



More than Shelter

A Study of the Impact of Safe, Secure and
Supported Housing for Older Women

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Contents

Key Findings.....	6
1. Introduction	9
The Housing Assistance Program (HAP)	9
The SAHF program	9
Purpose of this study	10
Definition of terms	10
2. Older Women and Homelessness.....	12
Scope of the issue	12
What makes some women vulnerable?	13
Conclusion	18
3. Background of Residents.....	20
Matched survey data	20
Background – interview participants	20
4. Impact on Physical Health	22
Staff focus groups	22
Matched sample data	22
Resident interviews	23
Conclusion	23
5. Impact on Mental Health	24
Staff focus groups	25
Matched sample data	25
Resident experiences before entering Anglicare housing	26
Resident experiences after entering Anglicare housing	26
Conclusion	27
6. Impact on Security and Wellbeing.....	28
Stability, wellbeing and feelings of home	28
Matched sample data - Personal Wellbeing Index	29
Resident interviews – before entering Anglicare housing	30
Resident interviews – after entering Anglicare housing	31
Conclusion	32

7. Impact on Inclusion and Participation.....	33
Staff focus groups	33
Matched sample data	33
Resident interviews	34
Conclusion	35
8. What Makes the Difference?.....	36
Ongoing tailored support coordination	36
Tenancy management	39
Guarantee of lifetime tenancy	40
Service integration	40
Conclusion	41
9. The Policy Context – What Needs to Be Done?	42
a. Increased investment in supported, affordable accommodation	42
b. Increase the stock of social and affordable housing	42
c. A National Housing Strategy	44
d. Incentivising investment in social housing	44
e. Protect older Australians in the private rental market	45
f. Fund a specialist homelessness service for older people	46
g. Raise income support payments	47
10. Conclusion	48
Recommendations	49
Endnotes.....	50

Key Findings

1. Older women are one of the fastest growing cohorts of people experiencing homelessness in Australia, a trend likely to continue within the context of falling home ownership levels, a shrinking public housing sector, endemic issues of rental affordability, and increased ageing of the population.
2. Factors which make women vulnerable to the risk of housing insecurity and homelessness include being single, being unemployed, having a low income, renting privately, the experience of domestic and family violence and a lack of support networks. For many older women, homelessness is a first-time experience, with unemployment, ill health, an adverse life event or relationship breakdown acting as catalysts.
3. Anglicare Sydney is a provider of social and affordable housing. Upon entry, residents are assessed for health, wellbeing and previous housing experience. Residents are assisted during their tenancy by Tailored Support Coordinators who check on the residents' wellbeing, put them in touch with GPs and allied health professionals, and provide warm referrals to general counsellors and financial counsellors such as Anglicare's Food & Financial Assistance program.
4. At reassessment 12 months into their tenancy, there are observable improvements in physical health, with more regular contact with GPs and health professionals and a focus on a healthier and more active lifestyle. There is also a slight fall among residents reporting mental illnesses. There is improvement in the personal wellbeing of residents across all domains of wellbeing, particularly their sense of safety. Some wellbeing domains among Anglicare residents even exceed the community mean after just a year in social housing.
5. On reassessment, it is found that most residents report increased involvement in on-site activities, engagement and community participation, generating a greater level of social inclusion.
6. Four essential components of this housing model appear to be making a difference in outcomes for residents: tailored support coordination, tenancy management, a guarantee of lifetime tenancy, and integration with internal and external support services.
7. It is concluded that the provision of secure and affordable social housing is an essential component of Government response to the increasing numbers of older Australians who find themselves in rental stress and insecure housing, or who are either homeless or at risk of homelessness.
8. Therefore, the following recommendations are made:
 - a. The NSW Government continue to fund supported accommodation models such as the Social and Affordable Housing Fund (SAHF) in view of the demonstrable benefits of such models in addressing the needs of vulnerable older Australians. The role of support coordination and tenancy management be integral within the development of such models.



- b. Both the Federal and State Governments increase the level of social housing provision beyond levels recently announced, which fall far short of meeting the actual need. The Federal Government significantly increase their contribution to 25,000 new social and affordable homes each year for the next 10 years, with a significant portion dedicated to combatting homelessness and housing insecurity among older Australians.
- c. The NSW Government increase its commitment of social housing to 5,000 new homes every year for 10 years including expanding community housing partnerships to achieve this. A specialist homelessness service for older Australians be established as part of this commitment.
- d. The Federal Government develop and support a Housing Strategy to address the twin problems of increasing homelessness and the inadequate supply of private rental accommodation. Such a strategy would include all levels of government and cover areas such as supply of housing, financing of housing, and tax reform.
- e. The Federal Government consider raising the level of Jobseeker to at least \$70 per day and increasing the CRA by 40% and indexing it to changes in the rental market to ensure older renters can cover basic needs.
- f. The NSW Government consider other measures that impact upon the situation of older people in private rental such as ending No Grounds evictions.



Introduction

Housing is recognised as an international human right. As one study noted, ‘The dignity and security of a stable home provides the platform upon which we can fully participate in the social and economic life of our community’.¹ This view was also expressed in a recently released Productivity Commission report which highlighted the importance of housing in providing shelter, privacy, safety, security, and economic and social participation, and assisting in mitigating poverty and social exclusion.²

Anglicare has long been concerned about the numbers of people presenting to our financial hardship programs who are experiencing accommodation issues, are housing insecure or, in some cases, homeless. While this trend appears to have escalated since 2020, during and following the COVID-19 pandemic, it has been an endemic issue for decades, especially for those who are older and renting privately.

Anglicare Sydney’s response to this need has been the establishment of several programs providing safe, affordable and supported housing – one totally funded by Anglicare (the Housing Assistance Program) and the other funded by the NSW Government under the Social and Affordable Housing Fund (SAHF).

The Housing Assistance Program (HAP)

The HAP was established in 2012 with the purchase and refurbishment of a hotel in Chippendale, with the specific aim to provide low cost, safe and secure tenancy to those either at risk of or experiencing homelessness. This first project involved reconfiguring an old commercial building into 15 bedsitter rooms, each with their own bathroom, and with shared kitchen, laundry, outdoor, dining and communal areas. The first tenants moved into the building in October 2013. This program has been expanded over the following decade and involved the building or refurbishment of 5 additional sites varying in size and design across Sydney. Currently there are 102 residents in the program, aged 55 years or over (45 years for those of Aboriginal or Torres Strait Islander background) and receiving the Age Pension, Disability Support Pension or Jobseeker payment. Rent is generally charged at 30% of income plus Commonwealth Rent Assistance (CRA). Anglicare appointed a full-time support worker in 2018, although a great deal of support had been provided in the preceding five years, through regular check-ins for all residents and providing information, referrals and advocacy as required.

‘The dignity and security of a stable home provides the platform upon which we can fully participate in the social and economic life of our community’.

The SAHF program

Primarily funded by the NSW Government, the first SAHF sites were completed and began operation in March 2019. The program currently operates 8 sites across Sydney and the Illawarra, accommodating 520 residents, the vast majority of whom are women over the age of 55 (45 years if Aboriginal

or Torres Strait Islander), who are either homeless or housing insecure. Sources of income vary but, as with HAP, generally include the Age Pension, Disability Support Pension or Jobseeker, with rent charged between 25% and 30% of income plus Commonwealth Rent Assistance (CRA).

Purpose of this study

The purpose of this study has been to examine:

1. The experiences of housing insecurity and homelessness among vulnerable older people over the age of 55 years (particularly women) who are now tenants in either HAP or SAHF accommodation.
2. The impact that the provision of safe, affordable and supported housing can make on a range of life domains, including physical health, mental health, wellbeing, social participation and inclusion.
3. Policy options needed to address housing issues among this cohort.

Anglicare's Social Policy & Research Unit (SPRU) adopted a multifaceted approach to this study by incorporating both quantitative and qualitative methods including:

- a. Use of matched entry and reassessment data based on individual interviews for 141 residents (assessments conducted within six weeks of entry while reassessments generally are conducted within 12 months), to identify the impact that the provision of such housing has had on a range of quality-of-life indicators.
- b. In-depth interviews with 13 residents, exploring their prior housing experiences as well as their impressions of and feedback about their current housing situation.
- c. Two focus groups with Anglicare's housing staff, particularly Tailored Support Coordinators, to explore facets of their role and impressions of the program.
- d. A focus group with Anglicare's Food and Financial Assistance (FFA) program managers to explore the nature of financial hardship supports provided to residents over the life of their tenancy.
- e. An extensive literature review.

Definition of terms

Homelessness in Australia is generally considered to operate along a continuum:

- *Primary homelessness* - people have no conventional accommodation and live on the street, in parks, under bridges, in derelict buildings, in cars, in railway carriages, or in improvised dwellings.
- *Secondary homelessness* - people move frequently between temporary accommodation such as night shelters, hostels, and refuges, or reside with family or friends ('couch surfing') because they have no accommodation of their own.



- *Tertiary homelessness* - people live in premises such as single rooms in private boarding houses and do not have a private bathroom, kitchen or living space. Their accommodation is not self-contained, and they do not have security of tenure.

Housing insecurity is a term used to describe instability and uncertainty in people's accommodation arrangements, coupled with transience, a lack of privacy, a lack of a sense of belonging and sometimes feeling unsafe.

Rental stress occurs when low-income households spend 30% or more of their income on rent. This escalates to severe rental stress when such households spend 45% or more of their income on rent.

Precarious housing occurs when the type and nature of accommodation places a person at risk of homelessness.

