

Actions to support older and prematurely aged people who have experienced, or been at risk of, homelessness

A guide for aged care providers

Draft 26/04/2019, text in blue is taken from the previously published action plans for providers.

All older and prematurely aged people experience a high quality aged care system that ensures equitable access and outcomes and embraces their diverse characteristics and life experiences.

The following six outcomes, taken from the Aged Care Diversity Framework, provide a guide for assessing current performance, identifying gaps and designing pathways to improve inclusive service provision. Each outcome has example actions to support providers.

In this document, “people who have experienced, or been at risk of, homelessness” includes people who have:

- Been without a place to stay and slept in their car or on the streets
- Lived in housing that is inadequate, like a caravan
- Lived in housing that is meant to be temporary, like a boarding house, shelter or hostel
- Lived somewhere they don't feel safe and secure, for example due to threats and violence
- Lived in a house that is overcrowded and where they have no privacy
- Been institutionalised as children or adults and experienced institutional abuse
- Lived with friends or family because they don't have a place of their own
- Rented a home that is too expensive, in poor condition, or not suitable for ageing
- Rented a home with no guarantee they can stay there as long as they like and who experience barriers to being able to secure a new rental and/or move to a new rental

Homelessness is an unacceptable breach of human rights and has many negative effects on people's health and wellbeing, effects which are multiplied as people age. Research studies have shown that:

- People experiencing homelessness are more likely to prematurely age when compared to the general population.
- Chronic health conditions are generally more common amongst older people experiencing homelessness.
- Older and prematurely aged people who are experiencing homelessness often also experience mental illness, which may be the result of, or compounded by, traumatic experiences while homeless.
- The risk of death for older and prematurely aged people experiencing homelessness is higher than that for older and prematurely aged people with housing.

- Older and prematurely aged people may be experiencing homelessness as a result of abuse, and have continued higher rates of abuse while homeless^a.

Depending on their needs and experiences older and prematurely aged people will require differing levels of aged care services, including:

- Prevention, early intervention and housing advice services
- More intensive supports to secure appropriate housing
- Aged care in the home tailored to prevent an ongoing risk of homelessness
- Aged care in residential facilities tailored for people who have experienced homelessness
- Other linked services including, health, mental health, legal, trauma-informed services and support for people from diverse backgrounds²

There is currently funding for the following specialist homelessness aged care services to support older and prematurely aged people who have experienced, or been at risk of, homelessness:

- Assistance with Care and Housing (ACH) services under the Commonwealth Home Support Programme (CHSP),
- Residential aged care providers who receive the Homeless Supplement, and
- Access and Support workers^b specialising in supporting older and prematurely aged people who are experiencing, or at risk of, homelessness.

The consultations conducted as part of the development of this action plan found there are several system and procedural barriers to appropriate care and support for people who have experienced, or been at risk of, homelessness, including:

- Current aged care funding is insufficient to meet the needs of people who have experienced, or been at risk of, homelessness.
- There are many service gaps in specialist homelessness aged care services.
- My Aged Care staff, Regional Assessment Services (RASs), Aged Care Assessment Teams (ACATs) and other aged care providers are unsure of and provide contradictory advice regarding the eligibility of people who have experienced, or been at risk of, homelessness, especially those who are prematurely aged.

Furthermore, it was apparent from the consultations that there are many people who are eligible for, and in need of, specialist homelessness aged care services who are not accessing them. Subsequently, the identification of older and prematurely aged people in need of support from specialist homelessness aged care services increases after they open, build trust with locals and establish professional networks.

Therefore, the revised Australian Government Diversity Action Plan with actions to address these issues must first be implemented in order for aged care providers to be able to implement many of the actions in this document and meet the needs of people who have experienced, or been at risk of, homelessness. Three levels of actions are presented in this document: 1. Foundational Actions,

^a See references in: Australian Association of Gerontology (AAG). Background Paper. Older women who are experiencing, or at risk of, homelessness [Internet]. Melbourne; 2018 Aug [cited 2018 Aug 15]. Available from: <https://www.aag.asn.au/documents/item/2234>

^b A Victorian model funded under Specialised Support Services, Community and Home Support Sub-Programme of the CHSP.

2. Moving Forward, and 3. Leading the Way. The “Leading the Way” actions include specific actions for the three types of specialist homelessness aged care services listed above.

In addition, research has shown that many of the diverse groups and life experiences identified in the Aged Care Diversity Framework put older and prematurely aged people at increased risk of homelessness. Enacting the published actions for:

- Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex (LGBTI) elders,
- older Culturally and Linguistically Diverse (CALD) people, and
- older Aboriginal and Torres Strait Islander people

would therefore reduce the risk of homelessness, and premature ageing. In addition, these risks would be further reduced by the development of action plans for the remaining groups identified in the Aged Care Diversity Framework:

- people who live in rural, remote or very remote areas,
- people with mental health problems and mental illness,
- people living with cognitive impairment including dementia,
- people with a disability,
- parents separated from their children by forced adoption or removal,
- care-leavers,
- veterans, and
- people at socio or economic disadvantage.

