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FEATURE

# NO PLACE



HOMELESS PERSONS PROGRAM NURSE JO GIAMPETROME  
AND HOMELESS PERSON JUSIN.



# LIKE HOME

## nurses and midwives tackling homelessness

On any given night in Australia around 105,000 people will not have access to a safe and secure place to call home. Specific triggers for homelessness are varied and complex but what is certain is that it can touch anyone. Raising awareness is crucial to driving change and all Australians, including nurses and midwives, can step up to make a difference. **Robert Fedele** reports.

Justin puffs away on a cigarette while delicately clutching a mug of green tea.

He is sitting on a worn couch planted in the corner of his new home, a high-rise commission flat in Kensington in inner-city Melbourne.

The modest space is fitted with basic comforts including a kitchen, bedroom, and adjoining bathroom.

It might not look like much but it is the first real home Justin has known in a long time and the satisfaction in his eyes reveal it is his definition of a castle.

"It's awesome," he says of having a roof over his head. "Not just because it's been that long, but because it's not sort of any roof- it's where I want to be."

Justin's back story is patchy but for much of his adult life, and up until recently, he was homeless. He tells of growing up in Adelaide and experiencing a rough childhood. He left school in year 9 and did bits and pieces of work to get by thereafter. "I left school and went to work and started getting things but already by then I had habits. Things weren't quite right. I'd try and quit but then I'd have these problems. They wouldn't surface straight away."

From the age of 16 Justin "bounced around" from place to place, from Tasmania to Queensland and back to Adelaide, picking up odd jobs, couch surfing or living in a car, and sticking around until he inevitably overstayed his welcome.

He recalls working in a restaurant in Tasmania washing dishes, laying turf in Queensland, and even joining the Army for a couple of years when he was 19.

The period during Justin's mid 20s was dogged by living on the streets.

He describes alcohol as "my first demon" but it was heroin that would eventually take hold of him. "It's a real trap because you can't get any rest until you switch yourself off with drugs or get blind."

Justin says his lifestyle began taking its toll in his late 20s and he longed for change. "But I just didn't have the support to pull up. To straighten up you need to be in an environment where you can do that but I could only get to places where people didn't really want me to do that."

Along the way there were attempts to get clean or try different paths but things always seemed to turn pear-shaped. Like the time Justin turned to medicinal marijuana as a substitute for harder drugs. "In my heart I was trying to do the right thing but when you're freezing in the middle of winter and you can't relax because you're worried about the very little you have got going missing you want something just to switch yourself off from the situation."

The last few years ran a similar course until Justin's turning point when he was referred to housing program Melbourne Street to Home after a stint in crisis accommodation at Ozanam House

in North Melbourne.

He was also partnered with the Royal District Nursing Service's Homeless Persons Program (HPP), which involves a team of specialist community health nurses working with and on behalf of individuals or groups experiencing homelessness.

As Justin had been homeless for at least 15 years it allowed regulators to fast track him through the system and into appropriate public housing.

It's been a couple of months since he has had a place to call home. Through it all, HPP nurse Jo Giampetrome has been by his side and Justin counts her unwavering support as crucial to his newfound mindset.

"I'm still young but you get to a certain age where people give up on ya," Justin says. "A whole team of people got behind me, which was great. It's been important because of where they got me but it's also been important because Jo's been with me long enough to see that what I do is what I say. Her staying the whole distance and seeing me get things has changed me."

### What is homelessness?

The Australian Bureau of Statistics defines homelessness as a situation where a person does not have suitable accommodation alternatives and if their current living arrangement is:

- In a dwelling that is inadequate
- In a dwelling that has no tenure or the initial tenure is short or



not extendable

- Where the living arrangement does not allow them to have control of, and access to space for social relations

The ABS' definition differentiates between 'homelessness' and 'rooflessness' by pairing home with fundamental elements including a sense of security, stability, privacy, safety, and the ability to control living space.

Homelessness is therefore a lack of one or more of these elements.

Other definitions widely used throughout the homelessness sector and adopted by the Commonwealth Advisory Committee on Homelessness in 2001 follow a three-tiered approach when categorising homelessness.