Older people – for the purposes of this study, 'older people' are defined as those aged 55 years and over for non-indigenous Australians and 45 years and over for Indigenous Australians.

Older Women and Homelessness

Older women aged over 55 years form the focus for this study. In recent years, older women have become increasingly vulnerable to homelessness.

As a provider of Social and Affordable Housing (SAHF), Anglicare seeks to meet the housing needs of vulnerable people in this cohort. In our most recent annual resident survey, some 86% of respondents were female and 99% were aged 50 years or over. The lives of these residents prior to moving into Anglicare Housing provide important insights into the lives of other women who are struggling in the private rental market and the variety of challenges which they may face. Importantly, the experiences of residents since arriving in Anglicare Housing provides further insights into the differences that social and affordable housing can make, not only in meeting immediate housing needs, but in enabling a raft of issues to be addressed.

Scope of the issue

The actual number of older women aged 55 years or more who are facing homelessness is difficult to ascertain as women often stay with family and friends or live in cars to avoid living 'rough' on the streets. The hidden nature of such homelessness means that the actual size and scope of the issue is understated, and the cohort of older women at risk of homelessness has often been described as 'invisible'.³

The 2021 Census data on homelessness will not be available until 2023, but the 2016 Census reported that the number of women aged over 55 years experiencing homelessness had increased by 31% to 6,866 compared with 2011.⁴ As early as 2010, Sharam predicted that the new face of homelessness would be single older women.⁵ Almost a decade later, this had become such a significant issue that it was raised as a human rights issue by the Australian Human Rights Commission.⁶

The unmet demand for housing is also evident in the NSW social housing waiting list. In 2021, The Department of Communities and Justice estimated there were about 50,000 applicants on the waiting list and, of those, 15,800 were aged over 55 years.⁷ The Australian Housing Urban Research Institute (AHURI) has projected that some 440,000 households aged 55 years and over will need affordable housing by 2031, a 78 per cent increase in unmet demand since 2016.⁸

Recent research suggests that older women in Australia are one of the fastest growing cohorts at risk of homelessness. A 2020 study undertaken by researchers at the University of Adelaide utilised the Household Income and Labour Dynamics in Australia (HILDA) data, to arrive at robust estimates of homelessness. They concluded that 405,000 women aged 45 years and over were at risk of homelessness and, of these, 240,000 were aged over 55 years.⁹

A rising trend in homelessness among older women is likely within the context of falling home ownership levels, a shrinking public housing sector, endemic issues of rental affordability, and increased ageing of the population. For older women, homelessness is a trend that will continue to accelerate.

What makes some women vulnerable?

The pathways to housing insecurity and homelessness for women are multifactorial. For some, it is a gradual process but, for others, it can be sudden and unexpected, resulting from abrupt life changes. Risk factors for older women include:

1. Being single and alone

Studies of homeless adults indicate high percentages of separated, divorced and single people particularly among older age cohorts.¹⁰

It has been estimated that the risk of homelessness for women living alone is eight to nine times higher than that for women living in a dual person household.¹¹

2. Low levels of income

Over their life course, many women do not have the opportunity to accumulate wealth. This may be because they are casual or part-time employees (with less than 50% of women in the workforce working full-time),¹² have an interrupted working career due to family and caring responsibilities, and are working in areas that are not well paid, which is exacerbated by gender pay gaps (recently estimated to be 14.1% widening to 29.7% for part-time work).¹³ As many women approach retirement, they have very low levels of superannuation as a result of their working history. It has been estimated that almost 35% of women aged 60 to 64 years have no superannuation at all¹⁴ and that, on average over their life course, women have 42% less superannuation than men.¹⁵ The nature and type of employment also determines risk, with women working part-time, being unemployed or not being in the workforce having an elevated risk.¹⁶ Women on JobSeeker and ineligible for the Age pension until 66+ years of age are living well below the poverty line, paying significantly more than 50% of income on rent and struggling to pay basic everyday living costs. People over 55 years of age form the largest cohort receiving the JobSeeker payment (28.4%).¹⁷

Anglicare housing staff have noted that women on JobSeeker are constantly struggling, while some are also dealing with issues of historical debt. Even with secure and affordable housing provided by Anglicare, their income may still be insufficient to afford food, phone, internet, utilities and transport. A phone is essential for contact and communication. Given their very low levels of income and the rising cost of living, budgeting per fortnight is still challenging even within an affordable housing context.

3. Being a private renter – lack of home ownership

A 2019 Productivity Commission report noted the significant rise in private renting over the last two decades, with the strongest growth being among low-income households. As the Productivity Commission notes ‘low income earners bear the brunt of a tightening rental market’.¹⁸ At the same time, there has been a fall in the number of people in public housing.¹⁹ A recent

study by AHURI has highlighted that older people on low incomes who are not homeowners are at significant housing risk, particularly private renters and single women.²⁰

Being older and privately renting can be very challenging. The Productivity Commission estimated that half of private renters over the age of 65 years were in rental stress, a percentage which was even higher than for people on pensions and fixed incomes.²¹ This issue was further highlighted by Anglicare Sydney's 2022 Rental Affordability Snapshot which found that, for a couple on the age pension, only 109 properties were affordable of the 14,522 properties available on the survey weekend. The situation was worse for a single person on the age pension, where only 39 properties were affordable across Greater Sydney and the Illawarra.²²

The search for an affordable rental

After looking through 50 rental properties in the Illawarra, Amelia felt she didn't have any hope of finding somewhere to live and that was her biggest stress. She went further afield to look for private rentals, extending her search net quite far. She looked at Campbelltown, where she didn't want to go, and north and south of the Illawarra. She was open, looked everywhere, and regionally too.

The Productivity Commission estimates that 20% of low income renters spend more than half their income on rent and bear the brunt of low vacancy rates and increasing rents;²³ this is particularly true for renters over the age of 65 years.²⁴ Private renters also appear to have a higher risk profile than people in public housing. Data provided in a 2021 study indicated that:

...older homeowners and social housing tenants dependent solely or primarily on the Age Pension for their income are likely to have substantially greater financial resources at their disposal than their private renter counterparts due to the cost of their accommodation being so much lower'.²⁵

Low levels of income and lack of superannuation mean that, for many women, home ownership is not possible, forcing them into the private rental market. What savings they do have will then dissipate over time to pay for accelerating private rental costs along with other costs of living. It has been estimated that 18% of older single women are renting.²⁶ This also needs to be seen within the context of dwindling availability of social housing stock combined with rapidly escalating rental costs. Vacancy rates in 2022 were significantly lower than previous years and rents in June 2022 were 9.5% higher than in June 2021.²⁷ Among low-income private renters, older persons are one of the groups most likely to experience rental stress.²⁸

In their focus group, Anglicare's Food and Financial Assistance (FFA) staff noted that people prioritise rent over food and other bills since keeping



a roof over one's head is critical. However, research indicates that regular (even small) rises in rents, an inability to pay bills and unexpected eviction pushes some older women into a competitive rental market where they often experience discrimination by real estate agents, intense competition from other renters and may be forced into poor quality housing. If successful in securing a rental, they report being fearful about asking for improvements in case they are seen as difficult tenants or fearing the repairs might lead to further rent hikes.²⁹

Private renters also tend to move more often.³⁰ In a 2022 study, the Tenants Union of NSW estimated that rental households face immediate core costs of \$2,520 with each move, but the total average cost is possibly closer to \$4,075, which escalates if the moves take place in regional settings.³¹ Regular moves into new places are costly, can generate ongoing feelings of insecurity and uncertainty, can be physically challenging for older people, can lead to the shedding of significant personal items, and result in a breaking of ties with established community and support networks.³²

4. A background of family and domestic violence

In 2020-21, 18% of older clients presenting at Specialist Homelessness Services did so primarily due to family and domestic violence.³³ Research by the Australian Human Rights Commission indicated that domestic and family violence was the main reason that 32% of older women sought homelessness support services.³⁴ A 2022 Western Australian qualitative

study of 22 homeless women found that four out of five women interviewed for the study had experienced intimate partner violence leading to entry into homelessness. For many, this had generated trauma that still impacted them both physically and mentally.³⁵ The extent of the problem is difficult to gauge, as many out of shame, denial, fear of estrangement from family and stigma often do not disclose their experiences.³⁶

A 2021 Equity Economics report cited that 4,812 women were forced to choose between staying in an unsafe and violent home or becoming homeless. They estimate that 2,402 women returned to a violent partner because of 'lack of an affordable alternative'.³⁷

A background of domestic violence has also been found to be present among residents in Anglicare Housing.

Forced to leave home

Estelle's abusive husband threw her out of home. She became homeless, living in a car, and then found refuge in a shelter. However, she lost access to joint bank accounts after the separation. She began searching for private rentals, but could not find anything affordable, felt preyed upon by rental agents, and she felt that they discriminated against her because she was still living in a refuge. Her mental health was poor and she developed arthritis.

5. Lack of family networks and support

Some single older women, with the breakdown of family and partner relationships, lose their social networks. Some deliberately retreat from others, feeling stigma and shame at their new circumstances and are unwilling to be a burden on their family and friends.³⁸ Others, where rent accounts for a large part of their income, do not have the financial means to participate in social and community activities and their support networks dwindle.

6. Loss of partner and/or relationship breakdown

The death of a partner or a relationship breakdown can generate economic hardship and significant financial insecurity for women, particularly if they are adversely impacted by financial settlements as part of divorce. It is estimated that, in the first year after a divorce, 60% of women experience some level of economic hardship and often face losing home ownership.³⁹

*People who divorce or separate and remain single are about half as likely to own their home after they have turned 50 as those in a relationship. While re-partnering is the most common way to counteract the economic effects of divorce, women are increasingly less likely than men to re-partner as they age.*⁴⁰

The death of a partner can be equally catastrophic if the home is not owned outright. Maintaining mortgages or private rent on a single income becomes

increasingly problematic and can lead to forced relocation in order to maintain discretionary income.

