

**Submission
No 9**

INQUIRY INTO THE PROTOCOL FOR HOMELESS PEOPLE IN PUBLIC PLACES

Organisation: Northern Beaches Council Community Safety Committee

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Submission from Northern Beaches Council Community Safety Committee to the NSW Parliament Legislative Assembly Committee on Community Services Inquiry into the Protocol for Homeless People in Public Places

Northern Beaches Council welcomes the opportunity to provide commentary to the Inquiry and provides the following feedback -

a) Whether the Protocol continues to provide an effective framework for government organisations with an operational presence in public places and for services that support people who are experiencing homelessness.

While the State Government is responsible for housing and homelessness, local councils are responsible for the management of public places. This includes ensuring that public areas are clean and accessible, managing environmental issues, maintaining public health and safety, as well as responding to complaints. As a significant portion of staff work in public places, Council is well resourced to identify rough sleepers and respond accordingly. In 2019, Northern Beaches Council received more than sixty reports of rough sleepers in public places.

Prior to the implementation of the State Protocol in 2012, Council would generally refer complaints about rough sleepers to Police. The introduction of the Protocol meant that this was no longer standard practice without a crime or safety concern. Council subsequently developed its own protocol for the management of rough sleeping, shifting the focus from a law enforcement approach to a community safety approach, with a strong focus on acknowledging the rights of people who are homeless or rough sleeping and treating them with compassion and respect.

The State Protocol has served a beneficial purpose by helping to ensure that homeless people have equal rights to public space and that they should be respected accordingly. In developing its own protocol in 2012, Council has included some elements of the State Protocol, but it also addresses some of the gaps that have emerged and that are currently not reflected in the State Protocol.

The Northern Beaches Council Homeless Protocol helps guide staff in their approach to dealing with rough sleepers in public places. The protocol includes criteria to help staff manage entrenchment situations in contested spaces in a compassionate and equitable manner. It also provides a legal option to move people in certain circumstances and in negotiation with service providers to ensure that highly utilised public places remain clean and accessible to all.

The following is an extract from the protocol that came about when homeless people were consistently occupying highly utilised public space to the exclusion of others:

Disentitling Conduct and Exceptional Circumstances

Despite any other provision in this Protocol, where a person adjudged by Council staff to be a 'rough sleeper' is found:

- To have entrenched themselves in a highly utilised public space (e.g. the Wishing Well shelter on the Manly beachfront),*
- To have stayed for a long period of time in the public space in question (that is, for more than 6 months or such other period of time as may be determined by Council staff from time to time),*
- In the opinion of Council staff, to be dominating the public space to the exclusion or at the expense of others, this matter being of paramount importance as respects the making of any decision by authorised Council staff to move the person in question on,*

- *To have accumulated around them in the public space personal items such as beds, cooking equipment, furniture, clothing and bags,*
- *To have rejected all offers of intervention or assistance by accredited non-government organisations or government agencies to improve or otherwise ameliorate their situation, or*
- *In the opinion of Council staff, to have chosen to live in the public space in preference to other options offered or otherwise reasonably available and accessible to the person in question.*

Council should take into consideration in the context of the giving of an order under section 124 of the Local Government Act 1993 (NSW) as respects the subject matter of the Protocol.

Whilst this option is rarely used, it has proved helpful in certain cases.

An unintended consequence of the NSW State Protocol seems to have been that while rough sleepers are no longer 'moved on' without care or compassion, the reverse can occur whereby the welfare of the homeless person can sometimes be ignored entirely where they are left alone to entrench themselves in public places for longer periods. It is rarely enough to refer a homeless person to services or provide them phone numbers. The rough sleeper often deteriorates both mentally and physically if there is no assertive outreach and intensive case management. It would be fair to suggest that the Protocol may have resulted in a more passive response to rough sleeping in public spaces rather than a proactive one.

The extent to which the Protocol is being implemented in practice by government organisations providing direct service delivery and non-government organisations contracted on behalf of government.

While Northern Beaches Council works closely with government contracted specialist homelessness service (SHS) providers, Council have also funded an additional outreach support worker attached to a local NGO, Community Northern Beaches (CNB). Their role is to ensure a more timely and intensive case management approach to rough sleeping in public spaces that arises in our area. CNB provides material aid and a central drop-in location in Manly, which has the highest rate of rough sleepers in the LGA. While they are responsive and cooperative, Mission Australia (the SHS provider for the area) do not have a physical presence in Manly, but they have developed a useful collaboration with CNB.

Our objective is to identify and engage rough sleepers as soon as possible to try to avoid entrenchment. This is a long-term process as a level of rapport and trust must be developed between the outreach worker and the individual. This is particularly important in a tourist-dependent location such as Manly and Council therefore determined that additional resources were required to fill the outreach gaps.

Discussion with frontline workers in SHS funded services highlight the lack of a simple referral process and silos between separate programs.

b) The appropriateness of the Protocol to support joint responses between government organisations, non-government organisations and local governments working in partnership to respond to homelessness.

