Wintringham

RESPONSE TO NEW AGED CARE ACT CONSULTATION PAPER No 2

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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 *New Aged Care Act Consultation Paper No.2*.

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.

Wintringham believes strongly in delivering services which meet the definition of **High Quality Care** within the proposed act. We are however, extremely concerned that the interpretation of this definition is too reliant on supports delivered by nurses, and appears to lack understanding about the full experience of life, and what contributes to a **high quality of life** for our residents.

The Royal Commission into Aged Care recognized that quality of life is more than good nursing care

> *" High quality clinical and personal care are necessary for many older people to have a high quality of life. A healthy mouth is, for example, necessary to enjoy food, to smile and laugh, and to socialise. But high-quality clinical care is not sufficient for quality of life. It is equally important that people experience a sense of wellbeing, social participation, meaningful activity, purpose and joy."*[1]

The overriding push to see nurses as the key to meeting all care needs of residents in aged care is extremely concerning to Wintringham. We know that quality of life is enhanced by delivery of services which meet the social, emotional, clinical and medical needs of our residents. It is well recognized that multi-disciplinary teams provide the best well rounded care. This should be extended to those living within a Residential Aged Care Home or receiving community-based services. The provision of services from different professions, with differing approaches ensures that all needs of the individual are being addressed, not just one area of life.

[1] Final Report – Volume 3A: The New System *https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf, page 93*

RECOMMENDATIONS

RECOMMENDATION 1 – ACCESS TO SERVICES
Access to Aged Care Services for homeless people aged 50 – 64 years, who meet the eligibility criteria must be simplified. Current requirements to 'exhaust' all other options is not respectful of individual choice nor does it recognise that homeless specialised aged care is the best outcome for some.

RECOMMENDATION 2 – HIGH QUALITY CARE
The definition of High Quality Care must consider the differing care needs of diverse populations, such as those who have experienced homelessness. Allowing aged care clients to continue to live their life of choice, and take risks, is an essential component of high-quality care. Aged care clients have a right to a high quality of life, as well as a high quality of care.

RECOMMENDATION 3 – INNOVATION AND RISK

The aged care act must recognise the importance of innovation.
New accountability measures and excessive reporting, teamed with severe penalties are leading to boards, leadership teams and organisations who have less time to look at strategic direction, as they focus on compliance. The Department of Health and Aged Care must ensure that compliance measures do not inhibit the sector from developing new and innovative service options.

RECOMMENDATION 4 – 24/7 RN REQUIREMENT
Exemptions for 24hr nursing must consider the specialised care needs of residents who are part of diverse groups, including those who have a history of homelessness.
A greater mix of staff skills is required to delivery high quality care, and enhance the quality of life of people who have experienced homelessness. The care minutes should count other health professionals who deliver critical supports to aged care residents.

RECOMMENDATION 5 – THIN MARKETS
Thin market grants must recognise the additional costs associated with providing care to people who have experienced long term homelessness, many of whom live without any social supports, and often have multiple complex service systems involved in their care.

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, social housing (862 units; all with housing support), in-home aged care (900+ 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.

50 YEARS AND OLDER: HOMELESS PEOPLE AGE PREMATURELY

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.

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.

The Australian Institute of Health and Welfare recognises premature ageing within a homeless population[2]. Premature ageing is caused by the disproportionately high rate of preventable diseases, progressive morbidity and premature death prevalent in the homeless population. Based on our own experience Wintringham defines older people as those who are 50 years and older. It makes a key difference to service provision if we 'label' a client aged and homeless, rather than homeless and aged. 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 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 other homeless aged care providers), deliver residential and community-based aged care services to clients aged 50 and above.

Homelessness leads to premature ageing, which increases an individual's ageing care needs. 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. At Wintringham, and at other specialist aged care services, people who have had long experiences of homelessness find themselves living amongst their peers, people who have had similar experiences and have similar support needs.