7. A sudden crisis such as unemployment, illness or eviction

For many older women, facing the possibility of homelessness is a first-time experience, having led what could be considered conventional lives, with career, residential stability and family life.⁴¹

From injury to housing precariousness

Maria was working in a highly paid job overseas and then had a work accident, forcing her to move back to Australia. She lived off her savings for a while but was then forced on to Newstart. She struggled to meet the mutual obligations as she had constant health problems as a result of her injury, including two surgeries and resultant PTSD after an adverse surgical event. Eventually, she ended up couch surfing and finally found a shared house with people much younger than herself. But she did not feel secure and found it difficult to adapt to the lifestyle of the house. She felt isolated and lacked control over her life. Most of her income was going to rent and she worried about being able to afford decent food. The other residents eventually left her with a large unpaid electricity bill.

Up until the injury, she had been very active physically which was now no longer possible. She ended up developing an auto-immune disorder making her very vulnerable to COVID, which in turn reduced her capacity to connect and make friendships.

A sudden life event such as separation, divorce, loss of work, an illness or accident can pitch some women into the unfamiliar experience of housing precariousness and then into homelessness. Women with no previous experience of homelessness are not generally used to accessing and navigating service networks and supports, and feel daunted by the challenges facing them, often living in precarious and unsafe options. Some feel ashamed of the situation into which they have been thrown and are reluctant to seek assistance for fear of being judged. Others find the cost of accessing health services, medications and allied health too great a barrier. Many have found it difficult to regain their former levels of economic independence.⁴² Some have thus described these women as becoming ‘invisible’.⁴³

The impact of life events

Prior to coming to Anglicare, Amelia was suddenly retrenched. Her partner had left the relationship and she ended up on JobSeeker. She met her mutual obligations under JobSeeker by driving a bus for elderly people as a volunteer. However, she was then diagnosed with a serious illness which meant that she could no longer volunteer. She cut herself off from family and friends and described this period of her life as very dark – and of being suicidal.

Conclusion

Single women over 55 years of age, as a growing cohort, are highly vulnerable to housing insecurity. There are many, complex reasons for this situation. Being single, unemployed and on a low income puts women at particular risk. This can reflect systemic issues such as low levels of superannuation, a history of low paid, casual work and gender pay gaps, along with significant challenges if they are on JobSeeker and in the private rental market. Not owning a home and being subject to periodic and unpredictable rent rises, evictions and frequent relocations generates stress and further financial hardship. The experience of domestic and family violence can push older women into homelessness, often without family networks and support. For many women, being jettisoned into housing insecurity and/or homelessness is a first-time experience, with unemployment, ill health or relationship breakdown being the catalyst. It is an experience for which many have had little preparation; consequently, they find navigating support systems very difficult.



Prue's story

Hear from Prue, a domestic violence survivor, about how Anglicare Housing changed her life.

[Watch now](#)



Background of Residents

The use of a comprehensive needs assessment in Anglicare's housing programs, within 6 weeks of entry, followed by a review within the next 12 months using the same indicators, has generated a unique opportunity to match results for 141 residents and track changes in residents' outcomes, using both quantitative and qualitative data. What does this data reveal about the background of people entering the housing program?

Matched survey data

Of the 141 residents with matched data, 15 (11%) came from the Housing Assistance Program and the remainder (126) were residents under the SAHF program. Reflecting the target group, 90% of matched survey residents were female. This cohort is predominantly aged between 65-79 years (Chart 1).

There is a higher-than-average Aboriginal representation across the group, with 13 residents or 9% of the sample being Aboriginal. Almost all residents (99%) were single – 27% had never married, 13% were separated, 31% were divorced and 28% were widowed. This too reflects the focus of the SAHF program on single older women.

Upon entry, residents were asked to provide details of their previous housing experience. Over one third (36%) had been in private rental and 25% had been in public rental. However, over one third had been in insecure housing or had been homeless (Chart 2).

Being homeless had been a 'one-off' experience for most (59%) of the 32 residents who had been homeless prior to coming to Anglicare. The remainder (41%) had been homeless for two or more periods. It is the length of the homelessness experience which can impact resident outcomes in the long-term. Some 25% of this group had experienced homelessness for more than a year. The nature of the homeless experience did differ; for 34% it was couch surfing, but for 19% it was rough sleeping on the streets.

Almost two-thirds of this sample (63%) were retired and 27% were unemployed (on Jobseeker), being as yet unable to qualify for the age pension. In terms of educational background, 31% had tertiary qualifications at degree or certificate level and 30% had some form of education in progress.

In summary, the resident profile is predominantly female, aged between 65 – 79 years and previously had been renting. However, there is still a significant cohort who have been homeless or housing insecure and a greater-than-community-average of people identifying as Aboriginal.

Background – interview participants

Some 13 semi-structured interviews were conducted among residents across several Anglicare homes. The purpose of these interviews was to further explore their background, their current assessment of their new accommodation and their experience of receiving support from the tailored support coordinators and tenancy managers.



At the start of the interview, participants were asked to describe their recent housing histories, which may have included one or multiple types of accommodation. Before coming to Anglicare:

- Seven of the 13 participants had recently lived in another public rental, community housing or transitional women's housing facility,
- Two respondents had been recent homeowners, one of whom subsequently rented a granny flat,
- Seven respondents had recently lived in private rentals either independently or sharing with others,
- Three respondents described experiences of homelessness.

Using the matched survey data as well as interviews with residents, this study examined four key outcome domains: physical health, mental health, wellbeing and social inclusion/participation.

Chart 1: Age Range of Matched Survey Residents

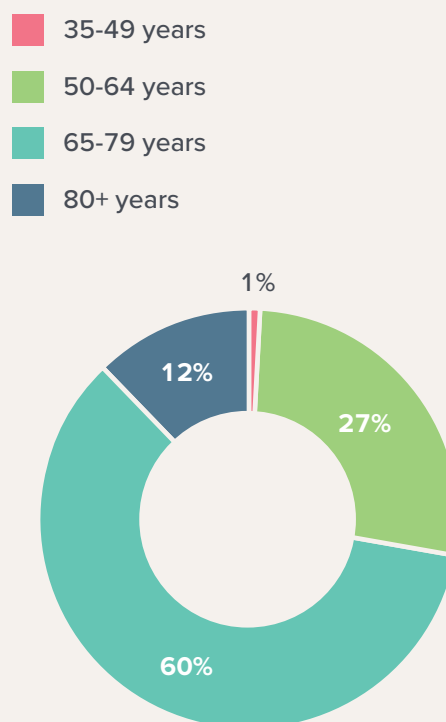
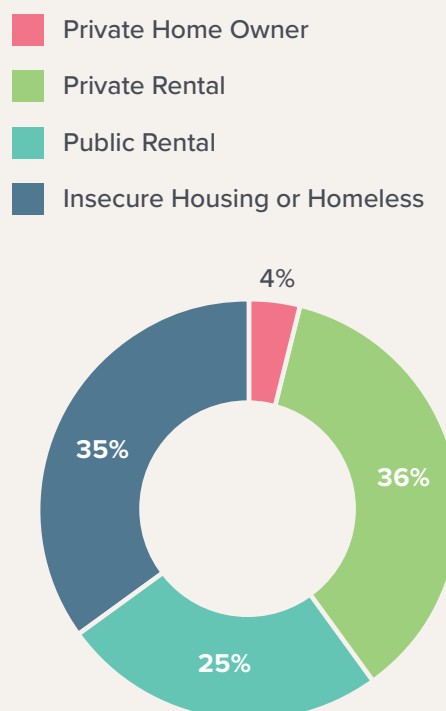


Chart 2: Living Arrangements before Anglicare



Impact on Physical Health

Does safe and secure housing make a difference to physical health? Research provides evidence that ‘provision of safe and secure accommodation is pivotal to women’s health’.⁴⁴ Indeed, it is very difficult to achieve positive health outcomes when faced with housing insecurity and/or homelessness. There is a complex interplay between poor housing and poor health which can be positively impacted if safe, supported and affordable housing becomes available.

“Provision of safe and secure accommodation is pivotal to women’s health.”

An extensive review of international literature in 2021 identified a range of positive health outcomes once people who had been homeless or housing insecure were settled into stable and secure accommodation. These benefits included decreased rates of hospitalisation and emergency care, improved mortality rates, and reduced delays in accessing medical care.⁴⁵

A Western Australian study, which interviewed 22 older women who had previously experienced homelessness, linked the health and health needs of participants to having safe and affordable accommodation; such accommodation meant that basic needs could be met, such as access to cooking facilities and being able to store food.⁴⁶

Staff focus groups

The Anglicare study included focus groups held among Anglicare’s Housing staff including Tailored Support Coordinators. The groups identified a number of physical health issues upon entry into Anglicare’s housing. Diabetes, poor mobility, arthritis and podiatry issues were all identified as common health issues; the maintenance of mobility was a key issue and was largely dependent upon people remaining active. Many new residents had not had regular medical check-ups or links with a local medical centre or specialist.

With tailored support, new residents were assisted to access necessary medical care. Over time, staff noticed that once people were linked into their local medical practitioner, they obtained health plans, tended to get more exercise, had their medications adjusted and generally saw an improvement in health. The nature of this support enabled residents ‘to stay living in their forever home maintaining their independence for longer’ (staff member).

