



**Royal Commission**  
into Aged Care Quality and Safety

**Statement of Fiona June York**

**Name:** Fiona June York

**Date of birth:** [REDACTED]

**Address:** [REDACTED]

**Date:** 20 September 2019

1. This statement made by me accurately sets out the evidence that I am prepared to give to the Royal Commission into Aged Care Quality and Safety. This statement is true and correct to the best of my knowledge and belief.
2. The views I express in this statement represent the views of Housing for the Aged Action Group

**Professional background**

3. **Current occupation:** Executive Officer for Housing for the Aged Action Group (HAAG). I have oversight of our organisation, which is uniquely placed within both the aged care and the housing and homelessness sectors as one of the only specialist older person's housing information services in the country. Recently we developed the Homelessness Action Plan for the Commonwealth under the Diversity Framework. We take an early intervention approach to prevent homelessness and have an award winning cultural diversity community education program. We develop and deliver training and workshops to community workers on housing issues for older people.
4. I have worked in the aged care sector and with older people for around 15 years, beginning with Home and Community Care in Gippsland, working in community health and as a consultant for the Department of Health and Human Services developing interagency and referral protocols under the HACC Assessment framework. I worked in the elder abuse area for four years, with Seniors Rights Victoria and Ethnic Communities Council of Victoria. Since 2016 I have worked with Housing for the Aged Action Group.
5. I represent HAAG on the Victorian Community Care Advisory Committee, the Aged Care Sector Diversity Sub-Group, and the Executive Advisory Group for the Specialist Homelessness Sector.
6. This submission is informed by the 30 year organisational knowledge of HAAG and its staff, in particular, Jeff Fiedler, Ageing on the Edge National Project worker.

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## STATEMENT OF FIONA YORK CONTINUED



## BACKGROUND

1) Describe the services that the Housing for the Aged Action Group (HAAG) provides. In your answer please address the following:

- a) The Home at Last Program
- b) HAAG's Aged Care Navigator Project
- c) HAAG's Retirement Housing Advice Service.

*The Home at Last Program*

7. The Home at Last Service provides a one-stop shop of housing information, support, advice and advocacy to people aged 50 years and over, funded through the Victorian Department of Health and Human Services and the Commonwealth Department of Health. Two main levels of assistance are provided – information and referral for older people who want to implement a future housing plan, and intensive ongoing case work for older people who have become homeless or who are at risk of homelessness.
8. The outreach housing program is partially funded under the Assistance with Care and Housing program (under Commonwealth Home Support Program). It aims to re-house low income older people who are homeless or at risk of homelessness into long term, affordable, age appropriate housing. We provide assistance with housing applications, support during the process of finding a new home and financial assistance to pack, move and establish themselves once housed. We house an average of 12 people a month, and since 2012 have housed nearly 900 people.
9. We facilitate a network of Assistance with Care and Housing providers in Victoria, and convene quarterly meetings to collaborate on systems improvement and joint advocacy.
10. The Home at Last service also encompasses an early intervention community education program, which provides information about housing options to groups of older people, delivered by peer educators and volunteers. Since 2015, this program has included the CALD community education program, which developed culturally appropriate community education materials (including videos, brochures and case studies) which are delivered by bilingual educators to groups of older people. This program resulted in a 300% increase in referrals from the target groups to the Home at Last service, and now includes a Cultural Diversity Reference Group which meets regularly to advise our service and assist with community education and the Service Navigator project. Our early intervention is now expanding to include LGBTI elders.
11. Our early intervention approach also includes delivering information to professionals, particularly in the aged care sector, to help them to recognise and respond to people at risk of homelessness. We have recently commenced a research project with the National Ageing Research Institute and Deakin University to train assessment staff about the housing trends and options for older people, and what to look out for in when conducting assessment that may warrant an early referral into the Assistance with Care and Housing program.

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***HAAG's Aged Care Navigator Project***

12. The Aged Care Systems Navigator trial is an 18 month national trial led by COTA Australia that is developing and testing different models to support vulnerable people and people facing barriers to understand and engage with the aged care system. There are 62 trials being delivered across the country, including 31 Information hubs, and HAAG is delivering an information hub targeting older people who are at risk of homelessness.
13. The services provided as part of the HAAG hub are:
- One-on-one assistance to register for My Aged Care and basic information provided by volunteers through home visits
  - A part time drop in service at the HAAG office, staffed by volunteer, to provide basic information and help people to call My Aged Care for registration
  - Information sessions in 5 languages about housing and aged care

***HAAG's Retirement Housing Advice Service***

14. HAAG operates a state-wide Retirement Housing Assistance Service funded through Consumer Affairs Victoria. It includes both workers advice and retirement housing case work. The retirement housing casework service is for older Victorians living in retirement housing, including retirement villages, residential parks and caravan parks who are financially disadvantaged. There is widespread confusion about terminology and the legislation covering various types of retirement housing, and a lack of information on housing options, which is why our specialist service is needed. We assist around 300 people a year with information on housing options and issues in their retirement housing.
15. The casework informs our systemic advocacy and we have worked closely with our partners in Residents of Retirement Villages Victoria, Consumer Action Law Centre and COTA Victoria towards reform of the retirement housing sector. We also support groups of residents to form residents groups to exercise their rights and engage in systemic advocacy. As part of this work we are currently partnering with Melbourne University to investigate what information older people need before entering into retirement housing, and what is currently available to assist them to make that choice.

