



**New Aged Care Act Rules Consultation
Funding for Support at Home program**

December 2024

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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.

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.

CARE MANAGEMENT

Care Management is of greatest concern to Wintringham. As we deliver services to clients who have experienced homelessness, or those who are care leavers, it costs us more to deliver high quality and appropriate care management services.

The success of delivering a home care package to an older person who has been homeless or experienced homelessness, or is a care leaver, hinges completely on the relationship that is built with a key person from Wintringham. This is backed by evidence based, trauma informed practice, and has proven to be true in our 35 years of experience working with these client groups. Having a single point of contact for all package, care and general life enquiries is what enables the successful delivery of community based aged care services, as well as preventing premature entry into Residential Aged Care.

CARE MANAGEMENT – MANDATORY

Wintringham delivers care management that is consistent with the Commonwealth guidelines and requirements. Our care management team have lower caseloads than mainstream Home Care Package providers, so we can appropriately meet the needs of our clients. Our Care Managers work

at a 1:30 care manager client ratio, while we are aware of mainstream providers who work as high as a 1:100 ratio.

We have relatively low case loads so we can meet the needs of our clients. Wintringham currently charges 20% of package funds so we can deliver our specialised care management. **If care management is capped to 10% Wintringham would not be able to meet the complex needs of our clients nor be financially viable without a suitable supplement. Any additional funding for clients who have experienced homelessness must address this gap as well as the additional care management services that we have outlined below.**

Our clients have experienced trauma, long term disadvantage, early ageing, frailty and are vulnerable. Most have no family members or informal supports involved in their care. This results in additional costs associated with meeting the mandatory care requirements;

- increased time to create relationships and build trust and rapport before assessment and care planning can be completed
- needing to be available for a higher number of phone calls and contacts from clients, particularly those with cognitive impairments
- increased number of home visits required to meet mandatory care requirements (e.g. assessment completed over 3 home visits rather than 1)
- higher rates of clients who have complex community services involved, such as mental health, disability and drug and alcohol services – our care managers must liaise and collaborate with these services to ensure effective service delivery for our clients
- finding service providers who have the required skill set to meet the needs of the client (e.g. high-level behaviour management skills, trauma informed care, harm minimisation approach)

Our care managers need to spend more time with their clients than the proposed cap allows.

CARE MANAGEMENT SUPPLEMENT

We know that mandatory care management is insufficient for our client cohort. We support the department's provision of a care management supplement for clients with diverse needs. The provision of this supplement will assist Wintringham with maintaining financial viability to continue to provide in-home aged care services to older people who have experienced homelessness.

The supplement would need to adequately cover all additional costs associated with care management for people who have experienced homelessness;

- Additional 10% care management that we currently charge, which does not cover our current costs to provide specialised care management
- Additional funding for the flexible care management support that our clients required. Further detail is outlined below.

Our clients require additional flexible support, from the same care manager they know and trust, to help them with complex day-to-day issues and any crisis that arises. For people who have experienced homelessness, or are care leavers, they often have no one else in their lives to support

them with these tasks or issues, or they are unable to engage their aged care services without additional support.

Examples of the type of work Wintringham care managers currently provide above the mandatory care requirements includes but is not limited to;

- Supporting clients to attend allied health and medical appointments outside of their care plan that they have no other way of attending
- Assessing and managing high risk client homes, in the absence of informal supports. Additional support provided to manage environmental risks (includes WHS specialist assessment, subsequent report writing, additional home visits, pest control arrangements, industrial cleans).
- Arranging maintenance or repairs to a client's home to enable safe delivery of care, and safety for the client living in the home (i.e. mould removal, pest control, smoke alarms, utility repairs).
- Advocate to a landlord for maintenance and repairs to rental properties
- Support to manage a crisis (e.g. power disconnected due to an unpaid bill)
- Advocacy and support in managing financial & legal matters (VCAT, Financial Administrators and Guardians, Fines and Court Support).
- Additional home visits for client not at home, or welfare checks with emergency services
- Help to escape from violent or abusive situations
- 24-hour case management services

The care management supplement must enable Wintringham to deliver appropriate support to older people who have experienced homelessness or are care leavers. Some of the required tasks are outside of the current defined services list. However, without these supports many vulnerable clients will prematurely enter aged care, as they are not able to receive aged care supports in the community, or providers like Wintringham will not be financially viable.

WHY DOES IT COST MORE TO DELIVER IN-HOME AGED CARE SERVICES TO OLDER PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS?

Delivery of care to clients from diverse cohorts is often more complex and expensive to deliver than the exact same care provided to mainstream older Australians.

