

Friday 8 March 2024

The Hon Anika Wells MP
Department of Health and Aged Care - New Aged Care Act Consultation
GPO Box 9848
Canberra ACT 2601
Australia

By email: AgedCareLegislativeReform@health.gov.au

Dear Minister Wells,

**People Experiencing Homelessness (PEH)
Aged Care Bill 2023 Exposure Draft (Chapter 2, Part 2, Division 2, Section 40)**

I make this submission on behalf of RALAC. We are a small standalone verified specialist homeless residential aged care provider and community housing provider located in Ringwood East in Melbourne's eastern suburbs. We are proud of our 60-year history of providing quality care and services to the elderly and most vulnerable members in our community.

We applaud the changes included in *Aged Care Bill 2023 Exposure Draft (Chapter 2, Part 2, Division 2, Section 40: Eligibility determination for an aged care needs assessment (page 51 of exposure draft))* to encompass People Experiencing Homelessness (PEH) who are aged 50 and over. It is a welcome change which will benefit this small and vulnerable cohort as they seek to navigate the residential aged care system. Most importantly the change also recognizes the huge body of academic research showing that people living with prolonged homelessness frequently have a biological age far higher than their chronological age.

In addition to the envisaged single entry to the aged care system, we would suggest that the Act also has an additional simple and fast default pathway for people experiencing homelessness (PEH) to access a verified specialist homeless residential aged care provider of their (informed) choosing.

Why do we think an easy default pathway is necessary for PEH?

We think an easy default pathway for PEH age 50 and over is necessary because:

1. People experiencing homelessness (or at risk of homelessness) do not generally have access to the community and / or family supports normally available to people exploring their aged care options. From our frequent lived experience, a person living rough,

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eating irregularly, missing medications, or stressed about their safety is overwhelmed by a complex system of forms, applications, decision makers and bureaucracy.

Placing this onus on individuals and service providers to 'prove' vulnerability for a cohort that is already deeply disadvantaged is extremely challenging, and an easy default pathway for PEH should overcome these systemic blockages. We propose that any bureaucratic burden be avoided, and entry made easy.

2. RALAC's experience since the Aged Care Royal Commission recommendations and subsequent Younger People in Residential Aged Care (YPIRAC) Strategy is that even the most well-meaning functionary may often delay or block a homeless persons' informed choice to access RALAC's specialist homeless residential aged care service. In our experience this has sadly led to: (a) disappointment and frustration to the homeless person as they continue to occupy a hospital bed which they do not need or want to occupy; (b) the homeless person remaining in inadequate / insecure / rough housing in the community; or (c) the physical and psychological deterioration of the homeless person who may be forced to continue to sleep rough, eat poorly and medicate inappropriately.

We know that people experiencing chronic homelessness and disadvantage have more complex needs and any barriers to entry should be lifted. To break this trend, we suggest an express simple default pathway for PEH to access a secure home with a verified specialist homeless residential aged care provider.

3. RALAC like all verified specialist homeless residential aged care providers receives additional AN-ACC funding from the Department of Health and Aged Care. This additional funding enables us to provide added supports geared around working collaboratively with and supporting the choices of our residents who were previously homeless and or socially & financially disadvantaged.

Whilst we respect all mainstream residential aged care providers, we also think that the single point entry system should have due regard for the verified status of verified specialist homeless residential aged care providers – and so enable a fast and easy pathway for people experiencing homelessness. We do not say that an assessed person experiencing homelessness should be hindered from choosing to live with a mainstream residential aged care provider but we do support a more streamlined system for a person experiencing homelessness to access a verified specialist homeless provider of their informed choosing.

We would welcome any opportunity to discuss the practice and implementation of this legislation. It is important legislation to improve aged care services for the elderly and most vulnerable people in our Australian community. Please feel free to contact me on (b) [REDACTED]

[REDACTED], [REDACTED] or [REDACTED]

Yours sincerely,

[REDACTED]

Chris Reside
Chief Executive Officer
ralac inc.