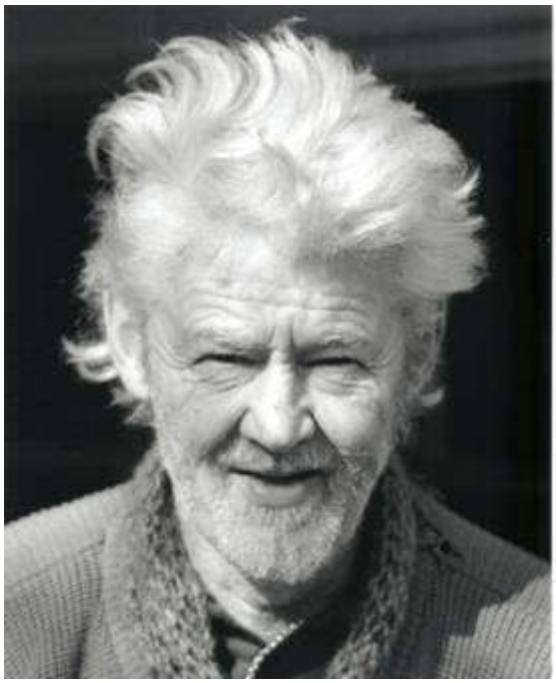
Wintringham

“A HOME UNTIL STUMPS”:

WINTRINGHAM’S RESPONSE TO THE HOMELESSNESS GREEN PAPER



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Preface

Wintringham commends the Rudd Labor Government for its willingness to acknowledge and tackle the national disgrace of homelessness. We are very much aware that no Prime Minister in living memory has been prepared to make homelessness a public policy priority or to have devoted so much personal interest and political capital into trying to find a better way of addressing the problem of homelessness.

The task that the Government has set itself is huge and, no doubt, daunting. Yet the problem of homelessness is not insurmountable: there are practical examples of ways of designing and delivering services to homeless people that provide a clear and permanent exit point to homelessness. Wintringham has been able to develop such services and can demonstrate that there are alternative methods of responding to the problem of homelessness.

Wintringham's response to the Green Paper will concentrate exclusively on the area we have expertise in, namely the elderly homeless. Having said that, we believe that some of the responses that we have developed to the problem of delivering services to aged men and women who are homeless have clear implications to the development of a range of programmatic policy settings for homelessness in general.

SAAP

Wintringham's position is that homelessness should not be seen as a SAAP problem. It is unfair to ask more of under-resourced SAAP workers and it is poor policy to blame SAAP providers for the increasing levels of homelessness. Homelessness is a societal problem that is exacerbated by failures in the provision of mainstream services and a significantly flawed policy view of how homelessness should be tackled. The Green and White Papers provide a once in a life time opportunity to redress these failures and to look at homelessness in a totally different way. Simply providing more money to SAAP will not solve the problem of homelessness.

Wintringham believes that the primary government policy response to the existence of elderly homeless people must come through the Commonwealth aged care system while, at the same time, acknowledging that there needs to be a more vigorous linkage between this service system and that of the provision of safe and affordable housing.

We hope in this paper to be able to demonstrate that, for at least some homeless people, a permanent exit or pathway out of homelessness can be found by accessing mainstream services and funding sources.

Wintringham: some background information

Wintringham was established in 1989 as an independent not-for-profit welfare company to provide high quality aged care services to frail elderly homeless men and women. Today we provide a range of services to approximately 800 elderly people who are homeless or at risk of becoming homeless each night, including low and high care residential homes, community care packages, State funded support packages, a range of housing services and options, street based outreach work, advocacy services, as well as our work representing the interests of the homeless elderly on a variety of State and national ministerial advisory committees. More details about these services and further background to the company can be found at www.wintringham.org.au.

The vision at the start of Wintringham was simple. The company would be a social justice organisation that would care for older homeless people whom the aged care industry had turned its back on.

Our view of social justice, and the rights that flow as a result of social justice, is that it is a basic and fundamental right and should not be consequential on the personal values of a worker or an organisation. So, for Wintringham, older homeless people have a right to decent aged care services and housing simply because they are Australian citizens.

The elderly homeless remain one of the most disadvantaged and powerless groups in Australian society. At a time of life when most people would be enjoying their retirement, elderly homeless men and women live outside mainstream society making do with inadequate food, clothing and housing.

In 2008, Wintringham Housing Limited, a wholly owned subsidiary of Wintringham, was established to concentrate exclusively on delivering housing services for the elderly poor.

Elderly and homeless: shifting the paradigm

At the time of the formation of Wintringham, many hundreds of elderly men and women were living and dying in homeless persons' night shelters unable to access mainstream aged care services even though these services were often run by the same Church-based welfare companies that were managing the homeless persons' night shelters.

