Submission No 26

INQUIRY INTO THE PROTOCOL FOR HOMELESS PEOPLE IN PUBLIC PLACES

Organisation: St Vincent's Health Network Sydney

Date Received: 28 February 2020

St Vincent's Health Network Sydney

Submission to the Inquiry into the Protocol for Homeless People in Public Places

A/Professor Anthony Schembri AM
CEO, St Vincent's Health Network Sydney

28 February 2020

Table of Contents

1. Introduction

St Vincent's Health Network Sydney (St Vincent's) welcomes the opportunity to comment on the Inquiry into the Protocol for Homeless People in Public Places.

For more than 160 years, St Vincent's has played an important role identifying the health needs of people experiencing homelessness and working in partnership with governments and non-government agencies to develop innovative programs to make a difference.

St Vincent's Health Network Sydney (SVHNS) is pleased to be a signatory to the Vanguard Cities Memorandum of Joint Commitment between the NSW Government, the Institute of Global Homelessness and partner organisations to work together to achieve targets to reduce rough sleeping. As St Vincent's Hospital Sydney Ltd, SVHNS is a member of End Street Sleeping Collaboration Ltd which will take a key role in meeting the agreed targets. As one of the Premier's priorities, we recognise that the Government is dedicated to reducing homelessness. We also recognise the Government's *NSW Homelessness Strategy 2018 – 2023,* which includes actions to improve health and housing outcomes for people experiencing homelessness by increasing their access to quality health care by building on current models delivered through St Vincent's Hospital and the Boston Health Care for the Homeless Program.

1.1 Health and Homelessness

The link between homelessness and health is well-documented and people at risk of homelessness can be frequent users of hospital services. In particular, hospitals are often the primary care provider for many rough-sleepers and women experiencing family violence.

For example, a 2016 survey of rough-sleepers in the Melbourne central business district found that nearly three-quarters (73%) of respondents identified a hospital as their primary healthcare provider[1.]

Homeless patients generally have a range of complex needs that affect potential access to safe and affordable housing. Health issues among people who are homeless frequently cluster with, and are exacerbated by other social determinants of health, including trauma, poverty, unemployment and social disconnection. This challenges traditional clinical boundaries and health system responses.[2]

The key homeless cohorts are those with mental health and addiction issues, those escaping domestic violence or who have experienced significant trauma and people released from prison. Often those with acquired brain injury and intellectual disability are among the cohort.

People experiencing homelessness have more health problems, often struggling with a range of co-morbidities, and die earlier than the general population.

Physical health issues including respiratory tract infections, skin infections, poor oral and foot health, musculoskeletal disorders, and blood-borne viruses (e.g. hepatitis B, hepatitis C) are all common among people experiencing homelessness.[3] Much of this burden is thought to be related to the experience of homelessness itself, as homelessness is associated with poor

[1] Micah Projects Inc. *De-Identified Vulnerability Index-Service Prioritisation Decision Assistance Tool data for Melbourne 2010-2016.* Brisbane: Inc MP; 2017

[2] Wood, L., Vallesi, S., Martin, K., Lester, L., Zaretzky, K., Flatau, P., Gazey, A (2017). *St Vincent's Hospital Melbourne Homelessness Programs Evaluation Report. An evaluation of ALERT, CHOPS, The Cottage and Prague House*. Centre for Social Impact: University of Western Australia, Perth, Western Australia.

[3] Hwang S, *Homelessness and health*. CMAJ. 2001 Jan 23; 164(2): 229–233.

nutrition, poorer access to health care, higher exposure to smoking and substance use, as well as challenges to adhering to medications and treatment.[4]

People experiencing homelessness also exhibit high rates of mental disorder, alcohol and drug use, trauma, cognitive impairment, suicide and other premature deaths.[5] For example, a profile of chronically homeless people in Brisbane, developed by St Vincent's staff, 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.[6]

An evaluation of St Vincent's Sydney's Tierney House – a medical respite service for people experiencing homelessness leaving the hospital and other healthcare settings – found that of 439 residents accepted for care, the two most prevalent physical health issues were dermatological problems (including abscesses and cellulitis; 16% of all episodes of care) and fractures (including breaks; 12% of all episodes of care). This was followed by injuries (8%), respiratory problems (6%), problems with the digestive system (5.5%) and other infections, viruses and parasites (5.5%).

