

Aged Care Program Redesign: Services for the Future

Introduction

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable people move towards independence for more than 160 years. In the 2018-19 financial year, we supported over 160,000 individuals through 519 programs and services across Australia.¹

Mission Australia operates 192 beds within three aged care facilities in NSW for people who have experienced homelessness, Charles Chamber Court, Benjamin Short Grove and Annie Green Court. We have provided accommodation to over 220 individuals over the 2018-19 financial year.²

Recommendations

- Increase funding for residential aged care facilities that support people experiencing or at risk of homelessness who are in need of ongoing health care, particularly where people are experiencing severe and persistent mental illness. Funding should be holistic and recognise ongoing complex needs.
- Fund the delivery and operation of more residential aged care facilities for older people who are at risk of, experiencing or have experienced chronic homelessness with high levels of frailty and/or co-morbid or complex needs. Fund the construction of at least one new homeless aged care service every year in each state and territory, in accordance with need, would start to address the demand for this cohort
- Increase the number of specialised aged care facilities in rural and remote areas where there are limited services available for older people, particularly for Aboriginal and Torres Strait Islander people who have specific and distinctive cultural requirements.
- Provide a range of supported accommodation models for older people to prevent premature entry into residential aged care and to appropriately meet support needs, including for older people with disability and/or cognitive impairments and those with a history of chronic homelessness
- Enhance cooperation between the aged care system, mental health system and National Disability Insurance Scheme (NDIS). This is especially relevant for homeless people who face premature ageing due to disability, mental illness, substance use, or a history of chronic homelessness.

¹ Mission Australia, Annual Report, 2019, accessible at: <https://www.missionaustralia.com.au/publications/annual-reports/annual-report-2019/1320-annual-report-2019/file>

² Mission Australia, Service Delivery Census Financial Year 2017/18.

- Following positive evaluations, trials that produce positive outcomes in supporting older people to successfully navigate the aged care system should be replicated across the country.

Designing for diversity

As recognised in the Aged Care diversity framework ‘older people with diverse needs, characteristics and life experiences can share the experience of being part of a group or multiple groups that may have experienced exclusion, discrimination and stigma during their lives’. As reflected below some groups of older people are disproportionately at risk of homelessness and may also have different concerns and needs when accessing aged care.

People who are homeless or at risk of becoming homeless

As the home ownership rates in Australia gradually decline, the proportion of people experiencing or at risk of homelessness increases. People over 55 already make up around 16% of the homeless population and this figure is likely to be an underestimate.³ According to available data, during 2018–19 financial year, there were about 24,200 people aged 55 years or older receiving homelessness services.⁴ These people may have varying degrees of support needs and some of them with complex and co-occurring physical and mental health concerns are likely to benefit from a range of comprehensive aged care services.

There is a high demand for residential aged care facilities that provide 24 hour care dedicated to older people who have a history of homelessness or are at risk of homelessness and are unable to live independently.⁵ Often premature ageing as a result of sleeping rough or experiencing intermittent homelessness⁶ means that people need constant nursing (and/or medical care) at an earlier age. They may also require psychological or psychiatric support due to their chronic, severe and enduring mental health issues.

It is encouraging that the Aged Care legislation already recognises people experiencing or at risk of homelessness as a special needs group. It is important for the future aged care redesign processes to factor in the growing demand for residential aged care services for people with a history of

³ Australian Bureau of Statistics, 2049.0 - Census of Population and Housing: Estimating homelessness, 2016, accessible at: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>

⁴ Australian Institute of Health and Welfare, Specialist Homelessness Services Annual Report, 2018-2019, accessible at: <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/summary>

⁵ Mission Australia, Ageing and homelessness: solutions to a growing problem, 2017, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/ageing-and-homelessness-solutions-to-a-growing-problem>

⁶ Australian Institute of Health and Welfare, Older Australia at a glance, 2018, accessible at: <https://www.aihw.gov.au/reports/web/194/older-australia-at-a-glance/contents/diversity/people-at-risk-of-homelessness>

homelessness coupled with other complex issues (such as mental illness and a history of drug and alcohol dependence)

Currently, these specific facilities are funded by the Commonwealth Department of Health through a homeless supplement provided to eligible aged care facilities that specialise in caring for people with a history of or who are at risk of homelessness. Strategies and solutions to support this cohort should include increasing the number of these aged care facilities in areas with high demand including rural and remote areas where there are limited services available for older people.