Finally, older and prematurely aged people who are leaving prison or who have been previously incarcerated should be added to the Aged Care Diversity Framework as a diverse life experience/special needs group. Older and prematurely aged people who have been incarcerated are at particular risk of experiencing homelessness, as identified through the consultations undertaken as part of the development of the action plans addressing homelessness.

Definitions and acronyms

ACAT- Aged Care Assessment Team. Undertakes a comprehensive assessment which determines eligibility for: home care packages, residential care in an aged care home, residential respite care, short-term restorative care, and transition care (1). The ACATs conduct these assessments as part of the ACAP. ACATs can also refer to the CHSP (2).

ACFI- Aged Care Funding Instrument- assesses the relative care needs of residents in residential aged care facilities and is the mechanism for allocating the Government subsidy to aged care providers for delivering care to residents. The ACFI has three funding categories or domains: Activities of Daily Living (ADL), Behaviour (BEH) and Complex Health Care (CHC). Funding in each of these domains is provided at the following levels: High (H), Medium (M), Low (L) and Nil (N). (3,4)

ACH- Assistance with Care and Housing sub-programme of the CHSP.

ACQSC- Aged Care Quality and Safety Commission.

AN-ACC- Australian National Aged Care Classification funding model developed as part of the Resource Utilisation and Classification Study (RUCS) (5–11).

CALD people- Culturally and Linguistically Diverse people.

CHSP- Commonwealth Home Support Programme. The CHSP is the entry-level tier of the aged care system. The CHSP is structured to include four distinct sub-programmes: 1. Community and Home Support; 2. Care Relationships and Carer Support; 3. Assistance with Care and Housing; and 4. Service System Development (12). “As an ‘entry-level’ program, the CHSP is designed to provide relatively low intensity (small amounts) of a single service or a few services to a large number of frail older people who need only a small amount of assistance or support to enable them to maintain their independence, continue living safely in their homes and participating in their communities.” (13).

Comprehensive Assessment- The assessment undertaken by the ACAT that determines eligibility for: Home Care Packages, Residential Care in an aged care home, residential Respite Care, short-term Restorative care, and transition care (1).

DEX- Data Exchange system. The Department of Social Service’s platform for grants program reporting, including recipients of CHSP grants.

HACC Program- Home and Community Care Program. The HACC Program was consolidated into the CHSP beginning 1 July 2015, with the last stage being completed on 1 July 2018 when the Western Australian HACC services joined the CHSP.

Home Care Packages Program- “Under the Aged Care Act 1997, the Australian Government provides a subsidy to an approved provider of home care to coordinate a package of care, services and case management to meet the individual needs of older Australians. Individuals are assessed by a professional assessor using a nationally consistent assessment framework. There are four levels of support: Home Care Level 1 – basic care needs; Home Care Level 2 – low level care needs; Home Care Level 3 – intermediate care needs; Home Care Level 4 – high care needs” (14).

Home Support Assessment- Assessment undertaken by the RAS (15).

Homeless Supplement- Residential aged care homes that meet the eligibility requirements for the expansion component for homelessness (16) will automatically receive the Homeless Supplement

(17). The current rate of the Homeless Supplement is available from the Schedule of Subsidies and Supplements webpage on the Department of Health website (18).

LGBTI elders- Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders.

Mainstream/non-specialist aged care services- For the purposes of this document, the term “mainstream/non-specialist aged care services” refers to all services that are not specialist homelessness aged care services.

My Aged Care- My Aged Care was introduced on 1 July 2013 and consists of the My Aged Care website and the My Aged Care contact centre. My Aged Care provides information on aged care to clients, family members, carers, and service providers. It also includes a central client record for sharing of information between clients, assessors and service providers.

My Aged Care Assessment- Includes assessment of older people’s needs and eligibility for Commonwealth subsidised aged care services under the CHSP and/or types of care under the *Aged Care Act 1997*. The My Aged Care Assessment workforce includes the ACAT and RAS (19).

NSAF- National Screening and Assessment Form. Used by My Aged Care contact centre staff, the RASs and ACATs when screening and assessing the aged care needs of clients (20).

