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Wintringham: Equity and Longevity for Older Homeless People

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Access to aged care and appropriate affordable housing should be available to all Australians. While in principle this right does exist, in practice elderly impoverished men and women continue to struggle to receive the levels of care that they are entitled to.

When I started work at the infamous Gordon House homeless persons night shelter in 1985, I was confronted with the sight of more than 100 frail elderly men and some women, all of whom should have been in commonwealth funded aged care services.

Gordon House was then the largest night shelter for homeless people in Australia, housing 300 people per night over 10 floors in a building located on the bank of the Yarra River on the edge of Melbourne's CBD.

In spite of the best efforts of the few staff that worked there, Gordon House was a harsh and occasionally terrifying place to live. Intimidation and violence were all too prevalent, particularly between the younger male residents, with police called frequently – sometimes for crimes as serious as rapes and the occasional murder.

Into this maelstrom lived largely defenseless elderly men and women most of whom had no identifiable way of escaping the misery and loneliness of their lives, regardless of whether they remained at Gordon House or left to go to other similar shelters or boarding house, all of which were invariably far worse than the Gordon.

For the average person in the community, the concept of homelessness is vague at best or, if pressed, entirely unimaginable from a personal or family perspective. To live on the streets, to scavenge for food, to be sick and unable to get care, to be subject to bashings and random terror of gangs, police, or from other homeless people, is simply unimaginable. As difficult

as it is for the public to contemplate what life must be like if they were homeless, few could begin to imagine what it must be like if the homeless person was the age of their parent or grandparent.

To give a practical example of the conditions at Gordon House, management had been able to secure a parttime personal care worker. This person provided 20 hours of care per week for the 300 residents many of whom were elderly and often frail. That figure translates to about 30 *seconds* per day per resident.

Compare that to mainstream aged care providers who are mandated to provide 7,500 hours for 300 residents, or around 215 *minutes* per resident per day.

To cope with life in a night shelter requires coping skills that many frail-aged people either do not possess or are unwilling to risk. However, the alternative can be even more dangerous. While Australian winters are relatively benign compared with those experienced in North America or Europe, frequently it is not just hypothermia that threatens homeless people; it is violence from other street dwellers that presents the most risk

The difference between 30 seconds and 215 minutes of care, to say nothing of the physical and psychiatric stresses of homelessness, goes some way to explaining why, world wide, homelessness prematurely ages people with death rates far higher than they are for the rest of society.

The catalyst that drives elderly people into homelessness are many and varied, but increasingly our experience shows that it is poverty and loss of affordable housing that is the major driver. This is particularly impacting on the lives of elderly single women who are finding it increasingly difficult to manage what had been up until quite recently in their lives, a marginal but affordable life style.

What is particularly concerning is that over the past decade or so, it is apparent that there are increasing numbers of elderly people who have become homeless who have never experienced anything remotely like what they are now enduring. The loss of a partner, retirement or illness, and without the financial security of superannuation, has resulted in real and sustained crises.

The lack of affordable housing in appropriate locations, marginalises elderly people. Their increasing levels of desperation often leads to a premature need for age care – and this care is increasingly difficult to find.

While working at Gordon House, attempts at gaining access to residential aged care for our elderly clients, proved astonishingly difficult with providers of both for-profit and church based not-for-profit services seemingly “cherry picking” wealthier clients.

Compounding the problems, referrals to Department funded Aged Care assessment teams were largely futile as they regularly refused to come to Gordon House and, if they did come, made it clear that our guys were too young to be eligible or that they would not “fit-in” to a residential aged-care service.

With the door to aged-care services effectively closed to the elderly homeless population, remaining options are indeed bleak. The most common outcome is premature death – often in the most appalling circumstances. Before death comes, a variety of frightening and totally inappropriate accommodation options are available, including government funded not-for-profit homeless services, substandard rooming or boarding houses (some so violent that outreach workers will only enter in pairs or with police escort), or rooms above hotels, euphemistically known as pub tops.

These and other stories were some of the reasons for the establishment of Wintringham, a specialised, non-religious, not-for-profit welfare company that works with the elderly homeless population. It was the reluctance of the existing service system and the people who worked within it that provided the impetus and sense of urgency needed to create an alternative way of looking at a very old problem.

