



**ST VINCENT'S  
HOSPITAL**  
SYDNEY

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

## **Submission on Foundations for Change – Homelessness in NSW Discussion Paper**

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## 1. Introduction

New South Wales, along with the rest of Australia, stands at a crossroads in its commitment to tackle homelessness.

Despite the efforts of governments and community and health service organisations, across the country and the state, homelessness is on the rise and for many people is becoming more deeply entrenched. Hundreds of thousands of other Australians live in the constant shadow of homelessness as they struggle with a lack of affordable and secure housing and other challenges.

- The number of homeless Australians is higher than ever – 105,000 people on any one night.<sup>1</sup> In NSW, just over 28,000 people are homeless – representing a 20% increase between the 2006 and 2011 Censuses – with more than one-third aged 24 years or younger.<sup>2</sup>
- The City of Sydney’s bi-annual street count of roughsleepers and homeless people in temporary shelters found 813 people.<sup>3</sup> Crisis accommodation services within the city’s local government area close to capacity, with current services not able to stem the flow of those requiring temporary accommodation or entering into rough sleeping.
- More than a quarter of a million Australians access specialist homelessness agencies every year. However, every day, more than 300 requests for assistance are unable to be met with people being turned away.<sup>4</sup>

Underpinning this concerning data is the established knowledge among governments and service providers alike of the best and most effective approaches to preventing and ending homelessness: quick access to social and affordable housing, particularly for rough sleepers; greater efforts to support at-risk young people and families; employment and training opportunities; and availability of a range of individualised services, from health to psychosocial supports, when and where they’re needed.

In other words, we know what works.

For example, one of the most effective approaches to tackling chronic homelessness – based on extensive research and evidence gathered both in Australia and overseas – is often described as ‘housing first’: providing already homeless individuals with immediate long-term accommodation and then building around them a range of individualised services and supports (particularly health and social) to maintain their tenancy.

Over the past 10 years, Australia – including NSW – has seen many small scale ‘housing first’ initiatives that have been underpinned by extensive data collection and research regarding their outcomes.

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<sup>1</sup> Australian Bureau of Statistics, Census of Population and Housing: Estimating homelessness, 2011

<sup>2</sup> Foundations for Change – Homelessness in NSW, Discussion Paper, 2016

<sup>3</sup> <http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness/street-count>

<sup>4</sup> Australian Institute of Health and Welfare, Specialist Homelessness Services 2014–15, Dec 2015

Common Ground, Mission Australia's Michael and MISHA Projects, the Micah Project's Homelessness to Home programs, the Sacred Heart Mission's Journey to Social Inclusion, Way2Home and Platform 70 have all achieved long-term and sustainable housing for the majority of their chronically homeless participants.

In Utah in the US, a housing first approach has seen the state's number of homelessness drop 91 per cent to the point that homelessness is regarded as 'functionally zero'.<sup>5</sup>

Cost benefit analyses of these programs have also provided strong evidence that they also deliver tangible budget savings to governments and community and health organisations alike while helping hundreds of people out of homelessness long-term.

Allowing people to remain homeless – particularly people sleeping rough on the street – or simply providing band-aid solutions to their predicament, not only runs contrary to our community's shared values but simply does not make economic sense.

St Vincent's Hospital Sydney recently carried out research to show that 15 roughsleepers were responsible for emergency department presentations totaling a cost of \$1.3 million over one year.<sup>6</sup>

Research behind Mission Australia's Michael Project showed that over the course of one year – providing housing and supports to the chronically homeless – the money spent by government on services such as ambulances, emergency department care, court and police costs decreased on average by almost \$8,500 per person.<sup>7</sup>

Of particular interest to St Vincent's: at the time the individuals entered the Michael Project they were four times more likely to go to a hospital emergency department than the general population. After 12 months of participation in the program, the rate had fallen to 1.7 times. Even when taking into account the cost of running the program, it delivered savings to the public of \$3,600 for every person in the study who was helped.<sup>8</sup>

Economic modelling behind The Sacred Heart Mission's housing first project in Melbourne delivered an even more impressive result. It saved the Victorian Government more than \$17,000 a person, each year through the same reduced demand for police, hospital and emergency services. Over 10 years, Sacred Heart Mission estimates the government would save \$1.32 for every \$1 invested in 'housing first'.<sup>9</sup>

St Vincent's Hospital Sydney welcomes the opportunity to provide its expertise and experience to this discussion paper on the future of homeless services in NSW.