***Ageing on the Edge Older Persons Homelessness Prevention Project***

16. This is a five year project funded by The Wicking Trust and is a partnership between HAAG and The University of Adelaide. The project aims to increase awareness of older persons housing issues across Australia; conduct research to determine the key issues in each state; improve older persons' access to housing and ensure better availability of services that can help older people in housing difficulty.
17. The project is working progressively across all States of Australia. Reports on South Australia, New South Wales and Western Australia have been completed and the next

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phase of the project is currently being conducted in Queensland and the Northern Territory.



**2) What are the factors that can lead to older people becoming homeless or at risk of becoming homeless?**

18. The factors that can lead to homelessness for older people are generally defined as being either, or a combination of the following three factors:
- Personal life circumstances creating disenfranchisement from society leading to homelessness such as family estrangement, neglect, physical, sexual and financial abuse; mental illness, alcohol and substance abuse, institutionalisation.
  - Personal factors impacting on a person's financial ability to obtain secure home ownership in retirement such as low income levels, time spent out of the workforce caring for family, illness, divorce, family separation, low levels of savings and superannuation.
  - Systemic problems in the housing, health, incomes and aged care systems such long term gradual decline in the rates of home ownership, more older people retiring with mortgages, rapid increases in older people living in the insecure, unaffordable and unadaptable private rental housing market and a lack of public housing as a safety net.

**3) How has the demographic of older Australians who are homeless or at risk of homelessness changed over time? How is this demographic likely to change in the future?**

19. For many decades Australia has had a small proportion of high need older people that are homeless or at risk of homelessness. These include older people rough sleeping, living in temporary or transient forms of accommodation or those living in marginalised housing such as caravan parks, boarding houses or in very substandard private rental housing.
20. However there has been a shift in the past 10 years with significant increases in older people experiencing homelessness and also being at risk of homelessness in the private rental market. For example, between the census 2011-2016 there has been a 42% increase in people aged 65 and over paying unaffordable rents in Australia, numbering more than 132,000.<sup>1</sup> This highlights the emergent issue for the aged care sector with many of this cohort beginning to enter a stage in life where they are most likely to be requiring aged care supports whilst living in housing that is in many cases totally inappropriate for their ageing needs.
21. In recent years the rates of homelessness and those at risk of homelessness have risen significantly to represent the age cohort with the greatest increases in homelessness. Homelessness has increased by 48% for people aged 55 and over between 2006-2016 and up 53% for people aged 65-74, the greatest increase of all age cohorts. Women

<sup>1</sup> Unpublished ABS Census, source D. Faulkner, University of Adelaide

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aged 65-74 are particularly impacted with a 51% increase in the most recent census period 2011-2016<sup>2</sup>.



22. There has been a 30% increase in the number of women aged 65-74 using homelessness services over the last five years, and a 75% increase in older women sleeping in their cars. Two thirds of single older women on the Aged Pension have less than \$50,000 in savings and 35% of women aged 60-64 have no superannuation<sup>3</sup>.
23. The factors that are causing these extraordinary increases are an ageing population, decreasing rates of home ownership, more people retiring with mortgages, significant reductions in public housing supply and, based on these trends, increases in homeless older people, being forced to live with family and friends as an emergency or transitional housing arrangement and also being forced to live in the private rental market that is insecure, unaffordable on a pension or benefit and unadaptable or unsuitable for ageing well.

**4) What are the current housing options that exist for older people who are homeless or at risk of becoming homeless?**

24. The current *suitable* housing options are very limited but include the following: residential aged care accommodation that access the homeless supplement; public housing, community housing, independent living units, rental housing in retirement villages, moveable units (or granny flats – Victoria only) and rental villages. For housing to be suitable, it should be universally designed, have security of tenure and be affordable.
25. Unsuitable housing options include caravan parks, boarding (or rooming) houses, sharing with family and friends as an emergency option that often becomes longer term, couch surfing, house sitting, tiny houses with no security of tenure.
26. There are a number of new housing models being developed in various states, including co-housing, however they are not a significant enough size to be a viable option yet.

<sup>2</sup> Unpublished ABS Census, Source D. Faulkner, University of Adelaide

<sup>3</sup> Australian Human Rights Commission *Older Women's Risk of Homelessness: Background Paper (2019)* Aged Discrimination Commissioner

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## NEEDS OF HOMELESS PEOPLE

5) Noting that people who are homeless or at risk of becoming homeless are not a homogenous group, what are the particular needs of people who are homeless or at risk of becoming homeless when:


- a) accessing aged care
- b) receiving aged care

*Accessing aged care*

- 27. Non-aged care services, such as homelessness services, health services, those providing income support and a range of other community services are well placed to assist with linkages into the aged care system.
- 28. Face-to-face and immediate support and information provision is important for older people, particularly those who face language barriers or are experiencing elder abuse.
- 29. My Aged Care provides inconsistent information about eligibility and our experience shows that older people find the phone calls exhausting, even with support. There is a widespread lack of understanding of the ACH program eligibility and referral pathways, and the MAC portal prevents referrals for people under the aged of 65.
- 30. Assessment (RAS and ACAS) services are often unaware of the age-eligibility of people at risk of homelessness. Assessments are often denied for people under the age of 65 and people are unaware of what supports are available.
- 31. Flexibility to provide suitable assessments, stronger referral pathways and training to understand the circumstances of people at risk of homelessness is needed. For example, the need to make an appointment at a later date for an assessment is difficult for people without a fixed address; it is often difficult for people to have 100 points of identification.

