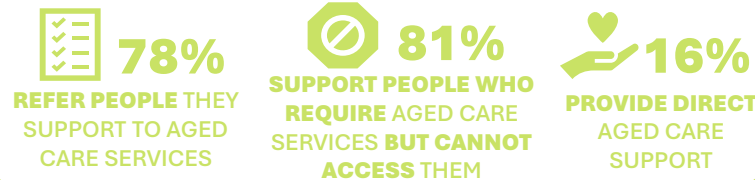


## BACKGROUND

The Western Australia Alliance to End Homelessness (WAAEH) commissioned the Home2Health Research Team to explore the availability and accessibility of **disability, aged, and palliative care** services and supports for people experiencing homelessness. This project had three key components: (i) a desktop review of available services in WA and Australia, and best practice examples internationally; (ii) a review of recent literature & evidence, and (iii) an online survey distributed to service providers, stakeholders, and individuals with a lived experience of homelessness. The survey aimed to gain insight and feedback on challenges faced by those without stable housing in accessing necessary supports and services across these three areas, and to inform solutions. The survey undertaken from April-May 2024 had 123 responses, including 12 individuals with lived experiences of homelessness.

Three snapshot reports have been developed to provide an overview of barriers, enablers, and recommendations to improve access to these services for people experiencing homelessness in the three focal areas of disability, aged, and palliative care. For this snapshot on **aged care services and support**, the research team have triangulated key findings and recommendations across key literature and relevant policy documents, undertaken a service mapping exercise, and have drawn on the 92 relevant survey responses (89 service providers, and three lived experience). Of the 89 service providers:



## WHAT IS AGED CARE & WHO IS ELIGIBLE?

Ironically, even the Australian government definition of aged care infers that people are housed, with the Department of Health and Aged Care defining it as “the support provided to older people who **need help in their home** or who can **no longer live at home**”,<sup>1</sup> encompassing help with everyday living, personal and medical care, social support, and where needed, accommodation. However, this does not preclude someone experiencing homelessness accessing aged care services. Care Finders is a free service that has been rolled out across Australia to assist vulnerable older people who need extra or more intensive support to access aged care and related support, and this can include people experiencing homelessness.

In Australia, eligibility for government funded age care support commences at age 65, but this has been lowered to 50 years and older for people who identify as Aboriginal or Torres Strait Islander, and importantly, also for people who are experiencing or are at risk of experiencing homelessness with care needs.<sup>2,3</sup>

The aged care sector in Australia is largely federally funded. The three main types of care available correspond to increasing levels of need, and go from Home Support programs, Home Care, and Residential Aged Care.<sup>1</sup> Australia has only a small number of aged care services (incl. residential) specifically for older people experiencing homelessness, and this is recognised as a gap and challenge in the homelessness sector.<sup>4</sup>

## AGING & HOMELESSNESS IN WA & AUSTRALIA

Despite the sobering **three-decade life expectancy gap** for people experiencing homelessness in Australia that precludes many from reaching older age, various data confirms that homelessness among older cohorts is a growing issue. The 2021 Census<sup>5</sup> found:

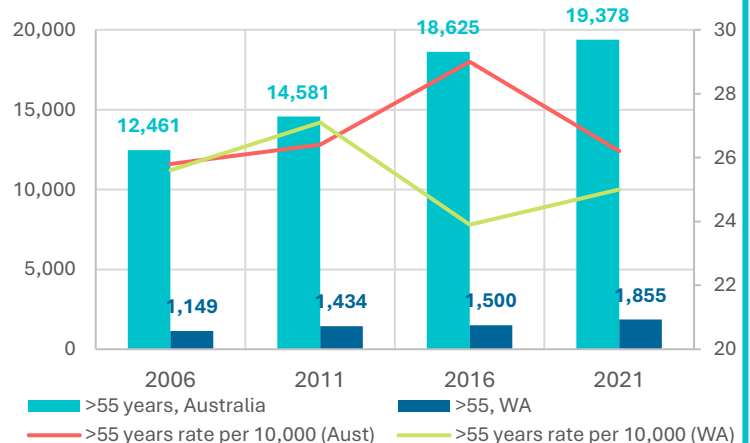
**NATIONALLY, 1 IN 7 (16%) OF PEOPLE EXPERIENCING HOMELESSNESS WERE >55 YEARS**

**24% INCREASE IN PEOPLE >55 YEARS EXPERIENCING HOMELESSNESS BETWEEN 2016-2021 CENSUS**

Specialist Homelessness Service (SHS) data also shows an increase in people 55 and over seeking support both nationally and in WA.<sup>6</sup> In WA, 9% of people seeking support from SHSs in 2022/23 were 55+ years, and this does not include people seeking assistance from services not funded by government that are not reflected in SHS data.<sup>7</sup>

In the most recent By Name List data for WA, 13% of people rough sleeping, and 12.5% in temporary shelter were aged 55 or over.<sup>8</sup>

NUMBER & RATE OF PEOPLE EXPERIENCING HOMELESSNESS IN WA & AUSTRALIA



## WHAT DOES THE LITERATURE & PUBLISHED EVIDENCE TELL US?

That people experiencing homelessness often ‘look older’ than housed people of the same age is borne out by evidence, as prolonged periods of homelessness can accelerate aging, as well as health conditions associated with age. **Earlier onset of chronic diseases, cognitive decline, risk of dementia, premature frailty, and falls risks are all common among homeless populations.**<sup>9-11</sup> In a US study, the prevalence of ‘geriatric’ conditions among people experiencing homelessness was comparable to that of housed populations 20 years older.<sup>12</sup> The very nature of homelessness and its impacts on sleep, nutrition, and safety further compounds deteriorations of health. Compared to older people who are housed, those who are homeless tend to have more complex health conditions but are less able to access primary health care, store and manage medications or prevent falls.<sup>13</sup>

For people who become or are at risk of becoming homeless at an older age, their vulnerability is heightened, validating concerns about the rise in older people becoming homeless in Australia. There is evidence that **when homelessness is experienced for the first time later in life, fewer individuals self-identify as homeless** (or are ashamed to do so), and hence are unaware of, or less likely to engage with homelessness services.<sup>4</sup> The reasons for homelessness onset among older adults are varied, but can sometimes be the result of circumstances that increase in likelihood as people age, such as death of loved ones, financial insecurity, and diminished social supports.<sup>14</sup>

Older people experiencing homelessness may also avoid accessing services they deem or feel unsafe, such as emergency accommodation.<sup>15</sup> Older women without dependent children are also frequently precluded from many crisis and transitional housing options as service seek to prioritise more vulnerable women with families.<sup>16</sup>

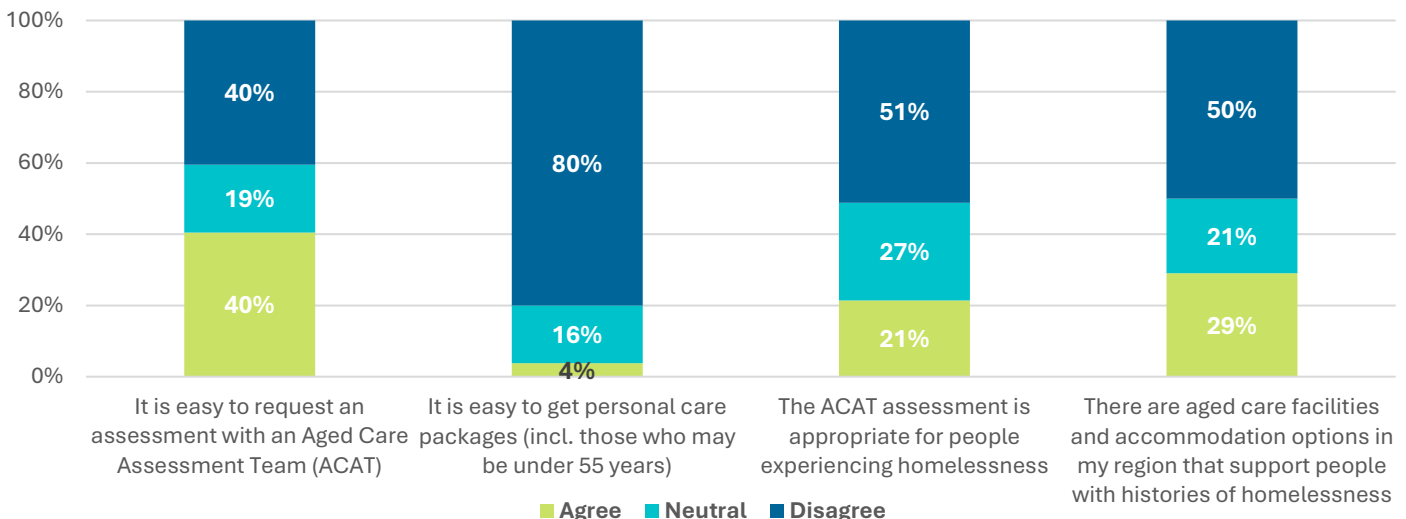
Dying younger is a grim well documented reality associated with homelessness, with WA<sup>17</sup> and international studies consistently reporting around a three decade life expectancy gap for people who have experienced homeless compared to the general population.<sup>18</sup> Further, a recent US study found that people who became homeless when 50 years or older, were at a greater risk of premature mortality, and this is useful evidence to support calls for rapid housing and access to aged care and health supports anyone who finds themselves homeless at this age.