A primary concern is that elderly homeless people have not readily been assigned to a policy environment where their needs can be addressed in a structural and consistent way.

Wintringham: Some Background Information

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

A key moment in the establishment of Wintringham was successfully pushing back on the often repeated statement from Government that our folk were “Homeless and Aged” and therefore should be accommodated in

the (poorly funded) homeless persons service program. In response we reframed that statement to say that they were not Homeless and Aged but were in fact "Aged and Homeless". This was not merely semantics – it meant that as Aged people they should be entitled to aged care, regardless of their poverty.

This argument was accepted by the then Minister for Aged Care Peter Staples, and has been endorsed by every succeeding aged care minister.

This simple reframing, has resulted since 1990 in the access of billions of dollars from Aged Care thus enabling the establishment of services to the elderly homeless.

This is something that Australia should well be very proud of. Elderly homeless people exist in every country, but as a result of Wintringham's efforts, Australia is unique in addressing this issue through its aged care program.

While this has been an extraordinarily successful outcome in terms of influencing the development of aged care policy and has in turn created a pathway to redressing the appalling equity issues facing service delivery to elderly homeless people, the application of that policy has been problematic.

The problems associated with running an organisation catering exclusively for the homeless are substantial. Winning the right for the homeless to be part of the aged care program is one thing - the financial viability of providing those services is something else.

Lacking the financial resources that support mainstream age care, such as Accommodation Bonds, financial and emotional support from families, and a general acceptance of the need for care, it is clear that to state the obvious, the Aged care program is designed around the needs of Australians that reflect in varying degrees the profile of a middle class 90 year old woman who perhaps has dementia but enjoys family support.

It is not designed around providing care to someone who has no ability to pay an Accommodation Bond, no family supports, may have addiction or mental health problems, and who is suspicious and reluctant to accept any services.

The end result is that organisations like Wintringham provide care to people that the aged care industry will not, and we do it with less resources.

These issues are important to stress. If we as a society are going to be serious about addressing the inequity facing prematurely dying elderly impoverished people, we need to make it financially viable to deliver the services that are required.

Wintringham's ability to find workarounds or exemptions to enable us to survive, such as the now abandoned Homelessness Supplement which we negotiated, is entirely dependent on the good will and support of an Aged Care Minister or very senior bureaucrat.

Every time there is a change in leadership in Canberra or a change to aged care policy settings, we go back to square one and need to again commence negotiations to remain viable. It is exhausting and hugely time consuming acting as we often have had to, entirely alone.

In order to address the ongoing battle to ensure that services to elderly homeless people can remain financially viable there needs to be some formal and structural recognition that what works for the mainstream aged care does not necessarily work for outliers such as the homeless.

For example, the recent and generally welcomed Quality of Care requirement that aged care providers must enable a 24/7 nursing presence is not necessarily appropriate for the elderly homeless and it certainly isn't what our clients tell us they want.

In surveys we have conducted with our residents, they say that they want more one on one contact with staff, which in turn leads to an improved Quality of Life. Quality of Care is part of that equation but not exclusively. Wintringham spends far more money on support through inhouse Social Workers and recreation staff that are there to replace an absent family. This support enables our clients to learn to trust us which often times results in them accepting care services.

If as individuals we care about living a good life, why shouldn't our homeless clients have that same right?

Similarly in Home Care, where Consumer Directed Care while being a wonderful concept for most of mainstream elderly people with family and resources, is not necessarily appropriate for our people. We need block funding so we can direct care to people when and how they need it.

In an ideal world the need for an organisation such as Wintringham would not exist. Unfortunately the world is far from ideal: the numbers of homeless people continue to grow and, in the case of the elderly homeless

population, mainstream service providers continue to be reluctant to accept their responsibility to provide care.

We have demonstrated that the key to finding long-term solutions to the problem of elderly homelessness is to access mainstream programmatic aged care funding. Through the deserts of homeless service funding run rivers of money. To access that money on behalf of our clients it is necessary to look beyond a person's homelessness to see another member of society with the same rights as anyone else

Bryan Lipmann AM was the founding CEO of Wintringham running the company from its inception in 1989 to 2025. Wintringham is today Australia's largest service provider to elderly homeless people.