The Protocol does not detail a coordinated response between departments and has resulted in an ad-hoc response. It attempts to simplify an issue that is extremely complex and has many gaps.

An appropriate response to this often complex problem requires all relevant organisations to work collaboratively and cooperatively across different levels of government and related agencies. Assertive outreach or case coordinated management approaches led by the State Government would be strongly supported.

Currently, in the absence of other co-ordinating bodies, Northern Beaches Council is leading and planning the local homelessness response. Council facilitates forums, engages in extreme weather planning, established an interagency and is currently planning a street count operation. Community-based responses to assist in improving the local street sleeping response have predominantly come about from Council and NGO. A recent shift to contracted social housing providers is showing much improvement in terms of collaboration and responsiveness.

The advice in the Protocol includes a referral list of agencies that can support homeless people and states:

'Under the Protocol, officials should give homeless people contact telephone numbers of local organisations which may be able to help them or contact a service on their behalf.'

The procedure is rarely this simple with many of the referral agencies requiring the individual to initiate contact. Most rough sleepers suffering complex trauma and related issues are not capable of attending clinics or making appointments. They find it difficult to self-refer or trust a government official to do this for them.

Multi-disciplinary assertive outreach is needed to address these cases. They require intensive, assertive case management to develop a relationship with the individual that builds trust and insight before they will consider offers of help or housing. This can take weeks or months of outreach and engagement to achieve this result. A more assertive approach involving mental health and drug and alcohol trained outreach workers is needed. This could be included in future SHS contracts instead of the current silo approach and program based models.

Further, in Section 6.6 the Protocol discusses the complex needs of homeless people including co-morbidity issues.

'The Protocol encourages a non-discriminatory response and, if possible, a referral of that person to services with relevant expertise. This response is particularly important when the official considers that the person is at risk of harming themselves or other people.'

This recommended action in the Protocol is not realistic. It is our experience that there are inadequate services available to refer individuals experiencing co-morbidity issues. This results in the individual being left without access to appropriate services and very often this can lead to a deterioration of the person's condition, including experiencing more mental health episodes which expose the public to increased distress and risk. This has been experienced in Manly on many occasions.

As such, the system is failing vulnerable individuals, whilst also exposing the community to increased risk. It also shows the complexity of the resulting issue.

The following case study demonstrates some of these gaps currently occurring.

Four homeless males have been entrenched at a local sporting oval for many months. This location has often hosted rough sleepers until they are willing to engage and find alternative accommodation or assistance. All four rough sleepers experience co-morbidity with drug dependence and mental health issues. Specialist Homeless Services outreach workers have not had successful engagement. They do not qualify for crisis accommodation or other housing options while they are using drugs. They are also not eligible for detox programs until they stop substance use, which is unlikely whilst rough sleeping and living in a group setting.

Police have tried moving them away at various times with limited success. One of these rough sleepers was recently released from prison and has returned to the same location, where he was previously arrested. NSW Health Mental Health outreach will not attend or refer with drug use perceived as the primary issue. The absence of intervention increases risks on both the rough sleepers and the guardians of the public space.

The situation has resulted in a cleaner of the nearby public toilets being assaulted by one of these individuals and a further serious assault on one of the men by one of the other rough sleepers. The increasing levels of aggression, accumulation of possessions and unhygienic environment has also resulted in sporting groups and the wider public being unable to use the space comfortably or safely with any ease. It poses an unreasonable threat to the community resulting in public unease and a lack of personal safety.

c) Whether the Protocol appropriately protects the rights and interests of people who are experiencing homelessness who use public places, including indigenous people and minority groups.

We have observed a number of rough sleepers who are not Australian residents and do not qualify for benefits or health care. These people often become entirely reliant on charity and begging. CNB raised money for one man to return to New Zealand, however it took many months of engagement to reach this outcome. Due to their exclusion for government health, housing and welfare services, it is common for them to become entrenched in public spaces for longer periods. The Protocol is unable to address this issue and more is needed to result in more flexible and innovative interventions.

d) Whether the Protocol appropriately balances the rights and interests of people who are experiencing homelessness with those of residents, businesses and other people and organisations using public places.

Manly is a major tourist destination. Council receives many complaints from local ratepayers and business about rough sleepers who often choose popular locations, thereby negatively affecting other members of the public from using them. As earlier referenced, the Northern Beaches Homeless Protocol has attempted to address this conflict by including the Disentitling Conduct and Exceptional Circumstances clause, which gives Council the right to negotiate moving people after being given time and alternative options. It is aimed at avoiding entrenchment and accumulation of belongings that sometimes create public hygiene concerns.