### OF THE 89 SERVICE PROVIDER SURVEY RESPONDENTS TO ANSWER QUESTIONS RELATING TO AGED CARE:



*“ In my opinion as an ACAT assessor many people who are experiencing homelessness may fall through the gaps and not be assessed by ACAT/receive aged care services as they may not be aware of what services are available or how to access them. Having no fixed address is also a roadblock as many providers may decline a referral without a fixed address. If a person’s accommodation changes each week, the provider will need to complete a new safety screen of the environment each week which may be enough for them to decline. If the process of being referred/being assessed for aged care services was easier to access and understand it may prevent people at risk falling through the gaps. ”*

Of the 89 survey respondents that answered yes to supporting clients directly or indirectly with aging-related supports, they were also asked if they agreed with four statements about aged care. Overall, people found it equally easy or difficult to request an ACAT, but the majority (80%) found it difficult to get a package approved. Half (51%) found the ACAT inappropriate for people experiencing homelessness and less than a third (29%) thought there were suitable aged facilities in their region.



## WHAT ARE THE BARRIERS TO ACCESSING AGED CARE?

Navigating the aged care system in Australia can be particularly challenging for older homeless individuals, who face a range of unique barriers that can hinder access to necessary services and support. Awareness and understanding such barriers are useful for homelessness, health, social sector, and aged care services as challenges to be mindful of as the point to areas where additional support (or time) may be required, and also speak to some of the frustrations people experiencing homelessness may have previously encountered.

The following have been compiled from the literature and from sector feedback.

### Accessibility of Aged Care Services

- ◆ Long wait times for ACAT assessments can mean that 'window of opportunity' is lost for services working with people who are transient to follow up with more transient individuals.
- ◆ Obtaining assessments to support aged care applications (e.g., medical such as neuropsychology, or independent living skills) can be cost-prohibitive for individuals with low/no income.
- ◆ Poor knowledge amongst homelessness service providers and other healthcare professionals regarding aged care referral pathways.<sup>4</sup>
- ◆ Practical issues impacting access, including transport to appointments, lack of ID and other necessary documents for evidence gathering, no mobile phone, and no fixed address.
- ◆ Unable to access ADL supports without fixed address.
- ◆ Not having a regular GP,<sup>19</sup> or family to advocate for ACAT assessment.
- ◆ Widely used aged care options that support people to live at home are not an option for people who are homeless, leaving residential facilities often as the only option.<sup>20</sup>

### Complexity of Application Process

- ◆ Many respondents noted that they found the My Aged Care application to be highly complex. Including being phone or internet-based and thus prohibitive to those without access to technology.
- ◆ Prohibitive eligibility criteria (i.e., too young (under 50) for assessment even when need is a clear need, need a home/fixed address).
- ◆ My Aged Care application not considered sufficiently culturally appropriate, or trauma informed.<sup>21</sup>
- ◆ Poor health and legal literacy and lack of support networks (i.e., family & friends) makes the aged care system and application process difficult to navigate without support services.<sup>22</sup>