- **Primary homelessness** is experienced by people without conventional accommodation such as those sleeping rough.
- **Secondary homelessness** is experienced by people who frequently move from one temporary shelter to another such as emergency accommodation, youth refuges, or couch surfing.
- **Tertiary homelessness** is experienced by people staying in accommodation that falls below minimum community standards such as boarding houses or caravan parks.

Latest figures show on any given night in Australia one in 200 people are homeless.

Of more than 245,000 people assisted by homelessness services last year, almost half were young people under the age of 18.

Alarming, 41,000 of them were children under 10.

A poll of people seeking support from specialist homelessness services found domestic violence as the biggest trigger to ending up without a home.

Other chief factors included financial difficulties, housing affordability, inadequate dwellings and relationship breakdowns.

### Addressing a changing problem

Tackling homelessness is no easy task but numerous support services across the country believe they can make headway.

In Victoria, independent Melbourne-based community organisation Launch was established in July and marked a merger between long-standing services with similar histories and missions, HomeGround and Hanover.

Some of Launch's services include providing crisis accommodation, running drug and alcohol programs, managing about 600 transitional properties, supporting homeless youth, and running Melbourne Street to Home, a program that helps the most vulnerable rough sleepers access safe, secure, and affordable long-term housing.

Chief Executive Officer Tony Keenan suggests the face of homelessness is changing.

"When Hanover started in 1963 homelessness was an issue that affected middle-aged men with a drinking problem around the inner-city. Nowadays about 68% of our clients are women and about a third

of our clients are children."

Mr Keenan attributes the shift to the growing awareness of domestic violence and more women feeling empowered to leave abusive relationships. "Predominantly, the women and kids are still the ones forced to flee and when they are forced to flee there's no affordable housing."

MR KEENAN SAYS INCREASING AFFORDABLE HOUSING STOCK MUST TIE IN WITH GOVERNMENT INTERVENTION TO ENSURE IT IS PROTECTED FOR THOSE MOST VULNERABLE.

Mr Keenan claims the housing affordability crisis is spiralling out of control. "Australia has an incredibly low level of social public housing stock. Victoria is appalling. In Victoria it's about 3.5% of the total housing stock. That includes community and public housing. By way of comparison, in the UK, it's 30%."

Mr Keenan says increasing affordable housing stock must tie in with government intervention to ensure it is protected for those most vulnerable.

Launch's South Melbourne base holds 50 crisis accommodation rooms where people can stay for up to eight weeks while suitable housing is found.

People from all walks of life tread through the doors, many which experience mental illness, drug and

1 IN 200

ON ANY GIVEN NIGHT IN AUSTRALIA 1 IN 200 PEOPLE ARE HOMELESS

alcohol issues.

"It's a heavily rationed service so the last time we did a turn away count we were turning away nine out of 10. So the people with the greatest need get here," Mr Keenan says.

Launch is backed via various streams of combined state and federal funding but a draft *Green Paper for the Reform of the Federation* released earlier this year is investigating operations.

Many in the sector fear the federal government is distancing itself from homelessness and shifting responsibility onto states.

He also singled out nurses as a vital partner for leaders working in the homelessness sector, adding that many committed nurses experience the day-to-day reality of the job and deserve significant credit for maintaining healthcare in often trying circumstances.

**Nurses on the frontline**

Michele McCarthy is one such nurse. For the past 23 years, Michele has been an integral part of the nursing team at the Haymarket Foundation, a specialised service in inner-city Sydney that provides primary health

Michele.

But the clinic still hands out around two thousand needles and syringes per month as part of its program.

Some of the problems associated with homelessness are complex but can include: mental illness, drug and alcohol addiction, gambling, and personality disorder.

Poor literacy is also common in Haymarket's clientele.

Nurses at Haymarket come across a gamut of problems from small cuts or abrasions to infections, cellulitis, and foot problems.

Nurses help patients manage chronic conditions like diabetes and run smoking cessation programs.

Some diabetics use the fridge to store their insulin, while others with mental health issues visit the clinic to take their medications or help themselves to a multi-vitamin.