Matched sample data

Analysis of comments during the assessment phase (conducted at least six weeks into occupancy) revealed that 130 of the 141 matched residents had a diagnosed health condition. Such conditions included diabetes (26 residents), high-blood pressure (25), high-cholesterol (9) and heart conditions (15). Fifty-eight residents stated that they were currently receiving treatment or had received treatment for a health condition that may affect mobility (for example, knee/hip replacements, osteoarthritis).

In the reassessment phase, residents identified a number of health goals they were pursuing. Seventy-one residents specified goals related to improving a health condition (eg: arthritis, accessing mobility supports, diabetes, high blood pressure, etc.). Further comments from residents identified a wide range of health-related behaviours such as doing more exercise, monitoring health through seeing a GP, eating the right foods, weight management, attending a gym regularly, and maintaining an active, independent and healthy lifestyle. Sample health goals included:

Walking daily, eating the right food to keep fit and stay healthy

To remain bowel cancer free and to find out what's going on with my left hip

Visiting my doctor and doing exercise

However, 27% of residents reported deteriorating physical health over the period, which would reflect their older demographic. Coordinators did note that many residents enter the housing program with undiagnosed health issues which only become apparent once they access ongoing medical services.

Resident interviews

In line with comments from the Tailored Support Coordinators, 10 of the 13 resident interviewees described ongoing physical health concerns. Six interviewees had been experiencing these concerns before they came to Anglicare. Only four participants described improvements in physical health since coming to Anglicare with others describing deteriorating physical health, consistent with the ageing nature of the group.

However, interviewees also described a range of health-related behaviours in which they were participating, the most common being regular walking which, for some, had been facilitated by walking with other residents or through interviewees feeling more secure in their current neighbourhood compared with previously.

At the end of the interview, participants were asked if they had one wish for the future what would it be? Around half the interviewees wished for improved health and healthy ageing. For the most part, physical health problems remained an ongoing concern for participants, requiring both current and future support.

Conclusion

On entry, residents commonly have any of a variety of physical health issues, including diabetes, mobility issues and arthritis. For many, there had been an absence of regular medical check-ups and support. The matched data indicates some improvements in physical health after entry and an increased focus by residents on achieving a healthier and more active lifestyle. However, for more than one in four residents (27%), there was a deterioration in physical health possibly reflecting not just the impact of ageing but also improved awareness and diagnosis of health issues as a result of more regular contact with medical professionals.



5

Impact on Mental Health

Research has highlighted that, for older people in the private rental market, insecure tenancy, regular relocations, the ongoing threat of rent hikes and lack of certainty about their housing future generates stress, anxiety and a sense that they lack efficacy: control over key decisions in their lives. Many cannot achieve a sense of permanency around the concepts of ‘home’ or ‘belonging’.⁴⁷

The question then becomes: does safe, supported and affordable housing improve mental health outcomes for such women? A 2021 international scoping review found strong evidence to suggest that mental health outcomes improved significantly with safe housing, leading to ‘reduced levels of mental distress, depression and anxiety, reduced psychiatric and psychotic symptoms, increased hope, self-efficacy, self-esteem and happiness’.⁴⁸ However, a Housing First international study also showed that safe and secure housing does not automatically result in improvements to mental health since many people enter programs with pre-existing and sometimes undiagnosed conditions requiring ongoing support and intervention.⁴⁹

Staff focus groups

Anglicare's Coordinators cited mental health as one of the key issues for people accessing Anglicare Housing, some of whom may have undiagnosed conditions or conditions requiring medication (eg. bipolar disorder and schizophrenia).

For other residents, there have been experiences of Domestic Violence with subsequent PTSD, high levels of stress and anxiety, depression and an inability to trust service providers. Some residents did not disclose this on entry but may end up doing so if they experience a crisis. If this occurs, they are referred to mental health support services including Anglicare counselling.

Mental health issues may well have been the reason for previous tenancy failures, so ensuring that intervention and the availability of support will be important for longer term, positive outcomes. As one coordinator noted, 'we journey with them to reconnect or find counselling support'.

Good outcomes can be compromised by the challenges associated with navigating the medical and mental health systems, which often require Anglicare coordinators to assist with making appointments or advocating on behalf of the resident.

Matched sample data

At assessment, most residents felt little or no stress (71%); were very aware of where to find help (54%); felt strongly able to cope with problems (50%); and were very hopeful for the future (74%). The positivity of these results may reflect that assessments are conducted up to 6 weeks into occupancy, once residents start to feel settled in their new units. However, in line with earlier research, Anglicare's assessment/reassessment data indicates that, for some residents, aspects of mental health do not necessarily improve over the first year: stress levels deteriorated for 25% of residents, 20% felt less able to cope with problems and 11% were less hopeful about the future. However, for other residents, there were significant improvements: 34% felt more hopeful about the future, 29% felt more able to cope with problems, 24% were more aware of how to get help and more than one third (38%) had reduced stress levels. By reassessment, the proportion of residents who had a great deal of stress had dropped from 15% to 5%. While 25% had indicated the presence of a mental illness or disorder on entry, this had fallen to just 14% twelve months later.

34% felt more hopeful about the future, 29% felt more able to cope with problems, 24% were more aware of how to get help and more than one third (38%) had reduced stress levels.

Another aspect of mental health is the sense that people feel they have some control over their life and decisions, and experiencing a sense of safety and efficacy. 'Home is a place of shelter but also of belonging, comfort and security and, most importantly, a place of control'.⁵⁰ On entry, residents are asked to rate their sense of control over their lives from a range of 0-10. On average, after 12 months of living in safe and affordable housing, this figure had increased from 9.0 to 9.3.

Resident experiences before entering Anglicare housing

Twelve of the 13 interviewees expressed personal struggles with a diagnosed mental illness or various degrees of stress prior to moving into their Anglicare unit. PTSD, anxiety and depression were the mostly cited mental health illnesses. For some, these had been long-term struggles carried from earlier in life:

My mental health was not good. I've had mental health problems since I was a kid, so I've had to deal with that, but it's not good. Lots of anxiety, panic attacks, stress, feeling low, many things. Wasn't good.

I suffer with PTSD. I've got mental problems, mainly depression because of a tragedy earlier in my life.

For others, struggles with mental health and severe stress were tied to changing life circumstances:

With lockdown and everything it was impossible, there was a point where I got really depressed. I'd never had depression before, but I had no power anymore, I couldn't make any proper choices... Every piece of Jobseeker went to rent.

There was a wide range of stressors that interviewees discussed as being tied to declining mental health or stress, such as deteriorating physical health, fear of homelessness, lack of control over circumstances, experiences of domestic violence, workplace abuse, COVID lockdowns, food insecurity, personal tragedies, inadequate social benefits, housing insecurity and being unable to find stable accommodation. For instance:

I was told that I'd have zero chance of getting any public housing. I was basically told that I'd be dead before something came up. This was devastating. I remember going into my room in the refuge and I was distressed that I'd be living there forever. It was a horrendous time that I wouldn't wish on anyone.

When I left work, I had little self-esteem. My partner had just left. I'd lost my job and then I got a serious illness. It was a tough few years. I was starting to go into dark places even before the diagnosis.

Resident experiences after entering Anglicare housing

Eight of the 13 interviewees expressed improvements in mental health or stress since moving into their Anglicare accommodation. The most common reasons for these improvements were feelings of contentment, confidence, stability and home which came from moving into their unit. For example:

My mental health has really improved since moving here. I sleep better. At the other dwelling I cried myself to sleep, that hasn't happened since living here. It's hard to put into words but it's a different feeling coming home here. Here I come home to a home not a house.

I was in a bad place but since I've moved in my ducks have all started to align – everything has turned around. I cry just thinking about it, as far as I'm concerned everything has been going right.



Some respondents were still struggling with ongoing mental health concerns or stress due to long-term mental health struggles, conflict with other residents or personal tragedy. For example:

I'm not stressed out with the place here, but I've got issues that I've got to learn to deal with. If I was in the other place then I wouldn't be coping, I'd be 20 times worse. I feel safe and secure, even though I'm going through my own mental stuff, the house isn't adding onto my own mental health.

Conclusion

Our matched sample data revealed some residents showed improvements in aspects of mental health (eg. stress levels) as well as a fall in those reporting mental health illnesses over the first 12-months of occupancy. Among resident interviewees, the provision of housing had significantly improved mental wellbeing with interviewees describing feelings such as contentment, confidence, stability and a sense of home due to their new residences. However, it is also evident that, for some residents, mental health issues do persist, with one in four residents among the matched sample considering that their stress levels had deteriorated.



6

Impact on Security and Wellbeing

Stability, wellbeing and feelings of home

Stable housing, after experiences of housing insecurity, has been known to improve optimism, feelings of safety, life satisfaction and happiness.⁵¹ Some research indicates that, once people have a sense of home with the privacy, comfort and freedom that provides, then it can lead to greater resilience and provide a new and enhanced sense of identity which positively impacts on wellbeing. Further:

*'...the ability of tenants to settle in a new tenancy and feel at home is important not just as an end in itself, but a means of enhancing the wellbeing of those living in low-income households, via the psychosocial benefits of home.'*⁵²

A safe, affordable and comfortable home is a source of security for most people as they age. The word 'home' suggests more than a building – it includes notions of durability, perpetuity, control and privacy. It describes a place where people may live according to their ideas and choices. It can provide a sense of control, and of identity in what some have described as 'ontological' security.⁵³ When people experience low levels of ontological security it can adversely impact wellbeing and social connectedness.