### Lack of Appropriate Aged Care Options for People Experiencing Homelessness

- ◆ Limited availability of specialised aged care services for people experiencing homelessness which are better equipped to manage the more complex needs of clients.<sup>23</sup>
- ◆ Lack of emergency and transitional accommodation catered towards older people experiencing homelessness with more complex mental and physical needs.<sup>4</sup>
- ◆ Limited provision of funding for non-specialised aged care providers to support individuals experiencing homelessness within their setting.<sup>23</sup>
- ◆ Lack of accessible and tailored information for clients with experiences of homelessness contributing to many being unsure of the benefits of aged care over more standard care pathways (i.e., public housing, NDIS) and how the system works.
- ◆ Stigma, and lack of homelessness knowledge in the aged care sector, including:
  - ◆ Lack of trauma informed, culturally appropriate, and person-centred care.<sup>21</sup>
  - ◆ Poor understanding of addiction and mental issues.<sup>8</sup>
  - ◆ Unwillingness from some aged care providers to work with 'unsafe' clients with experiences of homelessness, substance misuse and/or mental health issues.<sup>24</sup>
  - ◆ Poor awareness around eligibility criteria for people experiencing homelessness (i.e., those aged 50+ are eligible).

### Other Challenges of Supporting People Experiencing Homelessness

- ◆ Reduced self-identification as homeless, or in need of aged care, leading to reluctance from client to seek support.<sup>4</sup>
- ◆ Previous traumatic experiences associated with institutional care makes residential facilities unappealing.<sup>25</sup>
- ◆ High rates of comorbidities and other competing health needs taking priority, and often leading to more fragmented care (i.e., repeated hospitalisation).<sup>19</sup>
- ◆ Lack of appropriate public housing supply leads to increased demands on residential aged care facilities and inappropriate placements.<sup>26</sup>

*"Information on the process to get into aged care needs to be made available, it can be overwhelming at the start and very difficult if you don't have internet access. People experiencing homelessness have been left behind because everything is internet based."* – **Person with Lived Experience, Perth Metro**

*"People who are experiencing homelessness are the 'invisible' cohort. Especially when they are over 65 years, they are not seen or heard. We urgently require more building of community housing to support our most vulnerable."* – **Community Service Provider, Perth Metro**

*"There is a distinct lack of aged care service providers that have the skills and willingness to support complex clients who are homeless or at risk of homelessness. Aged care services are often unwilling to provide support to clients who experience issues associated with drugs or alcohol."* – **Policy/Advocacy Group, Perth Metro**

## CASE STUDY: ADVOCATING FOR AGED CARE SUPPORT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS IN WA

**Background:** Leigh is an Indigenous man in his mid-seventies who had been sleeping rough in Perth for several months after losing his public housing tenancy. Leigh struggled with his mental health and had chronic health conditions which left him reliant on the use of a mobility scooter. Leigh had originally completed an ACAT assessment which qualified him for at-home support, however, after he lost his tenancy, he disengaged from health and support services.

**Support Provided:** Following a hospital admission, Leigh was discharged to Perth's Medical Respite Centre (MRC) for a short respite stay while accommodation options were sourced. During his stay, MRC staff sought an ACAT review as his support needs had intensified, and he was no longer able to receive at-home support whilst rough sleeping. Due to long wait times for his ACAT assessment, Leigh remained at the MRC for several months, where staff were able to use the MRC address on his My Aged Care application.

**Current situation:** After a long wait, Leigh underwent ACAT assessment and was placed in residential aged care. However, shortly after moving, the aged care facility sought to have Leigh placed in alternative accommodation after being informed of his prior history of incarceration and homelessness. MRC staff continued to advocate on his behalf to ensure that he remained supported in aged care. Leigh was able to stay in his aged care placement and receives ongoing care for his mental and physical health issues.

