



opening these doors

Boarders & Lodgers Project Report Newtown Neighbourhood Centre

into the conditions and residents of unlicensed boarding
houses in the Marrickville LGA

for the Department of Ageing, Disability and Home Care
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Section 1: About the Boarders and Lodgers Project

1.1 Introduction

For many years the Newtown Neighbourhood Centre (NNC) has been concerned that residents of insecure forms of accommodation in the Marrickville Local Government Area (LGA) are an invisible group. Isolated and living behind closed doors, many residents were not accessing community services and were in need of support to be able to participate in community life.

We believed that more information was needed to gain insight into what went on behind these doors and to develop strategies to open them. We needed to look at what services were needed and how best to get them into the premises. This report explores the current situation in forms of insecure accommodation in the Marrickville LGA and proposes strategies to develop a Home and Community Care (HACC) Social Support service to enable people to access available services and remain in the community with an enhanced ability to be active participants.

1.2 Background

In December 2001 the NNC received HACC funding to set up the Boarders and Lodgers Project (B&L), a Social Support service for people who are frail aged or who have a disability, are socially isolated, and who live in insecure accommodation in the Inner West of Sydney. The need for this type of service was identified in the 2000 HACC planning meeting at Marrickville Council.

On receipt of funding NNC held discussions with the Department of Ageing, Disability and Home Care (DADHC) about the nature and scope of the program. The Inner West is a very large region and little was known about the locations of the insecure accommodation, what forms they took, how many residents met the HACC target group, and what sort of needs existed. The tenuous nature of boarding house accommodation was also discussed. NNC did not want the service to have a negative impact on residents, who had few if any tenancy rights and were dependent on an industry apparently in serious decline.

It was agreed that the program would be developed in two stages. The first year was to be a research phase, focusing on the Marrickville LGA, and the second would be implementation of the project based on results of the research. Until the impact of the service on residents was known, it was decided to limit reporting requirements to crisis situations only.

The considerable experience among management and staff within NNC in providing social support type programs, in particular to marginalised groups, provided a good basis for the survey. This experience was broadened through consultation with other service providers such as HACC services, Central Sydney Area Health, Lucan Care and Marrickville Council. Janet Green, a consultant who specialises in community service policy planning and development, was engaged to provide independent expert input into the report.

This report on the research phase of the project includes information and discussion of issues. The report also includes an overview of work done to develop a Social Support service which is flexible and responsive to meet the special needs of the target group. The focus is on linking people living in insecure accommodation to HACC and related services and includes the education, support and

resourcing of HACC and other community services to provide a holistic model of service that is capable of meeting residents needs.

1.3 Overview of insecure accommodation: 'rooming houses'

Forms of insecure accommodation in the Marrickville LGA include:

- Licensed boarding houses cater for people with disabilities. NNC currently provides services to residents through a HACC funded 'Boarding House Project' (a Neighbour Aid project) and the Active Linking Initiative funded by the then Boarding House Standards Unit. Because these premises are licensed, we know exactly how many there are, where they are, and who lives in them.
- Unlicensed boarding houses are totally different. There is no central register of them and some may be operating without Council consent. Many have closed down over the past decade as the pressure on inner city real estate has made them too valuable to continue for this use. At the same time others have opened, without going through planning and building approval processes. A survey being undertaken in adjacent South Sydney municipality has found that approximately half of this housing stock has been lost since they stopped keeping records about seven years ago.
- Hotels
- Rooms let in private shared houses

The forms of insecure accommodation included for the purposes of the B&L project are unlicensed boarding houses and hotels.

In this report these premises are referred to as 'rooming houses'.

In this report 'residents' refers to residents of rooming houses in the Marrickville LGA.

'Owners/managers/caretakers' refers to owners, managers and caretakers of rooming houses in the Marrickville LGA.

The traditional boarding house where residents were provided with breakfast, dinner and some other domestic service is also disappearing rapidly. The new model is often just a series of individual rooms, where residents share kitchens and bathrooms. The accommodation is very insecure. Boarders and lodgers have none of the legal rights of other tenants in NSW, although their legal status has been successfully challenged by tenants advocates in some cases, thus providing residents with some measure of protection from eviction.

From earlier basic research it was known that:

- people living in rooming houses are often unemployed or on benefits
- there are people with disabilities living in rooming houses
- many lead very isolated lives with little contact with the outside world, including community support services
- the standard of accommodation ranges from good to truly terrible.

1.4 Aims of the Boarders and Lodgers Survey

The aims of the research project were:

1. To conduct an audit of rooming houses in the Marrickville LGA
2. To find out how many residents are potential HACC clients
3. To identify the needs of these potential HACC clients
4. To develop a Social Support service that best meets the needs of these potential HACC clients.

1.5 Methodology

The B&L project used an action research approach to do an audit of rooming houses and determine the support and service needs of residents. The findings were used to develop a Social Support service which was flexible and responsive to the identified needs of residents.

The key features of the methodology were:

- Conducting an audit of rooming houses. There was no up to date list in the Marrickville LGA. It was clear that the old lists were out of date due to many properties no longer being used as a rooming house and some existing rooming houses not having received planning approval. The initial part of the research project therefore involved undertaking an audit to identify the location and numbers of rooming houses in the area.
- Determining the number of potential HACC clients. This involved first determining the number of residents and then estimating the number that were potential HACC service users. This was done in the following ways:
 - ◇ Sample survey of residents
 - ◇ Identification of potential HACC clients through both observation and self reporting
- Identifying the needs of potential HACC clients living in rooming houses both through interviews and recording of observations of workers conducting the interviews, as well as providing service and referrals in some instances.
- Conducting case studies. In the case of five residents who were identified as being in need of support and services, care plans were developed and implemented by the B&L workers. This case study approach not only provided the project with a more in-depth understanding of the dimensions of the issues facing residents, but also enabled the project to trial approaches to service provision.
- Developing a Social Support service. The results of the research provided the basis for the development of the service. The development of the service also involved many discussions among other NNC staff to explore the implications of the research results, and consultation with key stakeholders and other service providers.

More detailed information on the methodology used is provided in Methodology Appendix 1, Property Survey Appendix 2 and Resident Survey Appendix 3.

Section 2: Painting the picture: research results

2.1 Property Audit and Survey

Number of houses

A list of rooming houses was initially prepared, using various old records plus our new research.¹ The total was 207 premises. Close to half (43%) were found to be no longer operating as rooming houses. This result is consistent with other research into the supply of rooming house stock in the inner suburbs of Sydney and other capital cities (Davidson et al, 1998). It is also in line with similar decreases in rooming house stock in other nearby municipalities (eg in South Sydney LGA).

The following table summarises information regarding the property audit and provides background on the sample size:

Number of premises on original list	207	%
Number of houses no longer operating as rooming houses	110	53
Number of rooming houses still existing	97	47
Property survey not complete	24	25% of existing properties
Property survey not completed due to		
▪ unable to access	8	
▪ resident not wishing to participate	12	
▪ aggressive behaviour	4	

Challenges to stereotypes

Traditionally rooming houses have been associated with images of large run down buildings managed by an onsite caretaker, providing a variety of services (such as linen, evening meals and cleaning) to older single men and younger people who have recently moved from the country to the city.

