

Wintringham

Wintringham: Providing housing and care to Elderly Homeless Men and Women in Australia.

The Journal of Long Term Home Health Care

People who are unemployed and who lack the resources to buy adequate food, shelter or basic health care services, face an endless struggle to survive. It is frequently a degrading and humiliating experience.

The elderly homeless, who are often frail and sick, are particularly disadvantaged in this struggle.

Yet resources are often available to welfare providers to care for the aged homeless: all that is needed is a willingness for providers and government agencies to acknowledge the existence of the aged homeless and be prepared to alleviate it.

The Plight of the Elderly Homeless

Nobody can work in a homeless persons night shelter without at times feeling overwhelmed. The degrading conditions that the residents live in and the constant violence that it gives rise to, together with the lack of resources to meet the seemingly endless crises that have to be met each day makes even the most optimistic worker feel on some days that it is all futile. I know that I have felt it many times.

While some night shelters provide shelter to very large numbers of people, a typical night shelter provides dormitory accommodation shelter to about 200 men each night in rooms where up to 50 men will sleep. Actually it is a bit of a misnomer to say that the men sleep. Anyone who has ever lived or worked in a shelter comments on the noise. At night the constant hub of noise is replaced with the endless sounds of the night which keep people awake.

Upper respiratory problems with homeless people are more the norm than the exception, so there is a constant coughing and wheezing all night. Men are getting up and walking to the toilets, often at the end of a long row of beds. Many of them will place the legs of their bed in their shoes to prevent them from being stolen during the night. People cry out in the night, from

nightmares, from drug or alcohol fevers, and from the ravages of psychiatric disabilities. Illicit cigarettes are smoked. Conversations continue throughout the night. Occasionally, there are fights or sexual liaisons, voluntary or otherwise. When the morning comes, the last few hours before dawn may have been the only sleep you got.

Most night shelters not only have communal sleeping dormitories, but they also have communal ablution blocks. In some shelters, for instance, it is compulsory for all men to strip and shower in stainless steel doorless cubicles, before the watchful gazes of volunteer helpers or attendants, rostered in from suburban Churches. Residents of other shelters however can experience the exact opposite – the almost total lack of supervision and its replacement with the sometimes rough justice of resident control.

Night shelters in parts of America, Europe and here in Australia are often places of violence and intimidation. To cope with life in a night shelter requires coping skills that many of the frail aged either do not have or are unwilling to chance. The alternative however can be even more dangerous. While Australian winters are relatively benign compared to those experienced in North America or Europe, frequently it is not just hypothermia that threatens the elderly homeless, but it is the violence from other street dwellers that presents most risks.

While helping out on a soup run in London on a winter's night of 1993, I saw a group of youths viciously attack an elderly and clearly psychotic man who had unwittingly provoked the youths with a constant barrage of incoherent rantings.

The response of the members of the soup van was strictly to follow their operating procedures and to immediately pack up and leave. They justified not intervening to protect the old man, because of Occupational and Health safety rules that their sponsoring welfare organisation had insisted their staff follow.

The organisations claimed that some of their staff had, on previous occasions, been bashed while assisting to break up such fights, prompting them to make such policy decisions that were designed to physically protect their staff and also to protect the organisation from lawsuits from injured workers.

The stories of the brutal conditions which elderly homeless men and women endure are numerous. Any one who has worked with the homeless can describe violent and frequently fatal attacks which largely go unreported and un-investigated. Readers of this article as much as the general public, need to be reminded that the caring environment that most of us try to ensure our parents live in when their advancing age means that they can no longer live independently, are not the conditions that the elderly homeless can expect. It remains one of the most tragic and inexcusable faults of our societies that at a time of their life when they are most vulnerable, elderly and frail homeless men and women, can expect little or no support, sympathy or services.

There are a lot of anecdotal stories of the people living there and incidents which happen, but perhaps the most powerful image is contained in a poster that appeared in New York in 1992, of an old homeless man who had frozen to death on a winters night in Central Park. Anyone who has been to New York will know how dangerous Central Park can be at night. The poster asked why this man had chosen to take his chances in the park rather than sleep in a neighbouring night shelter, and answered its own question by saying that he was simply too terrified to go to the shelter.