The prevailing view in the 1970's and 80's was that as these elderly folk were homeless, it was appropriate that they were in a SAAP-funded service. If there were concerns raised about the presence of elderly people in the night shelters it was more around the principle that SAAP was not intended to provide permanent accommodation, rather than to question why these elderly homeless people were not able to access mainstream aged care services.

In short, these aged people were being seen as *homeless and elderly* and as such it was the responsibility of the homeless sector to provide for them. Wintringham reversed that expression, arguing that aged homeless people were *elderly and homeless.*

Changing the description of aged homeless people from being *homeless and elderly* to *elderly and homeless* is not merely semantics: it creates a new paradigm and a new way of thinking about the elderly homeless. It involves acknowledging that the person is aged and therefore entitled to normal aged care services. If we say they are homeless it perhaps makes some sense of the fact that they are living in a homeless persons' night shelter, but if we say that they are aged (and just happen to be homeless) then the next question surely is "why are they not part of the aged persons' service system?"

The principle that Wintringham has operated on from its inception is that the aged homeless should have the same right as any other elderly Australian to access mainstream aged care services.

The aged care system is not allowed to discriminate against any minority group on the basis of their ethnicity, religion or personal views. Why then should they not be required to make welcome the elderly homeless?

Unable to place our elderly homeless clients in mainstream aged care services, Wintringham resolved to build its own.

Implications consequent on accessing mainstream funding and service streams

The most immediate and noticeable impact of this decision to access mainstream funded programs such as aged care has been that elderly homeless clients now have the opportunity to benefit from specialist residential and community aged care services. SAAP services and their workers are not trained in aged care and are not equipped either from a staffing or equipment perspective to provide appropriate services to the frail aged.

> *It is common in residential aged care services to have, over a 7 day a week 24 hours a day period, approximately the same number of staff as clients. For example, Wintringham's Ron Conn nursing home which provides care to 60 elderly homeless men and women, employs approximately 58 care staff over a 24/7 time frame (in addition to recreation, cooking, cleaning and administration personnel).*
>
> *Compare this to the staffing ratio at Gordon House, the largest homeless persons' night shelter in Melbourne in 1985, where 300 homeless clients had one part time un-funded personal care attendant for 20 hours a week.*

Insisting on the right of the frail aged homeless to access mainstream care has had an immediate impact on the lives of the elderly homeless who can now theoretically receive appropriate aged care services. More importantly, from a structural perspective, it has led to significant quantities of money coming from aged care into services providing for the elderly homeless: money that would not have been available through SAAP.

Wintringham alone has accessed in excess of $100,000,000 in recurrent and capital funding from aged care to finance its work with the elderly homeless in the relatively short time we have been providing services. Similar figures no doubt would also have been achieved by other aged care providers who work for the elderly homeless.

It is worth, however, clarifying a point that can be misunderstood. While Wintringham believes that the most appropriate way of delivering quality aged care services to the elderly homeless is through specialist services which access mainstream aged care program dollars, we also believe that generic mainstream services should themselves become accessible to the elderly homeless.

This two part strategy to improve older persons' access to aged care services has been reflected in Wintringham's past three Five Year Strategic Plans:

> *2.1 To provide older homeless men and women with options that offer a range of affordable high quality accommodation and care services.*
>
> *2.2 To influence policies and practice at all relevant levels of government to ensure that elderly homeless men and women receive equal right of access to aged care and accommodation services.*

While the Wintringham response to the Green Paper will have more to say later about the aged care industry's lack of response to the elderly homeless and possible ways of redressing that discrimination, Wintringham does not believe that the sole answer to providing appropriate aged care services lies with enforcing mainstream aged care to accept their responsibility.

There is a place in an industry as large as aged care for specialist providers who are able to access mainstream dollars. The rationale for specialist providers within the mainstream service system is that certain minority groups have a language or cultural coherency that should be respected and not diluted, particularly in a client's last years of life. This is the approach taken by Wintringham, just as it has been by Koori and some CALD providers.

All Federally-funded aged care services should be required to provide non-discriminatory services to older homeless people in the same manner that they are required to provide for CALD clients. It is clear that no Federally-funded aged care service should be allowed to discriminate against any group of clients. Ideally these services should also not grudgingly accept referrals and in the process make clients feel unwelcome. A variety of training and education programs, similar to the provisions for CALD clients, could be introduced for service providers working with the elderly homeless.

There is a vigorous debate in all welfare services, including the aged care sector, as to whether all services should for example attempt to provide culturally appropriate services to their clients, whether there should be specialist providers catering for an individual client group, or whether there should be a combination of these two approaches.