In visiting the rooming houses in the Marrickville LGA, the B&L workers observed the following challenges to these perceptions:

- Most premises did not have an on site caretaker or manager (77%)
- Only a small proportion of premises had services provided by the landlord
- A significant proportion (51%) of the premises were ranked between excellent and reasonable in regard to building conditions

¹ For details of the sources of the information on rooming houses in Marrickville LGA see Appendix 1

- A significant number of people living in rooming houses were students or workers. Several owners specifically targeted these two groups of people.
- People rarely shared a room. If they were sharing a room it was often with a partner or relative. In only 4% residents shared a room with people they did not know.
- Owners reported that there was an increasing level of enquiries for accommodation from women. They indicated that this was a relatively new occurrence, increasing significantly over the past 12 months. This reflects previous findings by the Australian Bureau of Statistics (ABS, 1996).

Other related observations from the property survey that challenged some long held perceptions were:

- While it was not within the scope or purpose of this survey to look specifically at affordability of housing, there was little correlation between quality and affordability. There is a concentration of disadvantaged people in particular premises where there are vacancies, but these premises tend to be both of poor quality and more expensive than the others.
- While some caretakers, owners and managers greeted the concept of a Social Support service being delivered to residents with skepticism, the majority were interested and some were enthusiastic
- Other research has noted a general reluctance from owners, managers and residents to participate in surveys (Davidson et al, 1998). In this project the relatively high response rate (75%) may be due to a number of factors, including:
 - ◇ The NNC is a community based organisation and does not have a direct link with Council or state government planning departments;
 - ◇ The reason for this survey was to collect information to facilitate the provision of services to residents. The respondents may have felt that they were getting, or would get, something in exchange for their information.

Economic pressure on rooming house accommodation

- The property surveys revealed that there was a 9% vacancy rate while at the same time, 80.5% of houses had no vacancies. 21% of the properties with vacancies were categorized as having poor to very poor building conditions (refer Appendix 3 for details). This highlights the proposition that many of the vacancies exist in substandard accommodation. It also reflects research carried out in other municipalities. Such research has shown that most owners or managers state that occupancy rates over 90% are the norm. It should also be noted that vacancies in reasonable quality premises are filled very quickly.
- The low vacancy rates have also been anecdotally observed by boarders and lodgers, social workers at hospitals, Centrelink workers and workers in other community organisations that provide support to find housing.

Other issues arising from property audit

- The standard of accommodation when taking into consideration security, safety and building conditions, was varied. 80% of premises were found by B&L workers to be of good to fair condition. 19% of premises were found to be of poor to substandard condition.

- B&L staff observed the overall standard of kitchen facilities to be poor. 3.9% of rooming houses offered no access to kitchen facilities at all. Often the kitchen was shared and had few pots, pans and other cooking utensils. Anecdotally this prevented many residents from using the kitchen. Many residents stated they would often eat out to avoid using the kitchen, and this impacted significantly on their finances.
- The average cost per room was \$120 per week. The cost ranged from \$70 to \$210 per week. Interestingly this cost was comparable to average costs of bedsits in the area according to a local real estate agent. 5% of all rooming houses surveyed charged monthly electricity usage on top of rent. Over half had no laundry access. 80% of those with laundry access charged a small fee for the use of the washing machine.
- In 1996 72% of residents were not participating in the workforce (Australian Bureau of Statistics, 1996). Over 30% of income spent on accommodation is commonly used to indicate poverty. The average cost of living in a rooming house represents 50.7% of unemployment benefits or 44.4% of a pension. When considering the rental costs of living in a rooming house, for an individual who is reliant on a pension or other Centrelink benefit for their main source of income, this is not affordable accommodation.
- Over three quarters of rooming houses reported no community support services delivered to them. The only services reported delivering services to residents were Meals on Wheels (6% of rooming houses surveyed), Community Aged Care packages (6%) Community Mental Health (13%) and Community Nursing (1%). It is likely that this is an underestimation of current services being delivered, as residents were often reluctant to discuss their own needs or the needs of other residents.
- While owners were not asked questions regarding the financial viability of operating rooming houses, some owners did raise issues about viability. Of particular significance, two owners stated they were having difficulty insuring their property. One owner was unable to insure his property due to fire safety requirements for public liability insurance. The insurance company insisted there be an alternative fire exit on the first floor. Due to the building structure and layout, it was impossible to put in a fire escape that would meet council and fire safety standards. In order to insure, he had to close the rooms on the first floor. This impacted on the 3 residents upstairs. 2 had to move to other rooms in the house and one had to move out.
- There were an average of 4.7 residents per bathroom across all rooming houses.

2.2 Residents survey

Number of residents

- 23 rooming houses were surveyed, with a total of 297 residents. 41 of these residents reported or were observed to be potential HACC clients.

The table below breaks down the number of potential HACC clients either reported or observed:

Residents in sample	297	% of total sample	% of residents with service needs
Residents identifying with having service needs	23	8	56
Residents observed to have service needs	18	6	43
Total	41	13.8%	

- A break down of the criteria under which a person was assessed to be eligible for HACC services

Aged person with cognitive impairment	2	5%
Aged person with physical disability	11	27%
Aged person with chronic illness	6	15%
Aged person with intellectual disability	1	2%
Aged person with psychiatric disability	4	10%
Younger person with psychiatric disability	15	36%
Younger person with a physical disability	5	12%
Younger person with intellectual disability	4	9%
Carer of above	0	0%
Total		116%*
Total aged	21	51%
Total younger with a disability	20	48%

*Some residents fitted into more than one category

- Approximately half the identified HACC eligible residents surveyed were elderly, and half were younger people with a disability. It should be noted that the definition of ‘aged’ used was older than 65 and many people living in rooming houses age prematurely. This means that many of the people who are classified as “younger persons with a disability” actually have aged related impairments.

Estimating potential client base

- Given the sample size, the response rate and the fact that the sample represented a reasonable cross section of different accommodation types within the Marrickville LGA, we can extrapolate this data to estimate the number of potential HACC clients living in rooming houses within the Marrickville LGA

Premises accessed	73
Premises unable to be accessed	24
Residents in accessed premises	929
% residents potential HACC clients	13.8%
Estimated residents in LGA	1233
Estimated potential HACC clients	170
*Adjusted total potential HACC clients	200

- * The conservative adjustment allows for the following factors.
 - ◇ Observed needs picks up only those needs that are actually visible to the worker. There would be many service needs that are not visible on first meeting a person.

- ✧ Residents can be transient, so as people move in and out, the total number of different residents who have needs or are potential HACC clients could be significantly higher over a one-year period. Work with residents of licensed boarding houses indicates that this figure represents as much as 30% higher.
- ✧ 25% of premises were unable to be accessed, and these may have a higher proportion of potential HACC clients than the others. There were 24 houses that the B&L workers were not able to access where it can be assumed at least a similar proportion of HACC eligible people would be living.

Youth and Community Services (YACS) Act, 1973

The Youth and Community Services Act, 1973 states that a premise must be licensed under this Act if it is:

“a premises comprising of the nature of lodgings or a boarding house, home or hostel at which 2 or more handicapped persons reside.”

