

Wintringham



RESPONSE TO RESIDENTIAL AGED CARE
ACCOMMODATION PRICING REVIEW

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Wintringham is a not-for-profit company that works to support, and house impoverished older people aged 50 and over who are experiencing homelessness or at risk of becoming homeless. Wintringham currently operates in Victoria and Tasmania.

INTRODUCTION

Wintringham appreciates the opportunity to provide this response to the *Residential Aged Care Accommodation Pricing Review*.

Wintringham's model of service delivery is fundamentally different from most other aged care service providers. With a dedicated focus on supporting older people who have experienced homelessness, we endeavour to live up to our motto of providing "A Home 'til Stumps". This means that from the time one of our outreach workers makes contact with a vulnerable older person, we aim to care for that person until their death. This has resulted in Wintringham developing a range of housing options and extensive support services including community aged care and disability, as well as a wide range of residential aged care services. Our model uses State and Commonwealth funding to provide care and housing to elderly disadvantaged citizens regardless of whether they live in country regions or metropolitan suburbs.

RECOMMENDATIONS

1. **Tiered Accommodation Supplement:**

The Accommodation Supplement should be tiered according to both location, facility size and the proportion of financially disadvantaged residents, to reflect the true costs of providing quality care in different environments and for highly vulnerable cohorts.

2. **No Staggered Reductions:**

The Higher Accommodation Supplement should not be reduced as facilities age. Reducing funding over time would place unsustainable financial strain on providers supporting people experiencing homelessness.

3. **Increased Funding for Quality and Maintenance:**

The Accommodation Supplement must be increased to support ongoing maintenance, capital improvements, and uplift in accommodation quality—especially for specialised homes serving people with complex needs.

4. **Support for Capital Investment:**

Additional funding is needed to enable providers like Wintringham, who serve only financially disadvantaged clients, to invest in facility upgrades and new developments. Current pricing does not allow for building reserves or self-funding capital works.

5. **Recognition of Higher Costs:**

The unique design, maintenance, and staffing requirements of services for people who have experienced homelessness must be recognised in funding models. Reliance on philanthropy for essential upgrades is not sustainable.

6. **Sustainable, Inclusive Aged Care:**

Without reform, there is a significant risk to the sustainability of specialised providers and the quality of care for some of Australia's most vulnerable older people.

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 people aged 50 and over, who are experiencing homelessness, or at risk of homelessness and who are financially and socially disadvantaged.

Wintringham operates innovative and integrated programs that provide a continuum of care; ranging from extensive assertive outreach programs (900+ clients), social housing (862 units; all with housing support), in-home aged care (1000+ packages), a registered Supported Residential Service (SRS), and eight residential aged care sites (352 beds), which are in receipt of the Homeless Supplement. With over 1000 dedicated staff, Wintringham supports over 3,000 clients each day in Victoria and Tasmania.

Our pioneering work with elderly people experiencing homelessness has received national and international recognition, including the United Nations Human Settlements Habitat Scroll of Honour, the “most prestigious human settlement award in the world” and to date, the only time the award has gone to an Australian organisation.

HOMELESSNESS AND COMPLEX CARE NEEDS

Working with the older people who have experienced homelessness presents particular problems for service delivery as this group of people often present with premature ageing and complex care needs (physical, psychological and social), combined with a general reluctance to accept services. This reluctance derives from a strong sense of independence and a history of demeaning experiences with a range of health or community care providers. Many clients who have experienced homelessness would also meet the criteria set out for care leavers.

Our model of care has been developed in direct response to these ‘special needs’ of our client group. We recognize that people experiencing homelessness have their own culture, including ideas, customs and social behaviour, which requires a culturally appropriate service provider. 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.

Homelessness leads to premature ageing, which increases an individual’s ageing care needs. The Australian Institute of Health and Welfare recognises premature ageing within a homeless population¹. Premature ageing is caused by the disproportionately high rate of preventable diseases, progressive morbidity and premature death prevalent in the homeless population. For people who have had this experience, their care needs are best met within an aged care service. Specifically, one designed for this client cohort.