Night shelters, as their name implies, only provide shelter during the night. After breakfast, the men must vacate the building, and await the late afternoon before re-booking for the evening. Some shelters have Day Centres nearby, where clients can pass the day, often watching TV.

Although there are some exceptions, most Day Centres, are only marginally more congenial than night shelters. My first and most lasting image of a Day Centre was one that was located next to a city shelter in Melbourne. On a cold and rainy winters morning, rows of men sat in damp and steaming overcoats that emitted a pungent odour of street life. Above them padlocked to the wall was a TV showing the children's show "Play School".

The catalyst that drives many of these men and women into night shelters is usually the loss of their housing. The real tragedy of their stories however, is that almost inevitably, the remainder of their lives will be spent in homeless persons centres. Some of the elderly residents realise this, but many still talk of finding somewhere better. The fact remains however, that very few elderly residents of night shelters ever get lucky and leave for better accommodation.

Life on the streets almost inevitably means at some stage, living in night shelters or low cost boarding houses. Here all dignity is stripped away, with life oscillating between numbing boredom and occasional and unpredictable violence and white terror.

It is often said that while the homeless man may have lost all family and possessions, he remains proud and dignified, for without that he is totally lost. But the reality is usually different: the whole process of poverty and being perpetually broke, of not being able to afford the simplest of luxuries, results in degradation and powerlessness.

In an effort to retain a personal sense of dignity, many men will develop a fierce independence that will prevent them from seeking or accepting any form of assistance.

Sometimes however, an appearance of independence only masks intellectual or psychological disabilities. A colleague in Chicago once told me that the streets are now so dangerous that no rational person would choose to remain homeless and sleep rough when relative safety was available through the shelters. While I disagreed then and now with him regarding the safety of

shelters, there is no doubt that some of the elderly homeless who refuse any form of help, do so because they fear any interaction with people – preferring the known to what is unknown. Its almost as though their fog of confusion protects them from knowing how vulnerable they are on the streets.

At times their apparent complete withdrawal from mainstream society and their reluctance to accept any assistance has dramatic consequences.

Some years ago, on a cold and wet Melbourne winter's night, an elderly homeless man was brought into the shelter I was working at. A young couple had been driving past an inner suburban park and had happened to notice the old man standing near a tree in the rain. Although he refused their help, he nevertheless was somehow bundled into their car, and delivered to the shelter. The couple then drove off, apparently satisfied with their Good Samaritan deed.

The old man was clearly terrified and frantically looked for a way out of the shelter. Trying to calm him, I gave him a chair and squatted on the floor beside him. He wouldn't (or couldn't) talk, and refused the offer of food or a bed for the night. His clothes were torn and in spite of being many layered, threadbare. My eyes happened to fall on his legs and there I saw what once have been a horrible wound on his leg. His sock disappeared into the wound that was now covered with an angry scar, only to reappear some inches later.

Like a piece of barbed wire, once wrapped around a living tree that has eventually grown over and covered the wire which lay trapped beneath the bark, the man's wound had scabbed and healed over the sock. He obviously had not received any dressings for the wound, or changed his socks during the long process of healing. What horrors lay under the skin could only be imagined.

I stood up and went off to call someone to get a nurse or doctor to the shelter. When I returned a minute or so later, the man had disappeared and gone back into the night. We never saw him again.

As horrific as this story is, it represents a fairly common experience for those people who work with homeless elders. Whether it is a product of a sense of maleness that you should stoically bear illness or ailments, or whether it is a learned experience from rude and dismissive hospital staff reluctant to work with the homeless, the effect is the same. Old men, and to a lesser extent women, often refuse to go to hospital, saying that is where you die. Inevitably, they wait so long that when eventually they are admitted, it is to an emergency ward where their prophecy often becomes self-fulfilling.

The fierce independence of many of the elderly homeless is a significant reason why they receive so few services. It is not as though workers in homeless services exclude the elderly or deliberately target younger clients, in fact it is invariably the reverse, with many workers feeling great sympathy and concern for the older homeless. The problem is more one of an overwhelming presence of younger homeless people demanding of time and resources. The reality is that workers very rarely have the time to search out for the lonely and

isolated, and instead succumb to a reactive process of dealing with immediate problems.