The YACS Act, 1973 defines a “handicapped person” as:

“a person who is senile, temporarily or permanently incapacitated for work, mentally ill, intellectually handicapped, sensorily handicapped, chronically ill, of advanced age or suffering from any medical condition prescribed by the regulations, or any combination of those disabilities, and who requires supervision or social habilitation.”

Residents who reported or were observed to have service needs were invited to take part in a survey. The figures under the following headings refer to these residents.

Reported needs

- Residents were unlikely to report their needs. Close to half of the residents that were observed to have an impairment or disability did not report this impairment or disability during the survey and interview.
- Access to health care support was the most reported need. This included access to community health facilities, general practitioners and specialist facilities.
- Transport, food services and home help were highly reported needs with 16% of residents reporting a need for these services.
- Residents were reluctant to report needing social support and personal care services. 10% and 7% respectively of residents reported these needs, while 25% and 17% of residents were observed to require these services.
- A majority of residents (65.2%) who reported having a service need, also were interested in receiving services. 26% of residents who reported a service need did not wish to receive any services.

Observed needs

- Appropriate housing, home help, and food and nutrition were the highest observed needs.
- B&L staff observed that 12% of residents surveyed required alternative accommodation options in the long term. Reasons for this observation included inadequate mental health support, residents identifying they were not happy with where they were living, residents unable to access entry and exits, residents having difficulty accessing bathrooms, inadequate cooking facilities and inadequate bathroom facilities.

Crisis Support

- Of the residents who participated in the survey, B & L staff facilitated crisis support and management to 3 individuals (7%). 2 individuals required referral to mental health crisis team and were subsequently admitted into hospital; one resident required an ambulance to take them to accident and emergency and was subsequently admitted into hospital;
- Crisis support was also provided to 2 residents who did not live in a rooming house within the sample and therefore were not included in the survey. One resident required immediate referrals to food, services, home care, aged care assessment team (ACAT) and ACHA for emergency rehousing. The other resident required support to locate emergency accommodation as he was evicted from a rooming house. A referral was made to the Homeless Persons Information Centre.

Services provided

- Meals on Wheels, Community Mental Health services, Aged Care package service providers (CACP) and Greek Welfare and Community Nursing were the only funded services reported to be providing services to residents surveyed.
- Some residents reported seeking assistance from a charity on a regular basis.
- Much of the support provided to residents was provided by another resident (including caretakers). Assistance other residents were providing included: home help, food and nutrition, transport, access to telephones, monitoring of health, advocacy and other assistance in day to living.
- Less than 10% of residents surveyed were receiving support from a family member. One resident's daughter-in-law traveled from Rooty Hill (about one hours drive each way) once a fortnight to assist with shopping, cooking, cleaning and transport to medical appointments.
- 88.2% of residents surveyed were not receiving any support services or assistance.

Knowledge of services

- 62% of residents surveyed stated they did not access support services because they did not know they existed or how to access them.

Complex needs

- 36% of residents surveyed had needs in 3 or more domains. There is a large unmet need for case management and for coordination of a number of services for clients with high or complex needs. In addition, these residents need support to access necessary services and address some of the barriers to services that they experience.

Other factors impacting on service delivery

- 56.5% of residents surveyed had been hospitalized once within the last year.
- Most residents surveyed did not have direct access to a telephone.
- Only 2 (5%) of the residents surveyed were war veterans. This does not reflect research conducted in 1998 by the Department of Veteran Affairs, which estimated 10% of older people without secure accommodation were war veterans.
- 74% of residents surveyed were receiving rent assistance.
- 3 residents (7%) had no access to independently leave the rooming house. 2 of these residents were receiving a Community Aged Care Package (CACP). The other resident was “in crisis” and supported/referred to hospital.
- Of the 23 rooming houses included in the sample, B&L staff observed potential difficulties for service providers in accessing the house. These difficulties included:
 - ◇ run down condition
 - ◇ poor bathroom facilities, which would be an issue for Home Care in providing personal care
 - ◇ anecdotal poor reputation
 - ◇ high turn over of residents
 - ◇ residents with challenging behaviours

2.3 Sample Case Plans – themes emerging from sample case plans and resident interviews

A number of themes have emerged strongly from the sample case plans. These can be divided into four basic themes:

- Instability and fragility of living conditions and informal networks
- A lack of service available to residents
- A trend for residents to be resistant to receiving services
- The effectiveness of a little timely intervention

Insecurity of accommodation

While some residents have been successful in gaining some protection at the Consumer Trader and Tenancy Tribunal, boarders and lodgers have no explicit tenancy rights under the Residential Tenancies Act, 1987.

Because of this insecurity residents can fall fast. Residents who require assistance with mobility, personal care, and hygiene or have some challenging behaviour are often quickly evicted with a couple of days notice. Many caretakers have reported that they do not feel comfortable with this practice, but they are running a business and they cannot ignore complaints from other residents. They also reported that they were not aware of what services people can access. One manager, who manages rooming houses accommodating over 70 residents, reported feeling like people were “dumped by the government” into these houses with no support. He stated he felt like he had to provide support to people, conduct repairs to the houses and run a business at the same time.

Insecurity of support networks

The most common support networks that residents have are support from other residents. Data from the resident survey shows 62.5% of residents who are potential HACC clients and who are currently receiving assistance are receiving it from another resident. A small proportion (8.6%) receives support from family and around 11% of residents receive support from a funded support agency or charity. These support networks that exist within rooming houses are invaluable but are limited, particularly for people with complex needs.

Vulnerability

Many potential HACC clients living in rooming houses are vulnerable to abuse. While many rooming houses provide a strong support network for residents who require assistance, some residents are vulnerable and have to rely on other residents to support them. For example, one elderly pensioner could no longer make it to the shops and relied on other residents to do his shopping and banking for him.

This issue of vulnerability and risk of abuse should be seen within the context that many rooming houses surveyed appeared to provide safe, comfortable and secure accommodation for residents.

Insecurity of service provision

Very few HACC services provide service to residents. There are a number of barriers to providing services. These range from the Occupational Health and Safety issues that arise working in an environment that is isolated and constantly changing, to the challenge of communicating with a client who does not have access to a telephone.

Where referrals were made and services provided, the fragility of relationship between a service provider and client was observed. For example, a client commented to B&L staff that his deliveries from Meals on Wheels had stopped coming. On investigation it turned out that the service had

ceased because the resident often wasn't there to receive them. An alternative arrangement was then made for delivery of the meals.

62% of residents surveyed stated they did not access support services because they did not know they existed or how to access them.

Reluctance to receive services

The reluctance of people who do not have secure accommodation or are disadvantaged to receive support services is well documented. In the wider community older men are unlikely to access community services. This is understood to be a multifactorial issue with male cultural values and behaviour and a miss-match of services to older men's needs being major factors (NSW Committee on Ageing, *Keeping the Balance – Older Men and Healthy Ageing – A Framework for Discussion*, Men's Health and Information Resource Centre, University of Western Sydney, July 2001). Similarly people with mental illness living in the wider community often do not access community support services. The Mental Health Council of Australia (*Out of Hospital Out of Mind*, Mental Health Council of Australia, 2003) estimates that 62% of people with mental disorders do not access mental health support services.