*Receiving aged care*

- 32. Older people who are prematurely aged, have a history of homelessness or have complex health needs in many cases are most suited to forms of residential aged care that access the homelessness supplement. Many such providers are specialist in the needs of this group and provide the most appropriate forms of care.
- 33. Older people requiring CHSP or Home Care services may not have appropriate accommodation in which to receive aged care services. For example, many forms of rental accommodation are not suitable for that purpose due to their lack of secure tenure, their design and adaptability, cost, and ability to obtain modifications to enable them to age-in-place. Therefore the provision of secure, affordable and well designed rental housing is essential to being able to age well.

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6) People who are homeless or at risk of becoming homeless can access aged care programs from an earlier age. The *Approval of Care Principles* acknowledge that this is where there is "no other care facility or care service more appropriate to meet the person's needs". Is the aged care system the best response for these people? If so, why? If not, why?

34. For people who are homeless and prematurely aged, appropriate residential aged care facilities are often the most suitable form of accommodation, as their health and support needs are mostly catered for within the aged care sector.
35. For older people with lower level support needs, their primary requirement is for suitable housing that is well designed to enable them to successfully age in place, such as housing with level access and adaptable bathrooms. As they age they may require a range of flexible home based services appropriate to their ageing needs such as shopping support, help with transport to medical appointments, meals and social supports that can currently be provided by the aged care sector.

## ACCESS AND DELIVERY OF AGED CARE SERVICES



7) When accessing aged care services, what are the barriers for people who are homeless or at risk of becoming homeless? What are the impacts and consequences of these barriers?

*Not having a home*

36. The aged care system is designed to deliver in-home supports to people to prevent early admission into residential care, and allow people to age in place. Therefore, the most significant barrier to accessing aged care services is not having a home. The rate of homelessness for older people is increasing faster than any other age cohort. Many older people are sleeping rough, living in emergency or temporary housing, living in severely overcrowded conditions or in marginalised housing that is insecure, expensive or not designed for ageing well.

*Living in inappropriate housing*

37. Living in poor quality private rental housing or poorly designed housing may mean that an older person's home environment has a negative impact on their ability to age well and be a barrier to the provision of aged care. For example, boarding (or rooming) houses, caravans, residential parks and villages that are designed with stairs, steps, narrow doorways and shower access. Private rental housing such as flats on upper floors with no lift access, shower recesses over baths, cluttered environments in small spaces, steps, narrow doorways.
38. Older tenants do not have control of their home environments to be able to make decisions that could improve access to aged care. Tenants are reluctant to ask for a landlord's help due to fear of a rent rise or eviction for 'complaining' or 'causing extra cost' (landlords have said to tenants that they can do modifications to their home only if they put the rent up). In other cases landlords may decide to evict a 'complaining' tenant and seek one that is compliant.

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39. CHSP and Home Care Package services may be denied or withdrawn due to Occupational Health and Safety factors for staff where the service provider determines the environment to be inadequate or unsafe as a workplace.

*Living in unaffordable housing*

40. Our research and casework shows that increasing numbers of older people are in housing stress, paying more than 30% of their income on rent. Poverty caused by paying a high proportion of Newstart or Age Pension on rent can dissuade older people from seeking help due to an expectation they will have to pay for services they can't afford

*Fear of being institutionalised*



41. Many older people who have experienced homelessness have a suspicion or fear of services and authority that can lead to an older person not seeking aged care services due to concern for losing their independence and becoming 'institutionalised' in residential aged care. This is also common amongst people from refugee backgrounds and some culturally diverse backgrounds, and amongst LGBTI elders we have surveyed.

*Consumer choice*

42. Whilst consumer directed care and privatisation of the sector is supposed to offer people more 'choice', many clients that we have assessed through the Service Navigator, especially those who are non-English speaking need ongoing assistance to navigate these 'choices'. Most do not have access to the internet due to financial disadvantage and digital illiteracy. It is therefore more likely that they will be swayed by whoever calls or knocks on the door offering their services, with no means to compare or see what else is available. We have also come across clients being hounded by phone calls from private providers following their assessment and then being very unclear about who is calling to assist and who is calling to 'sell something'. This led one particular client to disengaging from services all together.
43. Choices in an open market context can be intimidating and confusing to a vulnerable older person who may not seek help because they fear or distrust contact by 'first time' services where they are expected to make decisions when they usually rely on the support of trusted contacts to help them navigate their way to making a decision. "Choices" are constrained by income, rurality, and lack of information.

**8) Can you comment on the importance of programs and services to link people who are homeless or at risk of becoming homeless with aged care services and support them to access aged care services?**

44. Programs and services to link people who are homeless or at risk of being homeless with aged care supports are vitally important.
45. My Age Care is totally inadequate as a service to provide information, support and referral for older people who are homeless or at risk of homelessness. This cohort are

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
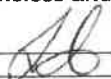
## STATEMENT OF FIONA YORK CONTINUED

the least likely to have skills in the use of online technology, cognitive understanding of technical language, having hearing impairment, trust in online or telephone communications, suspicion about privacy and confidentiality of records. For this to be the only gateway for an older person at risk of homelessness to access any type of aged care service means that many people are simply missing out at the first hurdle.