The elderly homeless who remain independent and reluctant to seek out services, and who very rarely become assertive about their rights in the ways that younger homeless people can and rightly do, become lost to the system. As a colleague once described aptly, "they become feral". By that he meant they become almost invisible to the rest of the community, learning through hard experience, that it is often safer and wiser to withdraw and not draw attention to themselves.

By way of example, over 90% of the client contacts that I made in a homeless persons' accommodation centre over a six month period on the 1980's were from people under the age of 30, yet the majority of residents in the 300 bed building were aged. Although this was hardly a rigorous study, it did demonstrate what is universally acknowledged: that many of the elderly homeless, unless they have significant behavioural or psychological disorders, do not often voluntarily engage workers or seek our assistance, preferring instead to rely on time to build a relationship.

Many elderly homeless people suffer from a range of psychiatric or alcohol related brain injuries. While the manifestations of these disabilities is often quite different from other aged related ailments such as dementia or Alzheimer's Disease, operators of shelters or boarding houses frequently ignore or overlook strange or anti-social behaviour provided it isn't too disruptive.

One reclusive gentleman in a shelter eventually attracted attention to himself by the strong smell emanating from his small room. At first refusing entry to his room, he eventually relented, and upon opening the doors to his cupboard the worker found nearly 100 bottles and containers of urine.

The old man, who was by now sobbing hysterically, was comforted as he watched his room being cleaned out and his only possessions taken from him.

Before any relationship with an elderly homeless person can begin to exist, they need to feel that they can trust you. Relationships start over a shared smoke, a footy story or a joke about someone else. Only later is it sometimes possible to begin to tackle housing or health issues.

Faced with the daily problem of trying to meet a few of the vast needs that are continually presented to them, workers in homeless services often do not have this level of spare time to engage the elderly. Trying to make do in often the most trying of conditions, many workers are like the homeless themselves, lurching from crises to crises.

But should it be the responsibility of workers in homeless services to take care of the elderly? Is it reasonable to expect a homeless service system to be able to respond to the needs of aged and frail homeless people?

In most countries, a government funded and coordinated aged care system ensures that care for elderly people is available. While the quality of that care may differ from country to country, the funding pool which resources that care is always going to be far greater than the amounts of money allocated towards care for the homeless.

Yet in spite of a clear need to provide care to a significant population of elderly homeless people, aged care programs invariably do not cater for the homeless.

A more satisfactory and equitable answer to the seemingly unrealistic position of requiring homeless workers and government funded homeless service programs to provide for the elderly homeless, is to change the paradigm in which they work. To insist that it is not the responsibility of homeless programs to work with the elderly homeless, but is in fact the clear responsibility of the nation's aged care program.

We need to stop thinking of the aged homeless as being **homeless** and elderly: what we should be saying is that they are **elderly** and homeless. The difference is not semantic: it involves a whole new paradigm of thinking about providing for the aged homeless.

If people are seen as homeless then some could say that it is entirely appropriate that they are accommodated in a homeless persons centre. However if they are seen primarily as being elderly and that their homelessness is due to a variety of circumstances, then people will come to see that they should have the right to access the same level of residential aged care services that the rest of the aged community expects.

The aged care industry, both private and welfare, makes no effort to advocate on their behalf. As a result the only advocates for the elderly homeless are often workers within the homeless agencies, who are themselves beset with funding crises which invariably make it extremely difficult to address the needs of the elderly.

For all of the discussion concerning the 'tidal wave' of elderly people advancing towards most Western societies and the need to find creative and affordable ways that society can provide for their care, virtually nothing is being said about the extreme poverty that some of these people will invariably find themselves in. What for example, will be the consequences to both these elderly folk to society in general, if a housing shortage and inability to access appropriate aged care services, forces impoverished people into homelessness?

Patricia was evicted without warning from her boarding house in a country town. An elderly and confused woman, she was simply taken down to the railway station (with her shopping trolley) and put on a train to Melbourne.

When the train arrived in Melbourne, she walked up and down the station, with no idea where she was. Eventually someone called the police who in turn rang Wintringham.

Patricia was taken to one of our housing services and when a staff member opened up her trolley to see if she had any clothes or possessions, out jumped Sox, Pat's small black cat, complete with a collar and lead.

Patricia and Sox still live at Wintringham.