At the End Street Sleeping Collaboration's 2019 Connections Week to connect people experiencing homelessness with necessary housing, community and health supports – 390 participants were surveyed, with 25% reporting they had a brain injury; 21% a learning difficulty; 58% problematic substance use; 70% a mental health diagnosis; and 50% problematic substance use *and* a mental health diagnosis.

The increased prevalence of chronic illness amongst homeless people has been recognised internationally. This will create a larger burden on the Australian healthcare system in years to come as there are increasing numbers of people experiencing homelessness over 50 years of age.

Furthermore, mortality in people experiencing homelessness is estimated to be 3-4 times the general population[7]. This rate appears to be constant across different countries, and to some extent time. A recently completed follow-up study of St Vincent's Hospital Melbourne patients verified this estimate in an Australian population. Most importantly, this study showed that all levels of homeless patients experienced this same increased rate of mortality, however this increased rate was not seen in those patients that were publicly housed with rental assistance.[8]

Significantly, homeless people are disproportionately higher users of acute health services compared to non-homeless people, including more frequent emergency department visits and inpatient hospital admissions and longer hospital stays.[9]

2. About St Vincent's Hospital Sydney

2.1. St Vincent's Health Australia Health and Homeless Framework

[4] Hwang S, *Homelessness and health*. CMAJ. 2001 Jan 23; 164(2): 229–233.
[5] Teeson, M et al, Psychiatric disorders in homeless men and women in inner Sydney. Aust N Z J Psychiatry. 2004 Mar; 38(3):162-8.
[6] *Pathways Hospital Admissions and Discharge Pilot Project: Twelve Month Evaluation Report*, Jan 2015-Dec 2015, 2016
[7] O'Connell et al, A public health approach to reducing morbidity and mortality among homeless people in Boston, Journal of Public Health, Management and Practice, 2005
[8] R J Seastres, J Hutton, R Zordan, V Sundararajan, K Kiburg, J Mackelprang, G Moore, *Long-term health outcomes of homeless and non-homeless patients at an Australian metropolitan hospital: a 15-year cohort study* Poster presentation, SVHM Research Week 2018.
[9] Fazel, S et al. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet, 2014 Oct 25; 384(9953): 1529–1540.

Hospitals provide a unique opportunity to create patient interventions that address both health and housing issues, but with the resources they could be doing so much more.

With a focus on both Sydney and Melbourne's inner cities – where its two major tertiary public hospitals are located – St Vincent's Health has developed a best-practice homeless health model which proposes developing three complementary services to better support patients who are homeless or living in insecure housing.

Described internally with the working title, 'Pathways Home', our model aims to continue care long after a homeless patient has been discharged from hospital and to reach them at their point of need over a sustained period and ultimately help them maintain accommodation long-term.

To deliver on our Pathways Home vision, St Vincent's has identified that the following new services will be required:

- A speciality homeless persons outpatient clinic, operating in the communities around both our inner Sydney and Melbourne public hospitals, and staffed by experienced clinicians to ensure those with complex needs have access to the medical support they need.

- An expanded medical recovery facility for people experiencing homelessness – improving on the 'step up and step down' respite services already in operation at both St Vincent's Melbourne and Sydney – to provide a longer length of stay of between two to eight weeks[10].

  The service would focus on people with the most complex medical, recuperative and behavioural needs and who struggle to be housed by existing services and where they are sometimes excluded from entry.

  The facilities would offer 'in-reach' support to its residents by existing homeless teams, social workers with family violence expertise, and AOD and mental health specialists.

- New supported accommodation – most likely delivered in partnership with an existing housing provider – to integrate healthcare within a supportive, long- term housing environment.

St Vincent's Health's Pathways Home model could provide an opportunity for our staff to see beyond the presenting crisis of the people we serve. It would allow them to walk alongside patients for longer periods so they can learn what is truly important to them and be responsive to their needs and issues.

The model would allow time to build trusting relationships, so clinicians can treat the underlying chronic physical health conditions in a flexible, responsive, and sensitive manner while influencing the patients' other social determinants of health through our community partnerships.