¹AiHW Older Australians Web Report – Homelessness and Insecure Housing (2024), <https://www.aihw.gov.au/reports/older-people/older-australians/contents/housing-and-living-arrangements#Homelessness%20and%20insecure%20housing>

RESIDENTIAL AGED CARE AT WINTRINGHAM

Wintringham Residential Aged Care residents have different support needs when compared with mainstream aged care residents. Some key differences are:

1. Age – The impact of rough sleeping, chronic social disadvantage and often poor health care results in premature ageing². The average age of people living in residential care is 85 years for women and 83 years for men.³ The average age of people entering Wintringham Hostels is 68 years. The current average length of stay at Wintringham is 7 years. This compares with an average length of stay across Australian RACs of 2.5 years.⁴ 70% of Wintringham residents are male compared with the national average RAC occupancy of 35% males.
2. Financial disadvantage – 82% of hostel residents meet the Specialised Homeless Base Care Tariff Criteria. This means that residents have very limited access to funds and often need assistance to manage these limited funds. 32% of residents have a court appointed financial administrator.
3. Living on the margins – People present with complex histories of abuse, trauma and chronic disconnection from mainstream society. They are reluctant to trust, fearful of authority and often have lifelong learned responses and behaviors that make it difficult for them to adjust to living within the hostel community. A calm, consistent, supportive approach by appropriately skilled staff is required over many months to develop rapport and trust.
4. Lack of family connection – The majority of Wintringham residents do not have any family support or a nominated person that they can rely on. Families play an important role in supporting residents in aged care including assisting with shopping for clothing and personal items, banking, coordination of medical appointments including attending appointments with the resident when required. Most importantly families monitor the quality of care provided and advocate for their family member when the quality of care is not at a standard expected. People with a history of homelessness are often disconnected from family and have few reliable friends. Wintringham staff play a key role, within their professional boundaries, in supporting residents in the same way a family member would. When appropriate, day to day support is provided by staff, but with issues such as financial and legal matters the staff are required to engage independent community services to assist residents. Wintringham also strive to engage advocacy services to support residents if they have a complaint about Wintringham or external services.

² Mantell R, Hwang YIJ, Radford K, Perkovic S, Cullen P, Withall A. Accelerated aging in people experiencing homelessness: A rapid review of frailty prevalence and determinants. *Front Public Health*. 2023;11:1086215. Published 2023 Mar 16. doi:10.3389/fpubh.2023.1086215

³ AIHW Aged Care Web Report (2025) <https://www.aihw.gov.au/reports/australias-welfare/aged-care>

⁴ Australian Institute of Health and Welfare Aged Care Data (2017) <https://www.aihw.gov.au/reports-data/health-welfare-services/aged-care/data>

5. Mental Illness – the incidence of serious psychiatric illness is greater at Wintringham. 50% of hostel residents are receiving antipsychotic medication for a diagnosis of psychosis compared to the national mean of 10.2%.

In order to respond to these specific needs, Wintringham has developed a care model that cohorts people with similar care needs in cottage style homes and provides a range of staff to best meet the needs of the client group. There is a strong emphasis on choice and independence, therapeutic recreational support and connection with community. They are home like environments where 5-6 residents share a house with a communal lounge and dining area. The cottages have easy access to outdoors, many with street frontage, with furnishings and materials used to compliment the suburban environment.

Wintringham believes there are real advantages to separating people with lower and higher care needs and levels of cognitive capacity. Grouping people with similar levels of capacity means that they can better interact with others, develop friendships, participate in similar activities and enjoy an overall improved quality of life because of this. This is particularly important for Wintringham clients who may enter RAC in their 50s and therefore live in one of our homes for many years.

