

An investigation into the provision of homelike services for frail, elderly homeless men and women in USA, Britain, Sweden and Denmark.

By Bryan Lipmann, 1995

Excerpts from the Conclusion

Of the huge numbers of homeless people populating the large cities in America, Britain and now in Scandinavia, the most vulnerable and disadvantaged are the elderly.

While the plight of the homeless children in these cities has been the centre of a considerable amount of media attention, it is possible to say that in some cases there does appear to be a degree of publicly funded initiatives directed at providing interim housing and support to the young homeless.

The elderly receive no such support. Effectively prevented from accessing mainstream aged care services, the elderly homeless continue to live in night shelters that are becoming increasingly violent and which are generally totally unable to meet the care needs of the frail elderly, or in substandard private accommodation where they are frequently exploited. Unable to receive appropriate medical care, they rely on outpatients clinics based at shelters, or more commonly, simply wait until their ailments warrant emergency hospital care. Once in hospital they are often quickly discharged back onto the streets. They must cope with all of this while facing the increasingly difficult task of obtaining government assistance to pensions or benefits. The aged care industry, both private and welfare, makes no effort to advocate on their behalf. As a result the only advocates for the elderly homeless are often workers within the homeless agencies, who are themselves beset with funding crises which invariably make it extremely difficult to address the needs of the elderly.

The elderly face all these problems and more, and do so at a time of their life when they are often too old and frail to effectively assert themselves. Increasingly they become the city feral ... largely unseen, wary and timid of all they come into contact with.

No where is this tragic scene more evident than in the large cities of America. Numerous studies, books, papers and reports have documented the plight of the elderly homeless. Yet all accounts presented to me indicated that the problem continues to worsen.

It is beyond the scope of this report to present a way forward for those charged with addressing the crisis of homelessness that is now gripping America and Europe. But it is possible to suggest some measures that may help in preventing many of the low income elderly people in Australia from becoming homeless.

The first thing that needs to be said is the issues effecting youth homelessness and the elderly homeless are not the same. The answer to the problems of homelessness effecting children and young adults must involve something more than simply providing shelter. There needs to be policies and properly funded programs that help provide employment and education opportunities that can help find pathways out of the homeless world.

The elderly homeless however, are by definition, in their remaining years of life and are not in need of the type of supports that the young homeless need. The priorities of the elderly are different and frequently revolve around very practical issues relating to security of tenure and

safety from violence. Not only should the aged homeless be treated with dignity and respect, but importantly they should be able to expect and receive services which help maintain their independence and individuality: the same services which by and large, most elderly Australians expect as a unquestionable right. For this to happen, the aged homeless must have access to a public health system and to a minimum income through the pension system for it is only through an adequate disposable income that dignity can be maintained.

The elderly homeless in Australia also have the right to be vigorously supported by the publicly funded aged care industry which to date has shown far more interest in the more financially secure elderly. The sector must begin to acknowledge that they must represent the interests of all elderly Australians and especially those who do not receive equal access to services, particularly the non-English speaking migrant population, Aboriginals and the elderly homeless.

But far and way the most important issue facing the elderly poor, is the availability of safe and affordable housing. Lessons learnt by agencies in all of the countries visited, mirror almost exactly our own experiences here in Australia: without a viable low-cost housing sector, many people on low incomes drift into the world of homelessness. For the elderly poor, the visit is usually a permanent one.

American cities are facing what are described as insurmountable problems of urban decay with governments and city administrations seemingly unable or unwilling to provide the funds necessary to begin to tackle their daunting task. Far too many people now have little or no hope of ever enjoying the basic comforts and securities of life that are so proudly proclaimed as part of the ordinary American's birthright. As a result, American welfare agencies are forced into a totally reactive method of crisis management, and they do this with minimal government support.

* * * * *

In Australia, there are two central concerns regarding the elderly homeless and those who are at risk of becoming homeless. The first is what services to provide for those who are too frail to live independently and who need supported accommodation and care. There is no doubt in my mind that this care must be delivered via mainstream aged care funding that generally has high levels of accountability; and not through general homeless services funding which is often insufficiently targeted, and is frequently not subjected to the same levels of evaluation and accountability from either statutory bodies or resident representatives.