While Wintringham would advocate the latter proposition, we would stress that we believe that the principle response to elderly homelessness must come from appropriately funded specialist services such as the ones we operate. The level of funding needs to recognise the considerable additional training and resources necessary to address the specific needs of the client group.

Having said that, we also maintain that all mainstream providers should be encouraged to accept referrals from the homeless and to be trained, as they are for CALD services, to provide appropriate care.

Exit point: a pathway out of homelessness

Wintringham has been able to demonstrate that if services are carefully thought out and designed, and if they are adequately resourced and maintained, that it is possible to provide a permanent exit point to homelessness, and that this outcome can be almost universally achieved.

This is an outstanding statement but one that other specialist providers of quality aged care services to older homeless people can probably also make. Wintringham endeavors to provide “A Home Until Stumps”: that from the time an outreach worker makes contact with an elderly homeless man or woman, we can provide a pathway from the streets into housing (which preferably we own or manage), into which we can begin to provide appropriate levels of community care and support that are packaged according to the needs of each individual person, through to full residential care in one of our Low or High Care Facilities if required.

In spite of initial concerns from the Commonwealth at the time of the formation of Wintringham in 1989, we have almost zero instances of aged people voluntarily leaving our services. In spite of providing for a wide range of people, some with severe brain injury, we find that beneath their sometimes fiercely independent nature, nearly all of our clients are capable of distinguishing between the services we can offer and life on the streets. In the jargon of the market, they are rational consumers.

It is important to note that this exit point is not just for the very frail who are physically unable to return to their previous life style, but includes our younger aged clients who are in receipt of either or both housing and community aged care services. Many of these clients still struggle with a variety of addictions or disabilities, yet are able to be maintained in stable and permanent housing, and choose to continue receiving these services.

Many of these clients have a long history of failed tenancies. The following study highlights the importance not of a selective process for entry into community housing, but for a rigorous support program to assist the client to maintain the housing.

> *62 year old Shane has lived in a city housing project managed by Wintringham for nearly eight years. Shane has a significant acquired brain injury (ABI) following many years of drug and alcohol abuse.*
>
> *Shane moved into the unit from a shed attached to the rear of a low cost pension-only accommodation service. Prior to this Shane had been in inpatient rehabilitation, and transitional housing around Melbourne. Shane had a long history of transience and living in and out of prison.*
>
> *Shane has required consistent and ongoing support to manage his complex medical conditions. Shane also has a history of gambling and is unable to control this compulsion. With our support Shane commenced with an Administrator from State Trustees who ensures that Shane's finances are managed.*
>
> *Wintringham supports Shane to live independently in the CBD, in a unit that Shane reports as being the best "home" he has ever had. Shane has successfully maintained his unit and his health for the entire stay at Wintringham, while maintaining his independence and own daily routine.*

Savings to the community from providing permanent housing and care

In common with homeless service providers world-wide, Wintringham has many examples of homeless clients who have had numerous admittances to the public hospital system. Often because of the unwelcoming nature of many of the suburban private medical practices towards this client group, homeless people frequently do not receive medical attention for their ailments until an emergency attendance at a public hospital. These visits periodically require hospitalization and become progressively more serious with each admittance. The financial cost to the hospital service system and emotional cost to the homeless client are both considerable, and largely avoidable.

It is self evident that providing appropriate health care to a homeless person in secure accommodation is both considerably cheaper to society and more pleasant to the person, than either admittance to an intensive high care nursing home or to a hospital.

> *Ron Conn was a homeless man who lived at Gordon House in South Melbourne in the 1980's. When Gordon House closed down, he moved to Gippsland where he lived in a boarding house, although he frequently travelled to Melbourne to visit an old mate who had come to live at McLean Lodge, a Wintringham aged care facility.*

Eventually Ron accepted an offer to return to Melbourne to live at Atkins Terrace, one of our housing facilities in Kensington. Within months Ron was diagnosed with cancer to which he eventually succumbed two years later.

During his two years of illness, Ron lived entirely at Atkins Terrace, initially receiving simple assistance, through to a Community Aged Care Package and then finally full hospice care delivered to his unit. For two years, as Ron's health progressively deteriorated, he was surrounded by his mates, many of whom would sit in his room all day yarning about the past, and was even reunited with his first girl friend from 40 years ago.

Ron eventually died, but spent only his final 2 days in hospital. Wintringham, aided by Ron's indomitable spirit, was able to care for a homeless elderly man simply through being able to provide a home and home-based care. The saving to Ron in not having to endure the misery of hospital or to the community in dollars saved, is inestimable.

Shortly before his death, we told Ron that we would be naming our new nursing home in his honour.

