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Q&A:

Meals Plus [Pau]

- Meals Plus also provides food hampers, material aid, fruit and vegetables, groceries, and toiletries.
- All visitors have access to shower and laundry facilities.
- We are a totally inclusive centre that offers social interaction.
- We have a proven Consortium of weekly on-site services to assist those in need. this consortium includes but is not limited to representatives from Housing, Centrelink, Legal Aid and NSW Health.
- Many come seeking advocacy and referral to services to address their needs.
- We attempt to provide a safe place to give all our members a sense of belonging.
- 2 paid employees, with services mostly provided by volunteers.

Factors influencing homelessness:

- Among the other issues that lead older people to be at risk of homelessness are:
- Age discrimination, compounded by the shortage of affordable rental properties where landlords may prefer leasing to younger people who are in employment
- Limited housing stock tailored to older people, including inadequate wheelchair or mobility aids and inability to modify their home to suit their functional requirements
- anxiety, intimidation, depression and social isolation in concentrated social housing properties that have a mix of ages, evident drug and alcohol misuse, and other anti-social behaviour
- Availability of rental accommodation for Individuals whose sole income is social security payments
- Comorbidities- health related challenges and impacts
- Social isolation- from family friends or difficulty establishing trusted friendships
- Access to technology and communication to locate and secure accommodation or services.

COVID impacts:

- Increased social isolation
- Fear of dying alone in their properties – notable increase in death among clients
- Increased use of online technology for supports – poorly suited to clients
- Changes in numbers: direct client contact initially declined in first year; increased home deliveries and telephone contact; people reluctant to move out of transitional housing to the unknown – led to peak numbers of people in TA for longer than usual times.
- DFV referrals stopped during COVID because of inability to find a safe space to contact support systems.
- Squat accommodation gradually disappearing in Parramatta city as development occurs.
- Increase recently in refugee or no status homeless in Parramatta.

Wish list for Parramatta:

- Supported outreach that provides early intervention (such as early contact from estate agents)
- More 55+ specialised services
- More 55+ suitable affordable accommodation
- Ongoing supports to reduce isolation
- Education and awareness for service providers – better informed community
- Discounted access to aged care.
- Services tailored to single women over 55 – only 5 funded crisis beds for women in Western Sydney in total.
- Pet friendly accommodation - those sleeping rough with pets as essential companions have no access to pet friendly temporary or transitional accommodation - there simply are not any. The option to place their pet in the RSPCA pound creates distress and refusal to engage.
- An improved universally accepted policy to create acceptable photo Identification. Rough sleepers are frequent victims of theft and need to re-establish identification. More than often, clients presenting with interim Medicare, health Care card and support letters are rejected.

Housing information and support service

- Other research has found that most older people experiencing, or at risk of, homelessness do not know where to go for assistance. Service providers are also often unsure about how to assist older women experiencing, or at risk of, homelessness.
- Uniting has been advocating for a state-wide senior's housing support service. The service would provide a central point of contact for older people at immediate risk of homelessness and those who wish to plan for their housing future in retirement. The service would support the client until they secure and move into appropriate long-term housing and ensure that they are linked in with other support services.
- An evaluation of a similar service in Victoria found the approach is cost-effective, helping clients to gain secure housing and diverting demand from specialist homelessness services.
- The KPMG evaluation of the Victorian service found there was a cost saving of \$220.81 per client compared to Specialist Homelessness Services. In 2013-14, the cost per client of delivering this service was \$1,049.19, compared to \$1,270 for Specialist Homelessness Services.

Rental accommodation in retirement villages

- Most people pay a lump-sum ingoing contribution when they move into a retirement village under the Retirement Villages Act.
- An increasing number of older Australians are not homeowners and don't have the equity required to invest in property. When looking for housing, their options are particularly limited.
- Renting for life is common in the community, so we believe we have a responsibility to increase the availability of quality rental options for older Australians.
- We have moved to offer both sales and rentals across our properties to reflect how people access housing throughout their life.
- In some villages, vacancies are more easily filled by people renting. This also helps maintain a vibrant community rather than having empty properties.