People who have experienced, or been at risk of, homelessness- includes people who have:

- Been without a place to stay and slept in their car or on the streets
- Lived in housing that is inadequate, like a caravan
- Lived in housing that is meant to be temporary, like a boarding house, shelter or hostel
- Lived somewhere they don’t feel safe and secure, for example due to threats and violence
- Lived in a house that is overcrowded and where they have no privacy
- Been institutionalised as children or adults and experienced institutional abuse
- Lived with friends or family because they don’t have a place of their own
- Rented a home that is too expensive, in poor condition, or not suitable for ageing
- Rented a home with no guarantee they can stay there as long as they like and who experience barriers to being able to secure a new rental and/or move to a new rental

Specialist homelessness aged care services- For the purposes of this document, the term “specialist homelessness aged care services” refers to:

- Assistance with Care and Housing (ACH) services,
- residential aged care providers receiving the Homeless Supplement, and
- Access and Support workers^c specialising in supporting older and prematurely aged people who are experiencing, or at risk of, homelessness.

RAS- Regional Assessment Service. Assessment team for CHSP, known as Home Support Assessment (15).

Residential Care in an aged care home- “Residential aged care is delivered to older people in Australia by service providers who are approved under the Aged Care Act 1997. [...] Residential care is provided on a permanent or respite basis. Residential respite provides short-term care on a

^c A Victorian model funded under Specialised Support Services, Community and Home Support Sub-Programme of the CHSP.

planned or emergency basis in aged care homes to people who have been assessed and approved to receive it.” (21).

RUCS- Resource Utilisation and Classification Study conducted by the Australian Health Services Research Institute (AHSRI) at the University of Wollongong. AHSRI was engaged by the Department of Health to undertake this study in order to determine the characteristics of residents that drive residential care costs, and use this information to inform the government’s consideration of future reform options (22).

Support Plan- A plan for appropriate services developed by RASs and ACATs with the client. It identifies goals for the clients and assists providers in understanding the client’s needs and preferences (p.34, (2)).

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Outcome for Consumers 1: Making informed choices

Older and prematurely aged people have easily accessible information about the aged care system and services that they understand and find the information helpful to exercise choice and control over the care they receive.

Provide information in an appropriate format, through different forms (online/hardcopy/newsletter/verbal) and in a language the consumer understands.

Foundational actions

Action P1.1 Ensure all staff are aware of available services and appropriate referral pathways to specialist homelessness aged care services for older and prematurely aged who are experiencing, or at risk of, homelessness.

Action P1.2 Recognise that generalist homelessness or specialist homelessness services for other cohorts such as younger people may not be appropriate for older and prematurely aged people experiencing, or at risk of, homelessness. Conversely, many aged care services may not be able to provide appropriate services for older and prematurely aged people experiencing, or at risk of, homelessness.

Moving forward

Action P1.3 Provide staff with opportunities for training and professional development related to preventing and responding to homelessness and the risk of homelessness, including through prevention, early identification and appropriate referral to specialist homelessness aged care providers.

Leading the Way

All specialist homelessness aged care services

Action P1.4 Support older and prematurely aged people experiencing, or at risk of, homelessness in identifying needs which may be met through aged care services. The discussion points in Appendix 1 can be used as a starting point.

Action P1.5 Encourage older and prematurely aged people who have experienced, or been at risk of, homelessness to involve their 'families of choice'/case managers/advocates/trusted entities in their assessment process and other decision-making processes, if they wish, to ensure appropriate participation and informed consent.

ACH providers

Action P1.6 Provide regular and ongoing community education in order to prevent and reduce the risk of homelessness through increased knowledge of available services and housing rights.

Action P1.7 If the consumer wishes, organise travel for and/or accompany them to aged care services and aged care assessments and help them to navigate the system.

Action P1.8 Carefully consider which ACH service sub-types your staff have the capacity and skillset to deliver safely and appropriately. Ensure this is reflected in the information that you provide about your service in the My Aged Care portal. For example, do not describe your service as providing "financial and legal" services if you do not have professionals with this expertise available to provide the service.

Residential aged care providers receiving the Homeless Supplement

Action P1.9 Provide opportunities for older and prematurely aged people and their 'families of choice'/case managers/advocates/trusted entities to visit your facility and experience first-hand what it would be like to live there.

Action P1.10 Provide clear and accessible information on the full range of services you provide, including any psychosocial supports and drug and alcohol programmes, in a variety of formats (e.g. written plain English summaries, pictures/infographics and face-to-face conversations).

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Outcome for Consumers 2: Adopting systemic approaches to planning an implementation

Older and prematurely aged people are active partners in the planning and implementation of the aged care systems.

Engage consumers in a culturally safe, supportive environment that enables them to participate as active partners, as well as articulate their individual needs.

Foundational actions

Action P2.1 Ensure older and prematurely aged people's 'families of choice'/case managers/advocates/trusted entities are including in decision making discussions unless the consumer requests otherwise.

