

INTRODUCTION

Working with Older Tenants



BUILDING THE CAPACITY OF
COMMUNITY HOUSING PROVIDERS
TO SUPPORT TENANTS
TO AGE IN PLACE



Working with Older Tenants

A TOOL KIT FOR THE NSW COMMUNITY HOUSING INDUSTRY ASSOCIATION

As Australians live longer, community housing providers increasingly find themselves supporting the housing needs of older tenants. Almost half of the households living in community housing are over the age of 55 and just under 10% of all households are over the age of 80 (or 55 for Aboriginal households).¹

Ageing in place is the term now used to describe a person living in the home of their choice as they age. The act of ageing in place takes place during a period of time in an elderly person's life where they can have the things that they need in their daily life, while maintaining their quality of life.

This **Building capacity of community housing providers to support older tenants to age in place toolkit** has been developed to give community housing providers a resource specifically designed to help them work with older tenants so they are able to provide effective housing services to tenants as they age in place.

The toolkit provides information, tools and resources to support community housing providers to consider and plan for the needs of older people across all their housing services to enable tenants to successfully age in place with the services and supports they need. The increased prevalence of disability as people age, coupled with the critical life events and disadvantage that can lead a person to seek social housing in the first place, highlight why it is increasingly important for community housing providers to focus on ways to build practice in this space.

The development of the toolkit has been a joint project of CHIA NSW and Uniting and is an example of the way that partnerships across jurisdictions can help to build capacity for both the community housing and aged care sectors and strengthen opportunities for collaboration.

CHIA NSW would like to acknowledge the funds provided by the NSW Department of Communities and Justice (DCJ) and the Aboriginal Housing Office (AHO) to help develop this resource under the NSW Community Housing Industry Development Strategy. The NSW Community Housing Industry Development Strategy is a partnership between CHIA NSW and DCJ.



Communities
& Justice



Uniting

¹ CHIA NSW (2018) State of the Industry Report 2018: Community Housing in NSW. Report prepared under the NSW Community Housing Industry Development Strategy. [Accessed 1 February 2019] Available: <http://communityhousing.org.au/wp-content/uploads/2018/12/StateoftheIndustry-web.pdf>

Uniting stands for safe and affordable housing for older Australians.

Uniting NSW.ACT is responsible for the social justice, community services and chaplaincy work of the Uniting Church in NSW and the ACT. Providing care and support for people through all ages and stages of life, they focus on people experiencing disadvantage and vulnerability.

As part of their 10-year vision, and in line with the United Nations' Sustainable Development Goals, Uniting is working towards achieving the socioeconomic objective of equal access to safe, adequate and affordable housing for older Australians.

Uniting has a range of programs and strategic partnerships in place to tackle homelessness and its root causes, and to provide housing support for people in vulnerable situations. As the largest aged care provider in NSW and the ACT, they are champions of affordable housing as a fundamental human right. Uniting currently has more than 300 seniors living in social housing, an increase of 10% on the previous year.

This ***Supporting Older Tenants as They Age Toolkit*** naturally aligns with Uniting's purpose to inspire people, enliven communities and confront injustice. It also supports their commitment to pioneering a more progressive and caring future, and to developing innovative partnerships that deliver best-practice aged care services.

In this toolkit, Uniting has contributed best practice information and resources for community housing providers to address the challenges of supporting their older tenants, specifically to support them to age in place by accessing aged care services appropriate to needs.

The Toolkit

The guidance and tools provided as part of **Building capacity of community housing providers to support older tenants to age in place toolkit** may not apply to all organisations. Community housing providers are encouraged to select the tools and guidance that complement and help strengthen their housing practice.

Ageing in place will require not just skilled tenancy management services, but a focus to be developed for all business lines across providers to ensure that as housing is planned, reconfigured or developed, that effort is made so that properties are accessible and meet the needs of current and emerging tenants.

Building effective working relationships with health and aged care services to support older tenants explore the services and supports available that might support them to remain at home as they age makes good business sense. Part of this requires community housing providers to understand how aged care services operate and the types of services and supports that a tenant might be able to access if they meet eligibility criteria.