THE ROLE OF SPECIALISED DESIGN IN HOUSING AND AGED CARE FOR PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS

Older people who have experienced homelessness, trauma, and institutionalisation face unique challenges when transitioning into aged care. Many arrive from unstable environments such as rooming houses, cheap hotels, or the streets, often carrying deep psychological scars and a profound sense of fear and disempowerment. Upon entering aged care, they may be extremely submissive, anxious, and fearful of being moved on again. The transformation that occurs when these individuals are welcomed into environments that are safe, dignified, and beautiful is profound. The combination of trauma-informed care and thoughtfully designed architecture plays a critical role in restoring their sense of confidence, autonomy, and dignity.

The physical environment is not merely a backdrop—it actively shapes behaviour, wellbeing, and relationships. Dignified housing that is peaceful and attractive sends powerful messages of respect and worth, not only to residents but also to staff. Facilities that are integrated into the community and offer opportunities for meaningful engagement help reduce isolation and foster a sense of belonging. The inclusion of community programs, pet ownership, and access to nature are essential features that support emotional and psychological wellbeing.

Designing for this population requires a departure from traditional institutional models. Instead of sterile corridors and rigid layouts, aged care environments must be warm, familiar, and home-like. The concept of “defensible space” is central to this approach, incorporating territoriality, natural surveillance, and a sense of security through thoughtful spatial arrangements. Each resident should have a private room with an ensuite and direct access to outdoor areas, allowing them to control their environment and observe who comes and goes without feeling exposed. This design supports autonomy and reinforces the idea that their space is sacred and respected.

The importance of nature in aged care cannot be overstated. Contact with natural environments—trees, gardens, birdsong, and water—has been shown to reduce stress, improve cognitive function, and enhance overall wellbeing. In contrast, environments that are closed, unfamiliar, and lacking in sensory stimulation can contribute to cognitive decline, depression, and behavioural issues. The architecture must therefore be designed to promote interaction with nature and avoid the iatrogenic effects of institutional settings that inadvertently cause harm.

Facilities like those developed by Wintringham exemplify best practice in designing for older people with histories of homelessness. However, these environments are significantly more expensive to build and maintain than mainstream aged care settings. The architectural complexity required to provide private rooms with outdoor access, natural light, and defensible space means more surfaces are exposed to the elements. This exposure increases wear and tear and necessitates ongoing maintenance of external materials, landscaping, and transitional spaces. Unlike inward-facing institutional buildings, these designs require robust infrastructure to manage weathering, thermal efficiency, and security.

Moreover, the client group served by Wintringham is often more physically mobile and may exhibit behaviours such as aggression or outbursts, which contribute to higher levels of wear and tear. These behavioural factors, combined with the need for trauma-informed design, mean that buildings must be constructed with durable materials and maintained more frequently than standard aged care facilities. Despite these costs, the benefits of such environments are substantial. Residents experience improved mental health, reduced behavioural issues, and a greater sense of autonomy and purpose. Staff report higher job satisfaction, and the broader community benefits from inclusive, respectful care models that uphold the dignity of some of society's most vulnerable members.

Aged care environments for older people who have experienced homelessness and trauma must be designed with intentionality, compassion, and respect. While they are more expensive to build and maintain, the investment yields transformative outcomes in health, wellbeing, and social inclusion. These environments are not only a reflection of best practice—they are a reflection of our values as a society.

RESPONSES TO CONSULTATION PAPER QUESTIONS

Wintringham urges government to recognise the unique needs and higher costs associated with providing residential aged care to people experiencing homelessness and disadvantage. We recommend a tiered, increased supplement that reflects location, resident cohort, and the age of facilities, to ensure the sustainability and quality of care for some of Australia's most vulnerable older people.

Q2. Should the value of the Accommodation Supplement be universal or tiered such as by location or proportion of residents or other basis?

Wintringham strongly recommends that the Accommodation Supplement be **tiered by both location, size of facility and proportion of residents.**

Costs of accommodation, particularly building and maintenance, vary significantly between metropolitan, regional, and remote areas. For example, Hobart is our most expensive location to maintain. A tiered approach would ensure that funding reflects the true cost of providing quality accommodation in different environments and for varying resident cohorts.

