groups is vital to ensure that we can create meaningful solutions that are based on the real experiences of women who have been impacted by these issues. By joining us, you can help us make a positive impact in our community and help us advocate for better policies and programs.

If you are interested in joining our focus groups, please RSVP by [insert date] to [insert contact person's name and email address]. If you have any questions, concerns or suggestions, we welcome your feedback and are happy to answer any questions you might have.

Thank you for considering this invitation, and we hope to see you soon.

Sincerely,  
Kate Raynor  
Umwelt

### Drafted email for invitation for Focus Groups – Service providers

Dear [Recipient],

We would like to invite you to participate in a research project exploring the experiences of women who are homeless or housing insecure in our region. As a service provider, your experience and expertise in this field would be invaluable to us.

Our goal is to establish a broader understanding of women's intersection with housing, homelessness, health, and legal concerns, and to identify gaps in service provision that might exist. We believe that your input can help us gain a better understanding of the challenges that women are facing and how we can work together to address these issues.

To facilitate this research, we are conducting focus groups on Wednesday the 12<sup>th</sup> April from 9am to 12pm at Ringwood, and again from 2pm to 5pm Online via Microsoft Teams. Light refreshments will be provided, and we anticipate that the discussions will take approximately two hours. If you are interested in participating, please RSVP by [insert date] to [insert contact person's name and email address].

If you are unable to attend the focus groups, we would still value your input. We have created a short online survey that you can fill out in your own time, which will take no longer than 10 minutes. Your responses will be kept confidential and anonymous, and we appreciate your honest and thoughtful feedback. To complete the survey, please click on the following link: [insert survey link]. The survey will be open until [insert date].

We hope that you will consider participating in this research project. Thank you for your time and your commitment to creating positive change in our community.

Sincerely,  
Kate Raynor  
Umwelt

Stakeholders who will be asked specifically to pass on the invitation within their networks and mailing lists. Further interest in the project will be elicited through the development of a social media campaign, in which a designed graphic invitation will be posted to social media channels identified in **Table 5.2**.



**Table 5.2 Invitation Mechanisms**

| Mechanism     | Stakeholders and/or key contacts associated with:  |
|---------------|--|
| Mailing lists | <ul style="list-style-type: none"> <li>Bright Ideas Network (facilitated by Knox City Council)</li> <li>Dhelk Dja Regional Action Group</li> <li>Eastern Community Legal Centre</li> <li>Eastern Elder Abuse Network</li> <li>Eastern Health Responding to Family Violence Reference Group</li> <li>Eastern Homelessness Network</li> <li>Eastern Melbourne Public Health Network (EMPHN)</li> <li>Eastern Region Group of Councils</li> <li>Housing for the Aged Action Group (HAAG)</li> <li>Knox Emergency Relief Network (KERN)</li> <li>LGBTIQA+ Family Violence Network</li> <li>Neighbourhood houses - CHAOS Network (Community Houses Association of the Outer Eastern Suburbs)</li> <li>Regional Local Government Homelessness and Social Housing Charter Group.</li> </ul> |
| Radio         | <ul style="list-style-type: none"> <li>HAAG Raise the Roof segment on 3cr.</li> </ul>  |
| Social Media  | <ul style="list-style-type: none"> <li>Knox enews</li> <li>Knox City Council Facebook page</li> <li>Potentially, Housing all Australian's Facebook and Twitter accounts.</li> </ul>  |

### 5.1.2 Key Informant Interviews

A draft interview guide will be developed to guide interview discussions, with key topics to be addressed outlined below.

- Service delivery and catchment area.
- Key clients – access drivers, demographics, needs, strengths/capabilities.
- Interaction with other service providers.
- Service delivery gaps and needs.
- Further engagement.

A draft interview and focus group guide can be found in **Appendix A**.

### 5.1.3 Focus Groups

The proposed format for the focus groups will be refined based on feedback from the initial key informant interview round, but may include activities as outlined in **Table 4.2**.

Indicative dates:

- Monday 3 April, 9–12pm, older women
- Wednesday 5 April, 9–12pm service providers
- Wednesday 5 April, 2– 5pm service providers (online).

