A Specialised Model of Care for Older People with A History of Homelessness

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Presentation Overview

- Introduction to Wintringham Services, Australia
- Issues facing the older homeless
- Issues facing older people with cognitive deficits & complex care needs
- The Wicking Project – A model of long term residential care for older people with an advanced Alcohol Related Brain Injury (ARBI)
WINTRINGHAM

Dignified services to elderly homeless men and women
Wintringham, Melbourne

• Social Justice Welfare Company

• Established in 1989 by Bryan Lipmann

• Frail aged homeless men and women are our single focus.

• 800 people assisted each night
In 1985, 100’s of elderly men and women were living in homeless person night shelters, unable to gain access to hostel or nursing home care.
Wintringham is driven by a simple and overwhelming conviction: we believe in social justice.
…the streets …
... squats ...
... or cheap private boarding houses, caravan parks, bungalows and hotels.

All are totally unsuitable for elderly people.
Currently in Australia….

The aged care system struggles to meet the requirements to adequately support the needs of the older homeless people.

When the older homeless person also suffers from cognitive deficits as a result of an acquired brain injury (ABI) or alcohol-related brain injury (ARBI), the problem is only exacerbated.
Wintringham has attempted to respond by developing a range of high quality residential and community based services.
Other Sources of Funding

- SAAP is clearly so under funded that it cannot make any contribution to housing the elderly homeless.
- Veterans Affairs now also has removed itself from aged care residential funding and their housing support is not directed at the homeless.
- It remains therefore the responsibility of State housing authorities to provide for the elderly homeless, with DoHA funding the support.
Wintringham has in the past worked with OOH to create high quality housing that is designed around the needs of frail elderly men and women.
State of Play

- DoHA: funds residential and community care but not housing
- SAAP: only support
- DVA: good support but housing is not aimed at homeless
- OOH: limited public housing for the elderly homeless. The creation of HA’s will only assist those elderly homeless who have minimal support needs.

We are therefore still in search of a government funding body that is prepared to accept responsibility for housing the elderly homeless.
Our Services - Overview

- 4 Residential Aged Care Facilities
- 140 Housing Units
- 2 Rooming Houses
- Community Aged Care & EACH Dementia Packages
- Housing and Outreach Services
- Recreation Program
- 300 staff

Barry & Kerry
Wintringham Client Profile

- Little or no family
- Limited finances
- Self-neglect
- Poor compliance
- Social Isolation
- Imprisonment
- Institutionalisation
- No sense of safety or trust
- Complex behaviours
- Guardians & Administrators common

Norma & Chris
Health benefits of acquiring secure, appropriate, supported housing.

Curbing the escalation of premature aging through:

- Improved nutrition;
- Improved hygiene & self care practices;
- Improved access to GPs & allied health practitioners;
- Early intervention for minor ailments;
- Improved compliance and efficacy of treatment regimens;
- Reduced drug and alcohol consumption;
Appropriate, dignified supported housing
Health benefits cont.

- Averting mental health crises;
- Reduced emergency hospital admissions;
- Expeditious hospital discharge;
- Improved compliance to discharge care plans.
- Increased physical and social activity through facilitated access to mainstream recreational and community-based programs and activities.
At present the most frequent drug of abuse among the elderly is alcohol\textsuperscript{1}

- In a recent study in Melbourne, 43\% of an elderly (50+YO) homeless population reported having issues with alcohol\textsuperscript{2}.
- 75\% of older Salvation Army Service clients in Melbourne, were reported to have a cognitive impairment; the majority being alcohol related brain injury\textsuperscript{3}.
- The problem is much more wide spread than among the older homeless population\textsuperscript{4}.
- Alcohol abuse among the older population is grossly under diagnosed\textsuperscript{4}.

\textsuperscript{1}McCabe, L. (2005), \textsuperscript{2}Lipmann, B., Mirabelli, F & Rota-Bartelink, A. (2004), \textsuperscript{3}Hecker, K. (2002), \textsuperscript{4}Thomas, V. & Rockwood, K. (2001)
Chronic alcohol misuse for older people increases the:

- Risk of chronic heart disease, hypertension & stroke;
- Incidence of malabsorption;
- Incidence of pancreatitis & liver damage;
- Risk of falls and accidents;
- Likelihood of incontinence and gastrointestinal problems;
- Prevalence of memory loss and the development of dementia;
- Incidence of Parkinson’s disease and delirium tremens;
- Effects of self-neglect, such as poor nutrition and hygiene;
- Risk of developing psychiatric problems such as depression, phobias and anxiety;
- Risk of suicide¹.

¹The Medical Council on Alcohol (2003)
The Wicking Project

Supporting the Long-term Residential Care Needs of Older People with Severe Acquired Brain Injury

Wintringham
The J.O & J.R Wicking Trust

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Response to:

- A distinct lack in statutory provision for the older homeless population in Australia;
- A significant shortage of higher level supportive accommodation for older people with complex behavioural needs (non-age related dementia);
- Shortage of services with the skills-base and expertise to manage the complexity of need associated with advanced ARBI
The Wicking Project

Major Aims:

- To develop and trial a psychosocial model of long term residential care for older people with advanced ARBI;
- To determine the most effective & appropriate tools of assessment and evaluation of this population group;
- To influence government and policy makers with a view to changing the systemic response to older people with ABI;
- To provide an information platform from which other service providers can develop appropriate service delivery responses to older clients with ABI.
Psychosocial Model of Residential Care – The Wicking Trial

- 4 individuals with severely affected behaviours will be housed and supported together in a dedicated Wintringham hostel
- Selective recruitment for a history of unsuccessful tenancies arising from behaviours associated with ARBI
- Individualised & specialised care, support & behaviour management strategies
- Encouragement and support to maximally utilise recreation & diversional activities
- Highly trained & skilled personnel eg neuropsychological case management
Major Project Goals

- Economic modeling of alternative care pathways
  - eg acute medical/psychiatric interventions, custodial/justice systems, crisis support
- Investigating and documenting the current Wintringham Model of Residential Care
- Investigating and designing a ‘Specialized’ Model of Residential Care to support older people with advanced ARBI
- Communications strategy designed to:
  - Raise awareness eg Government, community service sector
  - Educate eg prevalence, identification, management strategies
  - Influence policy eg Government, funding bodies
  - Advocate for the rights of a vulnerable group of people
Wintringham Philosophy

We strive to ensure that:

- Options
- Rights
- Dignity

Is afforded to all clients and staff
References

www.wintringham.org.au