Applicability of mainstreaming for other categories of homeless people

While we are supportive of any move that enables homeless people to access the range and quality of services that the rest of the community takes for granted, we remain concerned that previous experience of requiring mainstream services to provide for the homeless have been largely unsuccessful. The history of de-institutionalisation in mental health and disability services have demonstrated that mainstream services and, importantly, also the government bureaucracies that support and administer these services, are generally ignorant of the needs of the homeless and have shown little capacity to improve their knowledge or understanding of the special needs of the homeless.

Without a strong SAAP service system augmented by specialist services such as Wintringham and the RDNS HPP that provide outreach health services to homeless people in Melbourne, homeless people are unlikely to see much benefit in mainstreaming of services.

The key to making mainstreaming work is clearly that organisations that are prepared to provide specialist homeless services must be resourced from those service sectors such as aged care or health, to provide a level of **fully integrated services** that can form a base upon which generalist services can be added.

An example of a mainstream service system showing an interest in those clients of theirs that are homeless is the Commonwealth Department of Veterans Affairs.

> *While individual veteran service groups have generally not turned their attention to homeless colleagues, DVA has shown commendable leadership in this issue as evidenced by their 1998 research study "Veterans at Risk" http://www.dva.gov.au/media/publicat/2000/vets_at_risk2/page_01.htm*
>
> *DVA has recently commenced a 10 year review of the results of that study.*

The approach of Veterans Affairs can be contrasted to Foreign Affairs with the following example demonstrating what we hope is not representative of normal policy.

> *In late 2007, Wintringham received a fax from the office of the Australian Consular General in New York stating that an elderly homeless resident of Australia had some hours ago been placed on a plane to Melbourne. The fax requested that we provide the man with appropriate supports on arrival.*
>
> *Wintringham had received no prior notice of this, was not involved in the decision to transport the man to Australia, had no idea of his physical or mental health and knew nothing of his likely needs. Additionally, the plane was due to arrive the following Sunday.*
>
> *With the assistance of the Department of Foreign Affairs in Canberra, the plane was contacted en route to Sydney, the man was located and then taken through customs before being delivered to Wintringham staff in Melbourne. Our staff found Val to be gentle and quiet, but exhibiting all the symptoms of post-traumatic stress and, after being supported at Ozanam House, he is now a resident of an aged care facility at Wintringham. Val remains, however, frightened and fearful about his future.*

A very different example of the impact of the mainstream service system on a confused elderly homeless man is revealed in the following case study.

> *An elderly homeless man with an alcohol related brain injury accumulated approximately $150,000 in fines most of which related to drinking in a public place.*
>
> *Wintringham, with the assistance of PILCH, a legal service providing support to homeless people, successfully contested the fines in court and had them dismissed. John moved into one of our houses, received a CACP support package, and then eventually transferred to our nursing home where, some months later, he died.*
>
> *Without the assistance of PILCH and Wintringham, John would have continued to be exposed to the workings of mainstream policing and laws he was not able to understand.*

Reform of Commonwealth aged care policy to provide for the elderly homeless

Wintringham supports Green Paper Option 3 which calls for an improved mainstream service response for homeless people but would note that past attempts to mainstream services to disadvantaged people have failed.

Wintringham believes that the primary government policy response to the existence of elderly homeless people must come through the Commonwealth aged care system, while at the same time, acknowledging that there needs to be a more vigorous linkage between this service system and the provision of safe and affordable housing.

Without a thorough examination of the reasons why the mainstream service system struggles to respond to the needs of homeless people and without a mandated requirement that these services must provide for homeless people and in return receive funding that would enable that requirement to be achieved, calls for improved access to mainstream services will remain merely rhetorical.

The aged care system is an excellent example of some of the problems that are encountered if a homeless provider decides to access mainstream funding. The Commonwealth aged care system is designed for mainstream frail elderly men and women: it is not in its current form, designed to accommodate the needs of the elderly homeless.

The typical profile of a resident of a Commonwealth funded aged care residential service is a middle class 85 year old female with varying degrees of family support. The typical client at Wintringham is a working class 65 year old male with little or no existing support from family or friends.

As a result of the very different client profile, providers caring for homeless people within the aged care environment must face challenges that mainstream providers do not experience. The major difficulties that need to be addressed in making the system more accessible to homeless people relate to the recurrent funding instrument and the method by which capital is raised to finance the construction of aged care facilities.

Wintringham would like to propose a limited number of Recommendations that would be aimed at making mainstream aged care services more responsive to the frail elderly homeless. The Commonwealth aged care system copes quite well with the issues associated with providing for the homeless, provided both the service provider and the Department work together. The system was not designed for the different needs of the homeless, but Wintringham has generally found it flexible enough to cope. There are, however, major blockages that prevent the growth of new services to homeless people, and unless these blockages are removed, simply calling for a better response from mainstream aged care will achieve little.