Given the deteriorating status of homelessness in Australia, there has never been a more pressing need for policy-makers and service providers to coordinate themselves, to share ideas, and focus their efforts towards ending homelessness.

We must find better ways of reconciling the evidence and expertise on defeating homelessness that resides with homeless, health and community service organisations –

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<sup>5</sup> State of Utah, Point-in-Time Homeless Report, 2015

<sup>6</sup> *Feasibility of a Managed Alcohol Program (MAP) for Sydney's Homeless*, 2015

<sup>7</sup> *The Michael Project 2007-2010, New perspectives and possibilities for homeless men*, Mission Australia, 2012

<sup>8</sup> *ibid*

<sup>9</sup> *Journey to Social Inclusion Report*, Sacred Heart Mission, 2015

along with the knowledge of the current barriers and inefficiencies in the system – with the sincere desire of governments to make a difference in this area.

## 2. St Vincent's and homeless health

Over the past 160 years, St Vincent's Hospital Sydney has played an important role in identifying the health needs of homeless people and working in partnership with governments and non-government agencies to develop innovative programs that make a difference.

Addressing the health needs of vulnerable and marginalised people is a crucial component in preventing and ending homelessness. Even if an individual is able to access long-term accommodation, an unaddressed physical or mental health problem is often enough to undermine that person's secure housing and cause homelessness, or the risk of homelessness, to re-emerge.

St Vincent's is a firm believer in the '3 Pillars' approach to ending homelessness: housing, access to health services, and psychosocial support.

With its catchment area in Sydney's inner city characterised by the highest levels of homelessness, drug and alcohol use in Australia, St Vincent's is one of the nation's leading experts in homeless health, offering a range of services (described below) to support this diverse client/patient group.

### Homeless Outreach Team

St Vincent's Hospital Sydney's Homeless Outreach team facilitates health care to people who are homeless or at risk of homelessness within the hospital's catchment area. This service receives recurrent funding through the NSW Health.

The Homeless Outreach Team consists of the following services:

- An Assessment and Coordination Team which provides intake, assessment, treatment, care coordination and referral for homeless people.
- COMET (Community Outreach Medical Emergency Team) which delivers primary health care to homeless individuals via street-based and community outreach activities. The main activity of COMET is the operation of primary health clinics at three community organisations in inner-Sydney: The Station, Hope Street Women's Space and The Wayside Chapel.
- Outreach nurses who provide assessment, treatment, education and referral on an outreach basis and at clinics held at non-government organisations.
- Oral health assessment and education to individual clients and services.
- Psychiatric assessment, treatment and referral are provided at clinics held at drop-in centres, hostels, churches and the O'Brien Centre at St Vincent's.

The Homeless Outreach Team specifically targets homeless people who are not currently accessing mainstream health services. The objective is to meet the health needs of the client, improve health literacy and facilitate their access to health services.

### Way2Home Assertive Outreach Team

Established in April 2010 and currently funded by the NSW Department of Family and Community Services and NSW Health, Way2Home takes a 'housing first' approach to ending homelessness among clients with complex needs who are sleeping rough. Outreach workers directly engage with clients on the streets, offering assistance and case management to help them access and sustain long-term supported housing solutions.

As a key Way2Home partner, particularly in the delivery of assertive outreach health services based upon home based psychosocial rehabilitation, St Vincent's provides:

- Specialist assessment and treatment on an outreach basis.
- Healthcare case management with a primary focus on physical health, drug and alcohol, and mental health.
- Holistic assistance to clients to transition them into mainstream health services for long-term sustainable healthcare.

Way2Home's health services continue with clients who are moving into accommodation and out of homelessness, in order to help them secure and maintain their tenancy.