There is insufficient capital funding for the building of more residential aged care facilities for older people who are experiencing or have experienced chronic homelessness. In our *Ageing and homelessness: Solutions to a growing problem* report Mission Australia has recommended the construction of at least one new aged care service for people with a history of or at risk of homelessness every year in each state and territory, in accordance with the areas of need. This would generate a pipeline of new places for older people who have experienced chronic homelessness.⁷

These specialist aged care facilities should also have access to additional funding and resources to design and develop programs to ensure that consumers are able to enjoy a range of activities of their choosing.

Trauma-informed care

The majority of people who have experienced homelessness require a range of holistic services. Individual case management can provide coordinated supports to older people who have experienced homelessness. Trauma-informed care is vital for older people who have been homeless for longer periods of time (or are experiencing homelessness for the first time), have been living in precarious accommodation settings or are leaving long-term care facilities. A strength and recovery-oriented model prioritises emotional wellbeing by coordinating services and ensuring that supports meet individual needs.

Appropriate pricing to meet differential costs – mental illness

Mission Australia's specialist aged care facilities provide care to many people with severe and enduring mental illness. Mission Australia takes a strength and recovery-oriented approach to mental health practice. This approach emphasises the importance of self-determination and choice by each individual with a lived experience of mental illness, their families and friends and others that support them. Our services focus on the positive potential and capacity of individuals and provide supportive environments and meaningful opportunities to explore possibilities, rediscover hope and experience personal empowerment.

Many of our aged care consumers can be low-care physically (with high mobility and low pressure sore risk), but are considered high care in relation to their chronic mental health issues and related

⁷ Mission Australia, *Ageing and homelessness: solutions to a growing problem*, 2017, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/ageing-and-homelessness-solutions-to-a-growing-problem>

alcohol and drug issues. This can also include other co-morbidities such as cognitive impairment, as well as physiological issues such as chronic respiratory or cardiac disease. This is not surprising considering the strong, demonstrated links between mental health and homelessness that are bi-directional.

However, once a person with high mental health needs is admitted and our teams stabilise their symptoms, under the current Aged Care Funding Instrument the funding reduces from High down to Medium, Low or Nil. This is despite the consumer requiring constant, skilled interventions from our staff in order to maintain their mental health stability. In effect, we lose funding when we work effectively.

Our teams work with our aged care consumers on their mental health recovery journey, including through social inclusion. This entails active care planning and coordination of social activities to maintain and improve mental health and prevent deterioration. Consumers with severe and enduring mental illness also need regular visits from psychiatrists, psychologists and social workers. This is in addition to other specialist referrals common amongst older people who have experiences of homelessness and as a result have higher morbidity.

The aged care funding model must ensure that specialist homelessness aged care facilities are able to provide the level of care required by people experiencing severe and enduring mental illness. Funding levels should continue even where the person's mental health improves as a result of the care provided. This is because a high level of engagement and vigilance is required to maintain this level of wellness and prevent deterioration. This requires skilled staff who have adequate training in behaviour management, alcohol and other drug issues, relapse prevention, dealing with physical and verbal aggression and sexual safety.

Without the requisite level of staff support and training, consumers' impulsive and unpredictable behaviours can very quickly escalate creating safety risks for other consumers and staff. Adequate funding allocations that recognise the needs and impact of consumers with severe and enduring mental illness can build appropriate psychological interventions that can be put in place by trained staff, continuing to ensure that the use of medications for behaviour management are second line therapy after psychological interventions that promote and maintain our consumers' independence.