This winter the clinic administered 110 flu vaccinations. It also offers vaccinations for Hepatitis A, Hepatitis B, and Boostrix.

In addition homeless people can come in and have a shower or pick up a clean pair of socks.

Michele explains the care they give their clientele is all-encompassing. "We like to let them know what's available and offer them help and maybe build a rapport and when and if they're ready, suggest some help with detox or rehab."

Michele says in the community it is very difficult to look after chronic health conditions and in the homeless population it is so much more difficult because when you are homeless and your life is chaotic it is very hard to be interested in anything apart from your immediate needs that day.

Asked about her motivations behind maintaining a career in nursing working with the homeless, Michele says the reward derives from working within a great team of doctors and welfare workers, and more importantly, a grateful client base.

"The clients are just like everybody else. They've all got personalities and most of them are very nice and polite. They're just like everybody else only they can't manage modern life quite the way other people do."

**From street to home**

Jo Giampetrome is one of the specialist community health nurses who provide healthcare as part of the Royal District Nursing Service's

WE ARE LOSING THE BATTLE AT THE MOMENT, WITHOUT A DOUBT. WE VERY UNASHAMEDLY WANT TO MAKE IT ONE OF THE KEY ISSUES IN THE COMMUNITY'S MIND AND THE GOVERNMENT'S MIND. YOU CAN'T HAVE A SITUATION IN ONE OF THE WEALTHIEST COUNTRIES IN THE WORLD WHERE YOU'VE GOT INCREASING HOMELESSNESS. WHAT MAKES SENSE ABOUT THAT?

The move could lead to more economically challenged states such as Tasmania and South Australia ultimately ending up with inferior services.

"That's quite unsettling for the sector," Mr Keenan says. "Clearly, our biggest concern is the opportunity for an overall loss of effort and resourcing.

"In these processes you're always worried that it's essentially a money saving exercise rather than good policy."

Mr Keenan is blunt about the homelessness crisis facing Australia and predicts figures will double in Victoria in the next ten years to 22,000 unless there is serious intervention. "We are losing the battle at the moment, without a doubt. We very unashamedly want to make it one of the key issues in the community's mind and the government's mind. You can't have a situation in one of the wealthiest countries in the world where you've got increasing homelessness. What makes sense about that?"

Mr Keenan considers increasing awareness about homelessness and pitching housing affordability as a key political issue as strategic targets moving forward.

care to support homeless and disadvantaged people.

The clinic also provides showers, mail collection, support from community service workers, and a needle and syringe program.

Michele, a registered nurse, was drawn to Haymarket while working at Sydney Hospital where she saw many of the foundation's clients come through the doors.

Funded by the Commonwealth Health Department, Haymarket's team currently comprises two nurses, two part-time doctors and two community service workers.

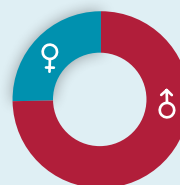
In over two decades Michele has seen times change at the well-known institution.

"It was extremely busy in those days," she says. "It was very different to what it is now. The area was much more of a red light district and it's gentrified now. There were a lot of working girls around when you'd come into work at 6.30am in the morning."

Michele says twenty years ago the clinic would treat around 150 people per day but today numbers have halved.

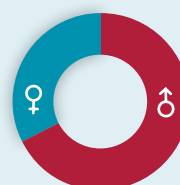
Intravenous drug use, also rife once upon a time, has fallen in line with trends around the country, says

**WHO ARE THEY?**



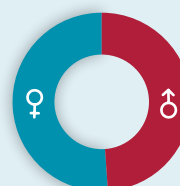
**OF PEOPLE WHO STAY IN BOARDING HOUSES:**

74.8% MALE, 25.2% FEMALE



**OF PEOPLE WHO SLEEP ROUGH:**

67.6% MALE, 32.4% FEMALE



**OF PEOPLE STAYING IN SUPPORTED ACCOMMODATION FOR THE HOMELESS:**

49% MALE, 51% FEMALE



(RDNS) Homeless Persons Program (HPP).