### Tierney House

Tierney House is a unique service that meets the health and psychosocial care needs of chronically homeless people in Sydney's inner city. The step-up/step-down model (ie: more intensive/less intensive support is available for clients depending on their current health status) has been specifically designed to provide a supportive environment where homeless men and women can convalesce from illness and receive treatment or respite from chronic health conditions.

Based on site at St Vincent's Hospital Sydney and offering 12 beds for some of the city's most marginalised, Tierney House provides:

- A holistic environment, free of judgement, where compassion and patient-centred care are at the forefront.
- Treatment for physical and mental health conditions, while also receiving support through the many and varied psycho-social issues marginalised people can confront on a regular basis involving housing, Centrelink, legal, financial or social. Throughout, Tierney House acts as a hub facility providing linkages with mainstream health and non-health services and support.

### Stanford House

Originally established in 1991, Stanford House moved to St Vincent's Darlinghurst campus in June 2016. Stanford House provides specialised support and tenanted accommodation for clients who are homeless or at risk of homelessness who have HIV.

Stanford House has four beds and provides:

- Supported accommodation up to three months in a safe and secure environment.
- Support with the many and varied psychosocial issues clients confront on a regular basis such as housing, legal, financial or social.
- Outreach support where staff follow up with clients who may have exited the service but who may need further ongoing support.
- Linkage with external and internal health providers for facilitating ongoing support of HIV diagnosis.

#### Wesley Mission Partnership

St Vincent's partners with Wesley Mission to provide mental health assessment, brief intervention, case co-ordination, referral and education to homeless clients of well-known community service organisations who are affected by mental illness.

Under the partnership, St Vincent's clinicians provide support and case collaboration (including case planning and consultation) in conjunction with the Wesley Mission for single adult men and women exhibiting signs of mental illness and who are not accessing mainstream mental health services – or require assistance to re-establish connections with existing mental health service providers – in order to maintain their tenancies.

#### Order of Malta Outreach

The Order of Malta Outreach initiative is a collaboration between St Vincent's and the community organisation, Order of Malta. The Outreach is facilitated two evenings per week where nurses from the hospital's Homeless Health Service join Order of Malta volunteers in the organisation's community care van, providing assessment, treatment and care coordination to people experiencing homelessness at key locations in inner-city Sydney.

### **3. Health and homelessness**

People experiencing homelessness have more health problems and die earlier than the general population. Physical health issues, including musculoskeletal disorders, respiratory tract infections, skin infections and poor oral health are all common among people experiencing homelessness (Hwang, 2001). Much of this burden is thought to be related to the experience of homelessness itself, as homeless is associated with poor nutrition, poorer access to health care, higher exposure to smoking and substance use, as well as challenges to adhering to medications and treatment (Fazel et al 2014; Hwang 2001).

Homeless individuals also exhibit high rates of mental disorder, trauma, cognitive impairment, suicide and other premature deaths (Teesson et al, 2004; Buhrich et al, 2000; Hibbs et al, 1994). Homeless people also have disproportionately higher use of acute health service compared to non-homeless people, including more frequent emergency department visits and inpatient hospital admissions and longer hospital stays (Fazel et al, 2014; Moore et al, 2011).

In combination, these issues mean that people who are homeless have more complex health needs than the general population.

A profile of chronically homeless men in Sydney found the rate of Post Traumatic Stress Disorder (PTSD) among the group was four times higher than the general population.<sup>10</sup> Of the same group, almost three-quarters had a functional disability; more than half had lost consciousness following a head injury; while almost one-quarter had dental problems.

A similar profile of chronically homeless people in Brisbane found more than one-third had asthma (compared to one-in-10 in general Australian population); one-in-five were diabetic (compared to one-in-20 in general Australian population); while one-third had heart disease; and one-quarter had liver disease.<sup>11</sup>

Appropriate and tailored health care for homeless people, or vulnerable people at risk of homelessness, can reduce their reliance on the hospital system for their health care (particularly on hospital Emergency Departments, the most expensive part of the public health system); deliver significant cost savings; and improve the likelihood of a homeless person maintaining their tenancy long-term.