We know that with the right funding and supports we can provide a safe and dignified environment for older people (or those with premature ageing) experiencing chronic mental illness who have a history of homelessness. Take for example Sally⁸, who has been a resident of our Charles Chambers Court facility since late 2018. Sally has suffered from a severe bipolar disorder since childhood and more recently she has been diagnosed with a cognitive decline consistent with early onset Alzheimer's disease. Before coming to our facility, she spent a significant proportion of each year in

⁸ Name has been changed to protect the person's privacy

hospital. Every element of her life was in decline and she was unable to care for herself adequately. For example, Sally had become extremely thin as a result of her inability to cook and feed herself adequately.

Since moving to Charles Chambers Court, Sally has regained weight, states she is happy and has not required hospitalisation at any stage. This has been a very positive experience for Sally due to the care of our trained staff and Sally's family is extremely pleased with the care and attention she has received.

It is our hope that the design of the funding model will reflect the needs of older people such as Sally who are experiencing mental illness and the ongoing supports that may be required for recovery and to maintain wellness so that all aged care consumers are afforded the dignity they deserve.

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people are disproportionately represented among the homeless population in all age groups, particularly in remote areas where they frequently live in severely overcrowded dwellings.⁹ Overcrowding is a consequence of the limited supply of appropriate and affordable housing available to Aboriginal and Torres Strait Islander people, particularly in remote communities. Overcrowding also contributes to high rates of domestic and family violence and elder abuse, and needs to be addressed as a priority.¹⁰

The National Partnership Agreement on Remote Indigenous Housing (NPARIH)¹¹ began to address the severe shortage of Aboriginal housing in rural and remote areas. As at June 2016, 3,233 new houses had been constructed.¹² However, overcrowding remains a significant issue in remote communities and a commitment should be made to double the impact of NPARIH with a further 4,200 new homes built through a new agreement.

For Aboriginal and Torres Strait Islander people, access to housing 'on country' is particularly significant to their social, emotional and spiritual wellbeing, as it strengthens their connection to culture and community.¹³ A lack of cultural understanding can also result in older people not receiving culturally appropriate supports.

⁹ Australian Institute of Health and Welfare (2014), *Homelessness among Indigenous Australians*, Cat. no. IHW 133.

¹⁰ Australian Human Rights Commission, (2007), *Social Justice Report 2007*, Chapter 2, Sydney, pp. 7 – 195.

¹¹ Commonwealth Department of Prime Minister and Cabinet, National Partnership Agreement on Remote Indigenous Housing, accessible at: <https://www.pmc.gov.au/indigenous-affairs/housing/national-partnership-agreement-remote-indigenous-housing-nparih>

¹² Ibid

¹³ Victorian Aboriginal Community Controlled Health Organisation, (2016), Winda-mara Aboriginal Corporation: Helping community members find a place to call home, *Parity*, Vol. 29, No. 8, Sep 2016: 47-48.

“Services don’t have the same staff members to support our people ... some people didn’t know how to deal with an Aboriginal elderly woman which makes everything harder.”

(Community consultation participant, Aboriginal female, NSW)

Benjamin Short Grove has recently collaborated with the local TAFE in Orange to develop a course in the local Indigenous language for our consumers. The eight consumers that graduated had not previously received a certification or qualification, or completed any course and were very proud to have participated. This approach enhanced cultural safety for Aboriginal older people and could be replicated in other facilities.

Australia has one of the highest life expectancy rates in the world,¹⁴ however the life expectancy of Aboriginal and Torres Strait Islander people is 10 years lower compared to their non-Indigenous counterparts.¹⁵ Ageing policies should adopt appropriate measures to close the gap in life expectancy, including urgently addressing poor housing conditions and overcrowding in many Aboriginal and Torres Strait Islander communities.