**Table 5.3 Focus Group Structure/ Activities**

| Activity                           | Details  |
|------------------------------------|--|
| <b>Icebreaker</b>                  | Begin with an icebreaker with coloured dots on the floor showing what key elements of older women’s homelessness you work with (i.e. housing, health, aged care, legal advice etc). Ask participants to introduce themselves to others on their dot.   |
| <b>Background Research Summary</b> | Short presentation on key pathways into homelessness for older women, based on two key structures (sudden versus long-term).   |
| <b>Journey Mapping exercise</b>    | Using two to three ‘characters’ (i.e., a woman who recently experienced homelessness due to loss of job and spouse, and long-term insecurely housed woman), work through how systems support or fail women in the Eastern Metro Region.<br><br>Key questions will include: who is most likely to be homeless? How do they access services? What are they experiencing when they seek support? Where do they feel most supported and why? How do they ‘get by’ in the context of limited resources? How could these pathways be avoided? What would facilitate improved access to services? Are there any particular gaps in service delivery to meet need? |
| <b>Reflection exercise</b>         | Groups will come back together to share findings from the journey mapping exercise.<br><br>Optional: working with an artist in real time – a visual summary can be created to highlight key insights from the session.   |
| <b>Prioritisation exercise</b>     | Based on insights from the journey mapping exercise, a brief prioritisation exercise will focus on identifying potential intervention points and intervention options.   |

## 6.0 Data Recording and Analysis

Data will be recorded, saved and analysed to support both Phase One and Phase Two of the project.

### ***Key Informant Interviews***

Notes will be taken during key informant interviews. Interviews will not be recorded.

### ***Focus Groups***

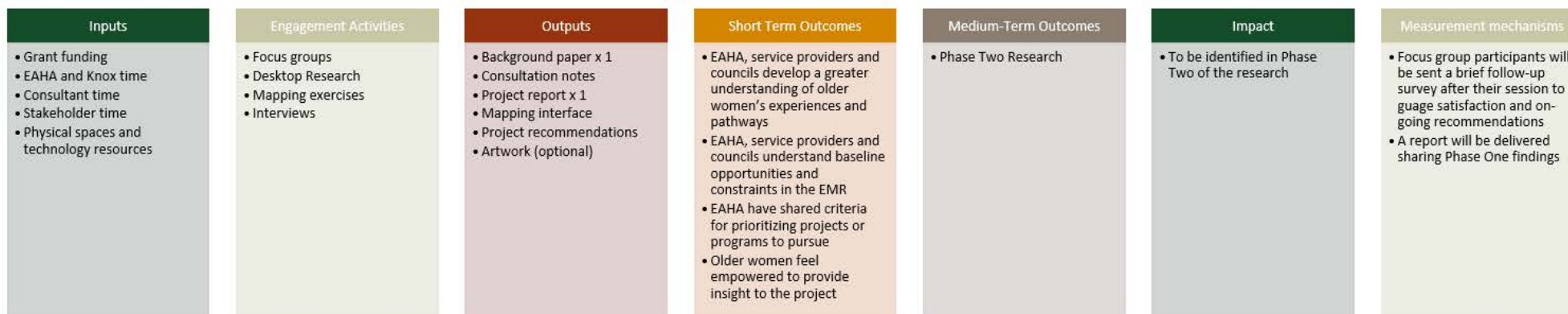
Notes will be taken by nominated Umwelt and EAHA scribes. Further, participants will be encouraged to take notes as groups. These notes will be photographed and be collated as visual cues for recording and analysing focus group findings.

A brief survey may be shared with all focus group participants during the session to aid in data collection.

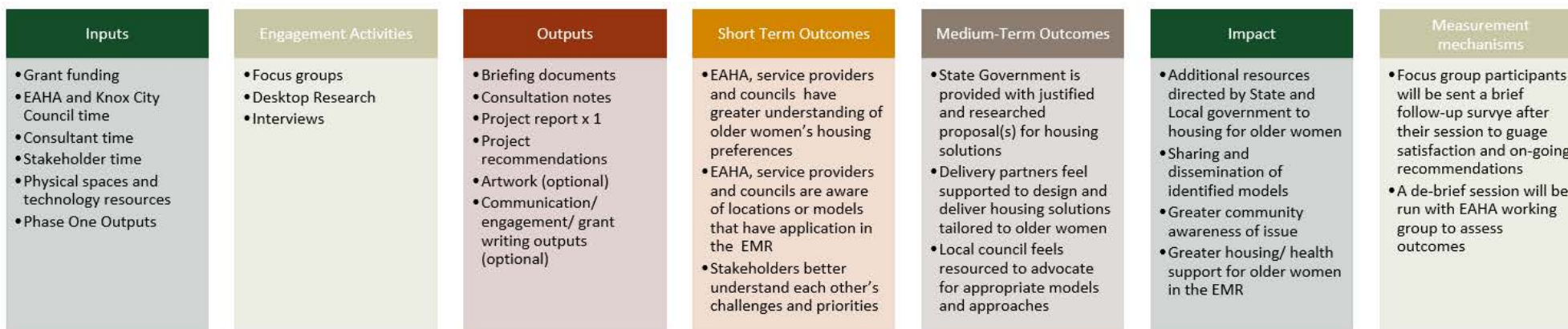
Data analysis will be qualitative and will focus on identifying key themes and ideas arising from interviews and focus groups.