This was certainly the experience of B&L workers in discussing available services with residents. Reasons for this reluctance varied from lack of trust and scepticism that services can be non-invasive and useful, and past experiences of services, to the culture of independence and pride which was present in many of the rooming houses.

A challenge: maintaining people in their community

This insecurity around accommodation, service provision and support networks places residents of rooming houses in a vulnerable position.

One situation where this has a large impact on residents is in the case of going to hospital. Considering the high rate of hospitalisation observed in potential HACC clients surveyed (with 54% going to hospital in the past 12 months), this is a crucial issue. Evidence from case studies and crisis support suggests it is not uncommon for the following to occur:

- A resident becomes unwell and needs to go to hospital.
- If they do not have access to a phone, they rely on other residents, caretakers, owners or service providers to call an ambulance if required.
- Once admitted into hospital the resident loses their accommodation.
- The resident's personal possessions are put out of the room and placed in the hallway/street/tip.
- The resident is discharged out of hospital to another rooming house, possibly in another suburb, often in inadequate housing (as this is where the room vacancies often are).
- If the resident is lucky, support services are organised for them before they go home.
- If the resident is unlucky, no-one has asked them where they are going home to.
- If the resident has significant health problems or cannot manage one or more activities of daily living, this cycle may happen many times in one year.

There are no formal procedures that identify residents of rooming houses at entry and exit points of the public health system to effectively prevent this dislocation. Given the link between housing, support and rehabilitation, this cycle is likely to contribute to the inappropriate hospitalisation and institutionalisation of rooming house residents.

The effectiveness of a little social support

Where ongoing social support was provided to participants of the sample care plans it was successful in providing links to the residents' community and support services. In some instances B&L workers believed that these links prevented the residents' inappropriate hospitalisation or institutionalisation.

It should be noted that the people participating in the case studies presented in this part of the report have been people with complex needs. This was partly because there were so many residents with high needs. B&L workers also provided some assistance and support to people who participated in the resident surveys and had low to moderate needs. This support has included:

- Supporting people who were on inappropriate Centrelink payments to have their Centrelink payments reviewed
- Assisting people to complete rent assistance applications
- Giving people information about enduring power of attorney and later life planning
- Giving people information about their housing options
- Giving people information about local support groups
- Giving people information about local education opportunities such as cooking classes
- Dropping in and monitoring the health and well-being of people who were isolated
- There were a number of rooming house residents who visited the NNC for assistance after finding out about the service from B&L Staff. Support, information and referrals were provided to these residents.
- Due to timeframes around completing the research and this report, this assistance was often one-off and its effectiveness has not been measured. However, B&L staff visited every person who participated in the resident survey. B&L staff observed the following:
 - Residents were more likely to accept assistance after they had been visited more than once
 - Residents were mainly pleased that B&L staff had returned. However, a couple of residents felt the return visit was intrusive.
 - Without follow up, most people who were linked with services stopped using them after a couple of weeks.

Section 3: Towards future service: understanding the service needs of residents

3.1 Overview of service needs

The Boarders and Lodgers Project research has identified a wide range of service needs of people living in rooming houses in the Marrickville LGA, in particular people who are in the HACC target group. These needs can be summarised as:

- | | |
|--|--|
| Personal care | <ul style="list-style-type: none">▪ assistance with showering, shaving, toileting, other personal care▪ laundry (plus not having access to machine) |
| Transport | <ul style="list-style-type: none">▪ transport to medical appointments, outpatients appointments▪ personal transport |
| Food and nutrition needs | <ul style="list-style-type: none">▪ shopping▪ meal preparation▪ delivered/prepared meals |
| Social support | <ul style="list-style-type: none">▪ social isolation▪ access to social activities▪ intensive social support (1:1) |
| Home help | <ul style="list-style-type: none">▪ assistance with housework and cleaning▪ rubbish removal |
| Health care (not covered by HACC) | <ul style="list-style-type: none">▪ support to attend medical appointments▪ interaction with Health services and work with health care providers in developing joint plans with clients |
| Other assistance with day to day living | <ul style="list-style-type: none">▪ assistance with Centrelink, banking▪ financial management▪ understanding/responding to correspondence▪ assistance liaising with PADP for financial assistance to purchase continence aids▪ provision of information and assistance identifying alternative accommodation options and with rehousing to more appropriate accommodation▪ advocacy in relation to accommodation/housing issues |

- assistance with access to supported accommodation
- assistance with applications to Department of Housing, filling in other forms and making phone calls

Crisis

- arranging ambulance to hospital or nursing home
- making links with other services and arranging other services e.g. Neighbour Aid, Food Services
- helping residents of boarding houses to not lose their accommodation and possessions when in hospital
- arranging safety and security of boarding house residents possessions when in hospital
- contacting Marrickville Community Health
- Case management for complex needs e.g. ACAT assessment

Care coordination

- There is a need for someone to coordinate the delivery of services to residents of boarding houses
- There is a need for clearer boundaries between health and HACC services

Other issues

Other issues that have emerged from the research are:

- Lack of fire safety for residents, which can impact on affordability.
- Many residents with mobility difficulties live in properties which require modifications to bathrooms and steps to access them safely. The Home Maintenance and Modification Service has no policy for doing bathrooms and ramps in rooming houses, where residents are often transient.
- Strong need for ongoing assistance with housing and rehousing.
- Building rapport between residents and service providers is crucial and needs to be part of any service planning and for services to be credible.
- A number of residents of rooming houses do not have access to basic facilities such as linen, cleaning equipment, laundry facilities. Some do not have a clean, safe bathroom.

3.2 Existing potential service providers

Looking at the service needs of boarding house residents, the following services could be provided by existing services in the Marrickville LGA:

Personal care

- Home Care – providing personal care

Transport

- Home Care – possibly providing individual transport

- Food and nutrition needs**
 - Delivered meals/other food services (from Meals on Wheels)
 - Shopping by list
 - Shopping service (bus transport to local shopping centre with support) – if it suits the person
- Social support**
 - Seniors groups for elderly people
 - Boarders and Lodgers Program
- Home help**
 - Home Care – providing housekeeping/cleaning
- Coordinated care**
 - Community Aged Care Packages (packages available for people who are homeless)

3.3 Gaps in existing services

Looking at the service needs of residents, the following services do not exist in the Marrickville LGA or are very difficult to access due to long waiting lists:

- Transport**
 - Individual transport – service is available but limited to health related transport and requires two to three week’s notice. Likely to be expanded in about 6 months
- Food and nutrition needs**
 - Supported shopping (exists but long waiting list)
- Social support**
 - No social groups for younger people in the Marrickville LGA. No support to access social groups outside of the area.
 - One to one social support to link into groups (does not exist)
- Home help**
 - Laundry
 - Big cleanups and rubbish removal
- Other assistance with day to day living**
 - Intensive one to one social support (does not exist except via Neighbour Aid services which are limited to specific ethnic groups and a new service at Tom Foster which only has a part time worker; Storage of personal property and goods while residents are in hospital (including packing up their possessions and picking up from the rooming house)
- Coordinated care**
 - Community Options (exists, but very long waiting lists)

Section 4: Towards a Social Support service

This section of the report sets out the proposed key elements of a Social Support service for residents of rooming houses.