The remainder of this article describes how Wintringham, an Australian welfare company, responded to the inability of homeless elderly people to access mainstream aged care services, and how the development of a range of services has not only enriched the lives of homeless people but has contributed to a growing awareness within the community of the needs of the elderly homeless.

At the time of the formation of Wintringham in 1989, the aged care system in Australia was virtually an impenetrable fortress for those elderly and frail people who were homeless. While no expressed policy of any aged care establishment prohibited the entry of homeless people into its service, there were a variety of factors which resulted in very few referrals for homeless people being received by these establishments, and even less acceptance of those referrals that were received.

There was no single reason why there were so few successful placements of homeless people into mainstream aged care facilities, but a number of circumstances and attitudes had combined over the years to result in a government funded aged care system that effectively excluded homeless men and women.

What does appear universal however, is that the aged care systems operating in most Western democracies, are extremely reluctant to admit either that there is an elderly homeless problem in their community or that their general admittance procedures effectively bar aged homeless people from accessing appropriate aged care.

It is a mute point whether elderly people become homeless because they cannot access affordable accommodation and adequate aged care services, or whether it is their homelessness and resultant lifestyle which prevents them from obtaining these services.

Whatever the answer is, the end result is that in most Western cities, the elderly homeless are unlikely to gain access to mainstream aged care services.

This was abundantly clear in Melbourne in the 1980's, where the three major night shelters all had large numbers of elderly residents who were unable to access traditional mainstream aged care services.

Two of the shelters were managed in ways not significantly different to those operating in Europe or North America, in that they were highly institutionalised; had dormitories of varying sizes; with strictly enforced requirements to vacate in the morning with readmittance in the late afternoon; and little if no professional staffing or services. The third (and largest shelter) was managed somewhat differently in that it had more of a hotel style of management with small single rooms replacing the dormitories of traditional shelters, no requirement to vacate during the day and a small professional staff providing crises support and assistance.

In spite of some significant differences between these large shelters (and a number of smaller services), they all shared a commonality in that the overwhelming majority of residents lived at the shelters on a permanent or semi-permanent basis.

The shelters and all associated homeless persons services were funded through a national Federal program that had matching State dollars, known as the Supported Accommodation and Assistance Program (SAAP). The program administrators had become concerned over time that the resources of the program were being used to fund shelters which were being used as permanent accommodation, in contradiction to the aims of SAAP which has more of a focus on funding services to homeless people who were in crises.

As a result, a redevelopment of the large SAAP-funded shelters in Melbourne and Sydney commenced in the later part of the 1980's, with a clear intention of developing more targeted services using professional case management to assist people exit homelessness and re-establish themselves in general society.

While this redevelopment has struggled to produce significant results in Sydney, it did have a major impact in Melbourne, where over the following 10 years, all three shelters were closed and then rebuilt. A major problem with all large shelters similar to those that existed in Melbourne, is that the size of the buildings and numbers of people living there, seems almost inevitably to result in a basic, one-size-fits-all model of service delivery.

Most shelters lack the resources to provide individualised care to each resident, and as a result, service users often need to adapt to what is provided rather than the service itself adapting to the needs of the users.

This is particularly serious for some client groups, such as the elderly who often are unwilling to try to compete with younger and more demanding people. As a consequence, the older homeless in night shelters frequently retreat and disappear from view.

A direct result of older homeless people being lost within the shelter system, or worse still, not entering it at all due to their fear of the ever present risk of violence, is that there is very little likelihood of elderly homeless men and women then receiving appropriate aged care services.

While it is clearly very difficult to provide quality aged care services within a night shelter, a more important point is that homeless persons shelters should not have to be put into the position of even attempting to provide such services.

The reason why shelters in the 1980's in Melbourne did become a de facto home to the aged homeless, was that elderly homeless men and women were unable to access mainstream aged care services, and shelter operators were similarly unable to have their referrals to these services accepted.

While the reasons put forward by managers operating mainstream services for refusing our referrals are varied, the outrageous fact remained, that these services were invariably receiving significant public funding through both capital and recurrent subsidies. That they were able to 'cherry pick' their residents, was both unethical and a blight on the regulatory mechanisms imposed by government funding sources.

