

P A R I T Y

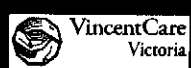


# Preventing Elderly Homelessness



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# Old Age Comes at a Bad Time

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The Merri Outreach Support Service Inc. Community Connections and Housing Support for the Aged Program (CCP/HSAP) supports adults and older people with multiple and complex unmet support needs. These needs include physical or mental illness, disability, acquired brain injury, aged related frailty with or without drug or alcohol dependence. These adults and older people are homeless or living in insecure or low-cost accommodation.

Our clients are often very isolated and 'fall through the cracks' as they are often not well linked into health, housing or community services and have difficulty negotiating the service systems. This year we have also welcomed the commencement of Low Cost Accommodation Support Person into our program to focus on the elderly persons' high rise estate in Darebin.

Our CCP/HSAP team of 4.6 staff is funded to provide services to this high needs group across no less than five local government areas in the Northern Suburbs of Melbourne. We are uniquely positioned in how we are funded to provide both CCP and HSAP support to our client group. This enables our programs to track and support people who have complex and ongoing support needs by transitioning them into the HSAP program for long term low level monitoring and support. This transition is quite seamlessly traversed ensuring we minimise the challenges our clients would normally experience with such changes.

## Current Trends and Challenges

Over the last couple of years we have seen a shift in our target group to include a marked increase in clients who are living in private rental and owner occupied properties. This shift provides a unique challenge to our program as many of these clients have never been engaged in the health, housing or community service system before. They have fallen through the cracks and have often gone unchecked for a very long time. This often results in a marked increase in complex needs requiring urgent and critical attention. We have found that this combined with mental health issues, trust and resistance to receive support, and lack of knowledge and experience in support services, results a much longer and complex support period than we are funded to provide through CCP.

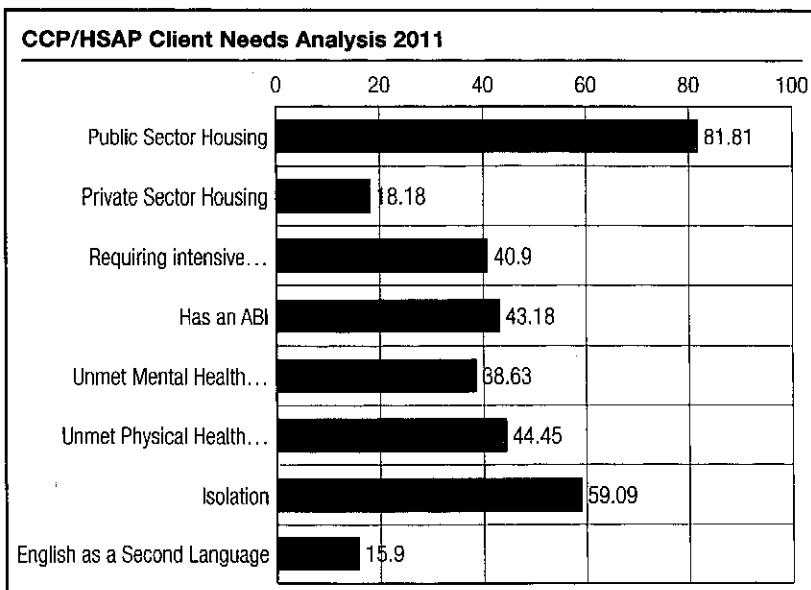
We have also observed an increase in the number of older people with unmet mental health needs requiring our support.



From Wintringham and taken by Tania Jovanovic

Recently we have seen a growth in the numbers of older people who are chronic hoarders referred to our program so that we can assist them in addressing this and the impact that this hoarding is having on their physical/mental health and their housing stability. Until recently this has been a very under resourced and misunderstood condition. Thanks to a number of

television shows on hoarding and squalor we are seeing an increase in awareness around the issue. Our program has been invited to be part of the newly developed Hoarding Action Group in the Northern Suburbs. The group is developing an action plan to address this issue in a systemic way and develop resources and supports towards this end.



## Case Study

*Anna is a 64 year old Italian non-English speaking woman, living with her 37 year old daughter in an owner-occupied property in the outer north eastern suburbs.*