#### 4. Recommendations: what works

Given its expertise in homeless health, St Vincent's recommendations in this submission largely focus on the role health services can play in preventing or ending homelessness. This section is a summary of what we know works.

##### *Tierney House*

The Tierney House model of care has been independently evaluated as achieving successful outcomes, particularly with short-term, case-management and because patients feel safe. St Vincent's believes this model could be expanded as a short-term housing-hospital to meet other needs, eg: homeless patients awaiting an aged care assessment (ACAT).

Tierney House's success also highlights the need for patients to have accommodation options where they feel safe (see Attachment A for an evaluation of Tierney House in *St Vincent's Hospital's Homeless Health Service: 'Bridging of the Gap' between the Homeless and Health Care*).

A combination of street based health clinics, pop up clinics delivered in collaboration with other agencies, and clinics based in NGOs for homeless clients who don't access bricks and mortar services, help to provide a continual presence and increases connections with vulnerable populations.

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<sup>10</sup> *How Homeless Men are Faring*, (Mission Australia, NDARC, Centre for Social Impact, University of Western Australia), 2012

<sup>11</sup> *Pathways Hospital Admissions and Discharge Pilot Project: Twelve Month Evaluation Report*, Jan 2015-Dec 2015, 2016



## Tierney House

### Key outcomes 2015-16<sup>12</sup>

- Accommodated 284 residents – an increase of 17% on admissions compared to the previous year.
- Provided residents with a total of 3620 bed days with an average length of stay of 15 days.
- Average occupancy of 82%, a 6% increase on the previous year.
- 18% of referrals from other metropolitan hospitals in Sydney or non-government organisations.
- Over 84% of residents presenting at Tierney House have a physical health issue, with 58% of treatments catering for three co-morbidities (physical health, mental health and drug/alcohol).
- Over 83% of Tierney House residents were supported with an active social housing application on discharge.

### *Embedded clinical expertise within homeless services*

Given the challenges that often exist in terms of integrating services or fostering collaboration between different providers, St Vincent's believes its partnership with Wesley Mission – embedding a hospital clinician within a Wesley homeless service – is working well and provides a strong example of a successful hospital/NGO partnership in action.

There is evidence elsewhere of the benefit of embedding clinical staff within NGOs, such as the Pathways Program, a three-year pilot initiative in Brisbane.

A partnership between Micah Projects, St Vincent's Private Hospital Brisbane and a range of other organisations – and funded by the Queensland Government – Pathways embeds nurses into social services fill the gap that often exists between hospitals and housing and other homeless service providers. Instead of vulnerable rough sleepers being discharged from hospital without any post-care co-ordination – only to return days or weeks later with another illness or ailment – the Pathways team is brought in to assist.

Analysis of Pathways' first 12 months of operation show that among its chronically homeless participants there has been a 76% reduction in ED visits, an 83% drop in ambulance callouts, and a 76% reduction in inpatient stays.<sup>13</sup> While the cost of providing the service (Pathways assisted 130 people, 88 on a long-term, ongoing basis) has been around \$280,000, the program's cost-benefit analysis shows it has saved Queensland taxpayers \$2.14 million (net benefit).<sup>14</sup>

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<sup>12</sup> Homeless Health Impact Report, St Vincent's Curran Foundation, 2016

<sup>13</sup> *Pathways Hospital Admissions and Discharge Pilot Project: Twelve Month Evaluation Report*, Jan 2015-Dec 2015, 2016

<sup>14</sup> *ibid*

### *Specialist discharge planning*

The role of the Exit Co-ordinator in St Vincent's Emergency Department is a key position acting as an interface between the health system and NGOs. The position works with the hospital and homeless person to plan their discharge and coordinate any further healthcare the individual might need – such as making and keeping GP appointments. By making sure a homeless person's health is attended to and maintained – and also by linking them with housing support and other services – the Exit Coordinator is having a positive impact.

### *Housing first – Way2Home*

Independent evaluation of Way2Home has found the program successfully identifies and engages with roughsleepers who have experienced multiple years of homelessness and who have a range of serious health and social problems.