Suggested Reform 1: the Capital program

Policy settings around the capital funding of residential aged care facilities are based on a user-pay system with residents expected to pay an Accommodation Bond (which can vary up to $500,000+ per resident) which is in part refunded when the resident leaves the facility. Not all residents pay these bonds, but it is presumed that there will be sufficient bond paying customers to finance the construction and continuing maintenance of a new aged care facility.

Clearly, if a provider caters for homeless people, its capacity to raise capital from Accommodation Bonds is minimal. Wintringham therefore recommends that the Government introduce a Capital Funding program which would contain a highly targeted funding pool to be made available to facilities which undertake to provide in excess of 90% of residential places to the elderly homeless, or those at risk of becoming homeless.

A similar scheme, titled the Variable Capital Funding Program, was in existence in the 1980's and it allowed for a capital subsidy to be paid to providers on a sliding scale that was dependent upon the number of Financially Disadvantaged People the provider undertook to provide for. Under this scheme, Wintringham developed the first three of its aged care residential facilities.

Wintringham advocates that either this scheme be re-introduced or, if the capital cost proved to be unacceptable, that the above recommendation of a limited capital pool be reserved for services for homeless elderly.

In the interim, Wintringham would suggest that the existing policy boundaries for the recently announced Zero Interest Capital Loan Scheme be extended to include services for the homeless.

Suggested Reform 2: Recurrent Funding Instrument

The recurrent funding instrument, both in its current and previous guise, is a complex tool that takes little account of the lifestyle and consequent behaviours of older homeless people. It is not possible to analyse the detail of the system in this paper other than to say that **the current aged care funding instrument acts as a positive disincentive for any mainstream provider to care for frail homeless people**.

There is now clear evidence that the new ACFI funding tool will disadvantage those organisations that are prepared to work with behaviourally challenging people such as the elderly homeless. It would appear that organisations that work with the elderly homeless under the previous RCS system will now be unable to remain financially viable under ACFI.

Suggested Reform 3: Assistance with Care and Housing for the Aged (ACHA)

Not all outreach programs that target homeless people are SAAP funded. The ACHA program resourced from the Department of Health and Ageing, and residing in its Community Aged Care branch, is a splendid example of how a mainstream service system can respond to the needs of homeless people.

Very few service providers in aged care would be aware of the program (and indeed some recent Aged Care Ministers have not known of the scheme) or how it works, yet it has had a significant impact on the lives of many elderly people who were previously living outside the aged care or housing systems.

There are two components of the ACHA program: one funds a worker who is based in a housing program to provide brokerage services to tenants designed to prevent a premature entry into a residential aged care service. Services brokered can include assistance with home help, meals, negotiating with council or government authorities etc.

The other component of the ACHA program is a vigorous outreach service that locates older homeless people and then works with them to find appropriate accommodation and services. Again, the primary aim is to help the elderly homeless persons access affordable housing and appropriate services so that they can live a relatively independent life.

> *Barry is an elderly man who lived in an inner city boarding house with his brother until a fire destroyed the building about 18 months ago. Barry and his dog managed to escape the blaze, but his brother perished.*
>
> *Barry found lodgings in a notorious North Melbourne rooming house where the violence was such that community workers would only enter in pairs. Barry and his dog managed to survive in the house until our ACHA worker was informed of his plight.*
>
> *There was no hope of getting him into public housing at such short notice and there were no vacancies at the crisis accommodation centres. Timing is everything, however, and Wintringham had just opened up a 7 bed rooming house for men. Barry and his dog became one of the first residents of the rooming house.*
>
> *Barry now has his own bedroom, a great kitchen to cook in, a bathroom with hot water and clean towels, and a lounge to watch the tele. Wintringham also cares for his personal needs through a Community Aged Care Package. Barry still lives there today and is a familiar identity around the neighbourhood as he pushes his old pram around the shops. When Barry needs to he can move into our low care residential facility which is located just up the lane from where he lives now.*

ACHA provides a significant response to the problems facing homeless elderly people and should be considerably boosted both in numbers of workers and funding per allocation. Wintringham considers the current level of funding to be insufficient to attract a worker who is appropriately experienced and skilled enough to work in such an isolated position. As a result, we cross subsidise their wages from other parts of the company's activities to ensure that the ACHA program reaches its full potential.

Suggested Reform 4: Payment of a Housing subsidy for elderly homeless people

Wintringham is almost alone among aged care providers in that it sees itself essentially as being a housing provider into which it delivers appropriate care, whether that be minimal tenancy support, CACP, EACH or full nursing or hospice care. What changes is the level of care: the housing is a constant. The aged care industry recently introduced the term "ageing in place" to cover part of this concept, but for Wintringham, the concept of linking housing and care has a considerably deeper meaning.