Interestingly, a study tour in 1993, confirmed that what was happening in Australia, was to a significant degree, being replicated in Sweden, Denmark, the UK and USA. ⁽¹⁾. In spite of having well developed aged care systems that had varying degrees of public funding and associated accountability standards, the aged homeless generally found it extremely difficult to access appropriate aged care.

The other important point to note, is that it wasn't just the accessibility issue that was of concern, it was also the observation that mainstream aged care systems invariably deliver services that are culturally alien to the homeless. On the very few occasions that we were able to secure a placement from the shelters to an aged care residential facility, the resident invariably felt extremely isolated living in an environment that did not respect or understand his reluctance to accept the often regimented pattern of daily life in a nursing home. Faced with this loss of a lifetime of independence, he would withdraw even further, or if strong enough, would 'escape' at the first opportunity and return to the shelter.

An observation of the aged care system in Australia and in similar countries overseas, revealed that some organisations had been successful in arguing for the establishment of culturally appropriate services for various ethnic groups, an argument particularly important for a multi-cultural society such as Melbourne. Similarly, various indigenous lobby groups had also been

¹ "The Elderly Homeless: An investigation into the provision of services for frail, elderly homeless men and women in the USA, Britain, Sweden and Denmark" Bryan Lipmann, 1995 ISBN 0 646 22951 6

successful in demonstrating that traditional mainstream aged care services were unable to meet the particular needs of aboriginal peoples.

Armed with this observation, and the knowledge that we had to find some alternative to night shelter accommodation for the elderly homeless, it was decided in 1987 to attempt to create a new welfare company that would seek to address the particular needs of the aged homeless men and women.

It was decided not to become another homeless service provider, but instead to attempt to break into the aged care sector and to seek funding to build a residential facility that would provide 24 hour care to frail homeless men and women. It was a decision that was to have important consequences in later years.

Initial meetings were held with representatives of the Commonwealth aged care bureaucracy, who expressed great doubt that there were in fact aged homeless people living at night shelters. To their credit however, they did agree to send assessors out to the shelter, who confirmed our claim – and shaken by their experience of the conditions under which the elderly homeless were living under, became staunch advocates for our efforts to obtain government funding for the project.

Of the 270 people staying at the shelter, the nurse assessors found 120 elderly people who they believed were eligible for government funded nursing home or aged care services. In spite of numerous meetings, letters and reports supporting our plans, it was this staggering number of aged people in need of care who were living at the shelter, which was to prove the final catalyst for funding approval to establish the new service.

As with most major innovations, it is not often the quality of the idea that results in securing final approval, but the quality of the people making the decisions. In Wintringham's case, we were very fortunate that at the time of the formation of the company, Peter Staples was the Commonwealth Government Aged Care Minister.

The idea of creating a new welfare company specialising in providing care to the elderly homeless, greatly interested Staples – particularly as he was at the times struggling to reform what was a highly institutionalised and paternalistic industry. Probably partly in response to his battles with the aged care industry, he began to take a personal interest in promoting and encouraging the development of what he hoped would be a new and different voice in what was a very conservative industry.

In those early years, Wintringham relied heavily on pursuing the argument that the elderly homeless should have the right to access mainstream services and funding, and not be reliant on homeless persons funding programs. As discussed on previous pages of this article, we believed that it is only by forcing the aged care industry to open its doors to the homeless, would the aged receive anything like the services that they were entitled to.

Like any new business, a new welfare company faces many disadvantages and hurdles that it must overcome if it is going to survive. Yet looking back on those early years, it is hard not to come to the conclusion that many of the apparent disadvantages, have turned into our great strengths. A new welfare company without experience, with a new Board of Directors, new staff and CEO, no history or culture, or organisational supports, must create and then own, a reason to exist. The expression that “swimming without a life-raft tends to focus the brain”, has some resonance with our experiences.

Lacking the support of an auspice organisation, or the knowledge that a large welfare organisation in the church or charitable sector would come to our aid if we failed to generate enough surplus to trade again the next year, we quickly learnt that to survive, we needed to have rigorous business practices. While these practices have helped us grow to the stage where we now turnover about \$8million annually, the most pleasing aspect is that we have been able to demonstrate that it is still possible to operate a welfare company that upholds social justice standards while remaining financially viable.