Drawing on a 12 month longitudinal sample, 90% of Way2Home's participants sustained housing over a 12 month period, while, overall, Way2Home participants report reduced symptoms of psychological distress and improvements in nearly all measures of quality of life and satisfaction.

## **5. Recommendations: addressing barriers and gaps**

### *Barriers to collaboration*

Hospitals and NGOs need greater incentives to work together. The St Vincent's partnership with Wesley Mission works partly because both partners benefit in addition to the clients: it empowers the case management staff in Wesley while utilising St Vincent's expertise; it also assists the hospital financially.

Sharing information/medical records between different services is a constant barrier to providing quick help. Software solutions in NZ and UK (Strata) should be examined for use in an Australian context.

### *Mental Health*

There are a number of gaps in mental health services that are contributing to people's challenges in securing and maintaining stable housing:

- There are insufficient accommodation facilities for homeless people with mental health issues, particularly high-support options for patients with complex needs.
- There are not enough step-up/step-down facilities providing support in the medium-term (three months) to ensure patients are linked into to the appropriate services, eg: the Far West Mental Health Recovery Centre, a joint initiative between the Far West Local Health District and Neami.

In terms of discharge planning from hospital for people with mental health issues, their exit is a high-risk period. It would be ideal to increase the collaboration of NGOs with hospitals at the point a homeless person with mental illness is admitted in order to build rapport.

Without NGO support, homeless patients can be discharged back to the streets, only to become re-traumatised and return to the hospital.

### *Lack of safe, temporary accommodation*

The importance of safety when it comes to accommodating homeless people cannot be over-emphasised. Time and time again, we find that chronically homeless people being discharged from hospital will choose to live on the streets rather than returning to a housing situation they feel is unsafe, eg: a boarding house.

Link2home is a valuable service, but it has limitations: providing only a few days of unstable accommodation is not helpful for our patients – they need longer term options. Temporary Accommodation only has one worker responsible for multiple clients. In other words, the clients who are the most vulnerable are the least supported. Other clients who are less vulnerable receive a Case Manager who provides one-on-one support.

Staff in our health services, along with the clients themselves, are constantly frustrated at the need to call accommodation services every day. For the clients themselves the difficulty is exacerbated by the lack of a mobile phone.

For the Homeless Health team, watching clients unable to access more than a few days of unstable accommodation – only to return to the hospital a few days later – is extremely dispiriting.

### *Discharge planning*

Clients who have chronic homelessness should be granted housing automatically upon discharge:

- The paperwork that accompanies trying to assist a client with their housing is a major barrier (eg: there needs to be an easier, simpler consent form).
- The process should instead be: place the client in housing first (three month lease), and complete paperwork second.
- Housing NSW needs to streamline the housing application process.

### *Sustainable funding for Homeless Health services*

St Vincent's advocates for long-term funding of its Homeless Health Service (particularly the Way2Home program) rather than services being funded year-to-year. Funding disruptions are a significant barrier to providing continuity of care and maintaining corporate expertise and knowledge.

We also advocate for a greater number of Peer Support Workers – not just at the hospital, but across the NGO/homeless sector, where there is a real need – who can bring their lived experience to service delivery as well as service planning.

### *Preventing homelessness*

More work needs to be done on supporting people once they have been housed. In particular, social inclusion programs to avoid isolation.

We need to engage corporate sector/community/philanthropists in:

- Providing in-kind donations of unwanted white goods and other household items.
- Corporate volunteering opportunities to have a better understand of the community needs and develop initiatives that better support these needs.
- Education, employment, mentoring, coaching and training initiatives.

### *Drugs and alcohol*

There is a lack of drug and alcohol counselling and support at accommodation services. To overcome this fragmentation, we should be pursuing service models that combine both accommodation and drug/alcohol services so they can be managed together, not separately.

Along with other segments of the population, homeless people find it difficult to gain access to detoxification and rehabilitation services – there simply aren't enough. Drug and alcohol outreach services for chronically homeless, accompanied by case management, are also needed.