For this to happen, existing aged care providers must be seen to accept that they too have a responsibility to provide services and to advocate on behalf of the elderly homeless.

Aged care workers must begin to see that the elderly homeless are aged and homeless and not homeless and aged. The difference is not merely semantic: it involves acknowledging that the person is aged and therefore entitled to normal aged care services. The alternative is to identify the person as homeless, which will lead the aged person to be directed towards the homeless persons services which are ill-equipped to provide appropriate aged care services.

Additionally, there is room for a variety of specialist services like Wintringham Hostels to provide this level of care and to take a leading role in disseminating information and advice about the need to establish a range of these services and how to manage them.

The second concern is that it is apparent that there is not an efficient preventative approach to tackling the growing numbers of elderly people entering the homeless world for the first time. Many of those who have lost long term accommodation could, with a minimum of assistance, return to a similar style of independent living. This group of people are usually considerably younger than those requiring supported aged care services but who, because of their lifestyle, have aged considerably in advance of their years. Unfortunately for too many of these people, it seems that the longer they remain part of the homeless environment, the more difficult it is to find a pathway out of it. There seems little doubt that many homeless elderly people are lost within the night shelter system.

In Australia we still have the time and resources to prevent the continual recruitment into the homeless world of the elderly poor: time that America no longer has. The experiences of overseas welfare agencies would indicate that the most effective way of preventing the marginalised elderly from becoming homeless, is the provision of publicly funded low cost housing in inner urban and city regions.

At any one time, the actual number of elderly people who are homeless is always going to be low relative to the much larger number of aged people who are living in marginal housing conditions and who are at great risk of becoming homeless. It is the job of governments, and housing and welfare agencies to ensure that there is sufficient housing stock *in the areas where the elderly wish to live* that is safe and affordable, for without this housing, increasing numbers of low income aged will become homeless.

The inner city has traditionally been the area that a significant number of urban elderly poor have chosen to live. Access to a variety of services and venues, familiar environment, public transport and most importantly, a variety of affordable housing options have all made the inner urban and city environs a popular and realistic area to live within. Melbourne, like the large cities of America such as Chicago and New York, had at one stage a large number of boarding houses or cheap hotel rooms that were available to the elderly who were on low incomes. These rooms, like their S.R.O. equivalents in America, are rapidly disappearing forcing the urban elderly to move into outlying suburbs, areas where they have no roots or connections and which are often unable to provide the combination of services and lifestyle that are wanted. The result is that many of these displaced elderly live their last years facing loneliness and isolation.

Compared to many other Western countries, Australia has a very highly developed public housing, health and welfare system. The existence of a publicly funded minimum income through the pension system and a sophisticated residential aged care program allows Australia the opportunity to tackle the tragic problem of elderly homelessness in ways that would be completely impossible in countries like America.

While there have over the past 5 years been some significant improvements in the care options available to elderly homeless people, it is now time to use the infrastructure available in this country to start to tackle the more important problem of preventing the continual recruitment into the homeless world of the elderly urban poor. It should be no longer acceptable to try to devise ways of caring for the elderly homeless: we should instead be trying to prevent the elderly from having to experience homelessness.

A start to this can be made by providing high levels of personal care services in affordable and secure housing in a city location. Wintringham currently provides such services in a

variety of locations in the inner urban area of Melbourne with funding from the Federal Government's residential aged care program. The existence in the inner city of frail, elderly residents who are both poor and reluctant to move out to the suburbs indicates that aged care services must be brought into the city. Our previous experience and one that aged care agencies have also noted in America, is that without these services, the elderly poor will die in homeless persons centres.

The provision of a residential aged care service that offers assistance to the frail, could well be combined with low cost independent accommodation service that could be offered to those elderly who are not in need of personal care assistance but who do want safe and affordable housing. This second part of the residential service could be funded through a State government housing program and be targeted exclusively at the urban elderly desiring to remain in the city. There is at the moment no public housing available in central Melbourne, and this despite the claims by many that the intention is to revitalise the residential component of city life. For a truly cosmopolitan inner city environment, a residential mix is needed. The flowering of Melbourne should not be at the expense of the existing residents, many of whom are elderly and poor.