The National Disability Insurance Scheme does not yet have services well set up to meet the complex support needs, alongside ageing health issues in the same way that specialised aged care services do.

[2]AIHW Older Australians Web Report, https://www.aihw.gov.au/reports/older-people/older-australians/contents/housing-and-living-arrangements#Homelessness%20and%20insecure%20housing

Wintringham recommends that access to aged care, for those under 65 includes the following:

- A specialised approach to assessment, for specialist client groups
- A recognition that specialist providers exist, including recognition that the experience of living in aged care is varied based on the provider and the existing cohort of residents within the home
- Higher consideration be given to what is the 'best fit' for the client, rather than the funding bodies
- Client choice is more highly regarded when consideration of housing and support options are being explored
- Reduction in the pressure to find alternate services outside of aged care, especially when the client is without a home, or at a high degree of risk in the community

RECOMMENDATION 1 – ACCESS TO SERVICES

Access to Aged Care Services for homeless people aged 50 – 64 years, who meet the eligibility criteria must be simplified. Current requirements to 'exhaust' all other options is not respectful of individual choice nor does it recognise that homeless specialised aged care is the best outcome for some.

HIGH QUALITY CARE & DIGNITY OF RISK

Wintringham welcomes the definition of High Quality Care within the Aged Care Act, but are concerned about the lack of understanding showed for Quality of Life. We recommend that the diverse needs of different client cohorts, such as those who have experienced homelessness, are recognized and understood in any such definition.

While the statement of rights includes the following,

> *"An individual as a right to… take personal risks, including in pursuit of the individual's quality of life, social participation and intimate and sexual relationships."*

Wintringham recommends that supporting risk taking be included in the definition of high-quality care. By doing so the act will more fully link dignity of risk to high quality of care.

Older people who have experienced homelessness have experienced marginalisation and exclusion from services for many years before they arrive at Wintringham. They don't often react in the way that is expected, or usual. They make decisions about where they live, what services they access and assess how happy they are with those services, differently to mainstream older Australians. Drivers for accessing and choosing the right aged care provider are often around the need for safe and secure housing. Promises of respectful care that allows them to keep living their life are critical. Quality care must be driven by the needs and desires of the people receiving that care, understanding that the experience of our lives shapes our values and what our best life looks like. We cannot assume that all older Australians want the same things, in the same way, from their aged care providers.

The Aged Care Act must ensure that High Quality Care recognises dignity of risk and ensures people receiving aged care services are supported to take risks and live the life that they choose, even if it is non-conventional. Consequently, providers need to be supported to enable clients to take risks, and continue living a full and varied life in line with their life before moving into Residential Aged Care.

RECOMMENDATION 2 – HIGH QUALITY CARE

The definition of High Quality Care must consider the differing care needs of diverse populations, such as those who have experienced homelessness. Allowing aged care clients to continue to live their life of choice, and take risks, is an essential component of high-quality care. Aged care clients have a right to a high quality of life, as well as a high quality of care.

Risk taking is important, beyond the delivery of care. Organisations need to be able to try new approaches and consider new ways of delivering aged care services. Without risk taking at an organisational level we are unlikely to see new and innovative service options within the aged care sector.

How do we encourage innovation to flourish when the consequence for failure are so severe? It is critical that the act does not create an environment where those in leadership and governance roles become so risk adverse that novelty is squashed. We risk losing great leaders and directors from the sector, or having boards so focused on risk that they cannot see services move forward with untested service options. This results in a poorer aged care system. We need innovation, we need to try new approaches so we can improve how we meet the needs of all Australians, but particularly those from diverse communities who most often need new and inventive responses.

Providers should be held to account when they are not meeting their duty of care requirements. However, responsibility for a provider's action needs to be balanced with an ability for services to try new and innovative approaches. We ask ourselves whether a service such as Wintringham, delivering aged care services in an exceptional way, to a high risk client group, could be initiated under the proposed Act which such significant penalties. Many boards would see the risks as being too high.