We need to introduce a new model of supervised homeless service to address the needs of homeless people with severe and entrenched drug and alcohol addictions, eg: Managed Alcohol Program.

### **Managed Alcohol Program (MAP)<sup>15</sup>**

About 30% of chronically homeless people admitted to St Vincent's Hospital Sydney have a primary diagnosis related to alcohol and/or other drugs. For this core group of vulnerable roughsleepers, every approach to get them into long-term and sustainable housing has largely failed. That's because most homeless programs in Sydney and NSW require abstinence before long-term support and accommodation are provided.

For many severely alcohol-dependent roughsleepers, it's a condition they're not able to meet, and so they go without the help they need.

But overseas – particularly in Canada, the US, and the UK – there is a trend towards supporting this group via a service known as a 'Managed Alcohol Program' (MAP), which provides accommodation without insistence on abstinence.

Beverage alcohol is provided to residents in standardised doses at set intervals – a process that is actively managed and subject to ongoing assessment – based on the premise that by providing a safe space and a controlled drinking environment, participants can more readily access shelter, food, hygiene facilities, health care and other supports.

While the evidence base is so-far limited, evaluations of MAPs overseas show they are reducing alcohol use, days intoxicated, police contact, jail time, healthcare costs, emergency department contacts and hospital admissions.

St Vincent's Hospital Sydney and the Foundation for Alcohol Research and Education engaged 51 severely alcohol-dependent, chronically homeless people in a feasibility study to consider whether a MAP might work in Australia (see Attachment B).

We estimated that St Vincent's would achieve a reduction in costs of \$718,000 from supporting just 15 members of this group, while at the same time offering them the chance of better and consistent care and attention than they're currently able to access.

Once other community savings were taken into account – housing, police, court costs, custody – and then combined with the operational costs of running a MAP, we estimated the service would deliver savings of around \$32,000 for each homeless individual, or \$480,000 in total.

### ***The need for greater integration of care***

Greater integration of care in order to provide consistent and seamless support is a constant challenge. Clients, and those supporting them, should be able to access all relevant services from one place or provider. Without this ability, clients constantly find themselves falling between the cracks with their needs going unaddressed.

We need to find a way to replicate on a smaller, ongoing scale, the annual Sydney Homeless Connect event, which provides homeless people, or those at risk of homelessness, the

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<sup>15</sup> *Feasibility of a Managed Alcohol Program (MAP) for Sydney's Homeless, 2015*

chance to seek all the help or information at the one location, but with easy access to health services.

### ***Aged care for homeless people***

There is a lack of appropriate care for homeless people with aged care needs.

Chronically homeless people age at a far greater rate than the general population. People are considered to be part of Australia's mainstream aged population if they are 65 or over. However, due to the health consequences and premature aging associated with homelessness, chronically homeless people are considered elderly if aged 55 and over (non-Aboriginal) or 45 and over (Aboriginal).

Service providers, including aged care services, must be required to give greater consideration to the differences between chronological and biological aging when it comes to assessing and assisting homeless people.

St Vincent's proposes establishing an assessment facility, operating on a model similar to its Tierney House program, offering clients a maximum 30 day stay which would allow staff to monitor clients on a daily basis.

Other actions:

- ACAT (Aged Care Assessment Team) assessments need to be more readily available for homeless people.
- Nursing homes located near inner city hospitals should be working more closely together.
- There is a need for more supported housing that does not require ACAT (eg: Common Ground).

### ***Homeless support for Aboriginal and Torres Strait Islanders***

St Vincent's believes there is a gap in services for homeless and vulnerable Aboriginal people, particularly women, in Sydney's inner city.

There is also a great need for more street-based outreach workers focused on the homeless Aboriginal and Torres Strait Islander community in/around inner Sydney. At present, we understand that there are only two outreach workers addressing homelessness among this group for the entire Sydney area.

St Vincent's recommends re-establishing the Aboriginal Assertive Outreach Service – which resourced Aboriginal outreach workers to provide street-based support to rough sleepers – but was wound up as part of the NSW Government's *Going Home, Staying Home* homeless service reforms in 2014.