When delivering care to older people who have experienced homelessness, as well as those who identify as care leavers, the impact of trauma and individual life experience needs to be fully understood and considered in care planning and service delivery. We find the following tasks are required at a higher rate for our clients than for mainstream older Australians:

- Extensive relationship and trust building before services can be delivered (trauma informed practice)
- Increased contact with care management as our client cohort are less able to self-direct care, often due to cognitive impairment
- Ability to understand behaviour care plans, and implement based on the specific needs of the individual
- Ability to assess and identify risk, and appropriately report these issues in a timely manner
- Ability to respond in innovative ways to a crisis, to best meet the individual needs of the client
- Skills to de-escalate clients in crisis and safely remove oneself when required
- Skills to work in complex environments where other providers may not enter (e.g. hoarding, squalor, homes with weapons present)
- Intensive work with care managers, the requirement for regular communication is much higher
- Reporting back to care manager issues identified during care delivery

Our clients have increased complexity, including

- Histories of significant trauma which can result in refusal of services
- Behaviours of concern
- Drug and alcohol addiction
- Mental health conditions
- Complex social issues
- High risk living environments
- Higher prevalence of family violence and elder abuse
- Requirement for 2 staff to deliver care

Staff recruitment and support is more comprehensive so we can ensure we hire staff with the correct skill set, values and attitude to deliver care to our client group. Once employed we provide extensive support to our care, support and recreation staff who deliver direct care services to Wintringham clients;

- “Buddying” up shifts for new staff
- Monthly formal supervision
- Regular information supervision & incident debriefing via phone
- Routine office time scheduled for staff to receive informal supervision & provide feedback to Care Managers

- Monthly face to face staff meetings
- Online and face to face training to meet mandatory requirements
- Additional training and education sessions linked to the needs of our clients

Recently we have delivered training and education sessions for our direct care workforce on restrictive practice for people who have experienced homelessness, risk assessments, working with clients who live with hoarding and squalor, elder abuse, pest identification and control measures. We are currently working with the [REDACTED] to develop an aged care training package for providers who support care leavers.

In preparation for the in-home aged care reforms, to continue to provide consistent and high-quality care to older people who have experienced homelessness Wintringham has recently undertaken a restructure of our Home Support portfolio. The new model includes:

- Greater separation between care management and direct care services to enable clients to have choice over provider
- An additional manager for our new support services team which has been established to strengthen our direct care staff supervision model
- 1 experienced coordinator per 20 direct care staff
- After hours care management service to provide rostering support and incident debriefing for direct care staff working outside of business hours

The coordinators who provide day-to-day support and supervision for our direct care staff are former case managers, with extensive client and staff management experience. With this specific skill set, they are separate from our rostering team, which is unusual for many agencies that deliver direct care. This is because we know our staff required higher levels of support due to the clients they support and the environments that they are working in every day.

The unit cost for direct care services delivered to clients who have experienced homelessness or are care leavers must accurately reflect the skill level, training and supervision requirements for staff who are delivering these type of services. If services such as Wintringham cannot deliver the supervision and support for our staff then our clients will receive poor quality services, or they will disengage and cease to receive any aged care services.

Trust and relationship building are critical to the success of direct care services in Home Support for people who have experienced homelessness. This can also impact the cost-of-service delivery. At times our care staff may be required to travel longer distances than they would ordinarily be rostered so the client can have a direct care worker they know and trust. For many of our clients this is the difference between accepting care or turning the worker away.

The inclusion of administration costs in the service price is also a concern for Wintringham. Administration costs are predominantly fixed costs, whilst the level of services provided to clients can be variable making it difficult to re-coup all fixed costs. This is further exacerbated at Wintringham where various factors can impact provision of services to our client cohort. As noted above, building trust with our clients is critical to a successful relationship which extends through both care management and direct care services. As an example, our clients may only initially accept

services from their case manager or once trust is established with a direct care worker may then refuse services when their regular direct care worker is not available.

HOW CAN THESE ADDITIONAL FUNDS BE ADMINISTERED?

As outlined above there are significantly higher costs associated with delivering services to older people who have experienced homelessness or are care leavers.

Wintringham sees that there are a range of ways that the required funding could be provided to providers who work with these cohorts:

- Consideration be given to a base care tariff similar to Residential Aged Care (RAC) for Support at Home (SAH) providers working with the specified client cohort. We acknowledge that the proposed care management supplement is an example of the SAH funding model aligning with the RAC funding model.
- Consideration given to a supplement to the unit price of some included services (e.g. personal care, social support and community engagement, respite, domestic assistance)

Clients could be assessed against a set criterion which determines eligibility before a provider can deliver these specialised services. The implementation of the specialised homeless Base Care Tariff into Residential Aged Care is a good example of how additional funds can be effectively ring fenced for providers and clients who truly need the additional support.

As noted above, the proposed care management supplement would need to be structured and priced to cover all care management services provided to our client cohort.