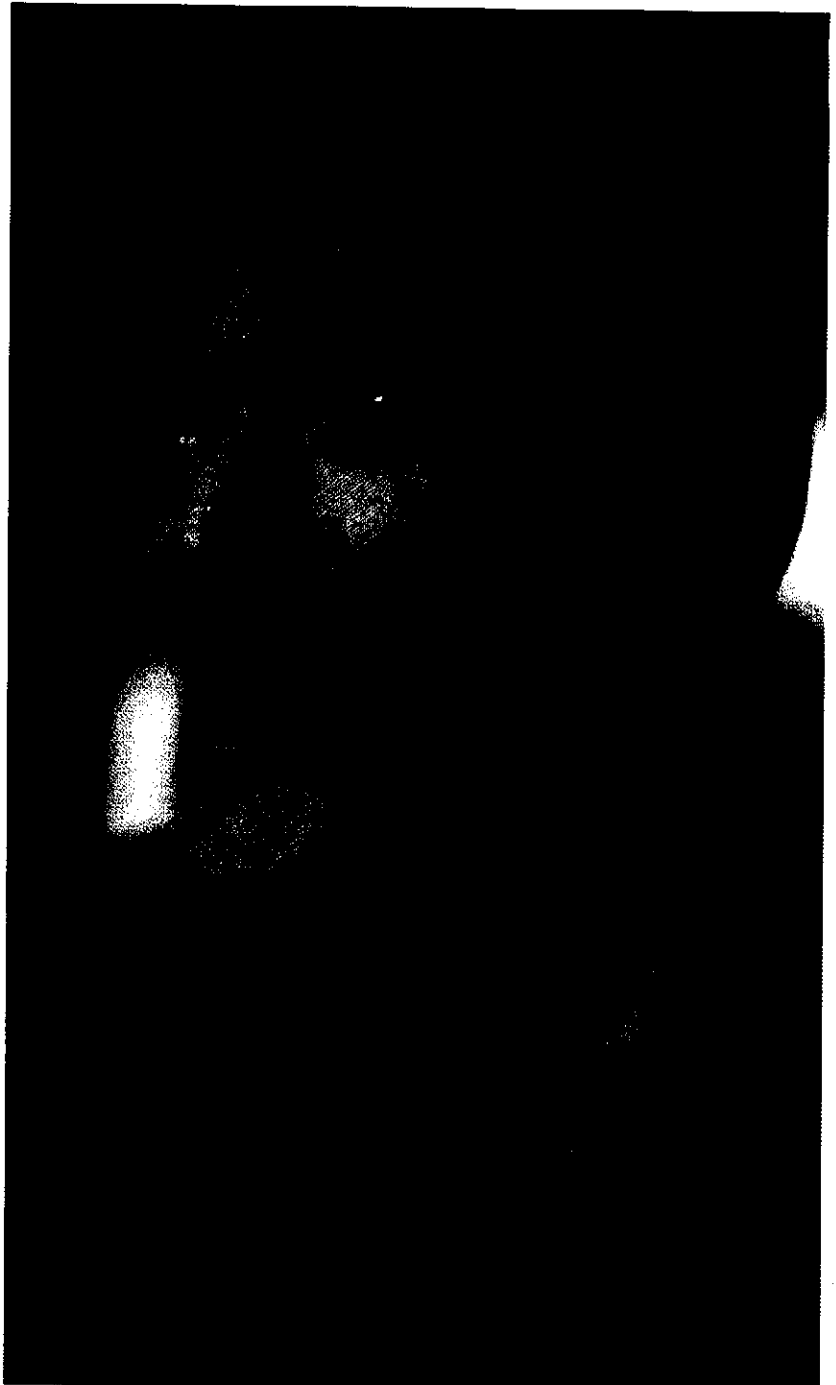
*By all standards, the property looks like any other in the street. However, it is in need of major structural repairs after a house fire resulted in extensive damage. There are numerous large holes in the roof where wind and rain come in and a hole in the kitchen wall. Anna and Mary are only able to occupy two rooms of the house due to the damage. The property has no gas, hot water, heating and limited electricity. Anna uses a camp stove to heat water for a sponge bath. They need to walk through the dark over unstable floors to attend the outside toilet. Anna refuses to move out of the property and believes she can save up her pension to have the repairs completed.*

*Anna has been diagnosed with paranoid schizophrenia which appears to be poorly managed with medication. It is difficult to engage Anna in a conversation around her support needs because of her delusional thinking. While Mary displays symptoms of paranoia and delusions, she has never been diagnosed around this condition as she is mistrusting of services. In fact, the mental unwellness of both mother and daughter makes it difficult for both of them to engage in a trusting relationship with any service. Mary refuses to speak with anyone including her mother and spends most of time in her bedroom. Apart from her mental illness, Mary is also morbidly obese. Anna reports that her daughter Mary has a drug addiction. However, this is unconfirmed.*

*Anna has diabetes with associated complications with her kidneys, eyes and necrotic toes that are causing mobility issues. RDNS have been involved in treating the necrotic toes. However the diagnosis is that Anna will require full amputation. Anna reports that the pain from her toes can at times be intolerable. However she is refusing amputation. Anna prefers to use traditional medicines such as medicated honey on the toes and has not, until more recently, been engaged with health service system as a result.*

*Anna's blood sugar levels were recently checked at 18.5 and it was reported that despite numerous Diabetes Education lessons, Anna is adamant in managing it in her own way. Blood tests suggest that Anna's diabetes medication is not well managed.*

*As well as unmanaged health and mental health issues, and the unsafe and derelict condition of the house, both Anna and Mary are socially isolated which further impacts on their vulnerability.*



From Wintringham and taken by Tania Jovanovic

### Where to From Here?

We are all aware the population is aging. But what is being done in preparation for the huge wave of new clients heading our way, with the youngest of the baby boomers turning 65 this year?

Despite the limited dedicated research, evidence suggests that the growing aging population who live in the private sector is a highly vulnerable group in regards to unmet health and mental health needs, housing deterioration and social isolation.

While the CCP program was developed to support people with unmet health needs and housing instability primarily in the public sector, it is now also apparent that there is a growing need in the private sector for this kind of support. This is as a result not only the ever rising cost of private rentals, but also the increase in older people living in their own homes who are unsupported,

socially isolated and experiencing unmet physical and mental health needs.

A thorough analysis of the unmet needs in the sector would assist significantly in preparing us towards addressing this growing need and gaining the necessary funding to tackle it.

Our program regularly engages in assertive outreach in our local community by gently engaging with older persons who may appear unsupported or unwell. Recently we met with a new client who asked for our assistance on the street to remove a dead possum from her house. As it turns out this elderly woman is living in chronically squalid conditions and renting rooms to people who have mental illness and disabilities to supplement her pension. The questions beckons; how many more cases like this are requiring urgent and critical support remain undetected? ■