“The word ‘home’ suggests more than a building – it includes notions of durability, perpetuity, control and privacy.”

Anglicare staff commented that, for many residents, being in safe, supported and affordable housing helped to rebuild identity and self-esteem, providing an emotional connection to place and a concept of home.

Matched sample data - Personal Wellbeing Index

Perhaps one of the most effective means of measuring wellbeing is the Australian Personal Wellbeing Index (PWI). This was developed through Deakin University, Melbourne, as a validated, multi-dimensional measure of subjective wellbeing in general populations. It consists of several questions covering broad domains of satisfaction, on unipolar scales ranging from 0 to 10, anchored at ‘completely dissatisfied’ and ‘completely satisfied’ respectively. The final PWI consists of a single score out of 100, which is the addition of scores across seven life domains; the higher the PWI score the greater the sense of wellbeing.

There is evidence that the PWI for those who are homeless or at risk is much lower than the Australian mean, which can sit between 72 and 76 across various domains. Mission Australia, in a study of its Cairns homelessness service in 2019, measured baseline PWI for its clients at 56.7.⁵⁴ In another study, they measured an average PWI for Newstart clients at 54.6.⁵⁵

On entry, new residents were asked to complete the PWI and this was repeated at reassessment, making it possible to track changes in the PWI broadly across the whole group. The base PWI in the assessment phase was higher than would be expected for people who had been experiencing either housing insecurity or homelessness, based on Mission Australia’s research. This would be partly explained by the fact that the assessment generally takes place six weeks into the tenancy when people have secured permanency and have fully relocated and moved in. Staff note that, at this point, residents have feelings of optimism and hope which will impact the score. However, despite this, there is further improvement in wellbeing over the first 12 months following assessment.

Table 1: PWI, Assessment vs Reassessment

Domain	Assessment Mean	Reassessment Mean	Change	AU Mean*
Life as a whole	77	81	+3.6	76.3
Standard of living	83	86	+3.4	81.2
Health	67	70	+2.9	75.6
Achieving in life	71	76	+5.2	72.4
Personal relationships	79	85	+5.8	78.9
Personal safety	91	93	+1.7	84.4
Community connectedness	75	78	+2.8	70.6
Future security	90	86	-4.2	71.9
PWI	79	82	+2.5	76.5

* Australian Unity Wellbeing Index Report 37.0, November 2020.

Table 1 indicates an overall lift of +2.5 in the PWI to 82 across the matched sample, which is significantly higher than the Australian mean of 76.5. Over the 12 months of residence in Anglicare housing, almost all PWI domains showed an increase and, in some cases, by more than 5 points – relationships (+5.8) and achieving in life (+5.2). The highest scoring domain, and well above the Australian mean, was people’s personal sense of safety. This might well be a reaction to new residents’ previous experiences of housing insecurity and homelessness.

Health was the lowest scoring domain with a mean score of 70. Although there had been improvements, it was still lower than the Australian mean. Future security was the one domain which fell in the 12 months following assessment (by 4.2) but was still significantly higher than the Australian mean of 71.9. Ontological security in particular has been shown to be associated with both wellbeing and social connectedness.⁵⁶

These findings support the view that the provision of safe, supported and affordable housing yields a positive impact on personal wellbeing and, in many cases, yields results which exceed the Australian mean.

Resident interviews – before entering Anglicare housing

As expected, all interviewees described differing levels of housing instability before coming to Anglicare. Three participants had experienced primary homelessness, an additional six stated that they were at risk of homelessness and another participant came straight to Anglicare from a domestic violence situation. Most participants also described living in housing that was inadequate due to the quality of the dwelling, feeling unsafe, the lifestyle of the neighbours and being required to share the dwelling with others. For example:

I wasn’t very happy there (public housing). The accommodation was very old, dirty and impossible to clean. The last three years the unit had bad mould.

A friend said he'd be getting a 2 bedroom place, move in with him and just pay what you'd be paying in social housing which was a godsend 'cause I would have been homeless... but I didn't feel secure because I was relying on someone else to have a place... my biggest fear was that he would meet someone and I would be out.

For those who had been satisfied with their previous dwelling, the most common reasons for leaving these places were financial or being forced out of the accommodation. For example:

I knew at some stage that I wasn't going to be able to afford it. I had finished working, so rent was starting to be a problem. I was drawing down on super and didn't have as much super as other women my age.

I was given notice that the owner was selling the property, so I had to look elsewhere.

Resident interviews – after entering Anglicare housing

It was clear that interviewees felt secure in their new dwellings, with 12 of the 13 interviewees stating that this was now their home, and many saying that they had no intention of leaving anytime soon. When asked what 'home' meant to them, most participants offered descriptions of security, stability, peace of mind or simply a feeling. Participants were also glowing in discussions about their dwellings, describing these as 'beautiful' and they themselves feeling 'blessed' and 'lucky'. For instance:

Home means everything to me as I grew up without a stable home. I have now found a home compared to the last five years.

Is it my home? Gosh yeah, and no one can tell me any different. For me the difference between a house and a home is that a home is somewhere where you feel content and I feel content here.

For the most part, the interviewees' units were appropriate for their current needs. When asked if they would change anything about the unit most respondents said no, with the most common suggestions offered being minor changes to the space:

Although the stove has two burners you can only fit one pan on. It can be a pain if you want family to come over and it's difficult to cook stuff. The oven is below that but if the oven had been put up higher it would be better because it's difficult with a bad back to get things in and out of the oven.

Eight interviewees described how their current units fulfilled important needs that were unmet in previous accommodation. The most common of these were independence, privacy, safety, cleanliness, and the location of the units being close to essential services such as shops, doctors, etc. In addition, three participants discussed how their family felt more comfortable visiting them at their current place than their previous accommodation:

“Safe, secure and stable housing has been shown to improve people’s sense of optimism, hope, sense of security and ultimately wellbeing; it can help to rebuild identity and establish an emotional connection to a place and concept of home.”

I love and adore my unit. I come in the front door and think ‘how lucky am I?’. Its new and clean and when you clean it, it looks clean. It’s a studio apartment but I live by myself and don’t need a second bedroom to clean.

It feels nice to invite people here. One of my granddaughters has been with me every Saturday and I asked her ‘why is it that you come and stay with nanny here but wouldn’t at the other place?’. She said she didn’t like the feeling or the neighbours in the other place.

I feel safe and secure here. I can walk around in the park without being in fear... I don’t have to wait 30 mins for the bus. Now, if I want to go to Westfield it’s a five-minute walk.

On top of fulfilling needs, participants frequently mentioned the aesthetics of the units as being a draw card. It was clear that, for many participants, this was significant for wellbeing. For one participant who was immunocompromised and house-bound, the aesthetics, space and self-contained nature of the unit were a significant contrast to her previous accommodation and now positively affected her wellbeing.

Conclusion

Safe, secure and stable housing has been shown to improve people’s sense of optimism, hope, sense of security and ultimately wellbeing; it can help to rebuild identity and establish an emotional connection to a place and concept of home. The Anglicare matched sample data does confirm this improvement for the majority of residents in the housing program with a rise in personal wellbeing scores – the highest of which was a sense of safety. In most cases, scores were above the Australian mean. In the interviews, residents also reflected on the benefits of safety and security in their new environments and the concept of what home now meant for them.

Impact on Inclusion and Participation

Participation is a key element in the capacity of older people to age well.⁵⁷ Research supports the view that ‘feeling safe and secure in the home and neighbourhood environment are...enablers of participation’.⁵⁸ There is evidence that older people on low incomes in the private rental market are at greater risk of reduced social participation and community engagement than people in public housing since they have fewer financial resources for socialising. Participation is further compromised by the often frequent need to vacate and find new premises. However, once security of tenure is provided in an affordable setting there can be, for some, a much stronger foundation for engagement, friendship networks and wider community participation.⁵⁹

Staff focus groups

Anglicare staff commented that many residents, on entry, were in ‘survival mode’ where community activities and leisure don’t have a priority, and many feel reluctant or don’t have the confidence to join new groups or meet new people. This had been further exacerbated by COVID-19 and accompanying lockdowns. For many, it takes time to build the trust needed to socialise, and this can be a process that takes several years because it takes time to settle in, especially if there has been experience of trauma in the past. Staff also commented that, despite the provision of safe and stable housing, some residents still experience loneliness. There is an increasing focus across the housing sites on supporting people to feel comfortable to engage in community activities and build friendships.

For those without family or for those unable to reconnect with family, staff indicated that some had developed their own ‘substitute family’ through the community in which they lived, while others relied on friendships either inside or outside the village community.

Matched sample data

As several residents commented in their initial assessment, their goal was to ‘settle in and slowly engage with the community as I feel comfortable’ and ‘to start joining in activities when more settled into the community’. Others, however, stated on entry that they would struggle to make these connections:

I like to be by myself

I am an introvert and enjoy time with my family and relaxing by myself

Other residents in their reassessment reviews did comment on a range of activities with which they were involved after having settled into their new homes. These included joint outings with community transport, joining a DV recovery or post trauma group, attending the local church, happy hour with other residents, group activities in the community, day trips, community

gardening, art and watercolour painting, running a small business making chocolates, jewellery and crafts for sale at the local market, bowls, volunteering and line dancing.

Housing insecurity and homelessness can make it difficult to maintain contact with family and friends, often from a sense of stigma and shame, and sometimes because relationships have been damaged. However, many residents, on entry, do have close family relationships though, for some, COVID-19 made this challenging. There were stated goals about 'seeing my grandkids grow up', 'keeping in touch is important', 'to keep visiting family and friends' and 'to see my family as much as possible'.