*Connection and engagement are the key, with pathways designed by professional Specialist Homelessness Services and aged care professionals towards stable temporary or long-term accommodation and care. The housing crisis in WA has interrupted the ability for services to retain and follow pathway steps. Only the collaborative efforts of many overwhelmed services are keeping consumers supported.* – Primary Health Service Provider, South West

*"We are in desperate need of more options for emergency accommodation. Even high-risk women's refuge beds we CANNOT get into. There is nowhere for people to go, people cannot afford the rent. I have sent people with Dept of Veterans to the Streets. I have sent a 93-year-old to his car to sleep in. Palliative care homeless people just have to die in hospital..."* – Health Service Provider, Peel

*"Registration and referral to My Aged Care can be via a phone call without a referral form, which allows clients to "tell their story in their own words." Aged care assessment agencies are usually willing to take a flexible approach to, for example doing an informal conversational approach rather than formal interview. Additionally, My Aged Care has the option for a case worker to act as a representative for the client to improve the exchange of information."* – Health Service Provider, Peel

## ENABLERS TO AGED CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

A number of key factors which enable improved access to aged care for people experiencing homelessness have been identified from the literature and stakeholder responses:

### Relationships and Partnerships

- ◆ Aged care coordinators embedded within existing homelessness support services that assist with navigating aged care system & application process.
- ◆ Care Finder services, especially those with a focus on supporting people experiencing homelessness can significantly reduce the burden and complexity of aged care processes for clients and other support services.
- ◆ Having GPs, hospital staff, and other primary care health providers able to identify the need and referral pathways for early aged care support.
- ◆ Strengthening care coordination between hospitals, homelessness services, and aged care providers ensures vulnerable individuals do not fall through the gaps during application process.

### Flexible Assessment and Application Process

- ◆ The existing online and phone-based application process allows for caseworkers and support networks to navigate process on a client's behalf.
- ◆ Outreach ACAT assessors able to meet people where they are at, including shelters, hospital, and emergency accommodation to provide application support and guidance.

### Aged Care Services

- ◆ Aged care services with flexible, and low-barrier models of care with eligibility criteria responsive to unique needs of people experiencing homelessness.
- ◆ Services with knowledgeable staff experienced in providing trauma-informed care to vulnerable cohorts including people experiencing homelessness.
- ◆ Clear processes for establishing 'surrogate decision makers' who are able to act on behalf of an in the best interest of clients without next of kin or family.

### Homelessness Services

- ◆ Homelessness services that provide extensive training on aged care services, with resources provided to staff to help them support clients experiencing homelessness to navigate ACAT assessment and the My Aged Care application process.
- ◆ Provision of street-based outreach workers and system navigators able bridge the gap between homelessness services and aged care providers, enabling a more coordinated aged care application process.



## HELPFUL INFORMATION, RESOURCES, & TRAINING AVAILABLE

While there is extensive information available online for those seeking aged care supports, few resources address the intersection of homelessness and aged care. Below is a collection of useful resources, guidebooks, and training materials that attempt to fill this information gap and provide support to service providers and others assisting individuals with experiences of homelessness to better navigate the aged care system and My Aged Care process.

### FOR PEOPLE USING AGED CARE SERVICES, THEIR FAMILIES, AND CARERS

- ◆ Council on The Ageing WA is a leading advocacy group for the rights and interests of older Australians, their [Interruptions to Daily Living Guide](#) provides a useful and easily accessible overview of WA-based homelessness and housing organisations for older Australians experiencing housing insecurity.
- ◆ [CareFinders](#) is a federally funded service delivered by a national network of independent aged care organisations designed to improve access to the aged care system for vulnerable cohorts of older Australians who require more intensive navigational support, including those at risk or experiencing homelessness.
- ◆ The [Senior Housing Advisory Centre WA](#) is a free information and advice service for seniors in WA seeking housing support. It provides information on appropriate housing options and can refer seniors to other useful legal, financial and accommodation services.
- ◆ Connect Victoria Park developed an [Age-Friendly Rental Housing Guide](#) of housing options available to older people experiencing homelessness in the Canning, Belmont, Swan, South Perth, and Victoria Park LGAs.
- ◆ [My Aged Care](#) has numerous online resources for consumers on how to understand and complete aged care applications. Including this [Home Care Package Manual](#).