To support community housing providers to further strengthen their management and practice the toolkit includes the following:

MODULE 1 | Diversity and older people

MODULE 2 | The aged care service model

MODULE 3 | Liveable housing

MODULE 4 | Understanding elder abuse

MODULE 5 | Social isolation & loneliness

MODULE 6 | Dealing with changes in behaviour with older tenants



Working with older tenants: building the capacity of community housing providers to support tenants to age in place.

A TOOL KIT FOR THE NSW COMMUNITY HOUSING INDUSTRY ASSOCIATION.

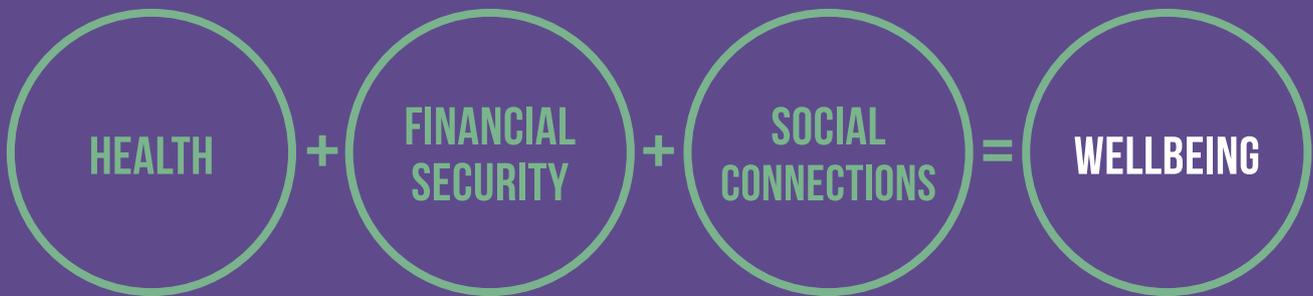
People worldwide are living longer. Older people make up a considerable proportion of Australia's population with over 1 in 7 people aged 65 and over in 2017. In 2014-16, Australian men aged 65 could expect to live another 20 years and women another 22 years. In 2016, 1 in 8 older people were engaged in employment, education or training.²

When we look at factors influencing healthy ageing, although some variations in older people's health are genetic, much is due to people's physical and social environments, including their homes, neighbourhoods and communities.

Access to safe, accessible and affordable housing plays a key role in supporting older people to continue to contribute valuably to society by participating in family and community life. This ongoing social and economic engagement has many benefits for both them (in promoting healthy ageing) and the wider community.

² <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary>

Ageing well: the role of housing



Good quality housing plays a critical role in helping older people age well. The community housing sector has a key role to play in building communities and providing services that support people to age well. When we consider what is important to a good later life, having good health, financial security and social connections foster a sense of wellbeing³.

These dimensions are all interrelated and influence each other. As people age, they spend a large amount of time at home in later life. Enabling older people to live independently for as long as possible in their housing is an important policy direction that community housing providers (CHPs) are able to play a critical role in. Good quality housing is essential to safety and wellbeing.

Supporting older tenants to age well forms part of a broader sustainable tenancies practice.

Frontline housing staff are often well placed to provide a point of contact for tenants who might not usually interact with support services or know how to seek help when they need it. Community housing providers also are well placed to spot the signs that someone needs more help.



³ State of the (Older) Nation 2018 – A nationally representative survey prepared for the COTA Federation (Councils on the Ageing), December 2018

As we get older, the chances of having a health condition or disability increase significantly. Around 38% of people aged 65-69 have a disability, increasing to 80% of people over the age of 85⁴. The impact of ill-health and disability on day to day functioning also increases with age. While just 8.5% of those aged 65-69 have a severe or profound core activity limitation, almost half of people over 85 live with severe or profound core activity limitation. Community housing providers have a critical role to play in providing a home environment that supports older tenants to maintain their independence despite the increasing risk of disability and/or ill-health.

In addition to functional effects, ill-health and disability can have a significant financial impact. The cost of treatment, medications, medical devices and equipment, as well as appointments with doctors and specialists can be very expensive, with significant out of pocket costs even for public patients with a Centrelink health care card. On top of this is the cost of necessary care and support, which is not necessarily fully covered by the government as well as the cost of transport, which can be significantly higher for people who are unable to use public transport due to inaccessibility. Community housing providers should be mindful that older tenants may be experiencing financial hardship.

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Ageing in place

Ageing in place is a major policy goal in Australia. It focuses on providing older people with the care and support to enable them to age in a location that suits their needs, whether in their own home or elsewhere. Ageing in place can also be seen to relate to a range of policies and programs that empower older people to live in their own home, connected to their community.

There are certain factors that are worth considering when we review the concept of ageing in place. It is important to consider the policy implications for regional and rural areas across NSW. Older people relocating to regional and rural areas for the purpose of improved lifestyle have been colloquially labelled as *tree* or *sea-changers*.⁵

Populations in rural areas are generally older and growing more so than urban centres. This is largely driven by out-migration of younger people to cities.⁶ According to the Australian Bureau of Statistics, the age distribution of Greater Sydney was younger than the rest of the state. At June 2017, 32% of Greater Sydney's population were aged 20 to 39 years, compared with 23% in the rest of the state. Conversely, in the rest of NSW, 27% of the population were aged 60 years or over, compared with 19% of the population in Greater Sydney.⁷

⁴ AIHW Older Australians at a glance

⁵ Bartlett, H., & Carroll, M. (2011). Ageing in Place Down Under. IFA Global Ageing 2011 VOL. 7 No 2.

⁶ <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Ageing%20Population~14>

⁷ <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/3235.0Main%20Features22017?opendocument&tabname=Summary&prod-no=3235.0&issue=2017&num=&view=>

A full range of comprehensive health services is harder to access in regional and rural NSW compared to the services available in major urban centres.

In 2018, there was an estimated 436,366 people living with dementia in Australia. Without a medical breakthrough, the number of people with dementia is expected to increase to 589,807 by 2028 and 1,076,129 by 2058.⁸

Dementia is the single greatest cause of disability in older Australians (aged over 65 years or older) and the third leading cause of disability burden overall.⁹

Housing is an essential component of the support and care model in place across Australia to maintain the independence of those living with dementia and to assist their carers.

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The impact of good housing on health and wellbeing

Safe and secure housing has a significant impact on an individual's health and wellbeing. Housing is fundamental to physical, mental and social well-being and quality of life.¹⁰

Poor living conditions lead to increased stress, social isolation, an unhealthy and unsafe environment, and increased risk of disease or injury (Podger 1998).¹¹ Disadvantage can take many forms such as having lower income, fewer family assets, poorer education, being stuck in a dead-end job or having insecure employment, living in poor housing or trying to bring up a family in difficult circumstances. Further, these disadvantages tend to concentrate among the same people, and their effects on health are cumulative.

Well-designed housing options for older people will reduce the level of admissions into residential care for housing related reasons. It will also promote improved health, such as reducing falls and fractures, which in turn will lessen the demand for care services and limit hospital admissions.

⁸ Dementia Australia (2018). Dementia prevalence data 2018-2058, commissioned research undertaken by NATSEM, University of Canberra

⁹ Australian Institute of Health and Welfare (2012) Dementia in Australia

¹⁰ The World Health Report 1998. Life in the 21st century. A vision for all. Report of the Director-General, Geneva.

¹¹ Podger, A. 1998, Health Policy and its Impact on Poverty, Australian Health Review, 21(4): 28–39.

Access to housing assistance

Housing pathways¹² and older people

THE SOCIAL HOUSING SECTOR ACKNOWLEDGES THE SPECIAL NEEDS OF ELDERLY CLIENTS AND THEIR HOUSEHOLDS, AND THE NEED TO DELIVER SERVICES THAT ARE CULTURALLY APPROPRIATE

Clients who have met normal eligibility criteria for social housing may be approved for housing assistance as an elderly client if they are:

- Aged 80 years and over, or
- Confirmed to be an Aboriginal person or Torres Strait Islander and aged 55 years and over.

In order to reduce waiting times for eligible clients and settle them into appropriate housing as soon as possible, providers will generally offer suitable accommodation as it becomes available to elderly clients on the NSW housing register ahead of wait turn clients.

Where there are other household members included on an elderly client's application (other than the elderly person's partner), or an elderly person is included in an application with other family members, they will be eligible for this assistance provided that:

- The elderly person is totally dependent on the other members of the household for 24 hour care, and
- They provide documentation from a doctor or other healthcare professional to support the application.