Others had reconnected with their family and were managing to maintain that contact. One resident, on entry, indicated that she had no contact with either of her daughters and 'was glad because she didn't want to worry them'. However, 12 months later she had reconnected, and her goal was 'to keep seeing them and stay in touch either face-to-face or over the phone'.

Resident interviews

Twelve of the 13 interviewees made positive remarks about the community within their housing complex. Seven participants described having made friendships within the complex since moving in, describing their friends as 'wonderful', 'lovely' and 'supportive', while another two respondents expressed a desire to develop friendships once they felt ready.

I have met wonderful people, formed good friendships.

I'm a very social person. I love how you can walk out each day and have someone say "How are you?" You can just chat to people... the people in my block are so nice.

Most participants were positive about the wide range of social activities in which they participate both within the complex and the wider neighbourhood. A further two participants discussed a wish to participate in these activities, stating that the presence of the community had given them a desire to become less socially isolated.

There are a lot of activities in the facility, so I don't feel isolated from anyone. You can isolate yourself if you want to but there is a lot of friendship here.

There's a group of us and we go out to the movies, dinner and do things together. We are all very naughty and laugh a lot, it's all fun.

Four participants made specific comments about the fact that being surrounded by people of a similar age or situation was important for creating connections. This is in line with research which has found that some older tenants may prefer living in age-specific residences due to differences in lifestyles, concerns about safety, and feeling a sense of belonging with neighbours in the same age bracket.⁶⁰ Participants also frequently made mention of socialising at the various communal spaces within the complexes (eg: community garden, community room, barbecue area) suggesting the significance of communal spaces for facilitating community.



I was told that there was nobody under 55 here which makes me feel better, really good in fact, because I know when I meet people, I will have something in common with them.

The residents here are younger than my previous Anglicare residence so the age cohort is not right for me.

I garden for pleasure so when the weather gets better, I will be working in the community garden and will make friends then with people too.

Five respondents described some dissatisfaction towards the community or ongoing conflict amongst residents which, for two respondents, was causing significant stress. This is unsurprising as residents have been brought together from a range of vulnerable situations. Four of the respondents who described conflict also mentioned that they trusted the Tailored Support Coordinators to sort out the conflict, suggesting the importance of the support coordinators for facilitating community.

Conclusion

As they leave the workforce and friends and family pass away, older people's social circles tend to shrink. However, social support has been shown to be important for the wellbeing of older people. Facilitating social support and connections is essential for improving or maintaining the wellbeing of older people over time.⁶¹ By living in these communities and facilitating activities, residents are given time and frequent opportunities to engage with neighbours. Our research has found that many residents have been taking advantage of a wide range of activities both within and outside the complex and in developing supportive friendships. In addition, some interviewees were positive towards the age-specific nature of the complexes, which makes it easier to get to know people in similar situations.



8

What Makes the Difference?

Anglicare housing models are underpinned by a principle that has been well supported by international research – namely, that it is important to go beyond the provision of housing to the provision of support services to also achieve further improvements in health, wellbeing, and community participation for residents.⁶² Four essential components underpin the Anglicare housing model:

- Ongoing tailored support coordination,
- Tenancy management,
- Guarantee of lifetime tenancy,
- Service integration.

Ongoing tailored support coordination

While provision of safe and secure housing on its own does make a significant difference to the individual's personal wellbeing, research indicates that more effective outcomes are achieved with ongoing support once housing has been provided. A 2015 study indicated that, with supports in place, wellbeing improvements were greater than simply providing housing stability,

suggesting that ‘housing alone does not address associated problems such as poverty, stigma, loneliness and social exclusion’.⁶³

The Anglicare housing model is based on the principles that residents:

- Can access support for as long as is needed,
- Direct the nature of the support provided which can be episodic, and is built upon mutual trust between residents and staff,
- Define what makes a home for them and make choices about how they live their lives.

Coordinators see their role as listening to the resident’s views and making sure any planning responds to the resident’s needs and concerns. They focus on maintaining the relationship with residents, customising the service to meet individual needs, building capacity and supporting independence.

The Tailored Support Coordination team is funded under the SAHF program to help residents sustain tenancies where previously they may have struggled to do so. They provide individual case coordination over the establishment phase, settling in and then longer term as needed.

1. Establishment Phase

In the first few weeks, residents may need support both in moving into and outfitting their new premises. Physically relocating is an expensive and physically challenging exercise – especially for older people on low incomes. Some enter accommodation with very few possessions, especially if they have been homeless or couch surfing, so they may need support to access basic furniture, white goods, kitchen utensils, manchester, bedding etc. This is often made possible by access to Anglicare’s Food and Financial Assistance (FFA) program and Anglicare Op Shops. Sometimes, residents also need assistance in communicating their change of address to family and friends and key services.

“Housing alone does not address associated problems such as poverty, stigma, loneliness and social exclusion.”

In this phase, residents participate in an interview with a coordinator which generates a better understanding of the needs of the resident and their future goals. Sometimes this can involve a walk around their new local community and identifying key services, as well as broader introductions to other residents and familiarisation with the site itself.

2. Settling in

Over the following few months, residents are offered support to connect with medical services, financial counselling, general counselling and other referrals. Residents coming from a Culturally and Linguistically Diverse background are given free access to the Telephone Interpreter Service (TIS) and other specialist agencies which are supported by bi-lingual staff.

Coordinators also directly engage with community groups to hold information sessions for residents on topics such as Safety First, Life Skill and Seniors Rights. Some Anglicare residents may struggle with basic life skills such as budgeting, cleaning, washing and cooking; Anglicare coordinators work with residents to find strategies to support them, including referrals to financial



counselling. Coordinators also support resident cooking groups. 'At some sites, half a dozen residents get together, pool their resources for food, and cook a meal together and then share it with each other' (Staff focus group).

3. Longer term

Coordinators offer a regular physical presence on site and sometimes facilitate activities and social groups, depending on resident interest and enthusiasm, to a point where the activities become self-sustaining. Such activities generate greater participation and community engagement and create a positive and supportive environment for residents.

Residents periodically have issues with external agencies such as Centrelink, NDIS, Home Care Packages and My Aged Care and may need support to navigate sometimes complex and challenging systems. This may also lead to the need to advocate on behalf of residents.

Studies indicate that, even after homeless women have been rehoused, there is a need for ongoing support as many still struggle with physical and mental health issues.⁶⁴ For this reason, support coordination is not limited to the first few months. It is provided over the lifetime of the tenancy as people undergo life changes that come with ageing such as unexpected medical concerns, deterioration in physical health and mobility, episodic mental health episodes and changes in family and relationship circumstances. One manager saw this as 'a consistent source of support – as we are trying to help them, they know they can trust us and can get comfort from talking to us by allowing us into their lives'.

Coordinators reflected in the focus group that they saw their role as helping to build and maintain functioning and thriving communities, promoting access to care while helping people to maintain their capacity, functional ability and independence, and facilitating equality and equity for older people.

4. Resident interviews

Eleven of the 13 interviewees were asked about their experience of receiving support from the Tailored Support Coordinators. Interviewees were almost universally positive in their descriptions of the support received. Participants described Coordinators as ‘kind’, ‘helpful’, ‘trustworthy’ and a ‘friend’. It was clear from the interviews that participants also appreciated being treated with respect and dignity; both have been highlighted in previous studies of older tenants in public housing as related to improved quality of life, as they feel valued and understood.⁶⁵

I have no complaint about the support – they have been so helpful – considering they have a lot on their plate.

The people here are so nice. They treat you with respect and dignity which that's what you need, you can call on them and they are happy to chat.

Nine participants specified the types of supports and advocacy they received from coordinators including assistance with groceries, transport, security, medication, bills, accessing food vouchers, carrying items, and setting up community activities. A few interviewees also described how coordinators had assisted them to access My Aged Care supports, with one interviewee stating that it would not have been possible to get this support without the help of the coordinator.

The most common support that interviewees mentioned was frequent check-ins by coordinators to see if they needed anything or wanted someone to talk to. Even for those who said they hadn't accessed much support there was a consistent theme that interviewees were grateful knowing that there was someone nearby if they needed anything.

We have a support worker who comes up and checks in on us to see if anything has changed or if we need anything. I went down with COVID in May, and she went up and got me Panadol. They were ringing to check on me all the time. I find the support great because I know if anything did happen to me there is somebody close by.

Tenancy management

Several studies indicate that it is not just the provision of safe housing which makes a difference in terms of positive non-housing outcomes. Also important is the quality of the residence which, if well maintained, generates a sense of home and wellbeing. A 2021 study provided evidence that properties free from defects, where there is a fast and effective repair service and where residents have permission to redecorate are all factors which create a sense of home and belonging.⁶⁶

Anglicare's Tenancy Managers indicated they are regularly on site and have a focus on assisting people to maintain their tenancy – even when there may be issues with rental arrears. This mean they are available to deal with any on-site issues, repairs and maintenance that may be necessary. They felt that this ease of access to the team builds trust with residents and streamlines repairs. The matched sample data does indicate accommodation quality has been maintained over the period. Residents recorded very high levels

of satisfaction with their dwelling: 96% on entry and 97% 12 months later. Similar findings were evident for satisfaction with the dwelling location: 99% on entry and 98% on reassessment.

Guarantee of lifetime tenancy

Older people in the private rental market do not have security of tenure. While some may have guarantees in their agreements with the landlord, these are often short term. Involuntary moves can be a source of stress, especially for low-income renters forced to then navigate what has become a very challenging rental market. Tenants can be evicted with 90 days' notice. This can be without cause, which is known as a No Grounds eviction. Once the lease ends, the rent can be raised to whatever the landlord considers the market will bear.