4.1 Aims

To provide a Social Support service to meet the residents' need for social contact and/or accompaniment in order to participate in community life and access available services.

As a special needs group due to financial disadvantage, residents will be facilitated to use a range of services. This will be achieved by direct provision of Social Support to residents, and also by education and support to HACC workers and workers in related services.

4.2 Principles

The principles for a service to residents of boarding houses will be based on the following:

- Building rapport and trust with residents on an ongoing basis
- B&L workers having a credible presence in the houses
- Not being forceful or heavy handed
- Respecting and protecting the rights of individuals, including privacy, confidentiality and the right to refuse a service

4.3 Purpose of the service

The purpose of a Social Support service to residents is to:

- Support residents who are frail aged and people with disabilities, and their carers, to continue to live independently in the community and to prevent premature institutionalization or loss of accommodation. This includes the provision of support and services which will;
 - ◇ reduce preventable periods of hospitalization
 - ◇ reduce the risk of residents of rooming houses losing possessions, their accommodation and links with the community and other services
 - ◇ enable people to maintain their place in the community
 - ◇ enhance residents quality of life

4.4 Proposed key service roles

It is proposed that the HACC project work with residents to provide social support, including facilitating getting services into rooming houses. Its focus will be to provide a flexible service model that will support residents with daily living.

The service will be focused around case coordination, which will enable a quick response and a framework to support the client if/when there is a crisis.

The suggested roles for this project include the following:

Working with residents of insecure accommodation

Using a case coordination approach:

- Developing a care plan for residents to get service delivery started
- Providing one to one support for residents, in particular:
 - ✧ To provide information to residents about their options.
 - ✧ To address isolation e.g. support to attend a social group.
 - ✧ To help residents develop skills in daily living which lead to independence. For example, filling in forms, providing information about services, showing them how to arrange medical or dental appointments and travel training where there is no other option, taking residents to Centrelink, DoH etc. It is not a service to provide ongoing assistance in daily living tasks or to provide company, or take residents regularly to medical appointments or shopping. It is also not an individual transport service or a housing service. Its focus will be on developing skills, not on building a dependency on the service.
 - ✧ Crisis management for residents - as an interim measure until they can access other services or needs less support.
 - ✧ Coordination of services for residents as an interim measure where needed, in particular where there is a waiting list for case management services, or to get services up and running.
- Referral to other services for example:
 - ✧ Case management services, where a resident has high or complex needs e.g. referral to Community Options, MAT, or CACP provider.
 - ✧ Linking residents into the Marrickville Home Visiting Support Service.
 - ✧ Linking residents to established social support groups (including workers or volunteers providing 1:1 support to enable clients to access these groups).
 - ✧ Help to ensure that residents get access to appropriate health and other services.

The approach to be used in referral to other services will include:

- ✧ Formally making referrals.
- ✧ Making links with appropriate services for a client.
- ✧ Facilitating HACC services to move quickly and be pro-active.
- ✧ Monitoring use of services by client until there is service stability.
- ✧ Working with other services to assist residents in setting up services e.g. going with them to visit the resident.
- ✧ Advocacy on behalf of residents with other services and agencies.

- Possibly arranging brokered services, or NNC to fill gaps where services do not exist or where waiting lists are too long, in special cases where there is no other option given the limited resources. It could be beneficial for NNC to provide these services directly as it could build on the service's existing respect and credibility, based on direct help already provided.

Working with services

- Education and support of:
 - ✧ HACC workers and workers in related services.
 - ✧ Health services, in particular people involved in admissions, discharge and the Mental Health Team.
- Strategies to educate HACC workers could be:
 - ✧ Working with HACC Development Officer to plan and arrange training.
 - ✧ Including information on working with residents in the HACC orientation training.
 - ✧ Linking in with mainstream training in other areas e.g. provide training for food services from across the region on how the model works in Marrickville LGA.
 - ✧ Having discussion of issues around working with clients on the HACC Forum agenda on a regular basis.
 - ✧ Helping resource services to plan their work with residents e.g. sample policies and procedures, review of criteria for priority of access to look at needs of residents.
 - ✧ Explaining the terminology to assist HACC service providers.
 - ✧ Working 1:1 with other services on how to make their service more accessible to residents (e.g. go on site with them the first time they go out to visit a resident).
 - ✧ Education of managers and caretakers on how the B&L project and other HACC services can support residents. This includes educating them on the benefits and ways of working with residents, to help them develop their own skills e.g. in personal care, cooking, housework, travel training etc.
- Education of health services:
 - ✧ Staff involved in admission at the hospitals.
 - ✧ Discharge planners.
 - ✧ Outpatient clinics.

Education of health services could involve:

- Development of protocols.
- Regularly meeting with staff in health services and discussing issues in relation to working with this target group.

- Developing links with and education for workers in drop in centres and hostels (e.g. Exodus Foundation).
- Education of tenancy workers on what the project can offer residents.

4.5 Measuring the success of the project

The success of this project can be measured by the following:

- The number of hours of social support provided by the B&L project to residents
- The number of hours B&L staff spend working directly in rooming houses
- The number of HACC services in the Marrickville LGA that provide service to residents (through monitoring referrals made to other services and referrals accepted)
- The number of hours/amount of training and resourcing provided for other HACC services to support their work with residents
- Networks and relationships built between the project and other services
- Feedback from HACC services on their work with residents

Further work will be done to develop performance indicators for use in the project.

4.6 Geographic area

At present the focus of the project's work in providing social support to residents should be on the Marrickville LGA. Until funding is expanded it is not realistic to go beyond this one LGA with its complex needs and significant number of rooming houses.

There could be a limited role for the project to provide education and resources in other LGAs so that the experience of this project can be transferred to HACC and related services in other LGAs.

4.7 Partners in Service

- Aged Care and Assessment Team (ACAT)
- Central Sydney Area Health
- Centrelink – PEP Program
- Home and Community Care Program (HACC)
- The Supported Accommodation & Assistance Program (SAAP)
- Lucan Care ACAP & ACHA Programs
- Exodus Foundation
- Marrickville Legal Centre
- Marrickville Council
- Tenants Advice and Advocacy Service

Section 5: Recommendations

- That the Boarders and Lodgers Social Support service for people in the HACC target group living in insecure accommodation commences operating as an output based service on a recurrent basis as outlined in the letter from then Minister Fay Lo Po dated 2001.
- That the service will operate as outlined in the Service Description Schedule.
- That the service is limited to the geographic boundary of Marrickville LGA and the Service Description is amended accordingly.
- That DADHC and the HACC Program recognise the clients of this service, as the special needs group of 'financially disadvantaged' as defined by the National Guidelines for the Home and Community Care Program 2002. The National Guidelines recognise that within the overall HACC target population there are groups of people who find it more difficult than most to access HACC services. These services include 'financially disadvantaged' people.
- That the Boarders and Lodgers Social Support Service is a "HACC Basic" level service, which aligns with key program directions for HACC in NSW and the national HACC targeting study. Additional needs arising from the report relating to people with high support needs who cannot be met within this project be considered through the DADHC Regional Planning process in 2003 and 2004. Wherever possible NNC will refer people with high support needs to relevant HACC services.
- That non-recurrent costs of \$20,000 are provided for the development costs of the project which includes;
 - Purchase and installation of notice boards in rooming houses for information display of available services and activities.
 - Development and provision of resources including education programs for other services to enable them to effectively provide services to residents of insecure accommodation in the Marrickville LGA.

