



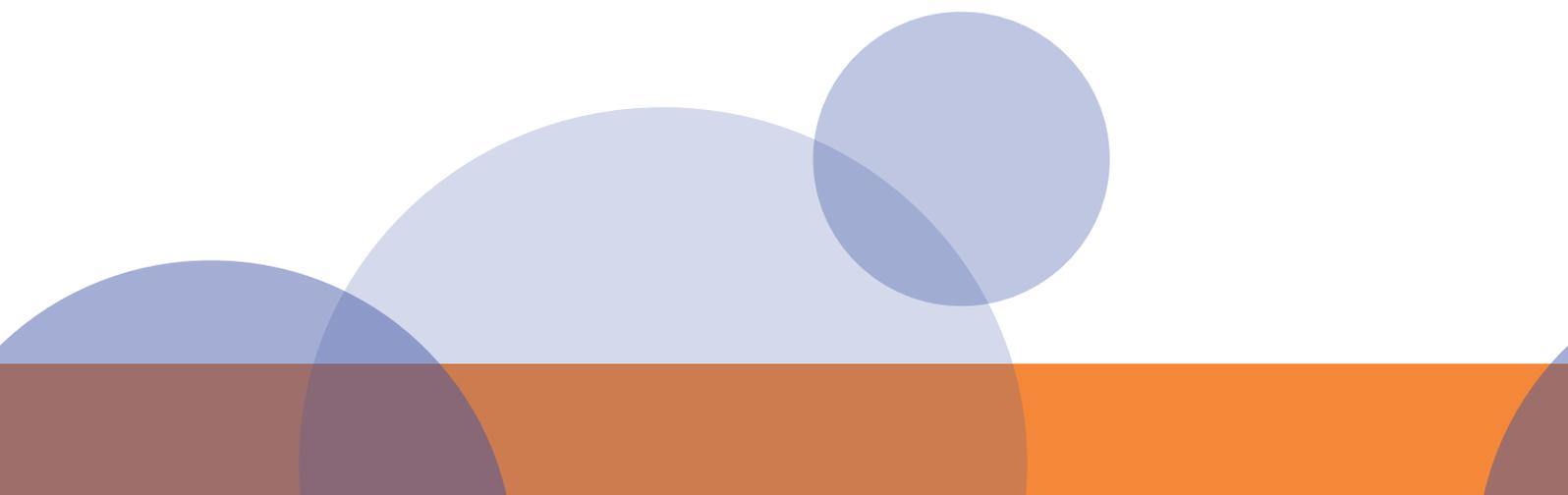
**Mental
Health**
Commission
of New South Wales



Participant discussions from
Going Home: The Path to Wellness and Belonging

Hosted by
the **Department of Family and Community
Services, City of Sydney Council, Neami National,
St Vincent's Health Network**

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This article includes the discussions and presentations of participants in this event but does not necessarily reflect the views or policies of the Mental Health Commission of NSW.

Going Home: The Path to Wellness and Belonging

By Julie Miller

It's 7am on a damp summer's morning, and the inhabitants of 25 ramshackle tents pitched along the fenceline in Belmore Park near Sydney's Central Station are receiving a wake-up call. A team from HART – the Homelessness Assertive Response Team – is checking on each person sleeping rough, shaking the tent to wake them if necessary, and engaging them in conversation about their physical and psychosocial health as well as addressing their accommodation needs.

The HART team represent 19 agencies, including City of Sydney Council, NSW Family and Community Service (FACS), the NSW Police Force, Neami Way2Home, St Vincent's Homeless Health, Aboriginal housing services and youth services – but they all have a common goal: to get members of the community experiencing homelessness off the streets and into sustainable housing. It's a mission that appears to be reaping results – of the 700 people engaged and assessed by HART in the past 15 months, 130 have been supported to exit homelessness.

The key to this success is collaboration rarely experienced between government departments, co-creating solutions across sectors and working together to enhance client care by utilising shared expertise and knowledge - with the ultimate goal of achieving large-scale social change via a “whatever it takes” approach.

To illustrate their methods and field strategies, the HART invited delegates from the International Initiative for Mental Health Leadership (IIMHL) conference on a two-day ‘match’, allowing participants to observe first-hand the work being undertaken in the City of Sydney local government area to address the issue of homelessness.

Participants in the match included professionals working in the area of homelessness in other Australian regions as well as internationally (specifically the UK and New Zealand). All involved, including the hosts and partner agencies, welcomed the opportunity to share experiences and learn from each other's insights, assessments and suggestions.

The problem

Homelessness in City of Sydney is at its highest-ever recorded level. A study conducted in August 2016 saw 394 people sleeping rough, the highest number recorded in winter since 2009. A February street count put this even higher, with 486 people sleeping on the streets and crisis accommodation at 98% capacity on the night of the count.

“We often hear that people choose to be homeless, but we found in our survey that nobody is choosing to be homeless, the majority of people want housing with support,” says Trina Geasley, Manager of Homelessness at the City of Sydney.