There is an increasing issue of people sleeping in vehicles, particularly in beach carparks. This presents a challenge for Council as we do not wish to regulate overnight vehicles as a way of managing rough sleeping. However there are concerns that there is little proactive assistance or intervention for this growing population.

e) Any other related matters

In August 2019 Council co-ordinated the inaugural Northern Beaches Housing and Homelessness Forum. Present on the day were key representatives of all the local specialist services in housing and homelessness in this area. Overwhelmingly it became apparent that demand far exceeds supply in all types of accommodation but most importantly affordable and social housing. In relation to the State Protocol we would contend that following this forum the following issues are vital to improving responses to rough sleeping and should be included in any future Protocol development.

Housing and Homelessness Forum – Discussion Paper - Summary

1. Housing First

The need for social and affordable housing supply is critically important; it is the biggest gap in the service system. Crisis and transitional housing programs play a pivotal role, but adequate long-term housing solutions are needed to reach the ultimate goal of helping people to exit homelessness. A Housing First model is overwhelmingly seen as the most practical solution and best practice. Getting people into permanent housing with accompanying support services, is the best way to reduce homelessness. Permanent supportive housing programs quickly move people with complex needs experiencing chronic homelessness into permanent housing, with flexible and individual support for as long as needed. Australian and international evidence strongly supports

Housing First programs as the most effective way to address chronic homelessness, including rough sleeping. Link - [Housing First \(PDF 248 KB\)](#)

All other services and intervention options are secondary to the provision of adequate housing. The NSW Government supports this approach in their Homelessness Strategy 2018-2023, however none of this is reflected in the Protocol.

2. Supported accommodation for those with co-morbidity issues

Co-morbidity is a common and increasing presentation amongst rough sleepers, many of whom suffer from both alcohol/drug dependency and mental health conditions. Without appropriate clinical care, this cohort often lack the ability or motivation to apply for housing. Their co-morbidities present great barriers to engaging with support and therefore there is a greater risk of becoming long-term rough sleepers. The longer a person stays rough sleeping and is unable to access secure housing, increases the chances that they will end up either incarcerated or scheduled under the Mental Health Act. It also increases risks in terms of public safety, crime and anti-social behaviour.

3. Community Assertive Outreach Teams

The lack of mental health outreach services that will attend some critical situations was identified by service providers as a clear gap. This is not just confined to male rough sleepers, but also is seen in women applying for shelter. Women's shelters cannot accept intake from women with untreated mental health issues. This means that they tend to spiral into more vulnerable situations especially if they are street or car sleeping.

The complex housing pathways process perpetuates homelessness. More trusting arrangements between housing providers and outreach workers will help. If outreach workers can verify a person's homeless status, it will improve the chances that a person can be housed. Clients often have complex needs that require building trust. Opportunities for engagement are often missed due to the complicated bureaucracy involved in applying for housing.

Using a coordinated approach, involving trained outreach workers, housing providers, Local Health District (LHD) health services, Council and Police (where necessary) is considered best practice. Complex trauma often accompanies clients and in many circumstances, for a diverse range of reasons, they can be reluctant to voluntarily attend a service venue. It is critical in some circumstances for services to have the willingness and capacity to go to the client, particularly until the initial bond of trust has been developed. As such, it is suggested that case coordination groups are established by the NSW Government to ensure greater coordination.

4. Community Education

There is a need to educate the broader community about homelessness, the role of government and the importance of social and affordable housing. This could help improve the negative perceptions and foster a healthy and inclusive community.

There is often confusion in the wider community about the best way to help homeless people. Many well intentioned people mistake this as offering goods, such as food, clothing and other items directly to the rough sleeper, with no connectivity to appropriate services, support and housing. This can actually entrench homelessness and further alienate less supportive members of the community. Opportunities exist to channel this goodwill into more helpful support (usually financial or volunteering) by educating the community about 'good giving' concepts and should be encouraged.

Recommendations

In summary, the Northern Beaches Council Community Safety Committee submits the following recommendations to the Inquiry into the Protocol for Homeless People in Public Places:

1. Undertake an audit of current approaches to identify gaps and key issues.
2. Implement the Housing First model to reduce rough sleeping.
3. Corrections NSW ensure that prisoners are screened and referred for housing and drug treatment prior to release to reduce the likelihood of rough sleeping.
4. Increase treatment and rehabilitation options including inpatient, outpatient and outreach clinics for persons with no fixed place of abode and for people under 18.
5. Acknowledge and support the role of local government in the management of public places.

Focus on Co-morbidity Issues

6. Secure supported accommodation for rough sleepers experiencing co-morbidity issues.
7. Consider co-morbidity issues holistically and using multi-disciplinary case managers.

Focus on Case Coordination & Outreach

8. Develop coordinated case management approaches and/or assertive outreach teams in hotspot areas.
9. Specialist Homelessness Services (SHS) contracts include outreach services that include multi-disciplinary case management with greater flexibility and a wraparound approach.
10. Include NSW Health Mental Health Outreach workers in case co-ordination responses for rough sleepers in public spaces.

Thank you for your consideration of our submission on this important and complex social issue. We look forward to the outcomes of the Inquiry.

Yours sincerely

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