A splinter program run by HomeGround Services called Melbourne Street to Home, provides support services and health intervention to the city's most vulnerable rough sleepers and is run in partnership with the RDNS.

Melbourne Street to Home clients are long-term homeless and measured using the vulnerability index, which identifies those most at risk by assessing mental and health conditions and the length of homelessness.

Jo says homelessness can make someone sick, but also prematurely age them, adding that the ethos of HPP is that all people should be able to access healthcare.

Lots of clients experience issues such as drug addiction and mental health problems that prevent them from accessing healthcare, so HPP attempts to step in and navigate the sector for them.

Jo has five clients on her caseload, including Justin, who until recently slept rough in North Melbourne, and a girl in South Melbourne, also recently housed.

Jo says the girl in South Melbourne had been homeless for a really long time. She had been housed on and off, with behavioural issues seeing her evicted. "She bounced in and out of St Vincent's and the Royal Melbourne hospitals almost on a daily basis. But since being housed she doesn't present to hospital anymore."

With this client, Jo takes the client's medication to her home and pops it on top of the microwave so she'll remember to take it daily. "That's another thing about housing. The level of chaos is so much less. They've got a roof over their head. They feel safer and that allows us to work with them a lot more easily."

Jo says the role of a community nurse can include wound care, medication management, monitoring, and an overarching pledge to stay connected to clients, help them navigate the sector, and refer them to other services available. "I reckon they're a really rewarding group to look after. Particularly in this role, you see really great outcomes for them."

Jo met Justin after he was referred on from Ozanam House following multiple hospital admissions. Given Justin's battle with heroin, one of the first steps in his rehabilitation was linking him



with a suitable GP and placing him on a Suboxone program, an opioid medication designed to help addicts wean off heroin.

Justin was given respite at a motel for a few weeks before being stabilised in medium-term housing. Fortunately, his public housing request came through soon after.

The Street to Home program has access to funding that helped provide Justin with some basic essentials to furnish his flat including a fridge, bed, linen, plates, and washing machine.

"He's done really well," Jo beams. "Our goals are to eventually exit him because he's managing on his own. The beauty with Street to Home is that he can ring us anytime. So he'll no longer formally be a client but he knows he's got our number."

Jo says navigating the homelessness sector can be difficult and that easier access to housing for people in need would be constructive. "Housing is a huge thing. It gives them a lot of hope. As a nurse, it gives me an anchor to be able to connect with them. But it also gives me a connection to be able to work with them in terms of their health issues."

### Research

Dr Yvonne Parry is a Senior Lecturer in the School of Nursing and Midwifery at Flinders University in South Australia and holds a strong interest in homelessness, specifically families at risk of homelessness.

Her research has recently involved collaborating with UnitingCare Wesley Port Adelaide to assist vulnerable children, and the Inner Southern Homelessness Service to gauge what families and staff require most to achieve

progress.

Dr Parry says changes to state policy back in 2008 applied the requirement for children to be recognised in official homelessness figures.

Previously, families could present to a service and children were rarely taken into account. Dr Parry believes the new process is important in early prevention. "Children can end up very isolated with lots of ill health and that accumulates into their adulthood. They miss developmental milestones as well as things like immunisation."

Dr Parry's research centred on examining how the policy change impacted the workforce at Inner Southern and whether needs of families were being met.

Findings suggested children required separate referrals than those of their parents and needed linking with education, immunisation, and wellbeing checks.

"The thing that was missing was health and that came through from both the parents and the staff and other work from the past. Health and nursing seem to be missing from the picture. Nurses play a vital role in helping any vulnerable group of people at health services."

The findings triggered a new research project where a nurse practitioner will be employed at Inner Southern to deliver healthcare to children and families.

"There is a great need to have a nurse to address those problems and also have a look at how the parents are feeling as well," says Dr Parry.

Dr Parry is hopeful other services across the state will follow suit and implement a nurse practitioner. "They [the children] are part of

FROM LEFT MS WENDY RADBONE, MANAGER INNER SOUTHERN HOMELESSNESS SERVICE, ASSOCIATE PROF JULIAN GRANT SoNM FLINDERS UNIVERSITY, AND DR YVONNE PARRY CHIEF INVESTIGATOR ON THE SA SOCIAL PAEDIATRIC INITIATIVE RESEARCH PROJECT FROM SoNM FLINDERS UNIVERSITY.