Accountability and excessive reporting requirements are now dominating board meetings at Wintringham. While I understand why these measures have been implemented, the unintended consequences are that boards have less time to address issues of substance, such as looking at a new program, or way of delivering services, they are almost wholly focused on compliance.

RECOMMENDATION 3 – INNOVATION AND RISK

The aged care act must recognise the importance of innovation.

New accountability measures and excessive reporting, teamed with severe penalties are leading to boards, leadership teams and organisations who have less time to look at strategic direction, as they focus on compliance. The Department of Health and Aged Care must ensure that compliance measures do not inhibit the sector from developing new and innovative service options.

QUALITY OF LIFE: MORE THAN JUST NURSING

Wintringham currently operates eight Residential Aged Care Homes (RAC) six in Metropolitan Melbourne, one in Hobart, Tasmania and a newly opened home in Shepparton in regional Victoria. All of our homes provide culturally appropriate services to people who have experienced homelessness, marginalisation, poverty and other disadvantage. The residents that we care for differ from the majority of Australia's Aged Care Residents.

Five of our homes, which we refer to as Hostels, provide housing for residents who tend to be younger in age, more physically mobile, have less complex nursing care needs, engage and integrate more with the local community, commonly have complex mental illness and/or brain injury and are often dependent on nicotine and alcohol. ANACC scores indicate a lower level of clinical complexity with all Hostels generating care minute targets between 147 - 162 minutes/day. If these residents develop a sustained need for more complex clinical care they are supported in their transition to a more suitable Wintringham Residential Aged Care Home.

The three remaining homes operate using an 'ageing in place' model and are staffed with 24/7 Registered Nurses (RN) to meet the needs of the residents who live there.

WINTRINGHAM HOSTELS – MODEL OF CARE

At our Hostels we have developed a care model that cohorts people with similar care needs in cottage style homes and provides a range of staff that are able to meet the diverse needs of the client group. Our Hostels 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 that complement the suburban environment.

Wintringham believes there are real advantages to separating people with lower and higher care needs and differing 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.

There is a strong emphasis on quality of life for our residents. We do this through supporting independence and connection with community, providing choice and delivering therapeutic recreational support in addition to providing care, and meeting their clinical needs. Therapeutic recreation is an approach that uses recreation and other activity-based interventions to address the additional needs of our residents. It is a vehicle that can aid in the repair of psychological and physical health, recovery and well-being.

Over many years, and in consultation with residents and staff, we have developed a model that is trauma informed, person-centred and responsive to the changing needs of a highly vulnerable and disadvantaged client group. The introduction of AN-ACC, provided us with an opportunity to review our services, consult with residents and staff to identify areas where further improvements could be made to our service model.

Our residents told us that they wanted

- Better psychological support from trained staff
- Better coordination of external services (e.g. mental health, allied health, state trustees)
- To always be treated like adults with lots of life experience

In response to the assessed Care Minute targets, the improved model of care for Wintringham Hostels includes

- 24/7 nursing assessment, care planning and care implementation is provided by Enrolled Endorsed Nurses (EEN), supported by an RN Care Evaluator
- Increasing our EEN and personal care staff
- One to one work undertaken by our Recreation Therapists
- Services provided by Psychosocial case managers
- Expansion of the Clinical Nurses Team (including the establishment of a 24/7 team of nurses that move across the metropolitan based hostel services in response to clinical care needs)

By meeting residents needs in a more holistic manner, supporting their overall quality of life, we know that there are improvements in individual's health.

> *"Quality of life extends beyond physical health to social and emotional fulfillment. We believe that even when a person is very frail or unwell, they generally have the desire and capacity to improve or maintain their physical, social and emotional wellbeing. This not only helps preserve the dignity of the person, but in some cases it can help prevent deterioration."*[3]

All of the required supports outlined in the Royal Commission Report point to the need for a team of staff with differing skill sets. For older people who have experienced homelessness this includes registered nurses, enrolled nurses, personal care staff, recreation therapists, and psychosocial case managers with experience in mental health support.