Joe was referred to Wintringham after he was evicted from his housing. Suffering from an alcohol related brain injury, Joe's gas had been cut off after the landlord found out that he frequently left it on after cooking. Joe responded by lighting fires in his kitchen sink to cook his meals, prompting the landlord to evict him.

While at the boarding house, Joe had obviously struck up a friendship with a young woman who lived nearby, and who amazingly, used to ask Joe to look after her young child when she went out. The woman eventually left the boarding house about the same time that Joe was evicted, but in his confused state, Joe became convinced that she was his wife and that the child was theirs.

For the first month or so at Wintringham, staff spent much time with Joe who had become increasingly frantic as he wandered the streets trying to find his 'wife and child'.

Wintringham today operates a range of aged care services for up to 600 elderly homeless and at-risk men and women. Commencing with a 35 bed residential aged care facility in inner Melbourne, we subsequently developed further aged care homes, together with a number of independent housing projects. We also have an extensive outreach and community support network where support and personal care services are delivered into the boarding houses and hotels and flats that many of our elderly clients live. In addition we also employ street workers who assist homeless elderly people who are sleeping rough or who are economic, physical or chemical prisoners of some of the more ruthless landlords that still exist in depressingly large numbers.

Importantly, we have been able to demonstrate that it is possible to create a permanent solution to homelessness. Along the way we have also shown that in order to show that negative stereotypes about the homeless are wrong and

misguided, it is necessary to retain an open mind that is not bogged down with views that inhibit creativity.

In order to demonstrate this, it is worth looking at an aged persons residential facility that we have built in Port Melbourne which although not dramatically better or worse than any of our other services, has nevertheless attracted a great deal of attention.

The hostel is located in Port Melbourne, a bayside suburb that due to its peculiar geographical location, has remained relatively isolated in spite of its close proximity to the Central Business District of Melbourne.

Unlike all other inner urban suburbs of Melbourne, traffic does not pass through Port Melbourne on route to another destination. This fact together with the working class background of Port that has in the past strongly linked it to the waterside and the various seamen's unions, has meant that up until recently Port Melbourne has been relatively immune from the process of gentrification that has occurred in most other inner urban Melbourne suburbs.

Prior to the establishment of our hostel, Port had no public residential aged facility other than a community based nursing home. The area was therefore desperately in need of a hostel for its elderly residents, but what particularly attracted Wintringham to the suburb was the link that many of the elderly homeless or those living in poor accommodation in inner Melbourne, had with Port.

The strong support we got from the Port Melbourne Council and its community services department; local services clubs including Veterans associations; and some members of the general public were also significant factors leading us to build in the area. Although we had a very difficult time in securing the land, what kept the momentum going was the very positive community response to our wish to provide for the traditional residents of Port Melbourne - the men and women who after a lifetime of living and working in Port, were now in need of aged care services.

The hostel that we have built is modelled on McLean Lodge - the first hostel that we built and which is located in Flemington. We actively consulted residents and staff at McLean Lodge and also at Williamstown, our second hostel, to find out what parts of the design of these hostels had worked and what had not. The result is that we have made a substantial number of changes in the design of this hostel compared to say McLean Lodge, yet have attempted to retain the intimate and homely nature of that hostel.

Briefly, some of the concepts underlying this building are:

- the belief that environment shapes behaviour and self image

The facility was unashamedly built to the highest possible standards that we could afford. All of Wintringham's services share this common theme. We believe that providing attractive and dignified personal space that can be

owned by each resident, positively effects a resident's self image and how he views the world, and has a real and tangible impact upon the resident's health and well being. Interestingly enough from an administrators point of view, home like buildings are actually cheaper to construct than institutions.

- the use of verandas

The architect was instructed to provide all residents with a veranda adjoining their room. Verandas provide each resident with a degree of 'defensible space' - an area which is neither public space nor private, an area that allows residents to be aware of what is happening around them without having to be part of it unless they choose. It is also a traditional form of Australian architecture that is rapidly being lost, but which the older resident can relate to and enjoy.

- the hostel is divided up into a number of small cottages

Replacing the traditional image of an aged person facility that has shared bedrooms and a central dining and lounge area all under the one roof, the Port Melbourne facility has been built around six cottages, all of which have a fully self-contained kitchen, dining room and laundry. Each cottage provides a home to between 5-7 residents, all of which have private bedrooms and ensuites.