We're confident that these reforms, in addition to other improvements – such as training our health workforce to more effectively identify and support people experiencing homelessness in our hospitals, and engaging lived experience workers more widely in both our specialised

[10] A systematic review of "medical respite" found that it can result in improved health and housing outcomes for service users who are homeless, as well as reductions in hospitalisations and hospital readmissions (Doran, Ragins, Gross, & Zerger, 2013; Doran, Ragins, Iacomacci, et al., 2013).

homeless and mainstream health services – would make a major contribution to ending homelessness for many in Sydney and Melbourne's inner city.

It would also stop this same vulnerable group cycling time and again through our hospitals' EDs and requiring re-admission after re-admission, outcomes which reflect the failure of our broader health and housing systems to adequately respond to homeless peoples' unique needs.

2.2. Homeless Health Service

St Vincent's Hospital Sydney's Homeless Health Service is a multi-speciality service that aims to support people aged 18 years and over experiencing homelessness (including primary, secondary and tertiary homelessness) to:

- Actively engage in healthcare;
- Access mainstream services of their choice;
- Partner with local services to provide assessment, treatment, education, care coordination, support and referral;
- Facilitate access to housing and psychosocial supports; and
- Uses a strengths-based, harm minimisation approach to assist clients to identify their priorities and create plans to achieve their goals.

The Homeless Health Service includes a number of outreach-based teams and two residential facilities which include:

Homeless Outreach Team

The Homeless Outreach Team uses a 'no wrong door' approach in responding to referrals to the Homeless Health Service. The team provides a range of mental health and well-being, physical health and oral health care clinics at local services as well as street-based outreach to offer assessment, treatment, referral and care coordination to persons experiencing homelessness or at risk of homelessness.

The team work with people in primary, secondary and tertiary homelessness and covers the City of Sydney Local Government Area (LGA).

Assertive Outreach Team

The Assertive Outreach Team assists people experiencing primary homelessness to access mainstream and specialist health care and support. The team works in collaboration with clients and local service providers, including housing and psychosocial supports, to build and strengthen client support networks and assist clients onto a pathway out of homelessness. This team covers the City of Sydney LGA.

Wesley Mission Partnership

Two senior Homeless Health mental health clinicians are embedded within a Wesley Mission team who support people experiencing homelessness or at risk of homelessness and who require mental health support. The mental health clinicians provide support exclusively to the Wesley Mission team and clients of the service. This team covers nine LGAs.

After Hours Homeless Outreach Team

The After Hours Homeless Outreach Team provide a range of nurse-led, open-access physical health clinics at a range of local services and the St Vincent's Emergency Department to offer assessment, treatment and referral to persons experiencing homelessness or at risk of homelessness. This team covers the City of Sydney LGA.

Tierney House

Tierney House is a 12 bed, short-term (2-3 weeks) residential unit that assists people experiencing homelessness to access health care. Tierney House provides a safe and stable environment where residents can access assessment, treatment and support from St Vincent's Hospital and local services. Referrals are received from across the Sydney catchment area.

In 2019, there were 232 new admissions with an average length of stay of 11 days. Tierney House provided residents with a total of 3903 bed days, with an occupancy of 89%.

Stanford House

Stanford House is a four bed residential unit that provides services for people living with HIV, who are homeless or at risk of homelessness which is cofounded with Sydney Local Health District through the non-Government Grant Program. Its core services include supported accommodation for up to three months in a safe and secure environment, specialised support, linkage with external and internal health providers for facilitating ongoing support of HIV management (and its co-occurring issues), and outreach support to former clients. Referrals are received state-wide.

The Homeless Health Service is also a member of the Homelessness Assertive-outreach Response Team (HART) which was initiated by the City of Sydney and Department of Communities and Justice in 2015 and brings together key services to help people sleeping rough in inner city Sydney to exit homelessness and access long-term housing and support. In addition, it works with the Department of Family and Community Services' Homelessness Outreach Support Team (HOST) and in the last year provided 480 episodes of medical intervention with 545 people supported into long-term housing. The service was also a key partner in the response to Martin Place's "Tent City" in 2017, ensuring the delivery of appropriate health services to contribute to the safe transition from rough sleeping to accommodation.

3. Protocol for Homeless People in Public Places: Guidelines for Implementation

We acknowledge the Terms of Reference of the Legislative Assembly Committee on Community Services' Inquiry, and we welcome this opportunity to make the following comments in relation to the Protocol and Guidelines for Implementation (May 2013).