46. Face-to-face RAS and ACAS services provide a better form of support but they often do not have enough of an understanding of the issues around homeless or at risk of homelessness to be able to provide appropriate assistance. It is also often unlikely that this cohort would reach the point of an assessment unless a range of other services are engaged in the identification, support and referral process.
47. The Assistance with Care and Housing and the Victorian Access and Support programs are extremely underfunded, however, are effective in linking older people with aged care support.
48. By and large, linking services for older people who are homeless or at risk of homelessness are a key missing element of the aged care system that currently denies older people who are homeless or at risk of homelessness the right to get the help they need to age well. Due to the barriers to accessing aged care as described above it is vital that this cohort can be provided information and support by their currently known services such as homelessness services, community based support agencies, housing services, incomes support providers, social workers and material aid services. A reliance on telephone and web-based information will never be enough.
49. In addition, social isolation is a major issue affecting older people at risk of homelessness due to poverty and their vulnerability that can create fear of the consequences of seeking help. Therefore targeted promotions and community development to this cohort is required to ensure older people have confidence in accessing aged care services.

**9) What should be done to improve the quality and safety of aged care services provided to people from diverse groups, including but not limited to people who are homeless or at risk of becoming homeless?**

50. The keys to improved aged care services must be focused on system design, funding and government frameworks, therefore this response will be most adequately addressed in these following sections of this submission.
51. Refer also to the recommendations in the draft Homelessness action plans for government and providers.
52. In summary they are:
  - Improve the functionality of My Aged Care, including training for call centre staff, particularly around eligibility for people who are homeless or at risk of homelessness
  - Ensure assessment staff receive consistent information and training on the full scope of experiences that are encompassed by the definition of "homeless and at

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## STATEMENT OF FIONA YORK CONTINUED

risk of homelessness" including eligibility for services, risk factors and referral pathways

- Provide block funding for intensive case management to support people at risk of homelessness to access aged care and to make informed choices
- Review the ACH service sub-types and provide minimum service provision guidelines
- Increase funding to ACH services 10-fold to cover the costs of the current level of service provision, and provide additional funds for services to meet the full range of service expectations
- Provide "system navigator" models for the most vulnerable and marginal people in our society, and co-locate them with other services

**10) What are the challenges or main obstacles in delivering aged care services to people who are homeless or at risk of becoming homeless in the following aged care settings:**

- community
- in home
- residential
- other settings.

53. See responses to question 5, 6, 7, 8 where we have addressed the key obstacles affecting older people who are homeless or at risk of homelessness in the accessing community, home and residential aged care services.
54. We also wish to make the following additional points in regard to challenges in delivering aged care services to this cohort that also raises potential opportunities:
- a. The big challenge to address the described problems facing older people who are homeless or at risk of homelessness is how we can provide suitable housing for this highly vulnerable cohort to enable them to age well.
  - b. Services such as HAAG's Home at Last have demonstrated since 2013 that the provision of secure, affordable and adaptable housing is transformative to the lives of vulnerable older people. Being able to access public and community housing that is designed for successful ageing that offers life time tenure, affordable rents and housing with universal design principles means that older people can live well and require minimal aged care supports due to improved mental and physical health and a suitable environment that is adaptable for ageing.
  - c. It is clear from the expressed views of many Home at Last clients that the provision of secure, affordable and well designed housing has had a significant positive impact on their health and wellbeing. Improved health outcomes have in many cases shown a cessation of health decline once well housed and less reliance on the need for specialist health services and aged care.

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## STATEMENT OF FIONA YORK CONTINUED

- d. The challenging aspect of this positive scenario is that there is a significant lack of public and community housing or other affordable housing options to address this fundamental need.
- e. Although there is a lack of housing, the provision of effective services to enable older people to navigate their way through an increasing complex housing and aged care system can have a significant impact on the lives of many thousands of older people who are homeless or at risk of homelessness. There is currently a significant shortfall in the availability of services that can assist older people who are homeless or at risk of homelessness to receive linkage support to access appropriate housing to enable them to age well and also receive appropriate aged care support. Home at Last is the only type of service in Australia that provides a one-stop-shop of support for vulnerable older people at risk of homelessness. Similarly, the Assistance with Care and Housing (ACH) Program requires significant investment and development to achieve the aims of its program.



## SYSTEM DESIGN

**11) If the aged care system were designed to provide care that is person centred; has regard to the needs of the care recipient as well as their family and carers; and; has a focus on quality of life, would the particular needs of people who are homeless or at risk of becoming homeless be met?**

55. These principles could be the foundation for the development of an effective aged care system. The key however is to ensure that such principles are grounded in effective, well funded and appropriate services. For older people who are homeless or at risk of homelessness this means the development of a specialist program of support that would ensure the essential rights of this group can be achieved.

**12) What are the essential design and/ or service elements required in order to deliver aged care to people from diverse groups, and in particular those who are homeless or at risk of becoming homeless, in residential aged care, or receiving care in the home or community?**

56. Older people who are homeless or at risk of homelessness need an initial information, support and referral point that is provided in a way that is accessible, approachable and understands their issues and needs. HAAG's Home at Last service has been designed with this focus and is based on many years of feedback and development by and for older people themselves. Home at Last engages with the general community to provide information about its services, has developed referral pathways from key access points where vulnerable older people seek information and has also developed a sophisticated specialist community development model to engage specific vulnerable groups within the homelessness cohort such as those with Culturally and Linguistically Diverse (CALD) backgrounds and the Lesbian, Gay, Bi-Sexual, Transgender and Intersex (LGBTI) community.