- a staffing model based around the use of house carers

The staffing structure revolves around each house having a part time house carer who provides individual and targeted services to each resident. The needs of the resident are determined after an initial assessment period and then documented by the hostel manager after consultation with the resident.

The house carer is then responsible for providing the care that the Personal Care Plan stipulates. On the basis of this service, the Department of Ageing provides ongoing recurrent subsidies, in the same way that it funds other aged care services throughout Australia.

The house carer is also responsible for purchasing and preparing meals for the house in the same way you would do at your own home. This system allows for the individual likes and dislikes of each resident to be met in ways that would be impossible with a central dining room and kitchen. One of the delights a visitor has, is smelling the aromas of different meals coming from the kitchen of each cottage.

The hostels are staffed 24 hours a day, 7 days a week. In addition to the house carers and Hostel Manager, each hostel also has a full time recreation worker and a hydraulically assisted wheel chair accessible bus.

Additional concepts that we have included in the Port hostel include:

- 'Running the gauntlet'

Our architect Allen Kong, was instructed to not only create a small village atmosphere, but also one that was potentially hostile or threatening to visitors.

This perhaps needs some explanation. A common feature of all institutions is that it is the staff who are in control of the facility - certainly not the residents. We wanted to reverse that concept.

We were not trying to discourage residents from having visitors, it was more that we wanted to create an atmosphere which gave the residents power over their area and which clearly stated to everyone else that they were in someone else's home.

What we now have is six cottages that lie on either side of a narrow internal laneway and garden/pond area. The entire site is level and covered and uncovered walkways run off the laneway allowing wheelchair access to every cottage and room at the hostel. Although the feel of the cottages is welcoming and attractive in part because of their design but also because of the varieties of materials used in its construction, such as Western Red Cedar and soft sandstone bricks, it is very clearly someone's home.

You can't walk down the internal laneway without feeling that you are on someone else's property. It is not hard to imagine that you are in fact 'running the gauntlet' as you pass by the cottages.

- Common Shed

A key part of the cottage concept is that there is no central dining room/kitchen and lounge room. Instead each cottage has its own public area that is for the exclusive use of the residents of that cottage. While this has worked well at McLean Lodge, there are times however, particularly in winter, when it would be good to have a central meeting area where mates can get together.

We have therefore built a 'common shed' which is intended very much for the residents to use as they wish - unlike the central lounge areas of most aged care residential facilities which are usually strictly controlled by staff rules.

The shed has a pool table, fridge and double opening stable doors which lead out onto a garden barbeque area.

- Ensuites

We have included ensuites into every bedroom, unlike McLean Lodge where there are shared bathrooms for each two bedrooms. Although we have received no negative comments from the residents of McLean about the shared arrangements, we have decided to follow the experience of our Williamstown hostel where residents have their own private toilet and showers.

The major reason for doing so, is that unlike all mainstream hostels which have a very high proportion of female residents, almost 85% of Wintringham

residents are male. On the occasions when we do get a referral for a female resident, a private ensuite is obviously far more attractive proposition than having to share a bathroom with a stranger.

A powerful example of the impact of the change in the lives of residents who formerly were at the night shelter and who had moved to Wintringham, was that a survey of the 34 elderly men and women who had lived at the shelter before moving to Wintringham, revealed that some 80% were incontinent, yet a similar survey of the same residents two weeks after moving into their new homes revealed that only 20% were incontinent.

Closer analysis of the data revealed that the very high level of incontinence at the shelter was largely a factor of a lack of safe toilets areas. Previous experiences had taught many of the elderly residents that it was too dangerous to walk down the hallway at night. This fear not only resulted in the men locking themselves in their small rooms, but also probably increased their drinking, which of itself also increased levels of incontinency.

At Wintringham, because the residents had private ensuites and could toilet whenever they wanted to, levels of incontinency reduced to levels that would be fairly normal in any aged care setting. It's a simple story, yet powerful in that it describes the conditions under which many elderly homeless people must live under.