### FOR HOMELESS & HOUSING SECTOR PROVIDERS

- ◆ [Housing Learning Improvement Network \(UK\)](#) has a collection of resources available for aged care workers and homelessness service providers to improve the provision of targeted support to older people. The website provides examples of age-friendly good practice in meeting the diverse housing and care needs of older populations, as well as information about involving older people in service design, development and evaluation.
- ◆ Homeless Link (UK) has prepared [Dementia Training Resource](#) aimed at upskilling the housing and homelessness sector and enable them to provide support that improves quality of life for older people experiencing homelessness and living with dementia and other cognitive health issues.
- ◆ WA has two **homelessness specific aged care** residential facilities – [James Watson Residential Aged Care](#) (St Bart's) and [Villa Pelletier](#) (Southern Cross Care WA). Additionally, [Windsor Park](#) (Hall + Prior) provides specialised Aboriginal and homelessness aged care programs. National examples include [Prague House](#) (St Vincent's Hospital Melbourne, VIC), [Wintringham](#) (multiple locations across VIC), [HammondCare Darlinghurst](#) (NSW).

### FOR HEALTH PROFESSIONALS

- ◆ HealthLink is a major Australian healthcare IT provider used for online eReferrals to aged care services. Their [e-Referrals Information Pack](#) provides a step-by-step guide for GPs to complete a My Aged Care referral for patients.

### FOR AGED CARE PROVIDERS

- ◆ The Housing for the Aged Action Group (HAAG) provides housing information, advocacy and support for older people in each State and Territory, including [WA](#). HAAG have developed numerous useful resources including:
  - ◆ Three draft Homelessness Action Plan's [for providers](#), [for consumers](#), and [for Government](#).
  - ◆ A report on [Preventing Homelessness in CALD communities](#) which makes recommendations for specific ethnic communities.
  - ◆ A practical and interactive [Guide](#) for aged care providers to help service providers better identify older individuals who are at risk of homelessness and how the homelessness and housing sectors operate.
- ◆ [The Centre for Cultural Diversity in Ageing](#) provides a large range of multilingual resources, practice guides, webinars, professional development opportunities and an [Inclusive Service Standards](#) framework for aged care providers to deliver improved services for people from culturally and linguistically diverse backgrounds.
- ◆ The ReadyToListen [Trauma-Informed Framework](#) provides resources for residential aged care service providers to improve their responses to sexual assault in residential care. While the document focuses on experiences of sexual assault, the resource outlines underlying principles of trauma-informed care and provides practical knowledge and strategies for care in everyday residential work.
- ◆ Human Services Skills Organisation have a [suite of co-designed resources on trauma informed care](#) for individuals working in residential care, home care, and disability care sectors.
- ◆ The [Aged Crime Prevention Officers](#) program was developed to ensure appropriate support for vulnerable populations in the NSW community, including older people and people experiencing homelessness. Officers work in partnership with community service professionals to provide specialist knowledge in reducing victimisation.

### FOR EVERYONE

- ◆ Older Person's Advocacy Network is a national network of advocacy services for older Australians that provide a [resources](#) including eLearning modules, education sessions and a [pre-recorded online webinar](#) exploring how aged care workers can support older people experiencing homelessness to better navigate the aged care system.

## WHAT CURRENT POLICIES/STRATEGIES ARE RELEVANT FOR LEVERAGING IMPROVED ACCESS TO AGED CARE FOR PEOPLE EXPERIENCING HOMELESSNESS?

In this review, we have identified and analysed relevant state and national policies, highlighting key advocacy opportunities to better address the needs of older individuals experiencing homelessness

