



South East Health

Good Health Care

Better Health

**Homelessness and Human
Services – a Health Service
Response**

March 2000

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Foreword

There has been a prevailing belief that homeless people are older men who are down and out because of alcohol abuse. The reality is that the homeless population is quite diverse—incorporating young men with drug and alcohol-related problems, women who are victims of chaotic family situations, their young children, adolescents unable to live at home because of untenable family situations, and people of all ages with intellectual disability from traumatic brain injury and chronic brain damage, alcohol or progressive disease. There are also people of all ages with chronic impairments from mental disorders. Poverty is a feature of all their lives.

South East Health is committed to partnerships, both within our programs and with outside agencies dedicated to the care of homeless people, which identify health and illness issues for homeless people, which provide treatment and rehabilitative services for individuals' needs and which assist in improving and maintaining health status and purposeful activity for people in brokered accommodation.

We are partners with the Department of Housing and the Department of Community Services as well as a large number of government and Non Government Organisations in a wider social strategy for homelessness. We are pleased to provide this position statement on improving health services for homeless people which will guide health practitioners and administrators on our agreed future directions for this population.



Deborah Green
Chief Executive Officer

March 2000

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Executive Summary

While nearly 75% of the enumerated homeless people in South Eastern Sydney (4,000) “live” in the inner city area, an increasing number are presenting in the eastern suburbs, the St George Area and in Sutherland.

Experience in South East Health (SEH) suggests that homeless people are subject to illness problems at a rate significantly higher than the general population, and that their access to services is variable, both because of inflexibility of service provision and because of a reluctance by homeless people themselves to access services.

Health staff, voluntary agencies, Council, Police and Senior Officers in NSW Health, Community Services and Housing and the Premier’s Department have been consulted in the preparation of this Position Statement. *Homelessness and Human Services – a health service response* is an initiative of the Homelessness and Health Working Party of SEH.

This Health framework for homeless people has been developed to outline our priorities and our place in the overall strategy of collaboration by Human Services in South Eastern Sydney. The key areas of commitment addressed in this position statement within Section 11 titled, Future Directions include:

Our Mission

- To contribute to the prevention and reduction of homelessness in South Eastern Sydney and to minimise the health problems of homeless people by collaborating in providing support to affordable, safe housing.

Our Principles of service

- Healthier people
- Fairer access
- Quality Health care
- Better value

Our Organisational capacity for homelessness health

- We will appoint an Area Coordinator and Council for homelessness health;
- We will identify homeless people as a distinct client group with special needs in our community and hospital services;
- We will incorporate our principles of service to homeless people in all our facilities and programs;
- We will develop specific policies and protocols so that homeless people discharged from hospital receive appropriate after care;
- We will identify staff who will give priority in their service provision, to homeless people;
- We will develop an information system with indicators of success of care for homeless people;
- We will continue to auspice Non Government Organisations (NGOs) who provide health care to homeless people.

Our Goals of Care

- We will continue our strategies for prevention and treatment of illness among homeless people;
- We will engage homeless people with improving their continuity of care within South East Health;
- We will enhance support for primary health care clinics for homeless people;
- We will use case conferencing and intersectoral liaison for improving collaboration with partners in outside agencies;
- We will improve our evaluation techniques with database development and research projects.