Case Study 1:

- R is a 63 year old male was living in a private rental with his wife of 37 years. With no children and no history of homelessness, both were receiving NSW pension support payments.
- R wife had taken on the role as his carer, predominantly assisting with all the day to day aspects. As a survivor of childhood trauma, the impacts from adolescent dependences of alcohol resulted in the later onset of health complications. These health complications required daily medication and the use of a walking aid, along with prompting and follow up with specialists.
- His wife was hospitalised for dementia her health treatment required long-term hospitalisation. Separated from his wife R's own level of independence, capacity and self-care greatly diminished to where his health deteriorated and was also hospitalised.
- They both struggled adapting to technology and the "online world" and the household affairs were managed by R wife. She opted for an easier method and made all payments directly in cash. Once in hospital this was overlooked and began to fall behind. With both R and his wife in hospital the build-up of outstanding rent arrears and utility costs not being paid this resulted in an unfortunate eviction and loss of their long term home.
- For the first time both R was homeless and facing uphill challenges.
- Over the months staff at the hospital assisted R recovery and referral and discharge to a SHS homeless men's service.
- He found himself alone, homeless, years of build up possessions all gone and isolated from his life long companion.
- R was disconnected from his main supports he found the ordeal extremely overwhelming, frustrating and daunting. Facing the challenge of a single income to sustain accommodation costs, medication and community access and establishing new and trusted services within the community. The loss of his companion and main support was no longer there. Over time, the impact his cognitive impairments affected R own independence, difficulty remembering what he has to do, learning new processes, his concentration level, and making decisions that affect all aspects of his everyday life.
- With the impact from recent Covid-19 outbreak this impacted the ability to maintain regular contact with his wife in care. With increased isolation and loss of supports R motivation was low, this intern impacted his physical and mental health.
- Supporting government services systems that requirements for need for individuals to set up electronic accounts along with issues of systemic trust of these systems, ease of access to technology to assist in the process all hinder R ability to connect and seek appropriate support.
- Knowing how and where to access services are promotility online based and the need for individuals to be "tech-savvy" to access such services.
- Face to face services were greatly impacted during the Covid19 outbreak and when available service centres are often un-resourced.
- With all these changes R's ability and capacity to self-advocate for the supports often fell the service to help make decisions.

Case Study 2: Together Home

Together Home was a government response to the Covid 19 Pandemic in an attempt to house street sleepers and limit transition of the disease. It focuses on a Housing First Model and has been running since June 2020 in NSW.

The focus group for the program are people over 18 that have experienced entrenched homelessness with an emphasis on street sleepers. In the first Tranche of referrals all referrals came from DCJ as a solution to rehouse complex clients with excess of 50 nights Temporary accommodation used.

Our client John entered THP when he was 60 years old after being found sleeping in his van by DCJ workers doing head counts for street sleepers. John was sleeping in his van for 4 ½ years and before this was homeless on and off since he left home when he was 11 years old.

John found the transition from his van to his house difficult initially as he struggled to living in a house that was his as he felt it could be taken away from him at any moment from DCJ Housing. Uniting worked with John to transition to his bedroom from his van, however John continue to have a packed bag at his front door in the event he would have to leave quickly.

THP often sees clients struggle with this transition as transients has kept them safe on the street and having a fixed address with minimal exits removes this for them. Being housed has allowed John to reconnect with his family, regularly and routinely take his diabetes medication, be assessed for NDIS.

Arguably the most important impact THP has had for John is that 6 months after being housed John suffered a major heart attack requiring 2 triple bypass surgeries to save his life. John's neighbour heard John call out for help and an ambulance was called. This would have most likely resulted in John's death if he was still living in his van. John has successfully recovered from this and will successfully close with THP maintaining his tenancy in the process.