Housing solutions for older Aboriginal and Torres Strait Islander people should be fully funded by government, designed by Aboriginal and Torres Strait Islander people and delivered through their representative organisations, wherever possible.

People from culturally and linguistically diverse (CALD) backgrounds

Australia is one of the most culturally diverse countries in the world. This diversity is reflected in our older population, with more than one-third (36%) of Australians aged 65 and over (as at 30 June 2011) being born overseas.¹⁶

While this is not a homogenous group, older migrants from culturally diverse backgrounds tend to have multiple vulnerabilities compared to their Anglo-Australian counterparts, including lower rates of use of information technology, limited access to culturally appropriate services, less superannuation savings, and lack of awareness of services.¹⁷

¹⁴ Australian Bureau of Statistics, (2016), *Life expectancy hits new high*, 3302.0.55.001 - Life Tables, States, Territories and Australia, 2013-2015, accessible at:

<http://www.abs.gov.au/ausstats/abs@.nsf/lookup/3302.0.55.001Media%20Release12013-2015>

¹⁵ Australian Institute of Health and Welfare, Life Expectancy, accessible at: <http://www.aihw.gov.au/deaths/life-expectancy/>

¹⁶ Australian Institute of Health and Welfare, Growing Older, accessible at: <http://www.aihw.gov.au/australias-welfare/2015/growing-older/>

¹⁷ Federation of Ethnic Communities’ Councils of Australia, (2015), *Review of Research on Older People from Culturally and Linguistically Diverse Communities*, accessible at: <http://fecca.org.au/wp-content/uploads/2015/06/Review-of-Australian-Research-on-Older-People-from-Culturally-and-Linguistically-Diverse-Backgrounds-March-20151.pdf>

Older parents who migrate as permanent residents later in life are not eligible to receive financial assistance for 10 years,¹⁸ which, coupled with lack of awareness about services in Australia and appropriate support networks, increases the risk of homelessness if their relationship with their family breaks down.¹⁹

In many communities there are cultural expectations and practices in relation to caring for older family members as they age. This can lead to conflicts, or in extreme cases, result in elder abuse. Fear of bringing themselves or their family members to disrepute in their community and cultural expectations that family matters need to be resolved within the family can be major impediments for older people from migrant backgrounds in seeking assistance from the community sector. These factors can lead to avoidance of services, especially in relation to elder abuse and family conflict.²⁰

Culturally appropriate and sensitive aged care services should be made available to older people from CALD backgrounds, including access to language services and specific leisure and lifestyle activities that add value and promote strengths and recovery within these unique populations.

Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) communities

LGBTI people are likely to be over-represented in homeless populations due to both the complexity of their experiences and difficulty accessing services.²¹ Research has found that older LGBTI people also have higher levels of some health and mental health problems and increased social isolation, compared to their non-LGBTI counterparts.²²

Many older LGBTI people refrain from divulging their sexuality when accessing services due to fears of discrimination and/or abuse. The lack of understanding of, and respect for, LGBTI people is a broader systemic social issue that needs wider social awareness.

Aged care services, particularly frontline staff and health care providers, need to understand the specific issues faced by LGBTI older people. This includes the impact of past experiences and the anecdotal (but increasing) evidence about how older LGBTI people may feel pushed back into a situation where they have to hide their sexuality within centres, where disclosure might lead to perceived prejudice and/or discrimination.

¹⁸ Department of Social Services, *Social Security Payments: Residency requirement*, accessible at:

<https://www.dss.gov.au/about-the-department/international/policy/social-security-payments-residence-criteria>

¹⁹ Housing for the Aged Action Group and Ethnic Communities Councils of Victoria, (2015), *At Risk of Homelessness: Preventing Homelessness in Older Culturally and Linguistically Diverse Communities*, p.15.