This scenario means that unless they have a benevolent landlord, older private tenants live in perpetual fear of being asked to vacate or of having their rent increased to an untenable level.⁶⁷

By contrast, the provision of secure long term and affordable accommodation enables people to create a sense of home and belonging, a chance to build memories and have a sense of ownership and autonomy while generating an attachment to place.

The first question I asked the tenancy manager when he interviewed me to live here was could this be my forever home because it felt right. A home is somewhere where you belong, and it is clean. This Anglicare apartment is beautifully kept, it's well maintained, and it feels nice to come in here. It feels nice to invite people here.

Service integration

The housing support model developed by Anglicare is very reliant on ease of access to other Anglicare services such as Food and Financial Assistance (FFA) and counselling, as well as warm referrals to outside agencies. This service integration is critical and dependent on strong and collaborative partnerships both internally and externally. Anglicare FFA provides a range of service supports across a number of sites in Greater Sydney and the Illawarra including food donations, No Interest Loans (NILS), casework, advocacy, support to pay utility bills, financial counselling and assistance with relocation and rental arrears.

Staff in the FFA focus group highlighted the broader community issue of rental affordability for low-income households, noting a significant increase in the number of people presenting with rental arrears, inability to pay rising rents, threats of evictions and increasing levels of both housing and food insecurity. This was seen to be further exacerbated by the rising cost of living which has led many people to access support who have never done so previously. For example, in Western Sydney, it was noted that older Aboriginal women raising their grandchildren are having challenges accessing affordable housing. Addressing housing issues is seen as increasingly dominating the FFA case work.



Tailored Support Coordinators refer new residents to a local FFA program if they need support in the initial set up of their unit, if they are having issues with budgeting and debt management and, if relying on JobSeeker, they need food hampers and support with paying bills. For people disclosing mental health issues, they are offered access to Anglicare’s extensive counselling services as well – which is especially helpful for people who have escaped domestic violence but may be experiencing stress, anxiety, depression or PTSD.

Warm referrals and advocacy to other agencies are an integral part of the service integration model, the effectiveness of which is very dependent on an excellent understanding of available services and how they may be navigated, as well as strong partnerships and relationships with other providers.

Conclusion

The Anglicare housing model appears to support wider research that complementary services will achieve further outcomes and benefits for residents when provided in the context of safe, secure and affordable housing. Particularly critical to successful outcomes is the deployment of tailored support coordination, not just in the establishment and settling in phases, but over the longer term. Residents will experience deteriorating physical health, significant life challenges, episodic mental health concerns, and a need for assistance in navigating various service supports such as My Aged Care and Centrelink. Beyond such support, tenancy management, a secure long term and guaranteed tenancy, and integration with other services will all provide a base to generate positive outcomes for residents.



Barry's story

Find out how Anglicare’s tailored support coordination has impacted Barry’s wellbeing.

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The Policy Context – What Needs to Be Done?

There is strong evidence in this report that the provision of safe, secure, affordable and supported housing yields positive impacts for people who have previously experienced significant levels of housing insecurity. Given the rising prevalence of homelessness, particularly among older single women, and critical private rental affordability issues, government policy at both a Federal and State level needs to ensure that these twin issues are being addressed.

a. Increased investment in supported, affordable accommodation

This Anglicare report indicates positive non-housing outcomes (beyond that of simple housing provision) for older people at risk of homelessness through the provision of safe, secure, affordable and supported housing. Therefore, Anglicare advocates for an expansion of affordable housing programs that combine tenancy management, service integration, guaranteed lifetime tenancy and tailored support coordination, to provide person-centred care to vulnerable tenants in social housing.

It is well established that assisting older tenants to age in place, avoid homelessness and improve wellbeing is economically beneficial for both government and society.⁶⁸ Improvements in physical and mental health, personal and financial wellbeing, and inclusion and participation should act as strong catalysts for promoting funded programs such as the Social and Affordable Housing Fund (SAHF) established by the NSW Government and/or similar programs that ensure supports are provided for the length of the tenancies. Anglicare Sydney notes that future programs similar to the SAHF should consider addressing the considerable tendering costs for Not-For-Profit organisations and refinancing through the National Housing Finance and Investment Corporation (NHFIC).

b. Increase the stock of social and affordable housing

With extensive research pointing to the importance of social and affordable housing for guarding against homelessness and providing a foundation for people to break disadvantage, it is discouraging that Australia's social and affordable housing supply continues to languish behind need, as it has done for 25 years. AHURI estimates have projected a national shortfall of around 727,000 social housing dwellings by 2036.⁶⁹

Through the Housing Australia Future Fund, the new Federal Labor Government is seeking to build 20,000 new social houses and 10,000 affordable houses. In addition, the recent Federal budget announcements (October 2022) included the provision of \$350m over 5 years to support an additional 10,000 affordable homes under a Housing Accord. It is noted that it will be 2 years before this comes into effect. While these measures are a positive step, it is clear these will not meet the current shortfall of social

and affordable housing. The NHFIC estimates that 15,000 social houses are required each year from 2016 to 2036 simply to prevent deterioration in the current shortfall in social housing.⁷⁰ There is strong evidence to suggest that increasing housing supply will lift vacancy rates and lowers rents.⁷¹

Although significant federal intervention and leadership is required to meet the shortfall of social and affordable housing, state government contributions are also essential. Recently, the Victorian Government announced a \$5.3 billion investment in social and affordable housing in the wake of the COVID-19 pandemic. The NSW Government has also sought to increase the supply of social and affordable housing. Under the Social & Affordable Housing Fund (SAHF), Communities Plus, the Community Housing Innovation Fund as well as the 2021 NSW budget, the NSW Government has committed to 9,386 new social housing properties by 2026 (excluding replacement stock).⁷²

However, AHURI estimates there will be a shortfall of approximately 212,700 social houses in NSW by 2036 when considering need arising from homelessness and those on low-incomes living in rental stress⁷³. The promised 9,386 new social houses in NSW by 2026 will only account for 5% of projected need by 2026 (approximately 174,000 new social houses). Furthermore, the Communities Plus program, which forms the bulk of promised new dwellings, has only reached 10% completion as of the end of 2021. In addition, the NSW Government has sold off large quantities of social housing, including 4,205 properties since 2011.⁷⁴ ACROSS has estimated that the proportion of social housing to total households in NSW will diminish over the next 3 years.⁷⁵ Social housing waiting lists in NSW have become increasingly reserved for those with the most complex needs, with some people waiting up to 10 years to receive housing.

Investment in the social housing sector is economically beneficial. A report by Equity Economics found that building an additional 5,000 new homes per year in NSW would create 16,200 new jobs and generate \$5.2 billion for the economy each year.⁷⁶ Furthermore, by leveraging partnerships with community housing providers, the NSW Government could save up to \$631 million plus additional maintenance costs. Unlike public housing, Community Housing providers can leverage additional Commonwealth Rent Assistance for their tenants and do not pay GST on costs.

The NSW Government should consider the release of Crown Land for social and affordable housing, particularly to address severe shortages in regional areas. However, this should be done with consideration for the environmental impact of development and while ensuring that adequate infrastructure is available to support new developments.

In particular, the NSW Government should consider directing the Transport Asset Holding Entity to make available transport-enabled land close to services and amenities on long-term, concessionally priced leases to Community Housing providers.

Anglicare Sydney is calling for two key reforms by both Federal and State Governments in relation to housing supply:

- The Federal Government significantly increase their contribution to 25,000 new social and affordable homes each year for the next 10 years, with a significant portion dedicated to combatting homelessness and housing insecurity among older Australians.
- The NSW Government increase its commitment of social housing to 5,000 new homes every year for 10 years including expanding community housing partnerships to achieve this. A significant portion of these should be dedicated to older Australians.

c. A National Housing Strategy

The 2022 Federal Budget provided evidence of new strategic priorities in this space with funding over 4 years to develop and implement a National Housing and Homelessness Plan in association with the states and territories, and industry bodies and not-for-profit organisations. This will be supplemented by a one-year extension of the National Housing and Homelessness Agreement. There has not been a coordinated national strategy on housing since WWII, but on the back of this there was significant investment in social housing which accommodated many lower income working families. However, such investment has been scaled back over the last 20 years and now needs to be prioritised and escalated to meet the burgeoning demand for affordable housing, especially for older people.

The new National Housing and Homelessness Plan must coordinate government efforts at all levels and ensure that housing is given the priority needed to address the problems of affordable housing supply, decreasing home ownership and increasing vulnerability to homelessness. In addition, the plan must address the shortcomings of the National Housing and Homelessness Agreement by ensuring that there are clear and measurable actions and targets.

d. Incentivising investment in social housing

There are many policy avenues which should be considered in order to incentivise investment in social housing by the private sector and to adequately fund social housing, including:

Financing Community Housing Providers - Using the NHFIC (National Housing Finance and Investment Corporation) to ramp up finance for Community Housing Providers to be able to finance social and affordable housing at low or no interest. This is already happening to some degree but could be scaled up with guarantees of return from government and investment from superannuation funds. Financing sourced from superannuation funds, backed by government guarantees, could see rapid expansion of building programs if combined with access to government land.