References

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NSW Committee on Ageing *Keeping the Balance - Older Men and Healthy Ageing - A Framework for Discussion* Men's Health and Information Resource Centre, University of Western Sydney, July 2001.

NSW Select Committee on Mental Health. *Inquiry into Mental Health Services in New South Wales* December 2002.

Definitions and acronyms

The following acronyms were used in this report:

ACAT	Aged Care Assessment Team
B&L	Boarders and Lodgers Project
CACP	Community Aged Care Packages
CSAHS	Central Sydney Area Health Service
DADHC	NSW Department of Ageing, Disability and Home Care
HACC	Home and Community Care Program
LGA	Local Government Area
NNC	Newtown Neighbourhood Centre
SAAP	Supported Accommodation and Assistance Program

The following definitions are used in this report

Aged	A person over the age of 65 Aboriginal Person over the age of 45
Boarder or Lodger	A person currently residing in a Rooming House
Functioning and Disability	<p>For the purposes of this report the ICIDH-2 WHO ² concept of functioning and disability has been used. This is in effect a complex classification of disability. However, it broadly identifies three dimensions.</p> <ul style="list-style-type: none">▪ Body Function and Structure (physiology, psychology and anatomy)▪ Activity at an individual level▪ Participation in society (person's involvement in life situations). <p>These three dimensions can then be seen to lay along a spectrum of function where the dimension presents no problem to function at one pole or a complete problem at the other.</p>
HACC Program	Home and Community Care Program
HACC Service	A service or project that is funded under the Home and Community Care Program.

² IDIDH-2: International Classification of Functioning and Disability – builds on the World Health Organization's International Classification of Impairments, Disabilities and Handicaps (ICIDH, 1980)

HACC Service User or HACC Client	A person who is currently receiving a service or support from a HACC Service, funded under the HACC Program.
Observed Need	A need for assistance or support for a resident of a rooming house as observed by one of the B&L workers. These were recorded in cases where there was a discrepancy between the workers' perception and a resident's perception. It should be noted that this definition only includes needs that the workers could actually see and the figures will underestimate the number of residents with real needs that are just not visible.
Potential HACC Client	Person eligible to receive HACC funded services under the Home and Community Care Program, The HACC target group includes people living in the community who are frail aged (over 65 years of age and frail), who have a disability and their carers.
Social support Service	A HACC service type which refers to assistance provided by a companion (paid worker or volunteer), either within the home environment or while accessing community services or facilities, which is primarily directed towards meeting the person's need for social contact and / or accompaniment in order to participate in community life.
Reported Need	A need for assistance or support for a resident of a rooming house as reported by the resident.
Resident	A person who is currently a boarder or lodger.
Rooming House	Includes any form of accommodation where tenancy is insecure and not covered by the Residential Tenancies Act, 1987. It may include boarding houses, rooming houses, lodging houses, hotels, motels, pubs, squats and people boarding in a room with a family. For the purposes of this report boarding houses licensed under the Youth and Community Services Act 1973 are not included in this definition.
Sub Standard Housing	Sub standard housing: Housing that has a detrimental effect on the health of its residents, is unsafe and which does not provide a pleasant living environment for its residents.

Appendix 1 Methodology

Audit of insecure accommodation

There was no up to date list of rooming houses in the Marrickville LGA and it was clear that the old lists that existed were out of date, due to many properties no longer being used as a rooming house, and some existing rooming houses not having received planning approval. The initial part of the research project therefore involved undertaking an audit to identify location and details of insecure accommodation in the Marrickville LGA. This was done in the following ways:

- A list of rooming houses known to exist or having existed in the Marrickville LGA was developed by the B&L team, using the following sources of information:
 - ◇ Records from Marrickville Council
 - ◇ Records from Marrickville Legal Centre
 - ◇ Records from Marrickville Police
 - ◇ Records from Marrickville Centrelink
 - ◇ Archives of the Newtown Neighbourhood Centre
 - ◇ Listings in the Sydney Morning Herald, the Telegraph and local newspapers
 - ◇ Asking local residents if they were aware of any rooming houses in the area
 - ◇ Asking people on the street if they were aware of any rooming houses in the area
 - ◇ Asking people living in rooming houses if they were aware of any other rooming houses in the area
 - ◇ Knocking on the doors of houses that had a “room for lease” sign out the front
 - ◇ Knocking on the doors of houses that looked like rooming houses
 - ◇ Working together with an ex-resident of rooming houses. The ex-resident had experience of rooming houses in the Petersham area
 - ◇ Liaising with real estate agents that were known to manage rooming houses
- Each rooming house on the list was visited by NNC workers and where possible, a basic property survey was carried out on each house that was still operating as a rooming house. Where possible, the owner, manager or caretaker was asked to complete the survey. Where there was no owner, manager or caretaker on site, a resident was asked to complete the survey. In each case, the person asked to complete the survey was first given basic information about the B&L research project, including the purposes of the project and information on how the data would be used. In cases where rooming houses were difficult to access:
 - ◇ Where access was not gained on the first occasion, an attempt was made to visit the house on three further occasions at different times of the day (morning, afternoon, evening).
 - ◇ Where a caretaker or resident asked a worker to leave or indicated that the worker should leave, the worker would leave. Later, an attempt would be made to contact the manager or owner to complete the survey. If contact with the owner or manager was unsuccessful, the

house was revisited for occupational health and safety (OH&S) reasons by two B&L project staff.

The property survey was first piloted on a sample of 20 houses. As a result of the pilot, amendments were made to the survey in order to capture information about the number of elderly residents, vacancy rates and OH&S and access issues for service providers and residents.

At the time surveys were completed, participants in the survey, including owners, caretakers, managers and residents, were given information and contact details of local community services. Workers also provided assistance, advice and referral to residents and caretakers where residents were found to be in crisis.

Determining the number of potential HACC clients

The second aspect of the research was to attempt to determine the number of people living in rooming houses and, more particularly, the number of people living in rooming houses that were potential HACC service users. This was done in the following way:

- Sample survey of residents

Initially it was planned to attempt to survey and interview potential HACC clients in a sample of 80 houses (of a total of 97). Due to difficulties accessing houses and residents, this was reduced to 23 houses, which provided a total of 250 people.

While these properties were not selected randomly, this group of houses match the proportions in each category of houses from the list of audited properties, using the characteristics such as average number of residents per house and average number of people over 50 per house (3). Each geographic location is proportionally represented, as are different property types such as rooming houses, pubs and private hotels.