Action P2.2 Ensure all staff in your organisation are knowledgeable about and meet legislative requirements, such as anti-discrimination and privacy laws, and Aged Care Quality Standards.

Action P2.3 Ensure all staff in your organisation are knowledgeable about international human rights law that recognises everyone's right to adequate housing, interpreted broadly as the right to live somewhere in security, peace and with dignity.

Moving forward

Action P2.4 Ensure policies and procedures include referral pathways for older and prematurely aged people who are at risk of homelessness. This should be to specialist homelessness aged care services (see definitions and acronyms list).

Action P2.5 Carefully consider language used in planning and implementation when describing older and prematurely aged people with different needs, backgrounds and life experiences. The language considerations in Appendix 2 can be used as a starting point.

Leading the Way

All specialist homelessness aged care services

Action P2.6 Establish ongoing partnerships and collaborations with other services of relevance to your clients/residents, including housing and homelessness, financial, health, legal, mental health, police, public guardian/trustee, prison/justice/correctional, social and disability services to:

- Work together to ensure the best possible holistic care for older and prematurely aged people who have experienced, or been at risk of, homelessness.
- Keep up to date on the latest services options and current best practice.
- Identify service gaps and scenarios where people are falling through the cracks.

Action P2.7 Establish a consumer advisory group consisting of past and present clients and residents that reports to the governing body and is engaged as part of a co-design process in all aspects of service delivery. Ensure there are clear pathways of communication for consumers to provide input and feedback to this Group.

ACH providers

Action P2.8 Seek and keep up-to-date on socioeconomic characteristics and housing trends relevant to older and prematurely aged people in your service area (e.g. Australian Bureau of Statistics reports, GEN Aged Care report, the Rental Affordability Snapshot) as well as local housing changes (e.g. transfer of public housing to community housing, gentrification of areas) in order to:

- Identify communities and people in your service area that are at risk of homelessness.
- Plan outreach and community education services to reach these at-risk communities and people.
- Plan early intervention and support service to reduce the risk of homelessness.

Residential aged care providers receiving the Homeless Supplement

Action P2.9 Ensure that management and the governing body are up-to-date on the latest best practice approaches of relevance to your residents so that they can then:

- Review policies and procedures in line with the latest best practice approaches.
- Provide upskilling and professional development of staff.
- Identify skill deficits/gaps in the current staff mix and seek to rectify these through recruitment.

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Outcome for Consumers 3: Accessible care and support

Older and prematurely aged people in rural, remote, regional and metropolitan Australia have access to aged care services and supports appropriate to their diverse characteristics and life experiences.

Collaborate with stakeholders to identify and overcome barriers in accessing the aged care system.

Foundational actions

Action P3.1 Ensure all assessments are conducted, and care plans are developed by, staff with appropriate training in how to ask questions about and identify risk factors for homelessness.

Action P3.2 Broker further assessments and the development of individual care plans for people identified as being at risk of, or experiencing, homelessness to organisations with suitably qualified staff, for example ACH providers.

Action P3.3 Ensure all staff are aware of the eligibility of prematurely aged/frail people who have experienced, or been at risk of, homelessness for aged care services including all CHSP services, Home Care Packages and residential aged care.

Action P3.4 Ensure all staff are aware of appropriate referral pathways to specialist homelessness aged care services.

Moving forward

Action P3.5 Organise to meet and discuss care and support options with older and prematurely aged people who are experiencing, or at risk of, homelessness where they feel comfortable, safe and secure. This may not necessarily be where they are currently living and they may prefer to meet in another location, for example at another service location, in the park or in another public space such as a library or café.

Action P3.6 Develop innovative models of service provision to support people who are experiencing, or at risk of, homelessness. This may include the provision of other CHSP services at temporary accommodation locations, in public areas and if living outside on country.

Leading the Way

All specialist homelessness aged care services

Action P3.7 Establish partnerships and inform frontline workers at other local services (including other aged care providers, aged care 'system navigators' and Access and Support workers, housing and homelessness, financial, health, legal, mental health, police, public guardian/trustee, prison/justice/correctional, social and disability services) of the specialised support you can offer to older and prematurely aged people who have experienced, or been at risk of, homelessness.

Action P3.8 Establish referral pathways to other services that your clients may need, including advocacy organisations (such as tenancy support services and other legal advocates), mental health services, drug and alcohol services, reintegration services for people who were previously incarcerated, community organisations, and psychogeriatric services.

Action P3.9 Advocate for people's right to receive aged care services if they are experiencing, or at risk of, homelessness. This includes advocating for:

- The eligibility of prematurely aged people under the age of 65 (or 50 for Aboriginal and Torres Strait Islander people) who have experienced, or been at risk of, homelessness to access aged care services.
- The right for people to receive aged care services where they are currently living. This may include the need to negotiate flexible and innovative solutions to service provision by other aged care providers, for example the provision of other CHSP services at temporary accommodation locations, in public areas and if living outside on country.