Our clients themselves have alerted us to the notion that the most worthwhile thing that we do is to provide them with housing. The care we provide is often only grudgingly accepted as a necessary part of securing the housing. What is important to most of our clients is that for the first time for many years, they now have a safe and secure home where they will not be abused or robbed and where they have certainty that they can be there tomorrow.

It is also clearly difficult to provide home-based community care to a homeless person; indeed, the very notion of home-based care presupposes a home. We are very supportive of the initiatives recently taken by the Rudd Government to increase the supply of affordable housing, but remain deeply concerned that the elderly homeless will struggle to benefit directly from these initiatives.

Consideration should be given by DoHA to make a contribution (perhaps as part of the ACHA program) towards housing costs for the elderly homeless. We accept that the responsibility for funding housing for older homeless people is not primarily a DoHA one, but suggest that unless DoHA acts in this regard, older homeless people will struggle to find appropriate housing, and that without this housing, services provided by DoHA such as CACP/EACH will struggle to have any substantial impact.

In an added complication, Wintringham is aware that as a direct result of the development of Affordable Housing Associations in Melbourne, some providers are requiring a payment to secure Nomination Rights to new housing for particular client groups.

It is clear therefore that if the Commonwealth Government wants to ensure that there is a mainstream approach to homelessness, service programs that potentially interact with homeless people will need to consider how they will assist in securing affordable housing for their clients.

Wintringham therefore recommends that DoHA consider making a targeted response, via ACHA, to assist with the development of affordable housing for elderly homeless men and women.

Suggested Reform 5: Review of not-for-profit tax concessions

The Government has called for new ideas and one that Wintringham would like to propose, and one that we have argued consistently for many years, is a review of the not-for-profit tax concessions.

Our understanding of the rationale for tax concessions is that they are an inducement to the market to enter into an otherwise unprofitable sector. The argument appears to be that without appropriate tax concessions, business entities cannot generate sufficient surpluses while working in these unprofitable areas to stay viable.

Tax concessions, therefore, are in principle targeted at those organisations that work with client groups which mainstream business would be unable to provide for.

Our concern, however, is that many of the aged care organisations that receive tax concessions are not working with difficult client groups that require special services, but are in fact working in mainstream Australian society competing directly with for-profit business.

Wintringham receives no bequests and virtually no donations from the public. We have always believed that it would be extremely difficult, and an unwise use of resources for a small independent company like ours to compete for public funds with older and more established Church-based organisations.

We do notice, however, that many of the larger organisations which receive substantial public support as well as enjoying the very generous tax concessions which flow from their not-for-profit status are usually reluctant to address the needs of homeless people. Indeed, Wintringham regularly receives referrals from mainstream aged care organisations who have the resources but who are unwilling to provide services to aged people with behavioural problems associated with homelessness or alcohol related brain injuries.

We are of the view that Commonwealth aged care capital and recurrent subsidies should be set at a sufficient rate to enable the industry to meet public demand for its services, and that these subsidies should be entirely independent of tax concessions. Wintringham believes further that the granting of tax concessions be reserved for those welfare organisations that work with those disadvantaged or handicapped people whose needs are not being met by mainstream private or welfare organisations.

Wintringham therefore advocates that the Government review the current generous tax concessions awarded to not-for-profit organisations with the intention of developing a graded concessional taxation system aimed at benefiting those organisations who work with the disadvantaged.

Additional issues relating to the elderly homeless

- ***Tied housing***

An additional cause of homelessness that is not widely discussed arises from the loss of "Tied Housing". For some people, most notably people working in the country and remote areas, employment comes with subsidized housing which often gives the employer an opportunity to pay a reduced wage. For farm workers the housing is often an abandoned cottage on the farm that can be in less than habitable condition with little or no services attached.

Even if the housing is acceptable, the reduced wage results in the worker having little or no opportunity to save enough money from his salary to allow for sufficient capital to pay for housing when he leaves the farm. Ageing farm workers who have often worked for many years for an individual farmer therefore face loosing not just their job but also their housing.

> *Henry was employed on a 5000 hectare farm in Western Australia for more than 20 years. During that time Henry (and his two sons) cleared the land and planted pastures which eventually enabled the farmer to run over 500 cattle and up to 3000 sheep. Henry was provided with an asbestos clad 2 bedroom cottage with DC power, bottled gas and a kerosene fridge.*
>
> *When Henry's health deteriorated after the death of his wife, he was sacked and the farm given to the owner's younger son. Henry moved to the local town and lived in a variety of cheap accommodation options including a room above a pub and eventually in an abandoned shack in the bush. Henry died in extreme poverty in his early 60's.*

Stories such as that experienced by Henry are not as uncommon as we might think. (The Prime Minister has recounted a similar experience that his family endured in the Darling Downs during his youth).