## 7.0 Evaluation and Monitoring

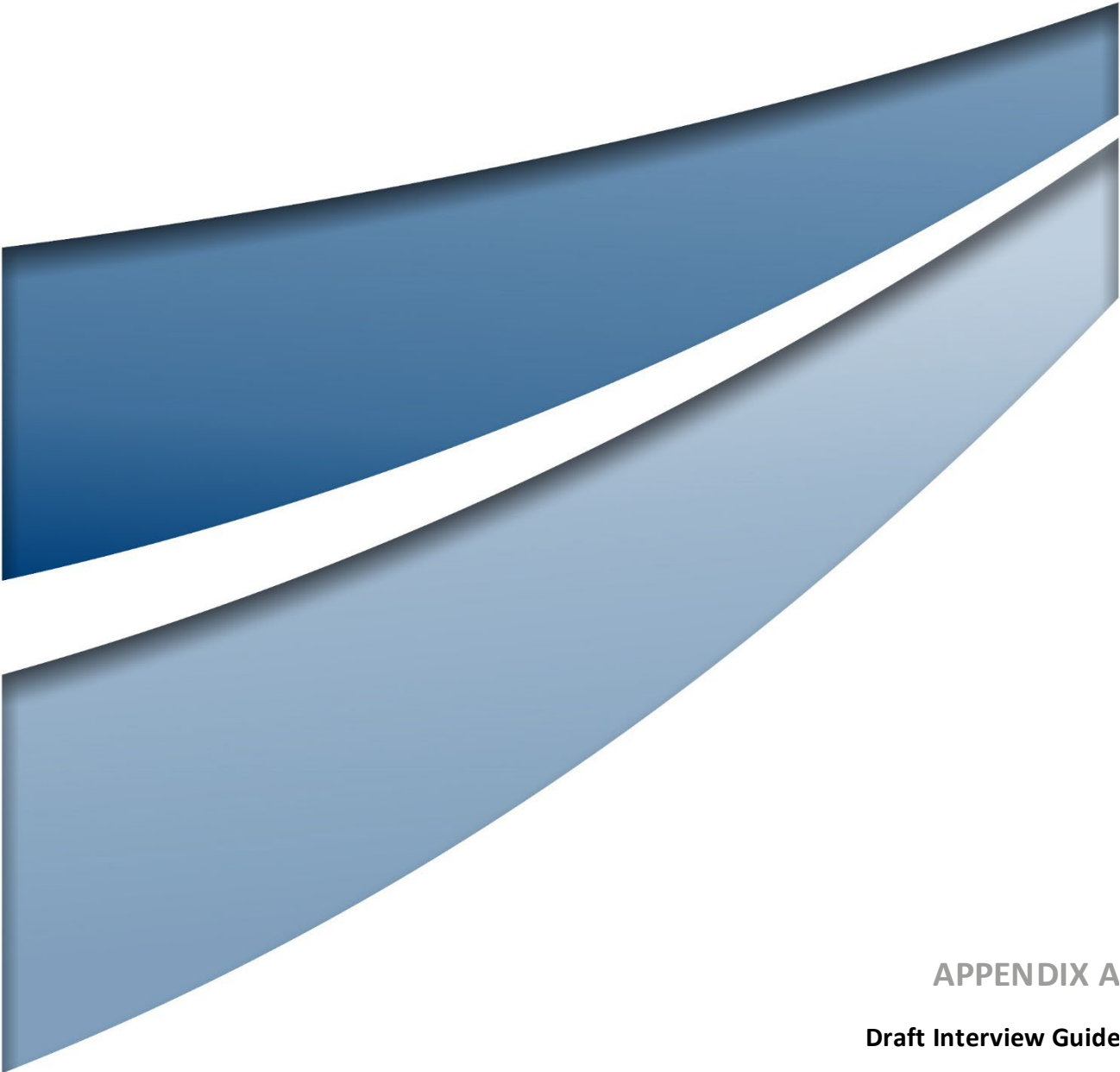
To assist in the development of an impact evaluation framework for both Phase 1 and Phase 2 of the Project, the below graphics (**Figure 7.1** and **Figure 7.2**) provides a high-level program logic model that outlines the inputs, activities, outputs, short and medium term outcomes and likely impacts across project phases.