ACH providers

Action P3.10 Provide outreach services face-to-face in communities to identify people who are experiencing, or at risk of, homelessness.

Action P3.11 Explore the possibility of co-locating ACH services with other aged care, health, social, community and/or disability services (e.g. at aged care 'system navigator face-to-face locations, at OneLink locations, at homelessness and housing face-to-face service and support locations, at Centrelink, in community hubs). For example, this may be achieved by having frontline ACH workers based at different services for set times each week.

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Outcome for Consumers 4: A proactive and flexible aged care system

A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce.

Engage with the local community and stakeholders to identify emerging needs and how service delivery models can be adopted to embrace those needs, including how the organisation's workforce demonstrates an inclusive approach to care.

Foundational actions

Action P4.1 Ensure all staff are aware of how to ask questions about a person's housing situation and to learn to identify the signs of experiencing, or being at risk of, homelessness. See the tips in Appendix 3 for a starting point.

Action P4.2 An initial assessment/screening and appropriate referrals for older and prematurely aged people's housing situations should be included in all contacts with people seeking services and support, as many of the issues that lead people to seek help (e.g. loss of function, poor health, bereavement, abuse) are risk factors for homelessness and may also negatively affect their health and wellbeing.

Action P4.3 Provide information on complaints procedures and ensure staff are well-equipped to support older and prematurely aged people who have experienced, or been at risk of, homelessness and their 'families of choice'/case managers/advocates/trusted entities to make complaints.

Moving forward

Action P4.4 Actively seek assistance from other services and organisations, including ACH services, that can support with informing practice on inclusive and respectful care for older and prematurely aged people who have experienced, or been at risk of, homelessness.

Leading the Way

All specialist homelessness aged care providers

Action P4.5 Accommodate and facilitate visits and other contact opportunities with your staff and services for older and prematurely aged people and their 'families of choice'/case managers/advocates/trusted entities. Acknowledge that it may take months or even years to reach the level of trust and understanding required to offer services to older and prematurely aged people who have experienced, or been at risk of, homelessness.

Outcome for Consumers 5: Respectful and inclusive services

Services effectively meet the specific needs of older and prematurely aged people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way.

Seek out, develop and use training and information that support delivery of care that is inclusive of diverse characteristics and life experiences.

Foundational actions

Action P5.1 Provide all staff, managers and Board members with information on the full scope of experiences that are encompassed in the phrase “people who have experienced, or been at risk of, homelessness” (see list of definitions and acronyms for a dot-point list that describes the full scope of experiences).

Action P5.2 Avoid using the terms “homeless” or “homelessness” as many older and prematurely aged people may not relate to this word, especially if they are living with family and friends, in unfit housing, or in their car or caravan. Discussions framed around “housing needs”, or a casual discussion of their current housing may be more appropriate.

Moving forward

Action P5.3 Ensure all staff know how to engage in a respectful and inclusive manner with people who have experienced, or are currently experiencing, or at risk of, homelessness. A person-centred and relational approach that aims to identify and meet an older or prematurely aged person’s unique and personal needs and wishes is essential.

Action P5.4 Provide all staff, managers and Board members with information on the risk factors for homelessness and challenge prejudices and biases that research has shown people commonly have. As a starting point, see Appendix 4 for some points that challenge common prejudices and biases.

Action P5.5 Develop and implement clear policies that address actions and comments by staff that reinforce or reflect negative stereotypes and/or prejudices against older and prematurely aged people who have experienced, or been at risk of, homelessness.

Action P5.6 Support older and prematurely aged people to change to another aged care provider if they choose to.

Leading the Way

All specialist homelessness aged care services

Action P5.7 Ensure all staff are trained to understand and respond to inappropriate or aggressive behaviours in an appropriate and respectful manner. These behaviours may be due to aged care service provision triggering past traumatic memories of experiencing, or being at risk of, homelessness.

Action P5.8 Review employment practices and rostering so that older and prematurely aged people who have experienced, or been at risk of, homelessness can choose their personal care workers, to the extent that is possible.

Action P5.9 Develop and publish case studies (fictional or real) that portray the range of older and prematurely aged people your service supports and which highlight the positive outcomes achieved, including the full range of consumers’ ages, socioeconomic backgrounds and pathways into being at risk of, and experiencing, homelessness. This may help to combat any reluctance people may feel in

approaching your service due to preconceptions or shame associated with their age, housing situation, health and disability needs, and socioeconomic background.

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Outcome for Consumers 6: Meeting the needs of the most vulnerable

Older and prematurely aged people can access high quality and culturally safe aged care services and supports that meet their needs irrespective of their personal, social or economic vulnerabilities.