Of the respondents to the 2016 study, 72% reported substance abuse problems, while 53% had mental health issues.

“We know that 64% of people have both a substance abuse and a mental health issue, which is an example of compounding and complex issues – physical health issues, mental health issues, significant substance abuse issues - so really complex needs,” Geasley says.

Domestic violence is still the leading cause of homelessness in Australia, while more than half have been in prison, victims of crime, or experienced significant trauma such as sexual or physical abuse. The Aboriginal community is also grossly over-represented, with around 20% identifying as Aboriginal or Torres Strait Islanders (who make up just 2.2% of the total population in NSW and even less in the Sydney region).

“So we’re talking about really vulnerable people,” Geasley says. “Despite this, we found over 65% of those people could do well using the ‘housing first’ model, after a year with case management going on to live independently. So at a first go, we know that the majority of people just need supported housing and somewhere they can actually afford to live.”

The collaborators

The driving forces behind the creation of HART are the City of Sydney (the only council to run a homelessness service), FACS, which funds homelessness services in the inner city, and the NSW Police Force, a signatory to the Protocol for Homeless People in Public Places, which recognises the right for people to be in public spaces without discrimination.

Despite initial challenges convincing partners that the system of collaboration wouldn't increase their workload, the 19 services each report vast improvements in systems and practices. The underlying premise of the collective impact model framework, where all members are equal decision makers, is that there is no 'silver bullet' solution to systemic social problems, and that organisations have to work together towards a common agenda.

For HART, that agenda is to end rough sleeping in the City of Sydney. This is supported by sharing data across all platforms, mutually reinforcing activities, constant communication between the group and backbone support.

The HART project advocates 'housing first', getting people off the streets without prejudice and the barriers of red tape.

"We work to house people, then get them the services they need rather than stepping them through programs and goals leading to a permanent house in the future dependent on their 'success' in a program," says Jamie Brewer, Inner City Place Manager at FACS.

According to Tamara Sequiera from Neimi Way2Home, their success in housing almost 400 people since 2010 (including 50 in the past six months) is largely due to HART's collaborative approach.

"There's this strength in relationships, particularly with the Homeless Health team," she says. "Even though someone needs housing support, their health needs are just as important. For those who find it challenging to go to the GP at 10 in the morning, the reality is it's just not going to happen, so to have those clinical outreach teams that are constantly available, that's crucial."

Trina Geasley agrees having experts from various disciplines on the ground during outreach patrols makes a huge difference.

"With joint patrols, we can address all their needs in one hit," she says. "We all go to the hotspots together – if a client needs to see housing, they're there; the health workers can fix their physical health needs and record their mental health needs, and bring them in to see specialists or take a specialist to see them. On an average, we can see 120 people in one outreach."

Health Services

An important part of the HART model is the availability and cooperation of health services in assisting the homeless community. The IIMHL delegates were invited to witness the work of St Vincent's Homeless Health first-hand, sitting in on a weekly Homeless Health Clinical Review meeting, visiting two of its crisis housing facilities and inspecting the Stimulant Treatment Program as well as the Uniting Medically Supervised Injecting Centre in Kings Cross.

The Homeless Health service is a tri-morbid model, with clinicians from mental health, physical health and drug and alcohol. Their aim is to support people experiencing homelessness to actively engage in healthcare, taking their services to the streets rather than relying on patients coming to them. They partner with local services to provide assessment, treatment, education, referral and support.

During the weekly reviews, the team discuss current case studies of rough-sleeping clients whom they have personally engaged with, looking at the particular risks and challenges for that client as well as targeting their strengths and weaknesses in a bid to find a workable solution. Each case manager presents detailed notes about their clients, before the team discusses ways to move forward and improve the current plan of action.

St Vincent's Homeless Health Service also incorporates two accommodation services located within the campus at Darlinghurst. Tierney House is a 12-bedded short-stay facility for people with physical health needs; whilst Stanford House is tenanted accommodation with four beds for people with HIV.

"You have to have a primary physical need to get into Tierney House," explains Matt Larkin, Service Manager for the Homeless Health Service at St Vincent's Hospital. "It's a more supported accommodation for those clients that are exiting hospital or from community referrals."

Tierney House offers accommodation for nine men and three women; and while the average stay is 11 days, women tend to stay longer. It's a non-pressured environment for clients, 90% of whom have experienced major trauma, with activities including colouring in, stretching, cooking, book club and pizza nights creating a homely atmosphere.

Stanford House has been in existence since 1991, but moved from Stanmore to St Vincent's in June 2016. The facility provides private rooms with shared bathrooms for clients suffering HIV.

“In the seven months we’ve had Stanford House, we’ve housed five people, which is not insignificant when you consider it’s a three month stay,” says Larkin.

St Vincent’s also run the Stimulant Treatment Program at the O’Brien Centre, an outpatient clinic for stimulant-related problems (90% of which are methamphetamine issues).

“It’s a drop-in clinic targeting those who are not ready to engage in counselling sessions,” explains manager Peter Middleton during the IIMHL visit to the facility. “We offer face-to treatment and an early intervention program, trying to halt the problem in its early stages.”

