

**Submission
No 56**

**INQUIRY INTO HOMELESSNESS AMONGST OLDER
PEOPLE AGED OVER 55 IN NEW SOUTH WALES**

Organisation: Wintringham

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Wintringham



PARLIAMENTARY INQUIRY INTO
HOMELESSNESS AMONGST OLDER PEOPLE
OVER 55 IN NSW

MAY 2022

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PARLIAMENTARY INQUIRY INTO HOMELESSNESS AMONGST OLDER PEOPLE OVER 55 IN NSW

Wintringham is a not-for-profit welfare company that works to support and house impoverished older men and women aged 50-plus who are homeless or at risk of becoming homeless. Wintringham currently operates in Metropolitan and Regional Victoria and Southern Tasmania.

INTRODUCTION

Wintringham appreciates the opportunity to provide this submission to the NSW Parliamentary Inquiry into Homelessness amongst older people over 55. Although Wintringham is not a current service provider in NSW we are writing this submission to share our model of care, and expertise in ending homelessness for older people in Victoria and Tasmania.

Central to this submission is that in order to prevent marginalised and impoverished elderly people from becoming homeless, an adequate supply of affordable housing with appropriate support is required.

Support can range over a number of issues pertinent to each individual, but all elderly people at some stage require access to aged care services.

Wintringham's homeless service delivery model is therefore fundamentally different from most other housing and homeless service providers. We endeavour to live up to our motto of providing "A Home 'til Stumps" which means that from the time one of our outreach workers makes contact with a vulnerable aged person, we aim to care for that person until their death. This has in turn resulted in Wintringham building an extensive range of residential aged care services including a nursing home, all of which are funded by the Commonwealth Government.

Our model blends State and Commonwealth funding to provide care and housing to elderly disadvantaged citizens regardless of whether they live in local country regions or metropolitan suburbs, and demonstrates how the NSW State Government can assist with the provision of appropriate housing and support to elderly homeless people without having to assume responsibility for bearing all of the cost.

RECOMMENDATIONS

This submission will provide evidence to support the following recommendations

1. Lower the age for priority housing eligibility

To better meet the needs of older people who are experiencing homelessness the priority age for social housing eligibility must be lowered from 80 years as a matter of urgency.

2. Fund support services for older people experiencing homelessness

Provide specialised responses for older people who are experiencing, or who have experienced homelessness. Service options must include brokerage funding and be flexible in duration and intensity to meet the needs of the individual rather than the program. This may be short term, high intensity support preventing people from becoming homeless or long term, low-level support for those who have experienced chronic homelessness to keep them housed.

3. Increase the supply of social housing

An urgent increase in the supply of safe, affordable, and secure long term housing suitable for older people is needed together with a longer term plan that ensures the continued growth in supply.

4. Social Housing Agencies must provide supportive tenancy management

Successfully providing housing to those who have experienced chronic homelessness requires an approach to tenancy management that is supportive and focused on maintaining tenancies.

5. Provide brokerage funding to establish new tenancies and to assist tenants to maintain existing housing if at risk of eviction.

When long-term housing is available, brokerage funds are essential to ensure new tenancies are successful.

6. Improve access to mental health services

Improved access to clinical and community mental health services is needed to ensure older people are able to access the support they need to maintain their health and well-being which is essential to them being able to maintain their housing.

7. Work with the Commonwealth Government

The State must work with the Commonwealth to ensure that:

- 7.1. There is a specialised response for older people who have experienced chronic homelessness. This response should be built on the principles of providing safe and affordable housing that is strongly connected to the Commonwealth Aged Care System.
- 7.2. Older people who have experienced homelessness should not be disadvantaged when accessing Aged Care Services. Many find it difficult to identify what services are available, and often won't re-engage once they've attempted to access the service, particularly if there are long waiting lists or further assessments required.
- 7.3. Effective advocacy services are available to support older people needing services for the first time. The Aged Care funding model makes assumptions about mainstream aged care clients that don't apply to people without a home; including the assumption that they will have the benefit of informal supports to navigate and access services. Often what is required is an advocacy service to act as an intermediary for them given the lack of informal supports they have in their life.

7.4. People between the age of 50 and 65 who are prematurely aged as a result of their experience of homelessness are not disadvantaged or left to fall through the gap between NDIS and Aged Care. The overlap with the National Disability Insurance Scheme (NDIS) is complex and presents a barrier to direct entry into aged care services particularly where people are under 65 years of age. This is exacerbated by the differences between the two sectors e.g. the aged care system operates on a welfare model, as distinct from the NDIS which operates on an insurance model.

8. Wintringham supports The Ageing on the Edge New South Wales (NSW) Forum submission and draws particular attention to the following recommendations in that submission

- 8.1. Fund a specialist older person's housing information and support service that comprises both an early intervention and crisis response, similar to the HAAG Home at Last model in Victoria.
- 8.2. Lower the priority age for social housing eligibility from 80 years as a matter of urgency.
- 8.3. Build 5,000 social and affordable homes per year for 10 years, at least 20% of which should be dedicated to older people.
- 8.4. Remove unnecessarily burdensome requirements, such as, completion of 'seeker diaries' to maintain temporary accommodation imposed on older people who are already in challenging housing situations.

WHO WE ARE AND WHAT WE DO

Guided by principles of social justice, Wintringham has a single mission to provide dignified, high-quality care and accommodation to those who are profoundly financially and socially disadvantaged, and particularly to men and women aged 50-plus, who are homeless, or at risk of homelessness.

Across Victoria our organisation operates an innovative and integrated range of programs providing a continuum of care; ranging from assertive outreach, social housing (777 units; all with housing support), in-home aged care (850 packages), a registered Special Residential Service (SRS), and six residential aged care sites (293 beds), which are in receipt of the Homeless Supplement. With 873 dedicated staff, Wintringham supports well over 2,000 clients each day in Victoria and Tasmania.

Wintringham's pioneering work with elderly homeless people has received national and international recognition, most notably when in 2011 the United Nations awarded Wintringham their Scroll of Honour, the highest accolade awarded by UN Habitat and the first time it was given to an Australian organisation.

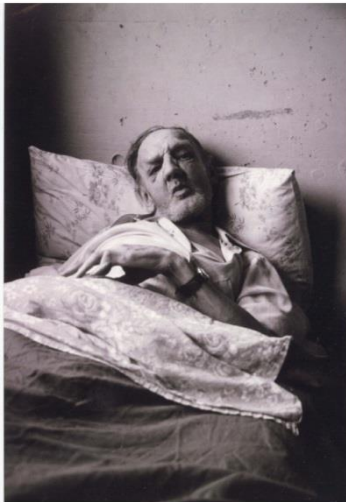
HOW WE CAME TO BE

At the time of the commencement of Wintringham in 1989, elderly homeless people lived and died at homeless persons' night shelters that were run by a variety of charitable services and funded under the Supported Assistance and Accommodation Program (SAAP), a Federal Government multi-lateral agreement with the States and a separate bi-lateral agreement with each individual State.



These buildings were often violent places where people were routinely bashed, raped and on occasions, murdered. It hardly needs to be stated that they were totally inappropriate for frail aged people, yet many of the residents were elderly and in desperate need of aged care services.

In spite of the best efforts of social workers at places such as Gordon House in Melbourne, Australia's largest night, it was almost impossible to have any referrals to aged care residential services accepted, even though these services were managed by church or charitable organisations who received generous tax concessions.



Gordon House could accommodate 300 people each night. We estimated more than half of the residents were elderly and over 110 people were eligible for Commonwealth aged care services. Not one of those residents were in receipt of such services.

It is difficult to explain just how appalling conditions were in these night shelters for the aged, but a simple comparison is that Gordon House provided 20 hours per week of personal care for the 300 clients. Our estimate is that a Commonwealth aged care service catering for 300 people would provide 5,000 hours of personal care. It is important to note that in both instances the clients are the same people - it is the accommodation and resultant eligibility for care that differs.

Given the unwillingness of aged care providers to accept referrals on behalf of elderly homeless people, Wintringham was established to provide this care. The initial reaction from both the aged care sector representatives and the public service was one of resistance, with claims from providers that the problem did not exist, and from the Government, that homeless clients were being provided for via the homelessness service system.

In response to the claim that our clients were homeless and therefore should be part of the homeless services system, we argued that they were not homeless and aged but aged and homeless and should therefore be entitled to aged care services. This argument was not simply semantics but signaled a new paradigm in viewing the rights of the elderly homeless. The representation was successful and eventually funding was approved for Wintringham to develop 3 aged care facilities for elderly homeless people.

50 YEARS AND OLDER: HOMELESS PEOPLE AGE PREMATURELY

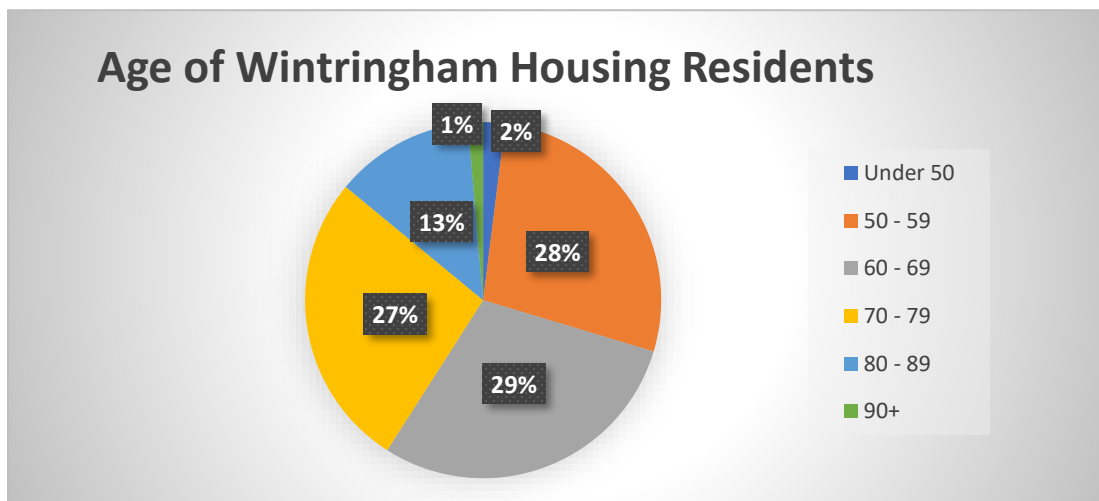
Working with the elderly homeless presents particular problems for service delivery, in part because the often noted incidence of premature ageing and complexity of care needs (physical, psychological and social), combined with a general reluctance to accept services due in part to a strong sense of independence and demeaning experiences with a range of previous health or community care providers.

Our model of care has been developed in direct response to these 'special needs' of our client group.

Many clients who have been, or who are experiencing, homelessness arrive at Wintringham in very poor health, undernourished and frequently frightened or so 'battle hardened' that they are difficult to communicate with. In addition, it is quite normal for our clients to have had a very isolated life with little or no contact with family members.

The Australian Institute of Health and Welfare recognises that within a homeless population, 'older people' are commonly defined as those aged 55 years and over¹. This is reflected in Wintringham's experience working with older people who have experienced homelessness. Wintringham defines older people as those who are 50 years and older. Premature ageing is caused by the disproportionately high rate of preventable diseases, progressive morbidity and premature death prevalent in the homeless population. This can mean that a person is 'older' at 40 or 50 years of age. It makes a key difference to service provision if we 'label' a client aged and homeless, rather than homeless and aged.

Currently across Wintringham's social housing properties 86% of our residents are aged under 80 years, as demonstrated in the graph below. It highlights that a broad age range of 'older people' require suitable accommodation and support, not just those aged over 80.



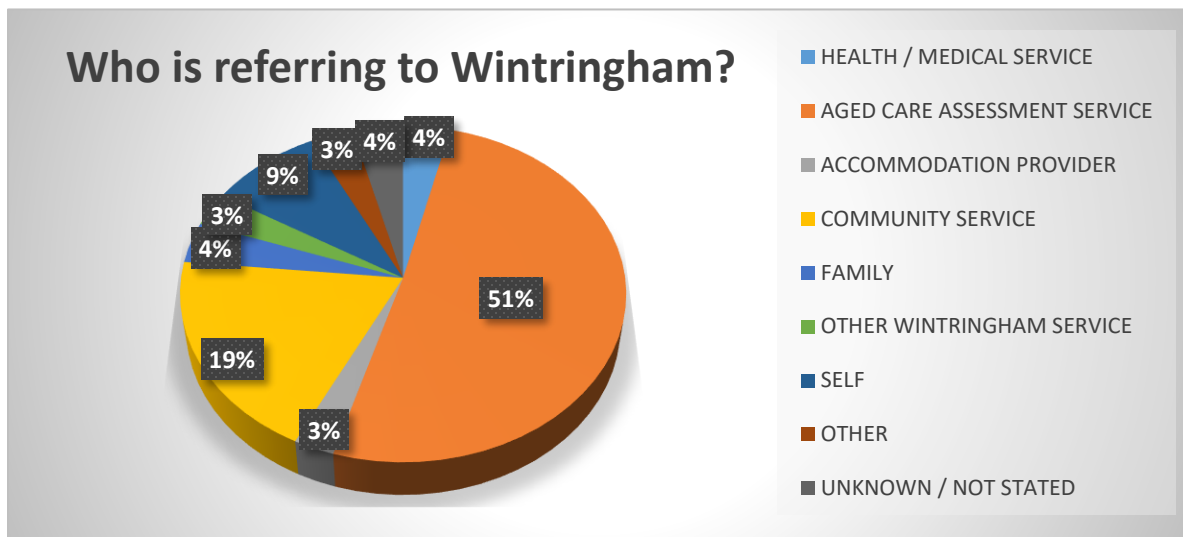
Wintringham has successfully secured acknowledgement from the Australian Commonwealth Government that the lifestyle of many of our homeless men and women had prematurely aged them; similar to the

¹ AIHW Older Australians Web Report, <https://www.aihw.gov.au/getmedia/a49cf1b5-0a25-46a1-804b-ef38fa805af4/Older-Australians.pdf.aspx?inline=true>

argument Aboriginal representatives were making, that this premature ageing should make them eligible for Commonwealth aged care from the age of 50 years, instead of having to wait until 65.

As a result Wintringham (and now other homeless aged care providers), deliver residential and community-based aged care services to clients some of whom are aged 50 and above.

The majority of referrals to Wintringham come from the Aged Care Assessment Service, which highlights the quantity of aged care funding that Wintringham brings into the homelessness service system. In addition, it highlights the ageing needs of older people who have experienced homelessness. It demonstrates that people who have experienced homelessness age before their securely housed peers.



RECOMMENDATION 1:

Lower the age for priority housing eligibility

To better meet the needs of older people who are experiencing homelessness the priority age for social housing eligibility must be lowered from 80 years as a matter of urgency.

OUTREACH AND HOUSING SUPPORT SERVICES AT WINTRINGHAM

Wintringham provides comprehensive services offering direct, face-to-face encouragement and assistance to access services, as well as advocacy and service coordination once assistance is in place. This form of Outreach and Housing Support also includes the ongoing ability to troubleshoot on the client's behalf when things may go off track.

Wintringham uses a Housing First approach. We know that support for this group is ongoing and lifelong and revolves around help to engage, coordinate and effectively participate with the services they need to maintain their health, safety and well-being. While the need for intensive levels of support waxes and wanes, the potential for assistance of this nature is ever present.

Without ongoing and flexible support, older people can bounce from crisis to crisis, using increasingly large amounts of resources but never finding a long-term solution. They live neglected in our communities, in situations that are untenable until a crisis brings them to the attention of one or another emergency service.

Wintringham initially provides support by:

- Locating people who are homeless, or at risk of homelessness
- Providing Assertive Outreach when appropriate to those sleeping rough
- Focusing on locating appropriate housing options and assisting people to complete applications
- Addressing the complex needs of the individual
- Supporting the individual to access essential services for their physical and mental health; and
- Arranging for immediate provision of any required basic home care services (Commonwealth Home Support Program or Home and Community Care)

Once the client starts receiving services and has begun to trust the worker:

- Assistance is provided to apply for long-term support through aged care or disability supports
- Once these above programs become available, assistance to activate services and retain service provision
- We then help to obtain and/or retain appropriate housing and support, training, and/or direct assistance needed in order to maintain tenancies
- Encouragement and hands-on practical assistance is provided when needed to participate with the range of allied health or health care providers assessed as required to meet health care needs
- We also work to ensure that links and service coordination is established to ensure that the client is able to access those opportunities for support provided by a variety of services and programs

When the client is settled and engaged with services we provide:

- Service coordination
- Solutions to any barriers to service provision, as and when needs arise

The overall aim of Supportive Housing is to maintain the tenancy and improve the health and well-being of the client. As part of this process, the Housing Support Worker also aims to maintain harmony and build a sense of community for the client within their chosen housing. Some functions of the Housing Support Worker include the coordination of alternate support services (ie mental health, drug and alcohol, legal, financial and general health) in order to do this they may accompany a client to an appointment, facilitate transport or assist other service providers in their work with the client.

Case loads for our workers can vary according to the complexity and intensity of support required by each individual they are working with. We believe this flexibility is the key to providing good client outcomes. A funding environment which prescribes the amount of hours that can be spent on an individual would have failed many of our clients. While some clients require only a very light touch, others need many hours over a long period.

The interventions that maintain housing can be complex, or seemingly simple. The example below indicates how a simple problem can very quickly get out of control.

When we were helping Phillipa establish herself in her new home, we found she had no idea how to budget. The greatest problem for her was the utility and phone bills which, although they come regularly, do not come each week. To help her manage this

problem, we set her up with a Centre Pay account. This is an account which takes a specific amount of money out of the pension each week to meet bill repayments.

Unbeknown to us, however, one evening, early in her tenancy, Phillipa received a phone call from a competing gas and electricity provider. Phillipa believed them when they told her they could offer a much better deal for her and agreed to take them up on their offer.

We first became aware of the problem when Phillipa showed us Final Notices and demands for payment. By this time the debt had grown to over \$800 – a sum Phillipa had no way of paying. We negotiated with the utility company to move Phillipa to a more appropriate scheme, to waiver some of the payment and accept a long term repayment for the rest. Phillipa had tried to solve this problem herself, but, when she had phoned the utility company she could not figure out how to negotiate the phone system, which was an automated one – asking her to ‘press 1 for ‘X’, press 2 for ‘Y’ etc., and had given up in defeat.

Such a simple thing, but an example of how modern systems can present seemingly insurmountable barriers. Without ongoing, long-term access to a support worker who has the ability to provide support when required, Phillipa’s tenancy would have ended, and she would have returned to homelessness.

RECOMMENDATION 2:

Fund flexible support periods for older people experiencing homelessness

Funding must enable flexible periods of case management support. Intensity and duration of support must be based on the needs of the individual. This may be short term, high intensity support preventing people from entering homelessness, or long term ongoing support for those experiencing chronic homelessness.

AFFORDABLE HOUSING

The 2016 census shows that there are now 134,000 people aged 65 years and over paying rents more than 30 per cent of their income - an increase of 41.7 per cent in five years. The vast majority of those people are in need of affordable housing.²

The number of people aged 55 and over who accessed Specialist Homelessness Services in Australia increased by 37 per cent between 2012-13 and 2016-17, with more than half (56 per cent) of these people being women. Older people in the 55 - 74 age bracket were the fastest growing age cohort within the overall homelessness population, increasing by 55 per cent in the decade to 2016.

² ABS Census, Estimating Homelessness, 2016, cat no. 2049.0

In addition, older people represent one of the fastest growing groups seeking assistance from specialist homelessness agencies, with an average annual growth rate of 8 per cent each year between 2011–12 to 2016-17 compared to 4 per cent growth rate for other specialist homelessness services clients.

Demand for single occupancy housing is high in the older cohort. Older specialist homelessness services clients were more likely to be living alone (59 per cent) when compared to the rest of the specialist homelessness services clients (29 per cent).³

RECOMMENDATION 3

Increase the supply of social housing

An urgent increase in the supply of safe, affordable, and secure long term housing suitable for older people is needed together with a longer term plan that ensures the continued growth in supply.

WINTRINGHAM HOUSING – SUPPORTED TENANCIES

For clients who have histories of failed tenancies, and complex support needs, a supportive approach to tenancy management is required. Tenancy management workers play a key role in helping vulnerable people to maintain their housing. These tenancy workers recognize the benefit of case management support, and understand that when the two systems work together it can achieve the best outcomes for individuals.

The components of this approach to tenancy management

- Time for tenancy management workers to spend with residents (explaining and reinforcing rules and expectations, relationship building)
- Use of plain English for tenancy agreements, documented rules and expectations
- Non-punitive approaches to breaches in the Residential Tenancies Act (RTA)
- Utilising the RTA as a tool to support residents, and encourage appropriate behaviours from residents and their visitors
- Responsive maintenance which quickly and effectively deals with any issues raised

RECOMMENDATION 4

Social housing providers must provide supportive tenancy management

Successfully providing housing to those who have experienced chronic homelessness requires an approach to tenancy management that is supportive and focused on maintaining tenancies.

³ Australian Association of Gerontology: Older Women who are experiencing or at risk of Homelessness, 2018

FLEXIBLE BROKERAGE FUNDING

Flexible pools of brokerage funds are an essential component of ending homelessness.

For people who are accessing the homelessness system for the first time flexible funds can be used to prevent eviction, or assist people to maintain their existing housing. This may be in the form of rent in advance, or funds to provide cleaning services while waiting on services to commence. Brokerage funds which can be used to overcome the barriers for that individual are required. The amount of funding spent on any one individual will vary significantly.

Brokerage funds are also critical in ensuring that a new tenancy can succeed. For someone who has been homeless for many years this may be purchasing the items they need to set up a new home. A warm bed to sleep in, a fridge, a couch.

RECOMMENDATION 5

Provide brokerage funding to support the establishment of new tenancies and to assist tenants to maintain existing housing if at risk of eviction

Flexible brokerage funds are available for service providers to support people to maintain existing tenancies, prevent evictions, and ensure new tenancies are set up to succeed.

ACCESS TO MENTAL HEALTH SERVICES

Homelessness services have long been the catch all, providing services to those who have fallen through the gaps. A common theme for our clients and support workers are challenges with access to mental health services. Barriers to successful housing for those experiencing chronic homelessness are often related to long histories of untreated or poorly treated mental health conditions. Transience, and disengagement from a poorly resourced system create gaps which long term homeless people fall through.

Homelessness services and our clients are suffering as a result – people with untreated mental health conditions are becoming homeless and struggling to maintain housing without suitable community based supports.

The movement of funding for community mental health services into the National Disability Insurance Scheme (NDIS), such as the Personal Helpers and Mentors Program (PHAMS), has reduced the ability for our clients to access the community based supports they so desperately need. Programs like PHAMS had broad entry criteria, and had the flexibility to provide a range of services for individuals, based on their individual needs. They could flex up and down based on the support the client needed at that moment in time. The restrictive entry criteria for programs such as NDIS mean that clients without a formal diagnosis, or without evidence of the impact on their daily life, are missing out on the services they need. The evidence of diagnosis, assessments and reports required to gain access to the NDIS are not easily accessible for someone who has experienced homelessness.

RECOMMENDATION 6

Improve access to mental health services

Improved access to clinical and community mental health services is needed to ensure older people are able to access the support they need to maintain their health and well-being which is essential to them being able to maintain their housing.

STATE AND COMMONWEALTH WORKING TOGETHER

RECOMMENDATION 7

Work with the Commonwealth Government

8. The State must work with the Commonwealth to ensure that there is a:
 - 8.1 Specialised response for older people who have experienced chronic homelessness. This response should be built on the principles of providing safe and affordable housing that is strongly connected to the Commonwealth Aged Care System.
 - 8.2 Older people who have experienced homelessness should not be disadvantaged when accessing Aged Care Services. Many find it difficult to identify what services are available, and often won't re-engage once they've attempted to access the service, particularly if there are long waiting lists or further assessments required.
 - 8.3 Effective advocacy services are available to support older people needing services for the first time. The Aged Care funding model makes assumptions about mainstream aged care clients that don't apply to people without a home; including the assumption that they will have the benefit of informal supports to navigate and access services. Often what is required is an advocacy service to act as an intermediary for them given the lack of informal supports they have in their life.
 - 8.4 People between the age of 50 and 65 who are prematurely aged as a result of their experience of homelessness are not disadvantaged or left to fall through the gap between NDIS and Aged Care. The overlap with the National Disability Insurance Scheme (NDIS) is complex and presents a barrier to direct entry into aged care services particularly where people are under 65 years of age. This is exacerbated by the differences between the two sectors e.g. the aged care system operates on a welfare model, as distinct from the NDIS which operates on an insurance model.

CONCLUSION


Wintringham's services demonstrate the positive impact that flexible assertive outreach and supportive housing can have for older people who are homeless, or at risk of homelessness.

Over Wintringham's 30 year history we have demonstrated that with ongoing and flexible support older people, with long histories of homelessness, can sustain housing, and improve their quality of life.


Wintringham

Who we are


Wintringham is:



A specialist not-for-profit welfare organisation.




Committed to providing older people exposed to homelessness with a range of high quality services.



Serving clients at every stage of need and provide them 'a home until stumps'.

We assertively advocate for over 50's who are homeless or at risk of homelessness to State and Federal Government, as well as in aged care, homelessness, housing and other forums. Our forward thinking approach has made us an international benchmark for action on elderly homelessness.



Where we are

We serve our clients from various locations across Victoria.



🏠 Social Housing		
Avondale Heights Ballarat Belmont Benalla Bentleigh East Castlemaine Coburg Delahay	Euroa Flemington Frankston Geelong Gisborne Heathcote Highton Kensington	Lancefield Manifold Heights Maryborough Melbourne CBD Romsey Shepparton St Arnaud Williamstown

🏠 Residential Aged Care Avondale Heights Coburg Dandenong Flemington Port Melbourne Williamstown	🏠 Community Care Service Area Wintringham services this area from various offices across Victoria. Services include Outreach, Housing Support, Home Care Package delivery and Recreation.
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INITIAL SUPPORT

Advice and Information

 **MONDAY - FRIDAY**  **BUSINESS HOURS**

 Specialist team  Phone advice and information about housing and support options

→ **PHONE - 03 9034 4824** ←

Connect with Services

 **MONDAY - FRIDAY**  **BUSINESS HOURS**

 Access and support services providing short-term assistance  Linking people to services and/or healthcare providers

Help to find Housing

 **MONDAY - FRIDAY**  **BUSINESS HOURS**

 Outreach teams provide linkages to services  **PLUS** assistance to find affordable, long-term housing

How we can help

We provide a range of assistance to help our clients live a good life.

ONGOING SUPPORT

Housing Support

 **MONDAY - FRIDAY**  **BUSINESS HOURS**

 Support to maximise health, wellbeing and to maintain tenancy

Home Care Packages

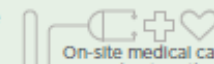
  **24 HOUR CARE**

 Promoting independent wellbeing at home  Through appropriate packaged levels of care



Residential Aged Care

  **24 HOUR CARE**

Assistance provided with daily living tasks  On-site medical care available together with all accommodation needs

Social Housing

  **24 HOUR SUPPORT**

 Purpose built housing provided  **PLUS** support services to enable people to live independently for as long as possible

Recreation Services

  **24 HOUR SUPPORT**

 Tailored leisure & daily living activities  Aimed at enhancing self-esteem, inclusion & participation

www.wintringham.org.au