Wintringham's Hostels have 24/7 coverage by Enrolled Nurses (EN). Many of our EN's have been with us for many years and their experience working with people from homeless backgrounds has resulted in them being highly competent Managers, Care Managers and Shift Supervisors. We consider their EN nursing skills to be a good match with the Port Melbourne residents with very low clinical complexity. We also note that the introduction of Mandated Care Minutes has led to some organisations reducing their EN staff and employing more PCA staff. Wintringham highly values our knowledgeable and skilled Endorsed Nurses and have not replaced any EN positions with PCA's.

We believe that the combination of these roles outlined above will better meet the unique needs of our residents than the provision of Registered Nurses 24/7 at all sites. This should therefore be considered as an example of how a different staffing mix can better meet the needs of a specialised service, targeting older people who have experienced homelessness, as acknowledged in the Royal

[3] Final Report – Volume 3A: The New System *https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf, page 10*

Commission into Aged Care Quality and Safety. The Royal Commission identified a need for exemption in limited circumstances.

> *"…not to stifle innovation by being overly prescriptive, an exemption mechanism should apply in limited circumstances…"*[4]

One of the four categories of exemption include:

> *"Specialised services that are designed for people with unique care needs associated with early-onset dementia, addiction and mental health conditions or homelessness."* [5]

MATCHING WORK TO STAFF SKILLS

While this model has been described as a good match with the residents' clinical needs, it is also one that provides staff with excellent job satisfaction which is vital to retaining skilled and experienced carers. Wintringham knows that one of the keys to high staff satisfaction levels is interesting, challenging, and meaningful work. PCA and EN staff have told us that having a large variety of duties, as much responsibility as possible, and the support they require to do their job well, is very important to them.

From an RN perspective, we find motivated and enthusiastic RNs want to be involved in work that makes use of their clinical skills. Our model enables these staff to focus on the work that they enjoy most and add most value.

This model meets the unique clinical needs of Wintringham clients in a way that makes good use of staff's skills and helps make work meaningful and enjoyable.

RECOMMENDATION 4 – 24/7 RN REQUIREMENT

Exemptions for 24hr nursing must consider the specialised care needs of residents who are part of diverse groups, including those who have a history of homelessness.

A greater mix of staff skills is required to delivery high quality care, and enhance the quality of life of people who have experienced homelessness. The care minutes should count other health professionals who deliver critical supports to aged care residents.

[4] Final Report – Volume 3A: The New System *https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf, page 424*

[5] Final Report – Volume 3A: The New System *https://www.royalcommission.gov.au/system/files/2021-03/final-report-volume-3a.pdf, page 424*

COST OF PROVIDING CARE TO THIN MARKETS: HOME CARE

> *"The Commonwealth will pay registered providers in the form of a subsidy or grant to deliver funded aged care services. The amount of funding available will depend on various factors, including the classification level of individuals, the application of means testing and whether the service is provided through a specialist aged care program – for example, the National Aboriginal and Torres Strait Islander Flexible Care (NATSIFAC) or Multi-Purpose Services (MPS) programs."*[6]

Delivering Home Care packages to older people experiencing homelessness is more costly than delivery to mainstream older people, and historically no additional funding has been available to bridge this gap. The recognition of the additional cost of providing services to specialist client groups is warmly welcomed by Wintringham. We understand that the Department of Health and Aged Care refers to such groups as thin markets.

A traditional Wintringham client has a reliance upon statutory incomes and lives below the poverty line. Our clients do not have the benefit of savings or superannuation. Wintringham clients usually live alone and are pushed out of the private rental market due to their low income.

Many of Wintringham's clients have a deep mistrust of services, and believe that if services become involved, they will be put into residential care without their consent. People who have experienced homelessness have often experienced institutionalisation, discrimination, demeaning behaviours, and attitudes throughout their lives. They often have multiple experiences of disadvantage and may fit into more than one of the diverse need's groups. Many clients have never had a trusting relationship with a service provider before.