St Vincent's Hospital Sydney strongly supports the requirement for the Protocol recommending that the following should be included in the foundation principles:

- Recognition that everyone is unique and have their own individual needs and as such their culture, religious, language, health, gender, previous trauma experience and disability need to be respected;

- People living in public spaces have a right to feel safe and as such the public infrastructure should enhance public safety (eg: lighting, furniture); and

- Recognising an individual's self-determination and autonomy is fundamental in respecting their rights, individual worth, dignity and privacy. Decisions to override these principles should be done under the principles of least restrictive care.

3.1 Recommendations:

3.1.1. Person-centred language

St Vincent's recommends a general update of the Protocol for Homeless People in Public Places. This includes a particular emphasis on the language contained within the Protocol.

St Vincent's recommends that instead of the use of *"homeless people"* the Protocol incorporate *"people experiencing homelessness"* throughout the document. Further, other reviews throughout the Protocol should be undertaken to update language to replace with appropriate person-centred language.

It is also important to recognise that people experiencing homelessness may exhibit significant and complex trauma. To this end, we believe that this needs to be reflected throughout the Protocol to ensure that trauma-informed and strengths-based communication is the approach taken when officials interact with people experiencing homelessness.

3.1.2. Cultural Identity: Aboriginal and Torres Strait Islander people

At St Vincent's, we are strongly committed to delivering culturally appropriate Aboriginal Health Care and culturally safe environments. It is for this reason that we provide the following recommendations:

Section 6.4 of the Guidelines for Implementation (May 2013) should be updated to:

- reflect Aboriginal *and Torres Strait Islander* people;
- incorporate culturally appropriate language; and
- provide more information regarding the definitions and practice of *"cultural sensitivity and respect"* (p.12) and a *"culturally respectful approach"* (p.8), or whether training is provided to those implementing the Protocol.

3.1.3. Community Education

While we recognise that the Protocol applies for interactions between officials and people experiencing homelessness in public places, we recommend that opportunities for community education be explored, particularly in areas where residents are concerned about rough sleepers. This could support the underlying principles as set out in the Protocol.

3.1.4. Responding to Extreme Weather

As a healthcare provider, St Vincent's is aware of the impact of extreme weather on an individual's health and likely negative outcomes. To this end, we recommend that an extreme weather component be added to the Protocol to support the development of a localised multi-agency approach. In particular, we believe this should reflect how a multi-agency response could occur when there are extreme weather events for the purposes of the safety and health of people experiencing homelessness.

In collaboration with the City of Sydney, the Department of Communities and Justice and a range of non-government agencies, the St Vincent's Hospital Homeless Health Service partners to

deliver a multi-agency response to extreme weather events. This enables the effective coordination in responding the health, housing and support needs for those at risk, ensuring targeted responses to minimise the health impacts.

3.1.5. Local Services

St Vincent's acknowledges that the Protocol provides contact information for state-wide services that are available 24-hours a day, seven days a week. Where appropriate to do so, we would encourage consideration of including information for local services for specific regions across New South Wales.

3.1.6. Engaging people experiencing homelessness

St Vincent's recommends that consumers are represented in the governance structure to oversee the implementation and evaluation of the Protocol. This engagement should be factored in to any future consultations regarding the Protocol, and its ongoing implementation. St Vincent's Health Network Sydney is committed to ensuring that the voice of those with lived experience is embedded in its service delivery. This includes the recruitment of Peer Support Workforce and the engagement of consumers within our Committee structures.

The Protocol should support the right of people in public places to be treated with respect and ensuring any engagement has their identified needs central to any plan developed. Individuals have the right to choose support and care offered but when there are concerns for their safety the principles of least restrictive care needs to be applied to any approach or service to be provided.

3.1.7. Evaluation of the Protocol

To ensure the effectiveness of the Protocol is evaluated we recommend a governance structure to oversee its implementation and evaluate its effectiveness. St Vincent's recommends that the evaluation should include the following:

- Effectiveness for differing regions: urban, regional and rural/remote.
- Responding to differing needs: gender, cultural demographics (adult, youth/young people older and families).
- Awareness of the Protocol: has the Protocol been effective in engaging with local communities, government agencies, consumers?

4. Conclusion

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 psycho-social 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 (as outlined in Section 2) to support this diverse client/patient group.

We would welcome the opportunity to meet with Members of the Legislative Assembly Committee on Community Services to further discuss our submission, or to provide Members the opportunity to visit our Homeless Health Services.