Other instances of tied housing are people living in the city who caretake a building in return for free rent, a minister of religion who receives housing in the parish they work, and mining employees in remote areas. All these people loose their housing when their job is terminated.

There have been some reforms in England and Scotland that seek to address the disadvantage that lowly paid workers experience if they loose their job and their tied housing. These reforms have attempted to provide the worker with some rights associated with normal tenancy regulations, or even to be able to live in the housing in his retirement subject to the length of his employment. The White Paper should look to provide similar security to workers with tied housing in Australia.

- ***Discharge policies of pubic hospitals***

Wintringham has frequently had to battle with the discharge policies of Public Hospitals and the manner in which both emergency wards and public wards interpret those policies.

There are numerous incidents of homeless or at risk elderly people who are admitted to Public Hospitals being then discharged without appropriate resources or housing arranged.

> *Alex was an Englishman who was suspected of being homeless for more than 10 years. For much of that time homeless workers from a variety of organisations had been in contact with Alex but he refused all offers of help. Eventually he was found by Wintringham outreach workers in very poor health and agreed to go to hospital where he and the hospital staff were advised that on discharge Alex could live at one of Wintringham's aged care facilities.*
>
> *Two days later the hospital ignored this advice and discharged Alex back to the streets without consulting Wintringham. Some days later he was again found by our outreach workers who offered a place at Wintringham which he accepted. His health has now stabilized, he is putting on weight and centres his days around the many recreational activities organized by staff.*
>
> *Once at Wintringham, staff discovered that Alex had neither an English or Australian pension and had been living on the streets with no income, relying on the generosity of local shop keepers. The hospital admitted that they were aware he had no source of income when he was discharged, but deny that they were negligent in discharging him.*
>
> *Wintringham officially complained to the public hospital and, following several meetings with senior personnel, a compromise of sorts has been reached with the hospital accepting an offer from Wintringham to run a series of training workshops for its medical discharge staff and social work teams about the needs of the elderly homeless.*

Hospitals are also often unable or unwilling to provide a sufficiently rigorous diagnosis to a client if they are suspected of being homeless.

> *Peter was a teetotaler, a successful small businessman with a wife and family and owned his own home. Some years ago he contracted Parkinson's Disease and while his family at first provided him with support and care, he was eventually divorced and lost his house. As his worsening disability left him increasingly vulnerable, he retreated to an isolated life in rental accommodation.*
>
> *One day while returning to his flat, he was attacked and robbed. The police found him and took him to the hospital. Both the police and, amazingly, the hospital staff considered he was a drunk and so without any medical inspection, he was referred to Ozanam House who immediately realised that*

> *he was not drunk and referred him to Wintringham where we were able to get him medical attention.*
>
> *Peter is now living at our nursing home.*

Wintringham would recommend that the White Paper needs to include a policy section relating to public health and the treatment of homeless people in the hospital system. Some hospitals, such as St Vincent's in Melbourne, have protocols relating to homeless people which could be used as a framework for reform of the way in which hospitals provide for the homeless.

- ***The role that social class plays in homelessness***

The Green Paper discusses a number of socio-economic issues without stating clearly the seemingly obvious fact that the social class a person is born into appears to play a major role in determining whether a person becomes homeless or not.

While the media likes to occasionally do a poignant profile on the University Professor, surgeon, barrister or social identity who becomes homeless, the truth is somewhat more prosaic. While Wintringham has had such examples amongst our clients, the overwhelming majority of elderly homeless people are drawn from working class backgrounds, many with little or no education and from dysfunctional families.