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57. As a statewide housing information, support and referral service for Victoria, Home at Last is also well placed to provide a central linkage point for vulnerable older people to access Assistance with Care and Housing (ACH) services in their communities.
58. Home at Last is currently the only statewide one-stop-shop of housing and aged care assistance for the homeless and those at risk of homelessness in Australia. However there is significant interest from a number of state governments and community agencies in other states to develop similar services and linkages.
59. As well as the need for a central information, support and referral service for each state, there is a strong need for regional services to provide area specific housing and aged care services. The Assistance with Care and Housing (ACH) Program has operated since 1995 with little growth over its 24 years of operation, and provides the kind of assistance older people need at a local level to provide linkages to housing and aged care.
60. Whilst there are many great individual agencies providing wonderful services across Australia they suffer from a lack of fundamental resources such as staff hours, brokerage funds and program training and support. Therefore as a systemic program it is so poorly funded and administered that it fails to operate effectively. For example, in Queensland there are only four ACH services with two in Brisbane, one in Rockhampton and one in Mt Isa. Tasmania has only two ACH services. Victoria and NSW have the largest number of ACH services but there is still not adequate state coverage.
61. This situation has been caused by three main problems. Firstly, ACH operated as a standalone program by the Department of Health from 1995 to 2015 and the majority of services that obtained the initial funding have continued to provide services up to 2019.
62. Secondly, as the ACH program has only operated under the Commonwealth Home Support Program (CHSP) since 2015, so far it has only received one minor boost in growth funding.
63. Third, whilst ACH has continued to be funded by governments on the basis that it has proven to be an effective model of assistance, it has never undergone a systemic program review to determine its overall value and effectiveness and evaluated as part of a holistic system of aged care and homelessness support.
64. HAAG has a national vision for a systemic service program of housing, homelessness and aged care support for vulnerable older people. Such a program would involve the development of one Home at Last type service in each capital city of Australia (generically titled the Seniors Housing Gateway)<sup>4</sup> that would be linked to a network of Assistance with Care and Housing (ACH) services.
65. This type of service program is required if Australia is to have an effective system wide approach that offers appropriate information, support, referral and assistance to

<sup>4</sup> See our Seniors Housing Gateway proposal here:

[https://www.older tenants.org.au/sites/default/files/seniors\\_housing\\_gateway\\_federal\\_proposal.pdf](https://www.older tenants.org.au/sites/default/files/seniors_housing_gateway_federal_proposal.pdf)

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

## STATEMENT OF FIONA YORK CONTINUED

vulnerable older people who require adequate housing and aged care services. HAAG is promoting this type of service approach and working with likeminded agencies in all states of Australia that supports the concept.

66. In regard to residential aged care services there is a similar lack of resources for those services providing this form of care for the homeless. There are a small number of services that access the homelessness supplement that provide highly skilled and very effective supportive home-like environments for vulnerable older people. Wintringham is the most well known of this sector but there are many others operating on very small budgets where none of the residents are able to provide ingoing bonds to help subsidise the services required. In many cases the success of these services is based on the mission of the agencies involved, their respect for the human rights of highly vulnerable older people and the preservation of a person's right to, as much as is possible, independence with the support they need to live a dignified and fulfilling life.

**13) Are there any assumptions built into the current aged care system which hinder access to aged care for people who are homeless or at risk of becoming homeless?**

67. There is a major assumption in the aged care system that hinders access for older people who are homeless or at risk of homelessness, and that is that older people have secure housing, primarily in the form of home ownership, where it is expected that a person has a stable place to receive aged care services. This scenario also assumes that a home owner is able to fund all or part of their entry costs into residential aged care accommodation. This means that there is a very limited framework available to support the needs of older renters or the homeless. For example, as explained earlier, for renters their housing costs are much higher, they do not have secure tenure and they do not have control of the design of their home to ensure that aged care modifications can be provided if required.
68. Older low income renters also often do not have the means to pay a residential aged care bond and are therefore also seen as marginalised in terms of an aged care system that has overall expectations that consumers will contribute to the costs of their care.
69. The major problem with this assumption is that rates of home ownership have been in gradual decline for a number of years, there are more older people retiring with mortgages and having to sell their home and become renters in older age, and there has been a significant lack of investment in public and community housing.
70. The biggest increase in housing tenure has been the private rental market where between the census of 2011 and 2016 there was a 42% increase in the numbers of people aged 65 paying unaffordable rents. As described in this submission, the private rental market is totally inadequate as a form of housing in which to receive aged care services due to a lack of secure tenure, affordability on Newstart Allowance or the Age Pension and is not adaptable as a renter ages.
71. The other major assumption is that of "consumer choice" and that the open market will provide for the needs of the most vulnerable in society.

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## DIVERSITY FRAMEWORK

**14) Describe your involvement with developing the Aged Care Homelessness Action Plan as part of the Aged Care Diversity Framework. Please provide any relevant documentation, including demographics and consultation reports.**

72. HAAG is represented on the Aged Care Diversity Sub-Group of the Aged Care Sector Committee by me. As part of the work of Diversity Sub-Group in November 2018 HAAG was contracted by the Minister for Aged Care, The Hon. Ken Wyatt to develop a Draft Aged Care Diversity Homelessness Action Plan. This followed the development of Plans for Culturally and Linguistically Diverse (CALD) groups, the Lesbian, Gay, Bi-Sexual, Transgender and Intersex (LGBTI) Community and Aboriginal and Torres Strait Islanders (ATSI).
73. With the support of the Department of Health HAAG organised a Homelessness Action Plan Reference Group to oversee the project, with members from the homelessness sector, specialist homelessness aged care and the Assistance with Care and Housing sector. HAAG employed Dr Sandra South, on secondment from the Australian Association of Gerontology, to develop the plan which was completed on 30 May 2019 and submitted to the Department of Health for the Minister's consideration. Jeff Fiedler, HAAG's National Development Worker provided project support for Sandra and accompanied her on most of the sites visits across Australia.
74. This six month project involved rigorous and extensive consultation of the aged care sector, focussing in particular on providers receiving the residential care homelessness supplement, the Assistance with Care and Housing program and the Access and Support program (Victoria only) as well as older people with a lived experience of homelessness. Two online surveys were developed – one for older people and one for providers – that had 122 and 488 responses respectively, including from 200 organisations that were part of a peak body. The consultation included twenty-five interviews with managers and 45 site visits across every state and territory. This gave us a very comprehensive overview of aged care and homelessness.