²⁰ Housing for the Aged Action Group and Ethnic Communities' Council of Victoria, (2015), *At Risk of Homelessness: Preventing Homelessness in Older Culturally and Linguistically Diverse Communities*,

²¹ R. McNair, *et al*, (2017), *LGBTI Homelessness: Preliminary findings on risks, service needs and use*, p.6.

²² ACON, (2013), *Love: Living Older Visibly and Engaged*, NSW, p.2.

Access in rural and remote areas

About 7 million people live outside Australia's major cities. They have shorter life expectancy and higher levels of some illnesses and health risks than the majority of people living in major cities, with mortality rates increasing with remoteness.²³ Just over one-third (35%) of the Aboriginal and Torres Strait Islander population live in capital city areas, with the majority living in remote and regional areas.²⁴

As the need to access medical and other support services increases, services have identified older homeless people in rural and remote areas moving towards the cities.

“Older people in remote areas move closer to the cities because they have easy access to doctors, food, showers and because they are lonely ... this is why we need to provide more support services in local communities.”

(Mission Australia Area Manager, Northern Territory)

The lack of specialist homelessness, housing and other community services in rural, remote and regional areas may leave older people at risk of homelessness as they have very limited opportunities for support compared to their counterparts in metropolitan areas.

“In Meekatharra we have 3 high care beds at the hospital and 6 low care beds at the hostel. This covers a region from Yalgoo out to Wiluna, one of the biggest areas in the state. I know of several older Aboriginal people living with family, one in a converted garage, who would meet the requirements of nursing home type care but there are no residential aged care facilities in this area.”

(Mission Australia Case Manager, Meekatharra, WA)

We support the intention of the consultation paper for a combination of approaches to ensure improved access to aged care in rural and regional area including:

- appropriate determination and funding of the differential costs of service provision, including travel costs
- funding and service models that enable providers to meet the challenges of thin markets and achieve economies of scope and scale (which could include, for example, periodic flexible block funding based on the allocation of places or the ability to pool funding across different aged care services, expansion of the Multi-Purpose Services Program in which aged care and health funding is pooled)
- ensuring there is a 'provider of last resort' to address issues of market failure

²³ National Rural Health Alliance, (2012), Palliative care in rural and remote areas, Fact sheet 34.

²⁴ Australian Bureau of Statistics, 2016 Census Counts - Aboriginal and Torres Strait Islander People, 2075.0 - Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians, 2016 , accessible at: https://www.google.com.au/search?rlz=1C1CHBD_en-gbAU744AU744&q=SHS+housing&oq=SHS+housing&gs_l=psy-ab.3..0j0i22i30k1l3.2601.3811.0.4009.8.8.0.0.0.181.707.0j4.4.0...0...1.1.64.psy-ab..4.4.706.RYiVSHStJko

- place-based models focusing on local need
- mechanisms that allow for government response or intervention in appropriate cases where there is an identified risk to sustainability of a care provider and a shortage of local services
- pathways for attraction and retention of an appropriately skilled workforce to maintain service delivery in rural and remote areas.

In our experience recruitment and retention of skilled staff is a crucial issue. Additional incentives may be required for current employees in the community sectors to remain in rural, regional and remote areas.

It is also vital that the services are provided with additional funding and other material supports to access training to ensure that the staff members are able to keep abreast of the new developments, policies and practices. However, these training programs need to be flexible to suit the circumstances of the staff members and delivered in a manner that has minimal disruption to their capacity to provide services, including online delivery where appropriate

There may also be scope for increased use of technology in providing care to consumers in rural and regional areas as a complement to face-to-face delivery.

Interaction between Aged Care System, Mental Health Supports and National Disability Insurance System (NDIS)

People with a history of chronic homelessness often need an intensive level of care earlier than in the general population and well before retirement age. Most of our aged care residents have aged prematurely, due to their histories of sleeping rough, domestic and family violence, sexual or physical abuse and other damaging life circumstances. In these cases, a specialist homelessness residential aged care facility is the most appropriate setting to accommodate their specific needs.