The percentage of residents who are eligible for the accommodation supplement should also be tiered, with providers who have a higher percentage receiving a higher supplement. The accommodation supplement does not come close to the revenue mainstream providers are generating from residents with income and assets levels above a supported resident.

Supplement tiering should also acknowledge the significance of facility size. Smaller aged care homes are often better suited to individuals with complex support needs; however, they typically incur higher building and maintenance costs.

Q3. Should the Higher Accommodation Supplement be staggered over time, so that as the accommodation facilities age the supplement is reduced (with the full value payable again after a new renovation)?

Wintringham does **not support** a staggered approach to the Higher Accommodation Supplement. As a provider for people experiencing homelessness, we do not have the financial capacity to cash flow such arrangements or wait for reimbursement after renovations. Reducing the supplement as facilities age would place undue strain on providers serving highly disadvantaged populations.

Q5. How can the Accommodation Supplement be reformed to support an uplift in the quality of accommodation?

To support an uplift in accommodation quality, **the supplement must be increased**. It is essential to recognise that specialised homes require more funding for routine maintenance and capital improvements.

Increasing the supplement over the longer term would also reduce reliance on one-off capital grants.

Q6. Outline how the Accommodation Supplement pricing impacts on incentives for capital investment in residential aged care.

The Accommodation Supplement is the main source of income for accommodation for Wintringham and providers like us who focus solely on financially disadvantaged cohorts. At Wintringham 90% of our accommodation revenue is generated from the accommodation supplement. **Current pricing does not allow providers to set aside funds for capital investment**. Wintringham is particularly impacted as all our residents are of low means, leaving no capacity to build reserves for upgrades or new investments through RADs and DAPs. This severely limits our ability to invest in facility improvements and expansion, ultimately impacting the environment in which our residents live.

The “useful life” of buildings must also be considered, and additional funding provided as facilities age to ensure ongoing safety and quality for residents. Providers who only support residents of low means, such as Wintringham have no available funds for major renovations or rebuilds which are required as buildings near the end of their useful life.

Q8. To what extent are the current rates of the Accommodation Supplement sufficient to cover providers' capital and operational costs relating to accommodation?

Current rates are **not sufficient** to cover capital and operational costs.

While the ACFR data indicates a surplus between funding and actual expenditure, the reality is more challenging. After depreciation, and drawing necessary administrative overheads from the available funding, only a limited amount remains for larger maintenance projects. The very small residual funds are nowhere near adequate to cover the cost of capital improvements required over time. These funds are utilized for unexpected larger maintenance projects. This persistent shortfall severely restricts our ability to maintain and upgrade facilities, with the potential to negatively impact the quality and safety of accommodation provided to our residents over the longer term.

Because routine maintenance costs for specialised aged care homes are high, there are insufficient funds available for necessary capital works. The accommodation supplement is our main source of revenue for these works and does not match the revenue that mainstream providers would be getting from more financially diverse client groups. Providers like us are forced to rely on external grants or philanthropy for essential upgrades.

For example, a new kitchen at Wintringham's Port Melbourne residential aged care home was not funded through the accommodation supplement or government grants. As a result, Wintringham applied for a philanthropic grant of \$500,000 to cover the renovation costs. This is not an isolated case; in previous instances, Wintringham has also sought philanthropic support when government funding was insufficient for kitchen upgrades at two other Wintringham RAC homes. Dependence on philanthropy for capital investments in aged care homes presents financial challenges regarding the long-term provision of safe accommodation for residents.

Q9. How does the cost of providing accommodation vary across different operating environments, such as differences in location?

The cost of providing accommodation varies greatly across operating environments. Architecture for older people who have experienced homelessness is **more expensive due to the specialised design**. These features require more maintenance due to exposure to the elements and wear and tear from residents but are essential for the wellbeing of residents.