### STATE

- ◆ The [Ageing with Choice: Future directions for seniors housing 2019-2024](#) report calls for improved assistance for older people in housing crisis so they can secure stable housing more easily (Priority 6). The report identifies the leading causes of homelessness amongst older people in WA and goes on to describes the necessary efforts needed to address this challenge within the state. However, only three specific actions items are listed, incl. the creation of a 10-year Homelessness Strategy, working with older people and the community sector to redesign housing assistance services, and producing practical easy-to-read housing information for older people.
- ◆ In the [WA End-of-Life Palliative Care Strategy 2018-2028](#) care is accessible to everyone, everywhere, mentions those experiencing homelessness needing to have improved access to aged-care and palliative services (Priority 1). There is specific mention of proper education and resources for aged care providers.
- ◆ The [Inquiry into the Financial Administration of Homelessness Services in WA](#) highlights the need for action in relation to older people experiencing homelessness, in particular women and the inclusion of this in the second Action Plan under WA's 10-year Strategy on Homelessness (Rec 12).
- ◆ The [WA Seniors Strategy 2023-2033](#), under the Affordable and appropriate housing heading there is specific mention of the need to support older people who are at risk of or experiencing homelessness to secure diverse and affordable housing and crisis care options (Pillar 1). However, lacks concrete strategies to achieve this.
- ◆ The [All-Paths Lead to a Home: WA's 10-Year Strategy on Homelessness 2020-2030](#) highlights that homelessness is an increasingly important issue in WA for those aged 65-74 years. The report calls for targeted strategies that focus on early intervention rather than crisis responses, and for efforts to help older people maintain or gain access to appropriate housing. However, there is no specific strategies relating to older people included in the [2020-25 Action Plan](#).
- ◆ The [WA Sustainable Health Review](#) made several key recommendations relating to improved aged care, but nothing in relation to people experiencing homelessness.

### NATIONALLY

- ◆ The Royal Commission into [Aged Care Quality and Safety: Care, Dignity and Respect 2021](#) describes several key issues facing older people experiencing homelessness, including the need to increase the availability of social housing to allow at-home aged care support, and the need for a tailored My Aged Care assessment for vulnerable population groups, including older people experiencing homelessness. Evidence presented by aged care and homelessness services also described the many barriers faced when accessing aged care services. Relevant recommendations included:
  - ◆ The need for proactive management of the interface between aged care services, health services, accommodation providers, disability services and homelessness services to ensure effective continuity of care and service provision (Rec 8).
  - ◆ The [Report Summary](#) highlights that the “*Australian Government to develop, fund and implement, with State and Territory Governments, short-term, long-term and transitional accommodation for younger people who require aged care... particularly vulnerable younger people including those experiencing homelessness.*”<sup>p123</sup>
- ◆ The only Australian jurisdiction to date to hold a formal inquiry into homelessness among older people is NSW. The 2022 Inquiry into [Homelessness Amongst Older People Aged Over 55 in NSW](#) provides a thorough examination of the many factors that contribute to growing rates of homelessness amongst older people. Although undertaken in NSW, it is very useful and applicable in other states. The Inquiry made 10 key findings, and delivered 40 recommendations to the NSW government, including:
  - ◆ The importance of Housing First principles within government housing policy framework/strategies (Recs 3 & 4).
  - ◆ The need for improved education surrounding the impact of homelessness and family and domestic violence amongst health and aged care service providers (Recs 24 & 39).
  - ◆ Additional funding for housing and service supports for older women (Recs 23 & 26), CALD communities (Rec 28), older LGBTQIA+ individuals (Rec 29), and older individuals in regional areas (Rec 30).
  - ◆ The need to improved application processes for housing and support services, including reduced documentation requirements and providing easy-to-read materials (Rec 40).
- ◆ The 2020 federal [Parliamentary Inquiry into Homelessness in Australia](#) received submissions from a range of groups advocating for the needs of older Australians experiencing or at risk of homelessness. A common theme in submissions was the under-resourced and fragmented nature of the aged care and homelessness sectors, and the difficulties older people experiencing homelessness face when trying to navigate the My Aged Care system. The final inquiry report made several recommendations, including:
  - ◆ Calling for the appropriate availability of social housing, transitional and crisis accommodation for key vulnerable groups, including older people aged 55+ (Rec 16).
  - ◆ Establishing a comprehensive national strategy for addressing financial insecurity amongst older women (Rec 25).
  - ◆ Describing the need for appropriate data collection and research focused on vulnerable population groups, including older women (Rec 26).

## RECOMMENDATIONS

The following recommendations are synthesised from the literature, evidence of ‘what works’ elsewhere, and suggestions from the sector survey. The aim of this snapshot is to provide actionable recommendations for the WAAEH and the homelessness sector to improve access to aged care services and supports for people experiencing homelessness.