**Figure 7.1 Impact Evaluation Framework for Phase 1**



**Figure 7.2 Impact Evaluation Framework for Phase 2**



**APPENDIX A**  
**Draft Interview Guide**

Thank you for your involvement in this interview. The purpose of this discussion is to support an action research project commissioned by Eastern Affordable Housing Alliance about Preventing Homelessness among Older Women. This interview is part of a preliminary round of discussions designed to 1) support future focus groups 2) identify key stakeholders to involve in the project, 3) build understanding about the experiences of older women in the Eastern Metropolitan Region who are experiencing or at risk of experiencing homelessness.

### **The organisation**

1. What are the key services your organisation provides to older women experiencing or at risk of homelessness?
2. What geographical area do you service?
3. Can you talk me through what happens when an older woman makes contact with your organisation. What brought her there and what are the pathways and options that are available to her once she's made contact?
4. Have you identified any key trends in terms of the demographics or situations of the older women that access your services?

### **Service in the region**

5. How does your service intersect with other organisations in the area? For example, are you referred people from other services?
6. Are there specific cohorts or areas that are particularly under-serviced in this region?

### **Older women's housing needs and capabilities**

7. Are there particular strengths, assets or abilities that older women have that we should be thinking about supporting or building on? (*For example, do they have strong networks in the community, do they have some financial assets, do they have specific skills or levels of resilience.*)
8. Are there specific needs or vulnerabilities that we need to consider in responding to older women at risk of homelessness?