For longstanding historic and cultural reasons, many Aboriginal people fear hospitals. St Vincent's found its collaboration with the Aboriginal Assertive Outreach Service was crucial in addressing the health needs of this client group and their unique needs (eg: many chronically homeless Aboriginal people have dependent family members who are couchsurfing).

Street-based outreach among homeless Aboriginal people is essential because this group are not accessing health services.

Currently, the needs of this client group are not being addressed, partly because they're not culturally appropriate.

### *Prisoners and homelessness*

There is a close correlation between inmates, homelessness and poor health. According to the Australian Institute of Health and Welfare<sup>16</sup>:

- One quarter of Australia's inmates were homeless (including staying in emergency or short-term accommodation) in the four weeks prior to entering prison.
- Close to one-third of Australia's inmates are expected to be homeless upon release.
- Australia's prisoners have higher rates of chronic illness, communicable disease and mental disorders than the general population.

Baseline data of client backgrounds gathered among those accessing Mission Australia's 'housing first' MISHA Project, found that close to half had a prison history.<sup>17</sup>

Of the chronically homeless accessing Brisbane's Pathways program, a little over one-third had previously been imprisoned.<sup>18</sup>

Given the growing number of prisoners in NSW – there were 12,641 prisoners in NSW in September 2016, an increase of 21% over two years<sup>19</sup> – addressing the issues linking inmates, homelessness and their health has never been more important and requires:

- More resources and improved models of health care for prisoners while in custody.
- Better resourced and coordinated prisoner discharge and 'throughcare' (eg: integration of correctional and health and homeless services).

In terms of healthcare resources and models of care for prisoners while in custody:

- More resources are needed for mental health care (eg: more specialised mental health beds).
- Overcrowding exacerbates mental illness among a group of people who already have vulnerable mental health. NSW's prisons are reported to be some of the most overcrowded in Australia.
- The model of care for prisoners must recognise the depth of disadvantage and the complexity of the healthcare needs, and must treat the whole person. However,

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<sup>16</sup> Australian Institute of Health and Welfare, *The Health of Australia's Prisoners*, 2015

<sup>17</sup> *How Homeless Men are Faring*, (Mission Australia, NDARC, Centre for Social Impact, University of Western Australia), 2012

<sup>18</sup> *Pathways Hospital Admissions and Discharge Pilot Project: Twelve Month Evaluation Report*, Jan 2015-Dec 2015, 2016

<sup>19</sup> NSW Bureau of Crime Statistics and Research, NSW Custody Statistics, Quarterly Update, Sept 2016

Australia's prison systems seem to be struggling to keep pace with the complexity of health care needs among inmates – particularly mental health needs.

In terms of better throughcare:

- The discharge of prisoners is notoriously poorly planned and uncoordinated. Studies show that the mental health of prisoners deteriorates in the year following their release. The transition from jail to community must be made more smoothly.
- No inmate should be allowed to leave custody into homelessness.
- While there is evidence that justice, health and human service authorities (eg: homeless service providers) are starting to work better together in some states, on the whole there are no integrated plans for managing the health of offenders who come into contact with these agencies.
- It's in the NSW community's interest for prisoners to be given a smoother transition into the community in terms of healthcare, housing, employment, etc. Better throughcare = reduced risk of re-offending. Without improvements, the 'revolving door' between prisons and the community will continue.

### *Support for young homeless people*

While St Vincent's supports efforts to provide services to homeless or at-risk young people in suburban Sydney to reduce 'inner city drift', from our experience, there will always be individuals and populations who continue to move to the CBD and its surrounds. As such, services need to be available to assist these individuals at their point of need but also in their return to their original location and support networks, if safe and appropriate.

This challenge is evidenced by the fact that the Salvation Army's Oasis program is the only emergency accommodation available to young people in Sydney's inner city – leaving the current need among homeless young people unaddressed.

Early emergency or rapid relief housing must be a priority for young people.

This is another area where collaboration with the private sector is needed. We need incentives for the private sector to work with young people in need.