### Improve the Capacity Building, Knowledge & Skill Development of the Sector Workforce

- ◆ Partner with WAAEH’s existing network of homelessness service providers to facilitate similar opportunities for frontline workers to gain improved understanding of the aged care system, including how to facilitate ACAT assessments, and how they can support a client experiencing homelessness to navigate their My Aged Care application, and to clarify appropriate referral pathways.
- ◆ Explore ways WAAEH can partner with aged care providers and the Department of Health and Aged Care to improve access to educational resources, training, and professional development opportunities for aged care workers around issues of homelessness and culturally appropriate, trauma informed care.

### Improve Sector Connections and Networks

- ◆ Establish a community of practice or specialist interest group to improve connections between homelessness services, GPs, and age care providers to enhance referral processes, and foster closer sector collaboration. Explore possibility of affiliated subgroup within the Australian Health, Housing, and Homelessness Network (A3HN).
- ◆ Advocate to government for a joint approach to NDIS/ disability care, aged care, and palliative care, with specific attention paid to the needs of people experiencing homelessness.
- ◆ Advocate for the creation of Local Area Coordinator roles specifically supporting vulnerable groups to navigate the aged care system, similar to the roles already established for the NDIS.

### Review and Improve the My Aged Care & ACAT Assessment Processes

- ◆ Work with the Department of Health and Aged Care to facilitate improved knowledge, and understanding of homelessness specific issues, and how it may impact ACAT assessment and eligibility (i.e., no fixed address, no mobile phone access, transport issues).
- ◆ Explore ways to ease the evidence gathering requirements for My Aged Care applications, and review eligibility criteria for those without a home.
- ◆ Advocacy to various government departments for consistent messaging on their websites in relation to earlier aged care assessment access for people experiencing homelessness.
- ◆ Advocate for changes to the My Aged Care assessment process, including:
  - ◆ Increased funding for ACAT assessor teams to reduce wait times and facilitate more rapid assessments for vulnerable cohorts
  - ◆ Provision of paper forms and plain language summaries to overcome technological barriers & literacy concerns.
  - ◆ Fast track ACAT assessments for those with high and complex needs, build in a system flag for homelessness
  - ◆ Fund outreach ACAT assessments and/or support navigators (similar to the NDIS) to meet people where they are at, incl. at homelessness services, emergency accommodation centres, and hospitals.

### Improve the Accessibility and Availability of Aged Care Services

- ◆ Advocate for increased funding and availability of public housing and supported accommodation options, as well as increased funding for specialised aged care facilities that support people experiencing homelessness (particularly in the regions).
- ◆ Work with the Department of Communities and housing providers to identify what additional support (incl. staffing) that would be needed to enable clients with experiences of homelessness to receive ‘in-home’ aged care services in social housing accommodation, rather than direct placements in residential facilities.

### Build Data & Evidence on the Impact of Aging for People Experiencing Homelessness

WAAEH/A3HN and associated members should develop a research priorities framework to guide research groups and academics on current sector priorities, gaps, and areas of interest. To date, the bulk of the evidence on premature aging, frailty, and homelessness has been undertaken in the Northern Hemisphere. Thus, WA/Australian research and evidence would be highly beneficial in making the argument for lower-threshold aged care supports for people experiencing homelessness. Furthermore, we propose that the WAAEH (or AAEH more broadly) develop a short position paper to align sector advocacy and engagements with other sectors. The [Public Health Association of Australia’s position papers](#) are an example of a statement of the key policy position of the peak body on various public health priority issues.

### ADDITIONALLY, FOR FRONTLINE HOMELESSNESS SERVICES :

- ◆ See ‘**useful resources**’ page for examples of programs, training opportunities, guidebooks and other relevant information on homelessness and aged care.
- ◆ **Continue advocating for your clients** - Document frustrations/obstacles, wins and success stories, services gaps & barriers regarding navigating disability services. We are always looking for advocacy-related issues and case study examples. Please send through to:
  - ◆ Our Home2Health Research Team: [home2health@nd.edu.au](mailto:home2health@nd.edu.au)
  - ◆ The WA Alliance to End Homelessness: [info@waaeh.org.au](mailto:info@waaeh.org.au)

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