The *Aged Care Act* 1997 does not specify a minimum age at which people are able to enter residential aged care facilities. As is proper, each individual was assessed based on their needs. While people younger than 65 can be eligible for aged care, the aged care system does not currently recognise the extent of premature ageing in the homeless population.

For people under 65 who are unable to access a place at a specialist aged care facility, extended periods of homelessness without access to appropriate disability supports and medical care will further deteriorate their disability and medical conditions. This includes many Aboriginal and Torres Strait Islander people who sadly have shorter life expectancies and a higher prevalence of many serious illnesses.

We welcome the new *Aged Care Assessment Supplementary Guidelines for Younger People with Disability*²⁵ which mean that younger people who meet urgent circumstances criteria may be able to have an expedited ACAT assessment of their eligibility for aged care support. However, in redesigning the aged care system we hope that further attention is given to the interaction and collaboration between the aged care system, mental health system and the NDIS in order to provide appropriate and timely services to people who have experienced premature ageing due to a history of homelessness and other complex needs.

Information and system navigation

Many people experiencing disadvantage including housing and homelessness related issues are unlikely to be familiar with processes of navigating the complex aged care system. They may also have other pressing priorities in life that restrict their ability to focus time and resources on navigating the aged care system. There is also mounting evidence to demonstrate that people access the aged care service systems in times of a crisis which can result in people receiving services that do not reflect their levels of need.

Even though there have been numerous efforts to improve access to the aged care system, there are significant communication barriers that affect people's ability to access services. Considering the transient nature of some people experiencing homelessness or housing issues, information should be provided in multiple formats and platforms, ensuring that the language is easy to understand, translated where appropriate and available online and in print form. Some people may also need assistance with interpretation where they have low literacy. It is also vital that people are able to access information in person irrespective of where people live.

The Aged Care Navigator Trial is a positive step to support people from system navigation from the very outset to identifying needs, providers and other supports.²⁶ Following an evaluation process, this program could be scaled up and implemented nationally.

Evidence demonstrate that older people, particularly single older people, those who have experienced financial disadvantage, older people with disability or mental health issues, those experiencing domestic and family violence and other social and economic challenges are at heightened risk of homelessness or are likely experience significant housing stress or live in inadequate housing.²⁷

²⁵ <https://agedcare.health.gov.au/aged-care-assessment-supplementary-guidelines-for-younger-people-with-disability-july-2019>

²⁶ Council of the Ageing, Aged Care Navigators Trial, accessible at: <https://www.cota.org.au/information/aged-care-navigators/>

²⁷ See further: A. Morris, *The Australian Dream: Housing experiences of Older Australians*, Victoria, 2016.

Older women are emerging as a 'poignant symbol of housing insecurity in Australia'.²⁸ Older women may face challenges including lack of appropriate housing, lack of income and financial stability, domestic and family violence, elder abuse, financial dependence and unexpected crisis. In 2015, nearly 60% of people who presented at specialist homelessness services were women.²⁹ Even still, a large percentage of women are invisible in homelessness statistics, including vulnerable older women staying with friends, living in a car or living under the threat of violence in their home.³⁰ Women are also more likely to experience first-time homelessness after the age of 50 years and as a result may not be aware of the supports available to them.³¹

It is important that older people are able to or are supported to use the my aged care gateway process which is comprehensive in scope to identify the multiple needs including the more pressing issues such as immediate access to housing, medical care or other urgent supports.

Investment Stream

The cost of providing residential aged care is greater than the cost of providing home care packages and residential aged care is intended to support people with higher needs. However, some older people who are homeless or at risk of homelessness, as well as those in the rental market who are unable to upgrade their rental properties to meet their accessibility needs, are likely to prematurely move to residential aged care facilities.³²

Given the social and financial benefits of preventing older people from prematurely entering residential aged care facilities, it is in the government's interest to provide appropriate supports to older people to age in place or age in a place of their choice. This could be achieved by increasing the financial supports for community care, allowing older people to remain in the community and adopting measures to relieve the extreme rental stress on older people on low incomes as alternatives to institutional or residential care.