### **Solutions**

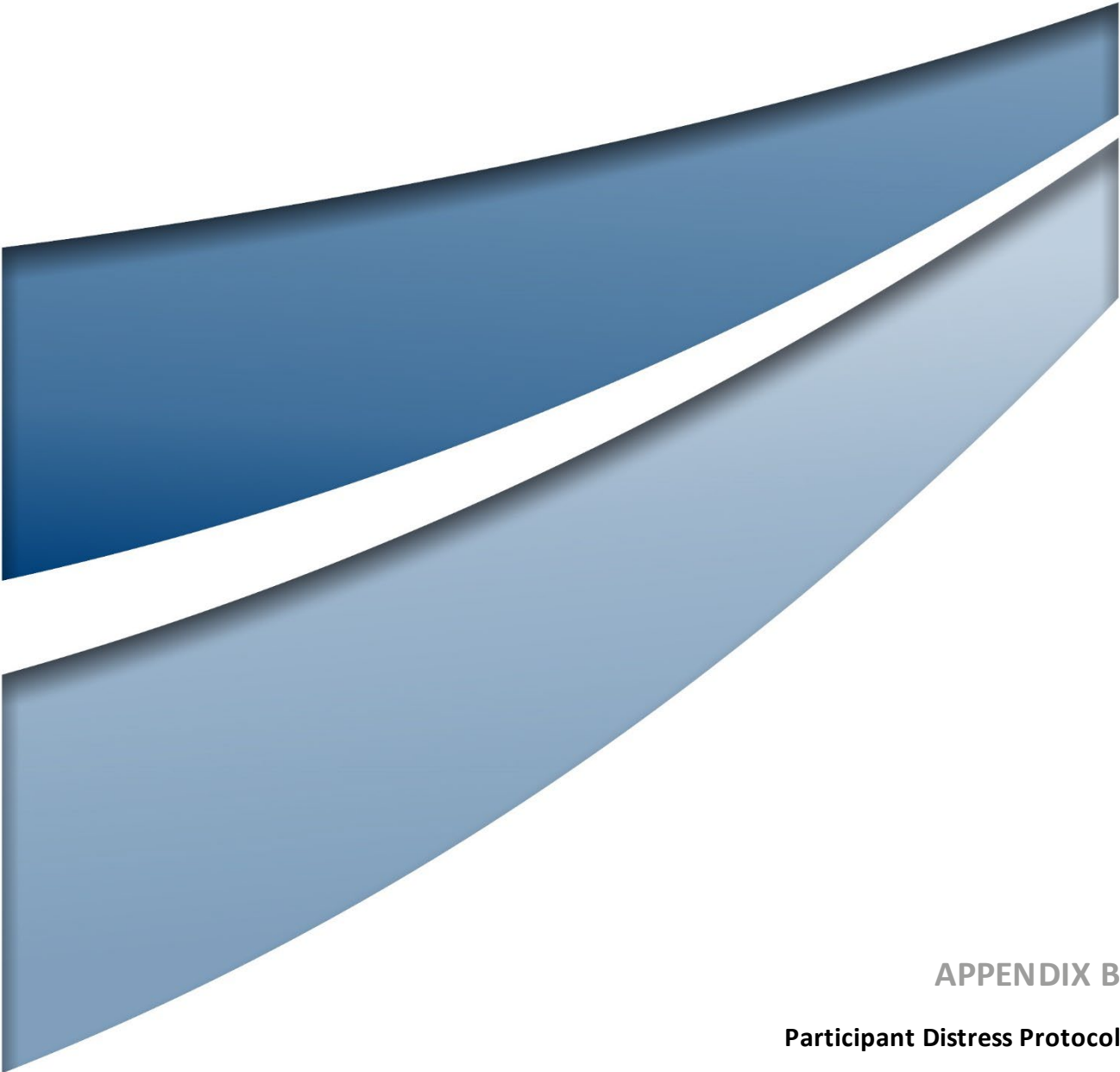
9. We have two goals in conducting this research. First, to understand older women's experiences of homelessness and housing stress in this region. Second, to work up solutions that will house older women securely. Are there particular opportunities or solutions that you'd love to see happen in the EMR?
10. Are there any local solutions or projects that we should look into or that you find particularly effective?

### **Ongoing process and stakeholders**

11. We are planning on hosting a series of focus groups in XX – can you think of particular organisations or people that we should be inviting?

12. Are there particularly good ways to share invitations and information about this project to people working in this area?
13. Are there any key things that these focus groups really need to focus on?
14. Are there any key data sources or information sources on this topic that you recommend we look into?





## APPENDIX B

### **Participant Distress Protocol**

The following protocol has been developed in preparation should a participant become distressed during the workshops of this study and is premised on the distress protocol developed by Draucker et al. (2009).

### **Strategies to assist those distressed during a focus group.**

Should a participant indicate they are experiencing discomfort or distress (crying, shaking, walking abruptly from the group or room) while discussing their experiences, the following actions will be taken by the interviewer:

- The facilitator will suggest that it is appropriate that the interview/ involvement in the workshop be stopped immediately.
- One of the facilitators will offer immediate support. If the participant feels able to carry on the focus group interview will continue.
- If the participant is unable to carry on, they will be removed from the group interview and 1:1 time will be spent with the participant with comfort and assistance provided, within the scope of interviewer's abilities, to discuss their concerns and support them, if appropriate.
- The participant will be recommended to speak to an external support service to discuss their concerns.
- A follow-up phone call will be made by the interviewer with consent from the participant, the following day to ensure that the participant is alright. During this phone call, the counselling services information will again be provided.