The Uniting Medically Supervised Injecting Centre at Kings Cross is another facility focused on harm-reduction that allows people to legally administer a small amount of drugs under medical supervision. Operated by Uniting (the services and advocacy arm of the Uniting Church), it is the only centre of its kind in the Southern Hemisphere, supervised by two teams of nurses and health education officers and funded by the Confiscated Proceeds of Crime Account.

The centre receives up to 200 visits a day, with some clients presenting several times a day. Clients remain anonymous, and are not admitted if they appear intoxicated. The clinic operates on a one-way flow so clients do not have to deal with others already on drugs.

According to Service Operations Manager, Miranda St Hill, 70% of their clients are experiencing homelessness. A team from Way2Go work out of the facility, and try to engage clients in a casual, informal atmosphere to offer housing solutions.

“After injecting, the clients move into the tea room, which is where the engagements develop,” St Hill explains. “It’s all very casual and opportunistic – if someone expresses interest in help, we offer linkages. It’s low threshold, a first step in the whole journey in getting them referred.”

Hotspot visits

During the two-day match, IIMHL delegates visited several ‘hotspots’ for those sleeping rough, learning about each location’s particular challenges to the HART team. They also visited Wayside Chapel in Kings Cross, a well-known “safe and culturally appropriate” space for the homeless

community, people living with mental health issues and other vulnerable members of the Kings Cross population.

One area of Sydney that has seen remarkable results from HART intervention is Woolloomooloo. During a walk through Walla Mulla Park, the conference participants saw just a handful of people sleeping rough, which Superintendent Michael Fitzgerald from the Kings Cross Police Command attributes to an intensive HART response since 2014.

The role of the police in this area has been key, with the force advocating for those sleeping rough, writing letters of support and linking new sleepers to support services. With these proactive policing initiatives, crime in the area has decreased significantly, and numbers of rough sleepers has dropped from around 90 to 30.

Another homeless hotspot is Wentworth Park, where there are currently about 40 rough sleepers living in tents under the arches of the light rail bridge. The attraction of this location is its scale, the presence of ready-made shelter, safety in numbers and the fact that it's out of the way, less visible than the inner city. The ability to spread out presents its own challenges, however; rough sleepers here tend to harbour personal belongings and furniture in their makeshift shelters, creating fire and rodent hazards.

This location represents a microcosm of society, attracting young people as well as a large number of foreign nationals who have overstayed visas and New Zealanders not able to access social services. Petty crime and sexual assault are known problems in this community.

The group then visited Belmore Park, which has always been a traditional meeting place for indigenous Australians. Unfortunately, it has in recent years also become a place for people to gather and drink and take drugs, with a dramatic increase in sharps resulting in the strategic placement of needle receptacles.

The homeless population in Belmore Park tends to be highly transient; and around 80% of those currently sleeping rough in 25 tents erected around the park perimeter identify as Aboriginal or Torres Strait Islander, mostly from country NSW.

During the outreach on the final morning of the match, the IIMHL delegates witnessed a positive outcome for one young man sleeping rough in Belmore Park. Originally from Bathurst, he was delighted to learn the day prior that he had secured housing back in his home town; and he emerged from his tent that morning grinning from ear to ear. The delegates came across him again later that morning, busking with his didgeridoo in Kings Cross and giving his friends from HART a little wave of appreciation. A very happy client indeed.

Conclusion

The general consensus of the IIMHL delegates was that this was an extremely successful and enlightening match, largely due to its hands-on nature and the amount of time spent in the field. In the wrap-up session, the delegates were asked to write down what had surprised them, challenged them and inspired them over the two days, with most agreeing that the level of cooperation between HART members was particularly impressive.

“I was surprised by how on-board the clinicians are, how equal that (Homelessness Health Clinical Review) meeting felt; you couldn’t tell who was who in terms of hierarchy,” Lisa Archibald, manager of Te Ara Korowai Inc in Wellington, New Zealand, said.

“What inspired me was the sheer level of collaboration,” said Iain White from Croydon Community Mental Health. “It demonstrates that when you get a couple of like-minded people together who want to see change, it can be achieved.”

“The tolerance point you have here is really interesting to see,” Emily Antliffe from the Department of Health in London stated. “You have different levels of interaction because of that tolerance, and it means individuals are more willing to engage with the services.”

As a final exercise in the match, Trina Geasley asked the participants to undertake an exercise on paper called “Making Toast”, demonstrating how every individual has a different method and understanding of how a simple task is conducted. The participants then worked together on a collaborative approach, learning from each other’s methodologies and adopting compromising solutions.

“We need to understand where each other is coming from in order to work together. I wanted to show you this introductory piece, so you can then look at those tools and run it with your teams.

What you can actually do is get them to make toast, then get them to solve homelessness,” Geasley explained.

“What we learn from working together is, if we understand each other’s models, if we look at each other’s views on how to solve the problem, then we can garner experience and knowledge from each person and end up with best practice that we are all actually committed to and understand to be the way to do it.”