Clients seeking housing as elderly clients must provide the following proof of age:

- Birth certificate, or
- Passport, or
- If the client is an Aboriginal person or Torres Strait Islander, and none of the above are available, a written estimate of age as recognised by an incorporated Aboriginal organisation or Land Council.

Elderly Aboriginal and Torres Strait Islander clients must also provide documents that confirm their Aboriginality.

Extra bedroom entitlements apply to public housing, and community housing providers may include these entitlements in their application and allocation policies. These include:

- Extra bedroom due to medical condition or disability

for example, extra space for storage of medical equipment, room for family member or carer to stay when providing short term support, separate room for a partner if a disability (or routines associated with a disability) require the couple to sleep separately.
- Extra bedroom due to family reasons, for example to enable regular care of aged parents; meet extended family responsibilities or cultural obligations

Evidence that care is required regularly (i.e. several weeks duration, several times a year) and supports the need for an extra bedroom

Evidence of the need to meet extended family responsibilities. Housing providers will consider these requests on a case by case basis according to the specific circumstances of the situation.

¹² <https://www.facs.nsw.gov.au/housing/policies/social-housing-eligibility-allocations-policy-supplement/chapters/entitlements> viewed 11/03/19

Staff self-care: dealing with grief and loss

WORKING WITH TENANTS WITH INCREASING LEVELS OF COMPLEX NEEDS REQUIRES COMMUNITY HOUSING PROVIDERS TO ESTABLISH SYSTEMS TO SUPPORT THEIR STAFF TO EXPLORE HOW THEY ARE COPING WITH TENANCY MANAGEMENT AND OTHER HOUSING SUPPORT ACTIVITIES.

During consultation for development of this toolkit, we heard from community housing providers their concerns regarding the need to identify the importance of staff emotional self-care. Long standing tenancy relationships with older tenants can generate strong professional relationships that get triggered at times of significant change.

Access to Employee Assistance Programs is a critical component in providing staff access to specialised support to enable them to explore feelings. However, there is much more that a community housing provider can do to ensure that staff support is a core baseline of their staff management practice.

It is important to acknowledge that for long standing tenants many staff will have developed deep and supportive professional relationships over many years of providing housing services. Changes to the tenant's health and wellbeing, a move out of social housing into residential aged care or death of the tenant can trigger feelings of grief and loss amongst staff.

A community housing provider might review the mechanisms they have in place to develop a team approach to managing tenants presenting with complex needs, including older tenants with increasing care and support needs. They might establish a regular cross team case review meeting that enables all the teams who are working with a tenant to explore issues, challenges and possible approaches and solutions together. Creating a professional but supportive environment to explore such challenges can be beneficial to staff, enabling them to realise other colleagues are also impacted in their work. It enables them to see that their feelings and reactions are normal and shared by others.

A community housing provider might also seek to provide staff professional development sessions on grief and loss for example. Building staff awareness of grief and loss and how they can take responsibility for their self-care is an important management strategy.

What is grief and loss?

Grief is a natural response to loss. It might be the loss of a loved one, a relationship, pet, job or way of life. The more significant the loss, the more intense the grief is likely to be. Grief is expressed in many ways and it can affect every part of your life, your emotions, thoughts and behaviours, beliefs, physical health, your sense of self and identity and your relationship with others. Grief can leave you feeling sad, angry, anxious, shocked, regretful, relieved, overwhelmed, isolated, irritable or numb.

Grief has no set pattern. Everyone experiences grief differently. Some people may grieve for weeks and months, while others may describe their grief lasting for years. Through the process of grief, however, you begin to create new experiences and habits that work around your loss.

Grief is something that takes time to work through. While everyone finds their own way to grieve, it is important to have the support of colleagues to be able to talk about the sense of loss.

What can staff do to help themselves?

- Don't be afraid to ask for help
- Talk to their manager or a supportive colleague about how they are feeling
- Take care of their physical health. It is important to eat a healthy diet, exercise and sleep
- Manage stress – lighten their load by asking colleagues to help you with some chores of commitments. Relaxation and gentle exercise can be helpful
- Do things they enjoy, even if they don't really feel like doing them