**15) Describe the Aged Care Homelessness Action Plan. In your response, please include reference to the any draft Homelessness Action Plans developed.**

75. The Homeless Action Plan was developed from the assumption that everyone in Australia has the right to access quality, inclusive and culturally safe aged care services that cater to their individual needs and respects their background and life experiences.
76. The Homelessness Action Plan is the fourth Diversity Plan that aimed to represent the voices of people experiencing, or been at risk of, homelessness, including those who have:
- Without a place to stay and slept in their car, on the streets, in parks or other public places
  - Lived in housing that is inadequate, like a caravan, illegal campsite or deserted building

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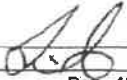
## STATEMENT OF FIONA YORK CONTINUED

- 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 severely overcrowded and where they have no privacy
  - Lived with friends or family due to lack of other options
  - Rented a home that is too expensive, in poor condition, or not suitable for ageing due to lack of other options
  - 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
  - Transitioned from custodial and care arrangements, including correctional facilities
77. Three sections of the Homelessness Action Plan were developed:
- A plan designed to advise the Federal Government on the policy, services and funding changes needed to ensure that the other elements of the Plan could be effectively implemented (Government plan<sup>5</sup>)
  - A Consumer Plan to help people express their needs when speaking with aged care providers<sup>6</sup>
  - A guide for aged care providers as a resource to support people working in aged care to understand the perspectives of people who have experienced, or been at risk of, homelessness (Provider plan<sup>7</sup>)
78. The consultations conducted as part of the development of these action plans 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.

<sup>5</sup> Australian Government Diversity Action Plan, draft 26 April 2019  
[https://www.older tenants.org.au/sites/default/files/docs/homelessness\\_action\\_plan/draft\\_aus\\_gov\\_diversity\\_action\\_plan\\_homelessness\\_20190426.pdf](https://www.older tenants.org.au/sites/default/files/docs/homelessness_action_plan/draft_aus_gov_diversity_action_plan_homelessness_20190426.pdf)

<sup>6</sup> Actions to support older and prematurely aged people who have experienced, or been at risk of, homelessness: A guide for consumers  
[https://www.older tenants.org.au/sites/default/files/docs/homelessness\\_action\\_plan/draft\\_provider\\_diversity\\_action\\_plan\\_homelessness\\_20190426.pdf](https://www.older tenants.org.au/sites/default/files/docs/homelessness_action_plan/draft_provider_diversity_action_plan_homelessness_20190426.pdf)

<sup>7</sup> Actions to support older and prematurely aged people who have experienced, or been at risk of, homelessness: a guide for aged care providers  
[https://www.older tenants.org.au/sites/default/files/docs/homelessness\\_action\\_plan/draft\\_provider\\_diversity\\_action\\_plan\\_homelessness\\_20190426.pdf](https://www.older tenants.org.au/sites/default/files/docs/homelessness_action_plan/draft_provider_diversity_action_plan_homelessness_20190426.pdf)

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## STATEMENT OF FIONA YORK CONTINUED

- 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.
79. 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.
80. Three levels of actions were presented in the action plans – foundational, moving forward, and leading the way, with “leading the way” actions inclusive of specific recommendations for specialist homelessness aged care services.
81. The recommended actions are detailed in the three plans and they can be viewed on HAAG’s website: <https://www.older tenants.org.au/i-want-change/projects/aged-care-homelessness-action-plan>.



**16) What was the role of the Department of Health in development of the Aged Care Homelessness Action Plan?**

82. The Department of Health provided secretariat support for the Homelessness Action Plan Reference Group and the development of the Action Plan.

**AGED CARE NAVIGATOR**

**17) Please describe your involvement in the Aged Care Navigator pilot. What positive and negative outcomes have you witnessed to date for people who are homeless or at risk of becoming homeless?**

83. As described in question 1, we are delivering one of 31 information hubs to assist people to access the aged care system. Our focus is on older people who are homeless or at risk of homelessness, including those from non-English speaking backgrounds. We are providing one-on-one assistance to register for My Aged Care (face to face either in the office or via home visits) and information sessions in 5 languages about housing and aged care support.
84. We have found that a lot more is required than just informing clients about Aged Care and assisting them to call My Aged Care. Once clients are registered, issues have varied from services not being activated to long waits for assessments, or assessors not being in contact. Some of the feedback includes:
- Cleaning Services not available until next year
  - Client not aware of how to follow up with My Aged Care or who to call (even with support)
  - Services were suspended as client had moved but MAC did not know this

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## STATEMENT OF FIONA YORK CONTINUED

- Client unable to understand letter from MAC about upcoming assessment
  - Client unsure about who has visited and what services she has been signed up for
85. A number of clients have complained about excessive questions asked as part of the MAC initial registration process. For instance, one client said that despite saying she was born overseas, they asked if she was an Aboriginal or Torres Strait islander. The telephone process can be very exhausting for an older person who is frail or who has other complexities. For instance, some of our clients are:
- Non-English speaking
  - Over 80 years old
  - Refugee background
  - Have very limited education- primary school only
  - Have cognitive decline/ intellectual disabilities/ mental health issues
  - Are dealing with the stresses of insecure housing/ homelessness or elder abuse
86. Some clients who fit this profile struggle to understand the questions being asked, which then makes the process (taking around 40 mins with an interpreter) even longer.
87. So far, at the time of writing, we have completed 26 home visits to 31 clients, and assisted another 3 in our office. Although we have managed to register people, all of our clients have re-contacted us for assistance to follow up because they weren't receiving the services they expected or had not received an assessment. We have not had any success in getting anyone at risk of homelessness aged under the age of 65 registered, despite being eligible for services.