- Identification of potential HACC clients

- ◇ As rooming houses were visited the person answering the door was asked if there was anyone living in the rooming house that was having difficulty coping with their day to day life.
- ◇ If permission was given by a resident or caretaker, workers then went and knocked on every door in the rooming house. The same questions were asked to all people the workers met in the rooming houses.
- ◇ Where possible the caretaker, manager and owners were also asked the same probing questions.
- ◇ Any person identified by caretakers, managers, owners and residents was asked if they would like to participate in the resident survey.
- ◇ An attempt was made to observe every resident living in the house, with the exception of residents who were working at the time of the visit.
- ◇ Any person observed to be in the HACC target group was also asked to participate in the survey.

- ✧ There were some limitations in gaining a census of potential HACC clients within these rooming houses, including difference in perception of need and disability in rooming house residents vs. workers. This is complex and is addressed below.

One of the acknowledged weaknesses of the methodology used is that it relies on people living in rooming houses answering their doors. There is concern that people who may be most in need and most isolated may not answer their doors.

- Identifying the needs of potential HACC clients living in rooming houses.

Two approaches were used to identify the needs of potential HACC clients:

- ✧ The first approach was to conduct an interview and survey with identified potential HACC clients. Identified residents were asked to participate in the survey. The resident was given written and verbal information about the project and informed that information provided would be kept confidential. A survey template (refer Appendix 2) was used to investigate the resident's perception of their function. The template was also used to gauge the resident's feelings towards receiving support services.

Where there was a discrepancy between a workers perception and a resident's perception, the worker recorded the observations about what they perceived to be the resident's need. For example a resident said they felt they had no problems with mobility, and a worker observed the resident unable to stand up independently or to walk more than a few paces. The reason for recording these observations ties directly into wanting to ensure an accurate picture of the number of potential clients and the current needs and likely future needs of rooming house residents was gained.

Where it was felt the resident was reluctant to talk to workers because of their age or gender, a male who had previously lived in rooming houses conducted the survey.

- ✧ The second approach was to develop 5 sample case plans. The sample case plan aimed to gain an in-depth view of resident's needs. They also tested the hypothesis that people would become more open with workers about their needs as workers built rapport with them.

Case studies: providing support for residents

In the case of five residents who were identified as being at high need of support and services, care plans were developed by the B&L workers and this was followed up by the workers providing appropriate support and organising services for these residents. This case study approach not only provided the project with more in depth understanding of the dimensions of the issues facing residents of rooming houses, but also enabled the project to trial approaches to working with this group of people.

Developing a social support service

The results of research provided a sound basis of information for the development of a service model for future servicing of residents of rooming houses in the Marrickville LGA. The development of the model for a social support service also involved discussions among staff of the NNC to explore the implications of the research results and to canvas service model options and consultations with key stakeholders and other service providers.

Appendix 2: Surveys

Property Survey

Address of Property:NSW.....
Date visited: Visited by:

<u>Caretaker details</u> (if applicable)	<u>Managing agent</u> (if applicable)	<u>Property owner</u>
Name:	Company:	Name:
Tel. No:	Tel No:	Address:.....
Room no: (if applicable)	Contact:
		Tel. No.

<u>Type of Accommodation</u>			
Boarding House	Guest House	Bed & Breakfast	Pub/ Hotel room
Other (please state).....			
<u>Lease/Tenancy Agreement</u>			
Do you have a lease or tenancy agreement?	Lease	Agreement	
Do residents have a key to their own bedroom?	<u>Keys</u> Yes	No	
Do residents have a key to the front door?	Yes	No	
<u>Bed Space</u>			
How many rooms in this accommodation?		
How many bed spaces in this accommodation?		
How many people are living here now?		
<u>Resident make up</u>			
How many people aged over 50 are living here?		
About how many people who live here work?		
<u>Rent Range</u>			
What rent/s do you charge for your accommodation?		
Other charges for accommodation?		
Does the cost of accommodation include meals?	Yes	No	

Facilities Provided

Bedroom.

Bed linen	Bed & Mattress	Blankets/ doona	Pillows & pillow case
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Kitchen.

Is there a kitchenette or a common kitchen?	Kitchenette	Kitchen
Stove	Microwave	Wash hand basin
Cupboards	Fridge	No cooking facilities

Bathroom.

No. of bathrooms.	No. Separate toilets?	No. of En suite.
------------------------	-----------------------------	-----------------------

Laundry

Is there laundry facilities?	Yes	No
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Services.

What services are you aware of which are provided to residents of your accommodation?

.....

.....

Observations.

General building conditions.

Well maintained	Minor works required	Poorly maintained	Dilapidated
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Fire Safety.

Is there fire equipment in the building?	Yes	No
Smoke detectors?	Yes	No

Access.

Are there any safety issues for staff/other services?	Yes	No
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Comments: Who would this accommodation suit?

.....

Boarders and Lodgers Project: Data collection checklist

1. **Is the resident willing to participate in survey?**

Yes No

2. **Is the resident a HACC target client?**

Does the person have a disability? Yes No

Observed Reported

Type of disability: Physical Intellectual Mental illness

Is the person aged? Yes No

Observed Reported

3. **Resident potential needs**

Do you have difficulties in any of the following areas? (Tick if person has difficulties)

3.1 **Personal care and daily living.**

Grooming

Getting in/out of bed

Mobility

Dressing

House work

Meal Preparation

Eating

Continence

Filling out forms

Managing money

Using a phone

Organising appointments

Remembering important dates/events

3.2 **Getting out and about.**

Going to local shops/services

Using public transport

Attending appointments

Attending social/family events

3.4 **Would you know how to find the following services?**

Counselling

Housing assistance

Advocacy and Advice

Medical/community centres

3.3 **Life skills / management of affairs**

Understanding official letters

4. Other Issues/Observations

- 4.1 Have you had a recent Hospital admission? Yes No
- 4.2 Are you entitled to benefits from the Department of Veterans Affairs? Yes No
- 4.3 Do you have access to a telephone? Yes No
- 4.4 Are you receiving rent assistance? Yes No

4.5 Are you currently receiving would you like to receive assistance or for any of the following areas:

	Yes	Provider
• Food preparation	<input type="checkbox"/>	_____
• Transport	<input type="checkbox"/>	_____
• Shopping	<input type="checkbox"/>	_____
• Personal care	<input type="checkbox"/>	_____
• Community nursing	<input type="checkbox"/>	_____
• Help with laundry	<input type="checkbox"/>	_____
• Banking	<input type="checkbox"/>	_____
• Domestic assistance	<input type="checkbox"/>	_____
• Housing	<input type="checkbox"/>	_____
• Mental health support	<input type="checkbox"/>	_____
• Social groups	<input type="checkbox"/>	_____
• Health professionals	<input type="checkbox"/>	_____
• Other	<input type="checkbox"/>	_____

5. Observations

- 5.1 Are there any observed needs in question 2? _____
-

Access

- | | | Yes | No |
|-----|---|--------------------------|--------------------------|
| 5.2 | Does the person have easy access to a bathroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 | Does the person have access to enter/leave the building? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 | Are there any factors affecting access for service providers to the building? | <input type="checkbox"/> | <input type="checkbox"/> |