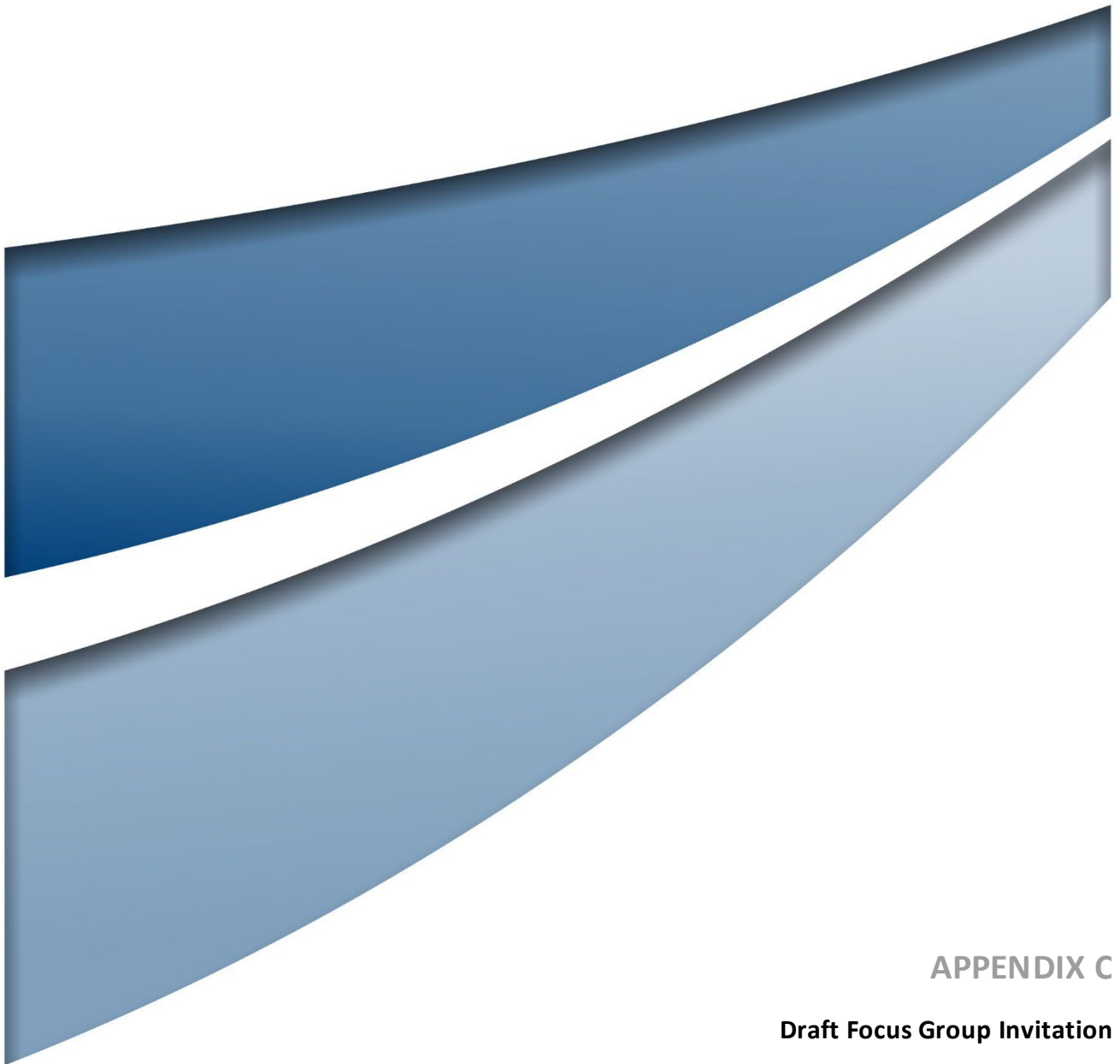
### **Contact details provided to participants.**

Details of support services will be provided to all participants in the PLS. These details will include:

- A list of phone numbers of external community services.
- Lifeline (Ph: 13 11 14) <https://www.lifeline.org.au/>.
- Beyond Blue (Ph: 1 300 224 636) <https://www.beyondblue.org.au/>.

### **Reference**

Draucker, C. B., Martsof, D. S. & Poole, C. (2009) Developing Distress Protocols for research on Sensitive Topics. *Archives of Psychiatric Nursing* 23 (5) pp 343–350).



## APPENDIX C

### **Draft Focus Group Invitation**

Have your say

- “I want to live in a world where we view access to housing, basic needs, privacy and dignity as human rights (rather than as privileges)” - Stasha

You are invited to attend a Focus Group to discuss solutions for older women's homelessness in the Eastern Metropolitan Region.

You are amongst other advocacy, family violence, health, housing, real estate, community service providers who will be involved in these focus group sessions to:

- Gather insight into service provision and gaps in the region
- Gather insight into women's experiences of homelessness/ housing insecurity in the region
- Establish a broader understanding of women's intersection with housing, homelessness, health and legal concerns
- Build Relationships between different actors and sectors

Session 1: Monday 1<sup>st</sup> March from 3pm to 4pm @ XX Community Centre

Session 2:

Session 3:

Session 4:

