

Wintringham's response to the 'Road Home'

Wintringham congratulates the Rudd Labor Government for showing the political leadership that will be necessary if the country is going to make any substantial inroads into the growing levels of homelessness. "The Road Home: A National Approach to Reducing Homelessness" has rightly been hailed as an ambitious and groundbreaking policy intervention. Homelessness reflects shamefully on all societies and the governments they elect, yet successive administrations have done little if anything to tackle a problem that for too many years has seemed either insolvable or not of sufficient political relevance to warrant the levels of public expenditure required.

An additional problem for providers of services to the elderly homeless is that the acceptable public image of a homeless person is invariably that of a young person. Indeed the principle programmatic response to homelessness in Australia is primarily seen through the prism of the SAAP act which has very little relevance to the elderly homeless.

So while there was presumably a sense of euphoria in many of the offices of homeless services around the country when we learnt that at last we had a Government and a Prime Minister who was prepared to do something substantial about homelessness, there was at Wintringham at least, a concern that the desperate needs of the elderly could be once again overlooked.

Our sole aim therefore was to ensure that our voice could be heard over the loud claims of the many and varied parties representing SAAP, many of whom had feared that the White Paper would be used to dismantle the existing system in favour of something very different.

The initial signs did not look at all encouraging, with our efforts to represent the needs of elderly homeless overlooked by sector representatives and peak bodies. Fortunately we found allies in Tony Nicholson and Pia van de Zandt, which led to visits to our services by Minister Plibersek and her resultant support for including older homeless people in the White Paper.

Of greater concern was the knowledge that we had a new Aged Care Minister (Justine Elliot) whose support was going to be vital but whom we had at that stage not had the opportunity to establish a relationship. We shouldn't have worried, because Minister Elliot rapidly became deeply committed to using her portfolio to ensure that the elderly homeless would receive services as a matter of right. In this she has demonstrated a sense of social justice that we have not seen from an Aged Care Minister since Peter Staples in 1986

I mention these stages in the development of the section of the White Paper that deals with the elderly homeless because it is important to understand that significant policy responses such as those contained in the "Road Home" do not come out of thin air. It is clear to me that without the involvement of these people and others in the Department,

the SAAP and aged care industry representatives would have achieved little if anything for the elderly homeless.

So what was achieved for the elderly homeless?

There are three distinct areas in which the White Paper commits the Government to changes designed to benefit the elderly homeless. These are:

1. a decision to amend the Aged Care Act 1997 to recognise older people who are homeless as a 'special needs' group
2. the provision of capital funding for four years to build residential aged care services specifically for older people who are homeless
3. increased funding for the Assistance for Care and Housing for the Aged (ACHA) program

Having older people who are homeless defined as a 'special needs' group in the Aged Care Act 1997 is by far the most significant and far-reaching of the proposed changes. It has been a basic tenet at Wintringham that definitions matter. Indeed, Wintringham was founded on the premise that older homeless people should stop being defined by their homelessness, but rather be granted the rights and services available to every other elderly person in Australia. By accessing aged care funding, Wintringham has been able to develop internationally-recognised models of lifelong, specialised care for older people whose homelessness creates and/or compounds chronic health problems. Indeed we have been able to demonstrate that we can create lasting pathways out of homeless.

It has been our overwhelming experience that elderly homeless people are rarely welcomed into mainstream aged care facilities. This was the case in the 1980s when 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 night shelters may have gone but, too often, the reluctance to address the special problems of elderly people who have been homeless remains.

Just as the aged care system is not allowed to discriminate against any minority group on the basis of their ethnicity, religion or personal views, the re-definition of the elderly homeless as a 'special needs' group within aged care will help ensure they are never overlooked within that system again.

As stated in the White Paper, status as a special needs group "will better allow the needs of older people who are homeless to be specifically taken into account during the annual allocation of new residential places and community care packages. It will also allow aged care providers who care for older people who are homeless easier access to targeted capital assistance grants."

This is important because the Aged Care Act is designed around the needs of an 85 year old female resident who is invariable from the middle classes and has a family who provides support. Wintringham clients are typically a 65 year old working class male with little or not family supports. The current Act is simply not designed to address the needs of the elderly homeless.

This is a remarkable improvement, and one which will underwrite the future availability of high quality care for older homeless Australians.

The second proposition put forward in the White Paper benefiting the elderly homeless is directly related to the first. The Australian Government has undertaken, as an example of funding targeted at this newly-defined special needs group, to “allocate aged care places and capital for at least one new specialist facility for ageing people who are homeless in an area of need in each of the next four years.” Again, this is a remarkable development.

The insuperable difficulty experienced by any organisation attempting to care for elderly homeless folk have been the policy settings around the capital funding of residential aged care facilities. These are based on a user-pay system with residents expected to pay an Accommodation Bond (up to \$1.5million+ 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. Undertaking to fully-fund a new facility for this special needs group each year until 2012 is an extraordinary departure from current realities. Wintringham’s facilities have each been built by funds wrestled dollar by dollar from government and philanthropic entities. The effort required to complete facilities which are of a standard suitable for the care of senior Australians (who happen to have been homeless) has been huge. This White Paper initiative can only be applauded.

The third area outlined in the White Paper affecting the well-being of elderly homeless people is the increased emphasis and funding being given to the Assistance for Care and Housing for the Aged (ACHA) program. The White Paper states that the “Australian Government will continue to fund the successful Assistance for Care and Housing for the Aged (ACHA), which helps to link older people who are homeless and those in insecure housing to care and accommodation. The Australian Government will provide funding of \$18.4 million over the next four years to enable existing providers to help more people obtain housing and community care services and for new providers to expand ACHA into new regions.”

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 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, and negotiating with council or government authorities.

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 an elderly homeless person access affordable housing and appropriate services so that they can live a relatively independent life.

In summary, the “Road Home” is a significant document: potentially the most significant body of work in homelessness in our lifetime. What gives me cause for optimism and excitement for the future is that this document carries with it the commitment and support of the Prime Minister and his Government.

The single most relevant point we have made to government and policy makers for the past 20 years is that older homeless men and women should be seen as being aged people and should therefore be entitled to receive aged care services as a matter of right. Impoverished aged men and women should not have to go to homeless service providers for care and support.

In this simple statement, we have consistently argued that service providers such as Wintringham should have the right to access mainstream aged care funding and not be diverted towards homeless funding programs. While we can debate the level to which mainstream services should be required to provide for the homeless, hopefully the Road Home settles finally the issue of whether homeless people can access mainstream funding.

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