6. **Comments**

Appendix 3: Summary data from property survey

Building conditions and Safety (n=77)

Building conditions		
Excellent	15	19.5%
Good	24	31.1%
Reasonable	23	29.8%
Poor	11	14.3%
Very poor	4	5.2%
Fire safety		
Smoke detectors and fire extinguishers	47	61%
No fire equipment	20	25.9%
Only smoke detector	6	7.8%
Only fire extinguisher	4	5.2%
General Safety		
Houses unable to access due to safety	4	5.1%
Houses with safety issues that may impact on service provision	26	33.8%

Services provided by rooming house (n=77)

Kitchen Facilities		
Shared kitchen	63	81.8%
Kitchenette in room	24	31.1%
No shared kitchen	14	18.2%
No kitchen facilities	3	3.8%
Laundry		
Laundry Facilities available	44	57.1%
No Laundry	14	18.1%
Unknown	19	24.7%
Bathrooms		
Total no. bathrooms	200	
Total no. toilets	208	
Ave bathrooms per resident	4.7	
Average toilets per resident	4.5	

Bedrooms		
Furniture	69	89.6%
Linen	33	42.8%
Blankets and pillows	27	35.1%

Rooms (n=77)

Total no. rooms	944	
Average no. rooms per rooming house	12.2	
Double rooms available	36	46.7%
Shared rooms with strangers	2	2.6%

Vacancy rates (n=77)

Vacancy rate		9%
Houses with no vacancies	62	80.5%
Houses with vacancies		
Conditions:		
• Excellent	0	
▪ Good	2	13.3%
▪ Reasonable	10	66.6%
▪ Poor	2	13.3%
▪ Very poor	1	6.6%

Change of purpose (n=110)

Houses no longer operating as rooming houses	110	52%
Current function		
Private residence	48	62.3%
Flats	16	20.1%
Rooms with leases	13	16.8%
Backpackers	3	3.4%
Unused	4	5.2%
Unknown	10	12.9%
Commercial	7	9.1%
International student acc	1	1.2%
Burnt down	1	1.2%
Refuge	1	1.2%
Other	6	7.7%
Geographic location		
Newtown	12	10.9%
Marrickville	30	27.3%

Petersham	22	20%
Sydenham	0	0%
Stanmore	14	12.7%
Enmore	19	17.3%
Dulwich Hill	4	3.6%
Lewisham	4	3.6%
Tempe	5	4.5%

Keys and access(n=77)

Residents had no key to their room	1	1.3%
Residents had no key to front door	1	1.3%
No. houses with safety issues potentially impacting on service delivery	26	33.8%

Costs

Average cost room	\$119.86 (\$70-\$200)	
No. houses charge electricity	6	7.8%
No. houses charge laundry	21	

Resident make up (n=77)

Houses with no people over 50	23	29.9%
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Appendix 4: Summary data from resident survey

Participants – houses surveyed

Total residents	297	
Total potential HACC clients	41	13.8%
Potential HACC clients reporting service needs	23	7.7% of total residents in sample 56.1% of potential HACC clients
Potential HACC clients observed service needs	18	6.1% of total residents in sample 43.9% of potential HACC clients

Sample comparison

Characteristic	Sample Used	Random Sample
Geographic representation		
Marrickville	7 (30.4%)	7 (30.4%)
Petersham	5 (21.7%)	7 (30.4%)
Newtown	2 (8.7%)	1 (4.3%)
Stanmore	1 (4.3%)	2 (8.7%)
Lewisham	2 (8.7%)	2 (8.7%)
Enmore	6 (26.1%)	3 (13%)
St Peters	0	1 (4.3%)
Caretaker		
No Caretaker	15	16
Live in caretaker	8	7
Number of residents		
Total	297	272
Average per house	12.9 (range 5-26)	11.8 (range 4-28)
Building conditions		
Excellent	2 (8.7%)	5 (21.7%)
Good	7 (30.4%)	4 (17.4%)
Reasonable	12 (52.2%)	11 (47.8%)
Poor	2 (8.7%)	3 (13%)
Very poor	0	0

Potential HACC clients - Service Provision

Residents receiving a service/support	16	
Residents receiving HACC services	1	
Residents receiving other support services	2 – CACP 1 – Greek Welfare 4 – Community Mental Health 1 – OPC	
Residents receiving support from family member	2 – assisted with shopping, personal care and home help	
Residents receiving support from other rooming house resident	2 – personal care 6 – food 4 – home help 5 – other (includes phone use, assistance with completing forms, reading correspondence, liaising with Centrelink and banking)	

Service receiving meet needs

	Total no. receiving service	Does service meet needs?		
		Yes	No	Unknown
Transport	4	2	0	2
Housing	1	0	1	3
Food & Nutrition	7	2	2	3
Health	6	3	0	3
Social Support	1	0	0	1
Home help	6	3	0	3
Other	7	1	0	6

Other aspects (n=23)

	Yes	No	Unknown
Access to telephone	7 (30.4%)	14 (60.8%)	2 (8.6%)
Been in hospital once in the past year	13 (56.5%)	7 (30.4%)	3 (13%)
Receiving rent assistance	17 (73.9%)	1 (4.3%)	5 (21.7%)

Resident and service Access Issues (n=23)

	Yes	No	Unknown
Access to telephone	7 (30.4%)	14 (60.8%)	2 (8.7%)
Access to bathroom	19 (82.6%)	4 (17.4%)	
Access to entry and exit	20 (86.9%)	3 (13%)	
Safety/access issues for service providers	5 (21.7%)		

Resident service needs (n=23)

	Yes		No	Unknown	No answer
	Obs	Rep			
Transport	3 (13%)	8 (34.7%)	11 (47.8%)	1 (4.3%)	0
Home help	5 (21.7%)	7 (30.4%)	7 (30.4%)	2 (8.6%)	2 (8.6%)
Personal care	3 (13%)	4 (17.4%)	15 (65.2%)	0	1 (4.3%)
Food and Nutrition	5 (21.7%)	7 (30.4%)	10 (43.4%)	1 (4.3%)	0
Housing	5 (21.7%)	6 (26.1%)	10 (43.4%)	2 (8.7%)	0
Social Support	2 (8.6%)	6 (26.1%)	5 (21.7%)	8 (34.7%)	2 (8.6%)
Other	6 (26.1%)	6 (26.1%)	0	11 (47.8%)	0

Residents with a need - want a service

Service	No. residents with need	Yes	No	Unknown / Didn't want to answer
Transport	11	4	5	2
Personal care	5	2	1	2
Housing	11	6	1	2
Food and nutrition	12	2	3	7
Health	15	7	1	7
Social Support	8	4	0	4
Home help	13	2	3	8
Other	12	5	0	7
Total no. wanting service	-	15	6	-

Residents who want a service but are not receiving one

	Don't know about service	Not receiving a service but would like to
Transport	3	4
Personal care	2	2
Housing	5	6
Food & Nutrition	2	2
Health	7	7
Social Support	3	4
Home help	2	2
Other	2	5
No. residents not knowing about services, but want to receive one	15 (65%)	