Our clients require a unique and expert approach. Their needs and the response required cannot be provided by the broader Homelessness Service System, or mainstream aged care services, nor do they have the benefit of a family member to assist navigating the aged care system.

Wintringham has developed a model of support which combines, trauma informed, strength based and client centred principles. This puts the client at the centre of the work that we do. Many Wintringham clients require continual and consistent efforts to engage, this requires time and patience, but is necessary to lay a foundation built on trust. This engagement creates an opportunity to assess our client's needs, including ageing and mental health, addictions, and other chronic health conditions.

Wintringham encourages independent living and decision making and understands this builds confidence and empowerment. Wintringham also provides advocacy when the service system responses don't align with the client's needs.

The life experiences of people who have experienced homelessness vary tremendously, and often result in care and support needs that require a specialised aged care response.

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[6] A new Aged Care Act: exposure draft – Consultation paper no. 2 *https://www.health.gov.au/resources/publications/a-new-aged-care-act-exposure-draft-consultation-paper-no-2?language=en page 11*

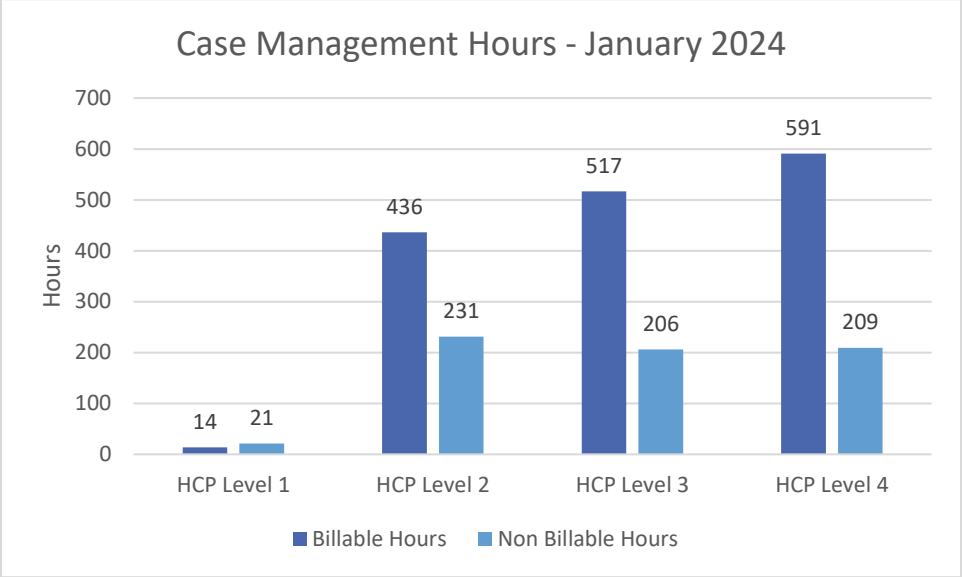
- People who have experienced homelessness are financially disadvantaged and unable to pay fees or co-contributions towards their care
- Experiences of social disadvantage and disconnection from family are common amongst people who have experienced homelessness
- Histories of trauma often result in a fierce independence, even when support is desperately required. People who have experienced homelessness find it difficult to trust and engage with services
- Engaging care providers and in home services takes time, and often requires hands on support from a trusted care partner

Mainstream service providers rarely understand how the experience of homelessness can impact a person's needs and behaviour. Specialist providers ensure staff are trained appropriately and service models are designed with these requirements in mind. For example, our Home Care program offers clients optional additional case management services that are surplus to the minimum expected at each level of package. Clients who choose to purchase additional case management services are often those who have complex needs requiring support from multiple service systems. They are also often people who have no family or social support to assist them to access and receive services from these other systems.