**FUNDING**

**18) What aged care funding and subsidies are available for providers of services targeted at people who are homeless or at risk of becoming homeless?**

88. Specialist funding for residential aged care services is provided through the homelessness supplement. To obtain the supplement services must be registered for the homeless component of the viability supplement and have more than 50 per cent of all residents meeting the Viability Expansion Component and Homeless Supplement Assessment.
89. The Assistance with Care and Housing (ACH) Program is a Commonwealth Home Support Program (CHSP) Sub-Program with funding provided to a range of outreach services across Australia.

**Access and Support**

90. A Victorian model funded under Specialised Support Services, Community and Home Support sub-program of the CHSP, with workers specialising in supporting older and prematurely aged people who are experiencing, or at risk of, homelessness.

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## STATEMENT OF FIONA YORK CONTINUED

**19) Are the funding and subsidies identified in response to question 18 sufficient? If not, what additional supports and funding are needed to achieve a system which adequately supports people who are homeless or at risk of becoming homeless?**

***Residential Aged Care and the Homelessness Supplement***

91. HAAG does not have specific expertise on the homelessness supplement and recommends that Wintringham be consulted for detailed understanding of funding for residential aged care that assists older homeless people. However, our view based on participation in the extensive consultations conducted for the Homelessness Action Plan is that the support is severely under-utilised and under-funded. For example, as part of the development of the Homelessness Action Plan the Department of Health provided HAAG a confidential list of current aged care providers that access the homelessness supplement. There are only 41 residential aged care facilities across Australia that access the supplement, 21 of which are held by 4 agencies. HAAG's understanding is that the homelessness supplement does not adequately provide the level of funding required to provide services to a cohort of people that have very complex problems.
92. Our experience based on site visits to a number of facilities was that there are many highly professional, skilled and compassionate agencies offering high quality services tailored to the specific needs of this group. For example, many residents had experienced years of rough sleeping, alcohol and substance abuse and mental health disorders and the fact that these facilities provide accommodation and services that enable such vulnerable people to feel that they have a home, perhaps in many cases for the first time in their lives, is testament to quality of the services and accommodation provided. However, it was also very clear that these agencies face huge problems in maintaining their facilities, supporting highly skilled and committed staff and providing a range of complex and comprehensive services with human dignity as its central mission. It was clear that many of these agencies are under great pressure to achieve the wonderful services that was witnessed during the consultations. Direct unsupervised feedback from residents in many facilities also reinforced the significant benefits such care provides.
93. The homelessness action plan includes discussion on the funding model proposed as part of the Resource Utilisation and Classification study. This includes a fixed payment based on fixed costs of care and a variable payment based on the Australian National Aged Care Classification (An-ACC) assessment tool. The reference group members thought it showed more promise as an appropriate model for specialist homelessness residential aged care facilities.
94. Funding to meet demand in each area should be provided, based on population statistics on rental affordability.

***The Assistance with Care and Housing (ACH) Program.***

95. The ACH Program has been severely underfunded for many years. There are approximately 60 services across Australia that provide one-to-one support for older

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## STATEMENT OF FIONA YORK CONTINUED

people in insecure housing. Their case management includes assistance to access long term affordable housing, relocation and settling into a new community and link to ongoing aged care services if required.

96. ACH is poorly funded at only approximately \$14 million and even including a recent growth funding round in 2017-18 has been reducing in expenditure (in real terms) for many years. Unless ACH is reformed it will continue to diminish as a legitimate government program. This is at a time when affordable housing for an ageing population is becoming a massive issue.
97. There was expectation in the sector that with ACH having been transferred across to the Commonwealth Home Support Program (CHSP) in 2015 that it would be able to access greater funding growth but so far there has been one funding round of increases in area coverage in 2017 but not for existing services. Feedback from some agencies that were successful in obtaining growth funding have stated that the resources offered were inadequate. The growth round was also only for increased service coverage to new areas and not for improving existing services.
98. Massive geographical areas have no ACH services. For example there are only four services across Queensland and two in Tasmania. Funding to meet demand in each area should be provided, based on population statistics on rental affordability.
99. Because of a diminishing pool of funds many agencies have relinquished the funding or incorporated it into their generalist services. This means that often a referral to a specific ACH worker is not possible even though funding is provided for the service.
100. The Department of Health did not honour the social and community sector equal pay case award increases delivered in 9 instalments from 2012-2020. All other government departments funded these increases and this has meant funding in real terms to cover salary increments, required to be paid by law, has been reduced by 41%.
101. Services have no brokerage funding to pay for relocation and resettlement costs. This can cause a significant drain on other areas of agencies resources or financial burden on vulnerable older people with limited means such as age pensioners. Many clients are forced to seek Centrelink loans or borrow from friends and family to be able to afford relocation costs and home establishment needs such as white goods and bedding.
102. Issues like squalor and hoarding are increasing but there are no specialist training and resources provided to address this high need group.
103. HAAG acknowledges that the ACH Program is a minor stream of a much larger aged care system and that the significant changes that have occurred in aged care over the past few years has meant that it has been difficult for the Department of Health to yet conduct a detailed analysis of the needs of the ACH Program.