By its nature, social and affordable housing has a funding gap as building, procuring and maintaining affordable housing won't be offset by the lower rents that tenants pay. In comparison to other countries such as the UK, US and Switzerland, Australia lacks a strategy for financing affordable housing while other countries utilise significant tax concessions, upfront capital gains payments, government guarantees and/or sufficient tenant income supports (eg: Commonwealth Rent Assistance) to help bridge the funding gap.⁷⁷ The National Rental Affordability Scheme provided generous incentives but with no compulsion to continue to hold these properties as affordable housing past ten years, we are now seeing many of these disappear from the market. A new program focused on providing these same incentives through CHPs and Disability organisations may see much of this investment continue as affordable for much longer into the future.

Investment in manufactured housing – Government should consider measures (eg. tax concessions, innovation grants, planning and building code changes), to stimulate the growth and development of a domestic, manufactured housing industry to provide high-quality and affordable dwellings rapidly manufactured off-site.

Planning and inclusionary zoning – Both the NSW Government and local governments should support inclusionary zoning measures in metropolitan and rural areas. For example, legislating for a minimum 10% of new housing to be social or affordable, with the option to either include units of housing or, alternatively, to pay the equivalent towards a housing fund. Inclusionary zoning within the Green Square precinct saw City West build significant tranches of affordable housing in the inner Sydney ring.⁷⁸

In addition, both the NSW Government and local governments should consider planning measures which accelerate and streamline the construction of social and affordable housing.

Tax reform - Anglicare Sydney is also asking that the Federal Government strongly consider significant tax reform to incentivise investment in affordable housing.

Regulation of short-term rentals - Governments at all levels need to work together to determine the impacts of short-term holiday lettings (STHLs) on the availability and cost of long-term rentals. Research shows that there are both positive economic benefits from STHL but also significant affordable housing supply issues, along with adverse impacts on approved accommodation providers such as resorts, motels, etc.⁷⁹

e. Protect older Australians in the private rental market

For the increasing number of older Australians who do not own property and are not eligible for social housing, private rentals may be the only option. However, the rental market is not equipped for the specific needs of older renters which include, but are not limited to, the ability to readily make home modifications to assist with mobility and being able to remain in one location.⁸⁰ On top of this, older renters are amongst those most likely to face eviction, while among low-income private renters, older renters are amongst those most likely to be in rental stress. This places older renters at

risk of homelessness or forces them to choose inadequate housing.⁸¹ Until government action is taken to increase the supply of affordable housing, urgent changes are needed to the rental market to protect older renters. Anglicare Sydney makes the following recommendations:

- **Replace ‘no grounds’ evictions with specific ‘reasonable grounds’ for eviction:** This would require reasons to be provided by the landlord in the event of an eviction and disincentivise retaliatory evictions.
- **Mandate eviction compensation or rent waivers for fixed- low-income tenants if a tenant is evicted with no fault:** This would protect low-income renters from the significant cost of eviction. Tenants’ Union NSW have proposed a relocation payment of \$3970 based on estimated average moving or a 4-week rent waiver.⁸²
- **Encourage the adoption of longer-term leases:** This would improve security of tenure for older tenants and help alleviate fear of eviction. The NSW Standing Committee on Social Issues has recommended that longer-term leases of at least three years become standard in residential tenancy agreements⁸³.
- **Adopt accessibility measures under the National Construction Code:** NSW continues to opt out of the minimum accessibility standards that form part of the 2022 National Construction Code. These standards require new homes and units to have mandatory accessibility features such as at least one step-free entrance, a toilet on entry level and reinforced walls in bathrooms to allow for installation of support rails.⁸⁴

f. Fund a specialist homelessness service for older people

Homelessness services in NSW are ill-equipped to deal with older people, particularly older women, with services often tailored to young people and families. There is a need for improved early intervention and prevention services to reach older Australians before they become homeless, avoiding the mental and physical consequences of homelessness. Many older people come to homelessness in later life and often speak of stigma and difficulty navigating the homelessness system. Older people at risk of or experiencing homelessness often seek support from services that are ill-equipped to assist them.⁸⁵

JobSeeker remains at just \$48 a day, 42% of the minimum wage and well below the poverty line.

Anglicare Sydney is asking the NSW Government to invest in specialist homelessness services for older people, specifically to adopt a program like the Home at Last program in Victoria. Home at Last is a specialist homelessness service for older people that has been operating since 2013. The service is primarily focused on early intervention with ancillary crisis services and provides community education, referrals, housing options information, housing support and tenancy advice.⁸⁶ A cost-benefit study by Ernst & Young found

that for every dollar spent on the Home at Last program, it generated \$2.30 in societal value, including both individual benefit and savings to government.⁸⁷

g. Raise income support payments

There is an immediate need to increase the **JobSeeker payment** to protect fixed, low-income older people, particularly those who are unable to work and do not qualify for the age pension. Jobseeker (formerly Newstart) has not meaningfully increased in 25 years. Between 1994-1995 and 2016, the gap between the average income of households at the top of the lowest-income decile and the unemployment benefit has increased from \$24 per week to \$175 per week.⁸⁸ However, the cost of living, particularly housing costs, have increased dramatically over that time. Even with the latest increase in September 2022, JobSeeker remains at just \$48 a day, 42% of the minimum wage and well below the poverty line.⁸⁹

People aged 45-65 years are the largest group of recipients on the JobSeeker payment and overrepresented among those who have been long-term unemployed. Government changes to the age pension qualification have meant that more older people, particularly older women over 60, are forced to rely on JobSeeker. However, structural problems such as age discrimination in the workforce which prevent older workers from gaining employment have not been addressed.⁹⁰

In addition, the Federal Government should consider immediately increasing **Commonwealth Rent Assistance** by 40%, indexing it to changes in the rental market and/or reforming the eligibility rules to improve the targeting of payments to households that need it most.⁹¹ In particular, CRA eligibility criteria should be tightened for dwellings in land lease communities, where residents own a house but lease the land upon which it is sited. Conceivably, should the level of CRA be increased, retirees in such communities could receive even higher levels of CRA by virtue of the size of fees paid to lease their site, even though they may also own expensive houses. Such a loophole needs to be closed to better target CRA to those households most in need.

Conclusion

Single older women are significantly at risk of housing insecurity and homelessness, a trend which is likely to continue. The risk factors are many – some of which are related to individual circumstance and some of which are systemic. Being single and on a very low income, combined with relationship breakdown, retrenchment, eviction, the sudden onset of illness and experience of domestic and family violence can all be pre-cursors to housing challenges and ultimately a homelessness experience. If any of these are combined with being in the private rental market, where rental affordability is now a substantial issue, then the risk of housing insecurity and homelessness is escalated.

For people in this study who have experienced housing insecurity and homelessness, the provision of safe, secure and supported housing appears to have measurable positive impacts across a range of domains:

- Many Anglicare Housing residents experienced an improvement in health as they had more engagement with medical services and supports. At the same time, it should be noted that, for some, there was a deterioration in their physical condition – possibly a reflection of ageing as well as a greater awareness of their health issues once they had sought medical support.
- There were also signs of improvements in mental health in terms of reductions in stress and anxiety. As with physical health, for some the challenge remains in dealing with mental health issues related to historical trauma and abuse, though now they are provided with access to counselling and referred to appropriate specialist services.
- Personal wellbeing across six of the seven domains improved in the first 12 months of the housing program, and scores were generally higher than the Australian mean, with the exception of health.
- Resident interactions with others appear to have also improved over the period with participation in a range of community activities. Such participation has established, for some residents, a strong foundation for engagement, inclusion, friendship and wider community participation.

These impacts are not just the result of the provision of housing. The Anglicare model clearly indicates that the provision of tailored support coordination, ongoing tenancy management, the guarantee of lifetime tenancy and integration with Anglicare and other external service providers are critical to positive outcomes for residents.

While such a model is clearly making a difference, the broader community issue of homelessness for older women continues. Care for our elders is an essential element in healthy and thriving societies, and a safe home environment is fundamental to ageing well.⁹²

Much can be done to mitigate the significant costs of housing insecurity for older people, which include hardship, anxiety, stress and poverty. However, this requires investment, strategy, and determination on the part of policy

makers. There needs to be a clear policy focus at both a Federal and State level to address the issues causing the precarious levels of housing insecurity among older people.

With the ageing of the Australian population and the higher incidence of lone-person households, women will become increasingly vulnerable to financial hardship and housing insecurity. Access to safe, appropriate, secure and affordable housing and freedom from violence and discrimination are basic rights regardless of background, economic status, gender, disability or age.

Recommendations

In the light of the findings of this study and conditions prevailing in the wider rental market, it is recommended that:

1. The NSW Government continue to fund supported accommodation models such as the Social and Affordable Housing Fund (SAHF) in view of the demonstrable benefits of such models in addressing the needs of vulnerable older Australians. The role of support coordination and tenancy management be integral within the development of such models.
2. Both the Federal and State Governments increase the level of social housing provision beyond levels recently announced, which fall far short of meeting the actual need. The Federal Government significantly increase their contribution to 25,000 new social and affordable homes each year for the next 10 years, with a significant portion dedicated to combatting homelessness and housing insecurity among older Australians.
3. The NSW Government increase its commitment of social housing to 5,000 new homes every year for 10 years including expanding community housing partnerships to achieve this. A specialist homelessness service for older Australians be established as part of this commitment.
4. The Federal Government develop and support a Housing Strategy to address the twin problems of increasing homelessness and the inadequate supply of private rental accommodation. Such a strategy would include all levels of government and cover areas such as supply of housing, financing of housing, and tax reform.
5. The Federal Government consider raising the level of Jobseeker to at least \$70 per day and increasing the CRA by 40% and indexing it to changes in the rental market to ensure older renters can cover basic needs.
6. The NSW Government consider other measures that impact upon the situation of older people in private rental such as ending No Grounds evictions.

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