### WHY ARE THEY HOMELESS?

**23%**  
DOMESTIC AND FAMILY VIOLENCE

**16%**  
FINANCIAL DIFFICULTIES

**15%**  
HOUSING CRISIS

**11%**  
INADEQUATE OR INAPPROPRIATE DWELLINGS

**6%**  
RELATIONSHIP OR FAMILY BREAKDOWN

**5%**  
HOUSING AFFORDABILITY STRESS

**20%**  
OTHER REASONS

families. So the whole family is homeless. Sometimes we see helping the children as a way of helping the entire family.”

Dr Parry says her passion for addressing homelessness stems from wanting to make a difference. “When we think of homelessness we often think of single people being homeless or single men, either young or old, being homeless. But homeless families is very much an invisible thing in our society and it’s getting worse.”

Dr Parry says while housing affordability is a serious issue, so too is the need to focus on support programs like integrating nurses into homelessness services.

She says outcomes for homeless children are often dire and many can end up with mental health issues or poor physical and chronic health conditions. Therefore prevention is paramount.

### Raising awareness

In August, communities across Australia united to raise awareness during Homelessness Prevention Week.

Run by Homelessness Australia (HA), the national peak body charged with representing the homelessness sector, the annual event aims to illustrate that homelessness happens to ordinary people experiencing extraordinary circumstances.

More than 150 events were held across the country to help showcase the work of homelessness services and connect them with those experiencing homelessness.

HA Chief Executive Officer Glenda Stevens said it was heartening to see members of the community show they care. “We can all actually do something to help solve this national issue. We could all take big or small steps, which will make a difference in ours and other peoples’ lives.”

HA represents some 1,300 homelessness and domestic violence services across the country. Key responsibilities include advocating on behalf of services at a federal government level, conducting research, and analysing the effectiveness of programs running across different states.

Ms Stevens says HA receives new data each year from the Australian Institute of Health and Welfare. “We do know that more people are coming to homelessness services. Whilst the services do an incredibly



good job, more people are having to be turned away because the services don’t have the resources,” Ms Stevens says.

Domestic violence, still the biggest trigger to homelessness, significantly contributed to 41,000 children under 10 presenting to homelessness services in 2013/14.

“About 41,000 children technically homeless is really quite frightening when you look at what happens to those children in the long-term if they aren’t suitably housed quickly.”

Ms Stevens concedes homeless is a broad and complex issue, but believes it can be addressed with appropriate government effort. “First of all, we need to have more accommodation and to have that we just need political will to get it done. It’s pretty simple.

“What we have now is lots of people coming in the front door but they’re getting caught in the system because there’s nowhere for them to go that’s affordably appropriate.

“There’s no point in finding accommodation for a family way out of the city where there’s no transport, no hope of getting employment, and no nearby schools or community.”

Ms Stevens acknowledges that the government has upped its attention on domestic violence and believes it will have a positive ripple effect. “As we know, children who experience homelessness are more likely to experience homelessness as an adult. So we’re stopping that

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generational problem by addressing domestic violence.”

Ms Stevens says it’s important the structural drivers behind homelessness are continually tackled. She is hopeful the draft Green Paper will be corrected so it adequately confronts the issue.

Ms Stevens says the federal government has already begun decreasing its funding to Homeless Australia and other housing peak bodies. “It’s very disappointing because there’s many federal drivers to homelessness. Immigration, taxation, employment, education, that all fits in with the federal government.

“They have a great deal of influence into what influences homelessness. We feel it’s something that needs a national framework and sitting within the national framework would be state and regional frameworks and local frameworks. So we eliminate any waste in terms of time and effort and money and we also don’t have any gaps.”

**105,237**

NUMBER OF PEOPLE

**56%**   
**48%** 

**25%**

INDIGENOUS (COMPARED TO JUST UNDER 3% OF THE POPULATION)

**30%**  
BORN OVERSEAS