Provide inclusive service models to address the needs of the most vulnerable, and work with other stakeholders to ensure that the full spectrum of needs are met.

Foundational actions

Action P6.1 Develop a culture and appropriate language guidelines within your organisation that asks open questions and does not make assumptions about someone's background or life experiences, even in casual conversation.

Action P6.2 Encourage consumers and their 'families of choice'/case managers/advocates/trusted to provide input and feedback and support them in making and resolving complaints.

Action P6.3 Put in place referral and reporting procedures in the event of elder abuse, family violence and institutional abuse.

Moving forward

Action P6.4 Ensure all staff have training on appropriate service provision for people who have had traumatic experiences including experiencing, and being at risk of, homelessness. This includes awareness of how trauma can be both a contributing risk factor to, and a result of, experiencing homelessness and being at risk of homelessness. Ensure staff can identify issues of trauma, abuse and violence and provide referral, and facilitate access, to appropriately skilled and welcoming support and psychological services.

Action P6.5 Ensure the governing body and all levels of staff have an awareness of the risk factors for homelessness (see Appendix 5).

Leading the Way

All specialist homelessness aged care services

Action P6.6 Provide culturally safe trauma-informed services that acknowledge that trauma can both be a contributing risk factor to, and a result of, experiencing homelessness or being at risk of homelessness.

Action P6.7 Provide training to all staff in how to respond to inappropriate or aggressive behaviours in an appropriate and respectful manner.

Action P6.8 Provide on-the-job training and peer-mentoring opportunities for new staff to support them in providing appropriate and respectful services to older and prematurely aged people who have experienced, or been at risk of, homelessness.

Action P6.9 Help staff to identify skills gaps and professional development needs and support them in addressing these through further training, mentoring, networking and other professional development activities.

Action P6.10 Ensure all staff have access to mental health supports, debriefing and peer-to-peer support networks. Be alert to and actively manage staff burnout, for example through assessing the need for enforced leave.

ACH providers

Action P6.11 Consider hiring multiple staff members with expertise, training and experience across the full-range of service sectors ACH providers are expected to help clients navigate, including housing and homelessness, aged care, hoarding and squalor and/or tenancy support/legal.

Action P6.12 Ensure staff have the resources and support to provide services in line with all guidance and other contractual requirements related to ACH services. This currently includes providing services according to the CHSP Manual 2018 (see Appendix 6).

Action P6.13 Listen to older and prematurely aged people's wishes regarding their preferred type of housing. Some people may feel most comfortable living independently in their own apartment or house, while others may prefer to live in a shared or communal setting even if they have low clinical care needs.

Action P6.14 Investigate and compare the housing options available in the local area, including whether or not they are able to provide long-term, affordable, safe and appropriate housing to enable older and prematurely aged people to age in place. In some cases where provision of long-term, affordable, safe and appropriate housing is not available locally, it may be appropriate to encourage and support the person to find housing in other areas.

Action P6.15 Challenge your own prejudices regarding residential aged care and consider whether specialist homelessness residential aged care facilities may be suitable for your clients.

Residential aged care providers receiving the Homeless Supplement

Action P6.16 Ensure professionals with training in psychiatry and/or psychology are available to support residents.

Action P6.17 Ensure every resident has a defensible private space with a lockable door. Design new facilities and renovate facilities with the aspiration of a private outdoor area and private bathroom for each resident.

Action P6.18 Support residents to continue participating in cultural events, activities and hobbies they enjoy. This includes drinking alcohol and smoking cigarettes if it can be done in a manner that doesn't put others at risk and is in line with any medical advice and/or legal requirements.

Action P6.19 Consider the mix of residents at your facility and how their behaviours may affect each other. Discuss options with residents for moving them to other rooms if conflicts or problematic behaviours do arise.

Action P6.20 Consider the need for residents to receive financial advice and support to help them manage their money, including support in allocating funds to cigarettes and alcohol due to the high price of these items.

Appendix 1- Discussion points to determine full range of needs that may be addressed by aged care services for older people experiencing, or at risk of, homelessness

The following points can be used as a start for discussions to support older and prematurely aged people experiencing, or at risk of, homelessness in identifying needs which may be met through aged care services:

- Discuss any needs and/or concerns the consumer may have, in addition to their housing situation.
- Discuss other service options to determine the full range of services the consumer may require support from, including housing and homelessness, financial, health, legal, mental health, police, public guardian/trustee, prison/justice/correctional, social and disability services.
- Identify other aged care services (including CHSP, home care packages and residential aged care) that may be appropriate and describing these to the consumer in a way that they can understand (e.g. through written plain English summaries, pictures/infographics and face-to-face conversations).