- Better staff facilities

One of the mistakes that we made with both McLean and Wintringham Hostel, Williamstown was that although we built beautiful areas for the residents, the staff facilities were too small. At Port Melbourne we have greatly increased the staff areas, allowing for a staff training and meeting room; and larger and more functional storage areas for both residents belongings and staff/hostel materials

- Outreach facilities

Another significant addition to the facilities available at the new hostel, is the inclusion of a fully equipped community outreach area for staff to deliver Community Aged Care Packages. An important element of this service, is that it is the contact that is established with our staff through outreach work that can assist many of the residents overcome their initial apprehension when making the decision to move into one of housing or hostel services.

This hostel was awarded the 1997 United Nations World Habitat Award. The award is not an architectural prize, but is an award that covers all aspects of social housing, including design, funding, environmental impact and resident satisfaction. This is the first time an Australian building has won this international prize, and I must confess to having a degree of perverse satisfaction in knowing that not only have all of the residents been homeless at some stage, but none of them were able to get accepted into mainstream aged care facilities. And now they live in beautiful buildings which have been reproduced in magazines and journals around the world, and which are

considerably better than the hostels which they were originally denied access to.

Importantly, they have not trashed the buildings. All of the houses that we have built, are as beautiful today as when they were opened. There is a great lesson here for all of us. People **do** react to their environment. If you put people in slums or in buildings that no human should live in, don't be surprised if they take no pride in their home or themselves.

While managing a small range of communal housing services in 1986 which included both alcohol-free (dry) houses and housing where residents could drink, a worker was asked to prepare a recently purchased beautifully renovated house as a new dry facility.

Acting on impulse, he reversed his senior manager's instructions and instead of creating a new dry house, he moved six residents into the new home, all of whom had been living in the most appalling conditions in what was a condemned building. The lack of basic plumbing, leaking roofs and a stairway that was so dangerous many of the men remained virtually trapped on the upper floor, all combined to create an air of hopelessness and despondency amongst the men. Predictably, they drank heavily and took very little care about personal hygiene or eating properly.

While not pretending that these men became angels overnight, it was immediately apparent that they responded positively when given the opportunity to live in a new house. The trust that had been placed in them by the worker made them feel better about themselves and encouraged them to take some pride in living in conditions that they had never previously experienced.

Importantly, lessons were learnt about how an environment shapes peoples' self image and how that in turn can lead to improved health and well being.

If you provide people with quality housing which allows them to live a dignified life with just enough supports to enable a sense of independence to be maintained, people do respond. They start to take a pride in themselves, and their surroundings. They become more assertive and in the greatest compliment to us, begin to complain. Just like all of us, people need to feel strong and secure before they can assert themselves.

For those people who say that these beautiful buildings are unsuited to the lifestyle of homeless people, then perhaps I should mention that one of the first residents to move into the hostel was Philip.

Philip had been living on the streets for over 30 years and regularly drank methylated spirits. Through careful staff management and the introduction of a diversionary recreation program, Phillip was able to maintain his housing at Port for four years until his death.

Wintringham has demonstrated that it is still possible to manage a highly targeted independent welfare organisation on social justice principles and to remain financially viable. Importantly, it has also demonstrated that long term solutions to homelessness are possible.

The key to finding these solutions is to access mainstream funding and not to continue to rely on funding sources that are specific to homelessness. Through the deserts of homeless service funding, run vast rivers of money: all that is needed to access some of that precious resource is to look beyond a person's homelessness to see how you would meet his or her needs if they were not homeless. There is no logical reason why Wintringham's success in insisting that the aged homeless should have the same right to access mainstream aged care dollars as the rest of the community, can't be replicated in other program areas.

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"Tiny" Wintringham

Wintringham is named in memory of the late 'Tiny' Wintringham, a massive 300 pound elderly pensioner who lived in the 1960's at "Gordon House", in central Melbourne.

Gordon House provided cheap accommodation to about 400 homeless and low-income people up until the time that the private owners of the building decided to sell the building rather than meet new fire safety requirements.

'Tiny' unsuccessfully tried to mobilise residents to prevent the closure, before taking his case to the union movement who decided to prevent the sale by placing a black ban on the building's demolition. Going then to the media and to Government, 'Tiny' eventually rallied enough support for the State Premier to intervene with a plan to rehouse the residents in a new building.

'Tiny's' successful fight against what appeared to be insurmountable obstacles, continues to inspire the company that has been named in his honour.

Ironically the old Gordon House was eventually renovated and is today an exclusive hotel and apartment block.