**Access and Support program**

104. There is no guaranteed funding for this program after June 2022. The level of uncertainty with at least two funding extensions since 2016 and no guarantees of future funding has serious workforce and planning implications.

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## STATEMENT OF FIONA YORK CONTINUED

## GOVERNMENT FRAMEWORK

**20) Is the Australian Government's Assistance with Care and Housing (ACH) Sub-Program effective in addressing the needs of older people who are homeless or at risk of homelessness? If so, why? If not, why?**

105. In addition to the points raised above the ACH Program has been recognised by successive governments as an effective model of care and support for older people who are homeless or at risk of homelessness. There are many dedicated services and staff within agencies that provide support to this highly vulnerable group and often achieve outcomes that transform the lives of older people by ensuring they have access to long term, affordable and adaptable housing to enable them to age well. This also takes strain off other aged care services and avoids the otherwise inevitable need for crisis housing and health assistance as well as premature entry into residential aged care.
106. However, as demonstrated in this submission, there are serious shortfalls in the funding and operation of the ACH Program that severely restricts its ability to operate effectively as an overall program. It is also not well integrated into the aged care system and many aged care services do not even know it exists.
107. HAAG recommends that:
- The ACH Program needs a systemic review to assess its effectiveness against its intended policy objectives.
  - The ACH Program needs to reinforce and enhance its guidelines and service integration model suitable for the changing aged care, housing and homelessness framework.
  - ACH needs a significant funding boost to ensure proper geographical coverage in all regions of Australia and resources for existing services to begin to address the rapidly increasing need, including access to brokerage funding.
  - Along with the Commonwealth aged care reforms ACH needs to be strongly linked and integrated into aged care services assessment frameworks and better integrated into referral pathways including other sectors such as homelessness services, hospitals, GPs and income support.
  - Consideration should be given for the development of a Seniors Housing Gateway Program as a key central linkage in each capital city for older people at risk of homelessness to access housing planning information and connect vulnerable older people to the local services they need.
  - Housing should become an integral part of the aged care system to ensure that the rapidly increasing numbers of older renters have similar access to secure, affordable and appropriate housing as home owners enjoy.

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## STATEMENT OF FIONA YORK CONTINUED

**21) Does the current recognition of people with special needs under the Aged Care Act 1997 or under other Australian Government programs (such as the Commonwealth Home Support Program) remain relevant?**

**a) If yes, why?**

**b) If not, why and how you would recognise people with special needs in the aged care system?**

108. The current recognition of people with special needs under the Aged Care Act is still relevant, and if anything, even more important than ever. The Homelessness Action Plan recommends that prison leavers be added to this list. Unfortunately, the eligibility requirements and special needs of people at risk of homelessness are not well understood in the sector.

**22) How and to what extent has the introduction of the National Disability Insurance Scheme affected the demand for aged care services among homeless people?**

109. The NDIS model of individual support packages suffers from the same issues as the aged care sector when it comes to homelessness. In our limited experience via the Service Navigator, we have had difficulty in getting people access to the NDIS due to their eligibility (no "disability") and have only attempted to get these services due to a lack of awareness in the aged care sector of the under 65 eligibility of our cohort.

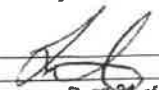
**23) Please include any other information you consider relevant.**

110. Please see below for some extracts of interviews with older people living in NSW, collected via our national project, that illustrate the issues of living in expensive private rental. These women are at risk of homelessness, and unable to "age in place".
111. *'I know that the next time my lease comes up for renewal my landlord will put the rent up and I shall have to try and find somewhere else to live. He wanted to put it up last time but I managed to persuade him to leave it for another 12 months. He admits that I am a good tenant and he doesn't want to lose me but he bought the unit as an investment – which of course I totally accept – and is not a charity. He plans to sell it in a year or two anyway. My income per week is approximately \$420.00 and my rent is \$320. Aside from the fear of rental increases, my biggest worry and constant stress is not having the security of knowing I have a roof over my head for as long as I need one. The older I get the more scary it becomes. I am now in my seventies and am hoping to remain independent for a number of years to come, but the thought of having to go through the hassle of first finding somewhere I can afford, actually moving and then still having no security of tenure fills me with dread.'*
112. *'I am aged 62 and after a lifetime of work, home ownership and 27 years in a relationship, I find myself single, unemployed, renting and almost broke! I seem to be too old to get a full-time job and too young to get an age pension. The fortnightly Centrelink "Newstart" payment only covers one week's rent on a modest one-bed unit (in Sydney), so for the past two years I have been living off my savings (which included a small amount of Super) supplemented by part-time casual work. With no family to help*

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[illegible]

*'I'm soon to be 65 and have secure work. Apart from 16 years worth of superannuation and a small amount of savings I have no assets. ... In short the rental situation in Sydney over the past 12 years has become horrendous. Suffice to say the inability to find secure affordable housing for a couple of months (2010) caused the breakdown of my health. The second eviction (2015) was 3 weeks after having a hip replacement and again a very stressful situation trying to find accommodation, pack and move within time constraints while recovering.'*

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