Appendix 2- Language considerations when describing older and prematurely aged people with different needs, backgrounds and life experiences

This action plan recommends that providers carefully consider the language used in planning and implementation when describing older and prematurely aged people with different needs, backgrounds and life experiences. For example:

- "Diversity" is seen by many as a positive word that an individual should celebrate and an older person should be able to be proud of. In contrast, an older person may consider it inappropriate or insulting to describe experience of institutional abuse, forced separation from family, financial or social disadvantage or homelessness as a "diverse" experience or characteristic.
- Do not describe people who have experienced homelessness as "homeless".
- It may not be appropriate to describe a person who has prematurely aged as "older".
- Describing services for someone who is prematurely aged as "aged care" may not be appropriate and may prevent people from seeking support from that service. For example:
 - Many specialist homelessness residential aged care facilities choose to describe their facility as a "home" or "hostel" with no reference to aged care in their promotional materials and on facility signs etc.
 - Many ACH providers describe the eligible age for their services (i.e. 50 years or 45 years for Aboriginal and Torres Strait Islander people) in their promotional material, but do not describe their clients as "older", "aged" or "prematurely aged".

Appendix 3- Tips for initiating discussions about a person's housing situation

This action plan recommends that all aged care staff are aware of how to ask questions about a person's housing situation and to learn to identify the signs of experiencing, or being at risk of, homelessness. As a starting point, the following points should be covered^d:

- Begin by building trust and rapport before tackling issues related to homelessness, e.g. through chatting about a shared interest in a casual setting.
- Never assume that an older or prematurely aged person will raise concerns about their housing needs with you. They might not feel comfortable asking for help, might not realise they need help, or might not realise you may be able to help them or point them to other services that can help them.

^d Adapted from: Australian Association of Gerontology (AAG). Things to consider when working with older women who are experiencing, or at risk of, homelessness [Internet]. Melbourne; 2018 Aug [cited 2018 Aug 15]. Available from: <https://www.aag.asn.au/documents/item/2236>

Appendix 4- Points that challenge common prejudices and biases people often have regarding older people experiencing, or at risk of, homelessness

The action plan recommends that providers can move forward by providing all staff, managers and Board members with information on the risk factors for homelessness and challenge prejudices and biases that research has shown people commonly have. As a starting point, the following points challenge common prejudices and biases^e:

- All older and prematurely aged people do not have the same pathway to homelessness, and therefore do not have the same needs.
 - Many older and prematurely aged people are experiencing, or are at risk of, homelessness due to a single event such as an increase in rent, eviction notice or reduction in income. Research shows that affordable housing is one of the key drivers of homelessness in Australia.
 - Older and prematurely aged people experiencing, or at risk of, homelessness may not have complex needs; the only service they need may be access to affordable, appropriate and secure housing.
 - Older and prematurely aged people experiencing homelessness do not necessarily have a history of repeated or extended homelessness, and women are more likely than men to experience homelessness for the first time later in life.
- International human rights law recognises everyone's right to adequate housing, interpreted broadly as the right to live somewhere in security, peace and with dignity.
 - A person's pathway into being at risk of, or experiencing, homelessness does not affect their right to adequate housing.
- Do not assume family and friends will provide housing or expect them to do so:
 - People should not be forced to exhaust their social networks before receiving services, even if their social networks are happy to offer this support.
 - Accessing social networks may also be a source of stress and vulnerability, putting older and prematurely aged people at risk of abuse.

^e Adapted from: Australian Association of Gerontology (AAG). Things to consider when working with older women who are experiencing, or at risk of, homelessness [Internet]. Melbourne; 2018 Aug [cited 2018 Aug 15]. Available from: <https://www.aag.asn.au/documents/item/2236>

Appendix 5- Risk factors for homelessness

This action plan recommends that providers can move forward by ensuring the governing body and all levels of staff have an awareness of the risk factors for homelessness, including but not limited to:

- Lack of affordable, appropriate and secure housing.
- Lack of information and support to access affordable, appropriate and secure housing.
- Reluctance to seek formal support.
- Substance addiction.
- Abuse.
- Loss of income.
- Relationship breakdowns.
- Childhood trauma/disruption.
- Providing housing to family and kin.
- Sudden illness/accident.
- Trauma.
- Poor physical and mental health.
- Living alone.
- Ethnicity/cultural background.
- Exhausted social networks.
- Loss of partner.^f

^f Adapted from: Australian Association of Gerontology (AAG). Things to consider when working with older women who are experiencing, or at risk of, homelessness [Internet]. Melbourne; 2018 Aug [cited 2018 Aug 15]. Available from: <https://www.aag.asn.au/documents/item/2236>

Appendix 6- ACH service provision requirements as stated in the CHSP Manual 2018

The CHSP Manual 2018 which states that ACH services:

- *“Will coordinate and link support for clients in a goal focussed client management relationship.*
- *Provide opportunities for all associated services and programs to work cooperatively to meet the essential housing, social support and community care needs of extremely vulnerable and disadvantaged members of the community.*
- *Coordinate a service response that is directed to ensuring appropriate housing is secured for the older person and that their care needs are met so they can continue to live in the community.*
- *Interact and work with multiple services across a range of sectors.*
- *Ensure a rapid response to older people who are homeless or at risk of homelessness through one-on-one contact.*
- *Ensure a flexible and individualised service delivery response within the requirements of the broader CHSP.*
- *Must have strong links with the community, housing services and all aspects of the aged care sector.*
- *Will have access to translation and interpreting services under the CHSP to support clients”*

Resources

Need for specialist services targeting older and prematurely aged people experiencing, or at risk of, homelessness

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International human rights law recognising everyone's right to live somewhere in security, peace and dignity

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Case studies

Pete- from the CHSP Manual 2018

Pete is 55 years old and has been sleeping rough for several years. His latest accommodation is a boarding house, where his bedroom is unable to be locked and he is exposed to harassment from other boarders. Pete feels increasingly isolated and fearful for his safety and his health is starting to be impacted.

He has been receiving some help from a local charity which suggests that Pete contact a CHSP service that provides Assistance with Care and Housing support. He visits the CHSP provider and they call My Aged Care together and establish he is eligible to receive support.

With Pete's consent, he is registered as a client. The contact centre refers him to the RAS and notes on the client record that the Assistance with Care and Housing provider can be contacted to assist in arranging an assessment with Pete. Upon contact, the RAS and Assistance with Care and Housing provider organise a time to meet with him at his boarding house. They work together during the assessment and develop a support plan with Pete. The RAS records this information on the client record.

Pete's support plan includes finding better accommodation and other community care and support services to prevent a relapse into homelessness.

He gives his consent to receive these linking services through the Assistance with Care and Housing provider and a formal referral for service is sent by the RAS to the provider. The Assistance with Care and Housing provider helps Pete find more secure accommodation in his local area. The small bedsit is self-contained and private, and he feels safer and begins to invite his friends to visit him again which helps him feel connected. The accommodation is also located close to public transport and shops so he can maintain his links with the community, such as continuing to visit the charity which first assisted him.

Regular follow-up visits by the Assistance with Care and Housing provider to check on Pete's progress shows that his physical and emotional wellbeing has improved with secure accommodation, support for his health and continuing links to the community through social support.

This gives him a renewed sense of optimism and control.

Fictional case study. Affordable and secure housing is all that is needed.

A 63-year-old woman was married to a man on a low income. They never owned a home but rented in a formerly working-class inner-city suburb for years. Their rent had been below the average market level for the location as they were long-term tenants. They had little savings or super but were “getting by fine”.

The husband then passed away suddenly. The woman has no independent income having been the family carer and ‘housewife’. When her rental ends suddenly due to the owner wanting to redevelop the ageing property or sell it for capital gains, she is forced to start searching for a place to live in the outer suburbs away from all her social networks. She is unable to find somewhere to rent as she is reliant on income support (Newstart), has no references and faces discrimination from agents (age and income support recipient). She seeks to stay temporarily with a sister and then a friend. After she has exhausted her social networks for a place to stay, she is forced to approach a homelessness service for help.

Reflections: In this example, the older woman has good core capabilities and skills to sustain independent living but will struggle to get paid work (at least in the medium term without training). Her challenge is finding a rental property that is affordable on her limited income and overcoming bias/reluctance of agents to secure a lease.

(Source: Australian Association of Gerontology 2018. Background Paper. Older women who are experiencing, or at risk of, homelessness)

Theresa, a Wintringham client.

Following the death of her mother and subsequent loss of her home, Theresa was unable to make the rental payments from income alone and soon became homeless. She was referred to Wintringham's outreach workers who slowly engaged Theresa and tried to overcome her fear of outside help.

Due to her mental health issues, it took many months before enough trust could be gained to allow for a Community Aged Care Package (CACP) referral to be made. More support services were gradually integrated which included a trial in recreation and medical assistance and some success in delivery of food. The main objective of the program was to prevent a reoccurrence of displacement and isolation. Though small, the successes Wintringham felt they achieved with Theresa were enormous.

Theresa remained on a CACP for close to six years until she agreed to leave the couch she called home and opted to move to a Wintringham residential aged care facility where she made friends with many of the residents and slowly joined the community.

Wintringham reflects that when they first met Theresa, she would not have accepted their involvement or have agreed to access any of their services, but their proactive approach helped her to regain her confidence and prevented her from 'falling through the gaps' and returning to homelessness.

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