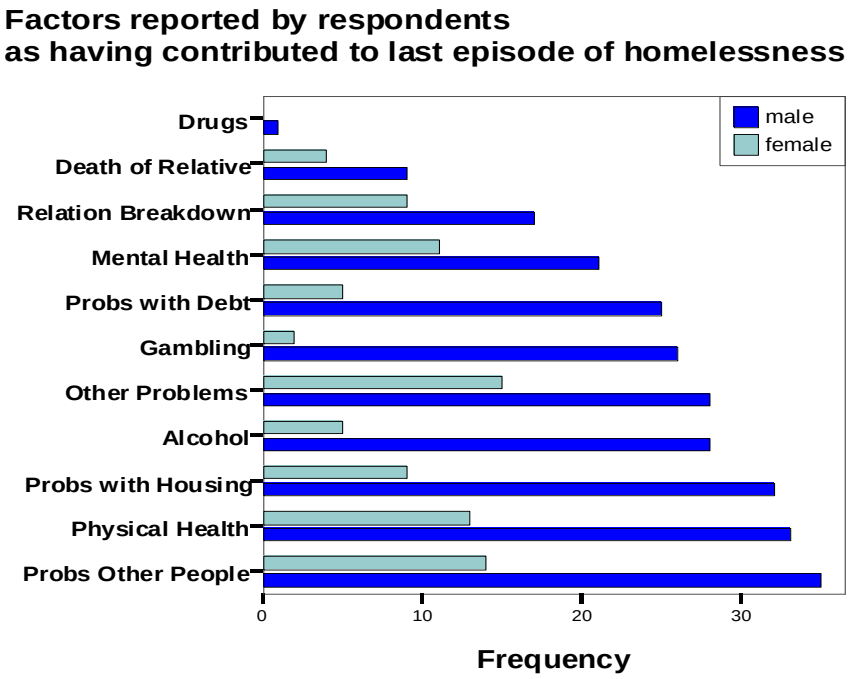
The typical profile of a resident of mainstream aged care facilities is a white, middle class female in her mid to late 80's. The current average Wintringham profile is a 65 year old working class male with many in the 50's.

While personal issues have much to do with why a person becomes homeless, it cannot be overstated that the primary cause of homelessness amongst the elderly is grinding poverty with little resources to combat the problems that they face.

In 2007, Wintringham completed a 3 nation study on the antecedents to elderly homelessness with colleagues in London and USA.

> *Completed in 2004, an international collaborative project between the USA, UK and Wintringham was undertaken to increase understanding of the causes of homelessness among older people (fifty years and over). In this study 125 newly homeless men and women and their caseworkers were interviewed.*
>
> *Eighty percent of the participants lived in rental properties prior to becoming homeless which was five times higher than the National average of a similarly aged cohort, and participants were four times more likely to have lived in public sector housing with an even greater likelihood of having lived alone.*
>
> *The majority were shown to have experienced extended periods of financial hardship prior to becoming homeless with 73% reported having difficulty budgeting and managing money and 30% with rental arrears. Prior to*

becoming homeless, the mean period of unemployment was 12.7 years and the mean duration of previous homelessness was 9.6 years.



The majority of participants reported having lived under the constant struggle of just being able to meet their rental and living expenses until a change in life circumstances resulted in them having to leave their home. After these events most participants found that they could no longer return to the rental market. Examples of these life changes are shown in Figure 1. The presence of mental health problems was shown to be statistically significant with one quarter or participants reporting that their depression or mental health problems had contributed to their homelessness.

Under-representation of numbers of people who are homeless

The Green Paper and subsequent speeches by the Prime Minister and Minster Plibersek quote the 2001 ABS data figure of 100,000 people each night being homeless. While the 2008 ABS figure will provide a more updated figure, it can be presumed that the likely number of people who are homeless is significantly higher than the 2001 figure.

It is important to note that Wintringham regularly finds homeless elderly people who are living outside of normal mainstream services and who are unlikely to be included in any data set. Amazingly, we still regularly find people who are not in receipt of a pension or any other form of regular income, relying instead on begging and scrounging food from waste containers.

Summary

It is a matter of some concern to Wintringham that the four important sectors impacting on the lives of the elderly homeless - Housing, Homelessness, Aged Care and Public Health - have little to do with each other and have a poor understanding of the way each sector works and interacts with Government.

It is this observation which only heightens concerns that mainstreaming services to homeless people will not deliver the anticipated results that so many of us would like to see. The more important issue however, is that if mainstream services are not opened up to homeless people, we will be forced to continue to rely on SAAP services which are ill-equipped to handle the special needs of people such as the elderly homeless.

Wintringham has been able to demonstrate that it is possible to access mainstream funding and in so doing provide a permanent exit point to homelessness. We have also been able to demonstrate that as a result of our work and the clear success we have had in providing the highest quality care for homeless people through the mainstream aged care system, other providers who would not normally accept referrals from homeless people are beginning to do so.

Nevertheless, we remain deeply skeptical of the ability of the mainstream service system, including public hospitals, the mental health service system, housing and aged care to provide appropriate services to the elderly homeless. With respect to the aged care sector, we believe that to date, the only proven method of delivering quality care has come from specialist providers who can access mainstream funding.

While accepting that there is a strong philosophical commitment to improving access to the mainstream service system from the new Federal Government, Wintringham would caution that previous attempts at mainstreaming have largely failed. We would suggest that these problems can only be overcome if they are tackled with aggressive policy changes that are reflected in legislation and funding guidelines. If they are not, calls to increase access to mainstream services will be honoured in word, but not in deed.

Bryan Lipmann, AM
Chief Executive Officer
June 2008