Regardless of location, or service provider, people who have experienced homelessness and who are experiencing social and financial disadvantage will always cost service providers more. Many, if not all are without funds of their own to contribute to their care needs, nor do they have other people to provide them with supplementary supports. As a result, the package provider is left to meet these needs through either more direct care supports, more case management, or both.

The current funding model means that our clients miss out on day-to-day care services as more of their funding is utilised for Care Management. The alternative is that unfunded services are provided to ensure that we are meeting clients' support needs, however by doing this we place the financial viability of our Home Care service at risk. Wintringham already provides extensive care management support that is not funded through Home Care Packages. Often this is the result of packages which are already at capacity with direct care services, but care management support is required to keep people safe and meet our duty of care.

The graph below summarises time spent by care managers with HCP clients during January 2024. 30% of this time was non-billable which equates to nearly 700 hours of case manager time across the month. This will cost Wintringham $77,838.90 for one month.



Graph 1: Billable and Non-Billable Case Management Hours for Home Care Packages

Supplementary grant funding or block funding would assist Wintringham to meet the costs of supporting our client group to remain safely at home. The grants would enable us to provide goods and services that mainstream clients will never need to use, meaning they can be safely corralled and provided at a relatively low cost across Australia to all eligible HCP clients (see below suggested eligibility criteria).

These types of services include episodic assistance to negotiate rents with landlords or find alternate affordable and secure housing, sort out what has gone wrong when the power is disconnected, get out of a contract that is not affordable and was not provided in an ethical manner in the first place, negotiating on disputes with neighbours or others, finding a service that is acceptable to the client and that will in turn accept the client as a client and then finding a way to pay for it. Providing a sounding board or offering mediation when things are not going well with family or friends or just not going well in general. Helping to escape from violent or abusive situations.

Walking alongside a client to show them how, if they want to get to 'here', this is step one, this is step two and so on. Situations where this is needed often include things like getting to medical appointments on time and on the right day, being at home when services are due to be provided, putting together a shopping list that will ensure there is food to eat each day or paying the rent on time and avoiding taking out Centrelink loans which just delay the problem rather than solving it.

In general, clients requiring these types of services are characterised by all the following:

- Have only the pension as income
- Renters
- Have no social network supports
- Is experiencing, or has experienced homelessness, or is at risk of homelessness
- Has a history of incarceration
- Have reduced levels of executive functioning; usually linked a mild intellectual disability, mental health illness or an Acquired Brain Injury / Alcohol Related Dementia

- Involvement with multiple complex systems that are atypical for traditionally ageing older people (e.g. homelessness, pending eviction, chronic mental health issues, guardianship and administration);

We recommend that grant payments be linked to the additional costs associated with providing services to aged care recipients identified in the Specialisation Verification Framework, therefore including those who have a lived experience of homelessness.

RECOMMENDATION 5 – THIN MARKETS

Thin market grants must recognise the additional costs associated with providing care to people who have experienced long term homelessness, many of whom live without any social supports, and often have multiple complex service systems involved in their care.

CONCLUSION

The consultation paper and draft act clearly identify that clients receiving aged care services deserve to receive the highest quality of care. Wintringham wholeheartedly supports this notion. We have spent countless hours fighting for the rights of vulnerable older people who are being provided with some of the worst quality of care in the community. Raising the standard and expectations of care delivered in aged care is essential.

For those who have experienced homelessness, we know that aged care services can provide not only high quality of care, but can substantially improve their quality of life. The consultation paper and draft act do not adequately address the way that providers should provide services to enhance the quality of life of their clients. Nurses play one part in meeting the care needs, and improving the quality of life of residents and clients across Wintringham, but cannot meet them alone. Our clients need more diverse multi-disciplinary teams to deliver care to meet their diverse needs.

Wintringham welcomes the opportunity to provide this feedback on consultation paper No.2 and will continue to work with the Department of Health and Ageing on how aged care services can best meet the needs of those who have experienced homelessness.