Service examples

²⁸ Mercy Foundation, (2014), *Older Women's Pathways out of Homelessness in Australia*, accessible at: <https://www.mercyfoundation.com.au/uploads/cknw/files/FINAL%20Feb%202014%20Petersen%20%20Parsell%20Older%20women%27s%20pathways%20out%20of%20homelessness.pdf>

²⁹ Australian Institute of Health and Wellbeing, *Clients, services and outcomes*, accessible at: <http://www.aihw.gov.au/homelessness/specialist-homelessness-services-2015-16/clients-services-outcomes/>

³⁰ Mercy Foundation, (2014), *Older Women's Pathways out of Homelessness in Australia*, accessible at: <https://www.mercyfoundation.com.au/uploads/cknw/files/FINAL%20Feb%202014%20Petersen%20%20Parsell%20Older%20women%27s%20pathways%20out%20of%20homelessness.pdf>

³¹ S. Darab, and Y. Harmann, (2013), 'Understanding single older women's invisibility in housing issues in Australia', *Housing, Theory and Society*, vol. 30, no. 4, pp. 348-367.

³² Mission Australia, *Ageing and homelessness: solutions to a growing problem*, 2017, accessible at: <https://www.missionaustralia.com.au/publications/position-statements/ageing-and-homelessness-solutions-to-a-growing-problem>

Charles Chambers Court

Charles Chambers Court is an accredited residential aged care facility for 60 men and women who are experiencing homelessness or at risk of homelessness, or who have experienced financial or social disadvantage. Located in Surry Hills, NSW, the facility provides residential aged care for those with Aged Care Assessment Team (ACAT) approval, promoting a consumer focused high quality and independent lifestyle. Most consumers are 100% concessional, and there are no bond payment requirements (RAD/DAP). Each consumer receives their own furnished room with an ensuite, with access to communal dining and lounge rooms. Security systems maintain a safe but non-restricted environment. A range of medical and allied health supports are available to all consumers.

Charles Chambers Court has received recognition for high quality service provision by way of the following awards:

- ACSA & HESTA National Award for Excellence in Organisational Quality Care,
- ACSA & HESTA State Award for Excellence in Organisational Quality Care (NSW),
- Aged Care Standards & Accreditation Agency Award for Better Practice/Resident Lifestyle, and
- Mental Health Positive Living in Aged Care

Annie Green Court

This is a 72 bed fully accredited Aged Care Facility support people who have experienced homelessness or at risk of becoming homeless, and those who are financially and socially disadvantaged. It is permanent accommodation delivering 24 hour nursing and medical care, providing support with activities of daily living, home cooked meals and varied social activities. It provides support to consumers by way of podiatry, optometry, psychiatric, psychogeriatric clinics, administration of medication, General Practitioners, Pastoral Care, recreational activities and financial management. Each consumer has their own room with an ensuite, with only 12 consumers to each area which comprises of two lounge areas and dining room. There is a rooftop garden and lower courtyard. Most consumers are 100% concessional and there are no bond payment requirements (RAD/DAP).

Benjamin Short Grove

Benjamin Short Grove is an accredited residential aged care facility for 60 men and women that support people who have experienced homelessness or at risk of becoming homeless, and who have experienced financial or social disadvantage. Located in Orange, NSW, the facility provides residential aged care for those with Aged Care Assessment Team (ACAT) approval, promoting a consumer focused high quality and independent lifestyle. Most consumers are 100% concessional and there are no bond payment requirements (RAD/DAP). Each consumer receives their own furnished room with an ensuite, with access to communal dining and lounge rooms. There are numerous cultural and low-intensity outdoor activities available for consumers.