

**Submission
No 24**

INQUIRY INTO THE PROTOCOL FOR HOMELESS PEOPLE IN PUBLIC PLACES

Organisation: Positive Life NSW

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PositiveLifeNSW

the voice of people with HIV since 1988

Legislative Assembly Committee on Community Services
Parliament of New South Wales
communityservices@parliament.nsw.gov.au

Re: Submission into the Inquiry into the Protocol for Homeless People in Public Places

Dear Legislative Assembly Committee on Community Services Secretary,

Positive Life NSW (Positive Life) welcomes the opportunity to provide a submission into the Inquiry into the Protocol for Homeless People in Public Places.

Positive Life is the state-wide peer based non-profit organisation that speaks for and on behalf of people living with and affected by HIV (PLHIV) in NSW. We provide leadership and advocacy in advancing the human rights and quality of life of all PLHIV, and to change systems and practices that discriminate against PLHIV, our friends, family and carers in NSW.

Background:

At Positive Life, we believe that the NSW and Australian governments have responsibility to support equity, fairness and support for all Australians in need of assistance.

The NSW Government introduced the Protocol for Homeless People in Public Places (the Protocol) in October 2012 to “help ensure that homeless people are treated respectfully and appropriately and are not discriminated against on the basis of their situation. The Protocol aims to assist homeless people to receive services if they need or request them.”¹ The Protocol is currently under review, seeking responses to a range of questions to ascertain the effectiveness and appropriateness of the Protocol.

The Protocol acknowledges that “homeless people are marginalised within the community and experience barriers to participation in social, recreational, cultural and economic life. There are particular issues faced by homeless people who use public spaces to sleep, store their personal belongings and gather together.”²

The Protocol outlines nine circumstances in which homeless persons can be approached by government officials (government agency employees). Some examples include: when the homeless person requires assistance; when the official seeks to engage with the homeless person for information exchange or the provision of a service; or the homeless person is a child who appears to be under the age of 16.

The Protocol also outlines three underlying principles, including these examples: homeless people have the same entitlement as any member of the public to carry with them and store their own belongings; homeless people have diverse backgrounds and needs, which should be considered in any response, such as that many homeless people have complex needs such as mental health and/or drug

¹ Family and Community Services, Housing NSW, ‘Protocol for Homeless People in Public Places Guidelines for Implementation’, (2013), accessible at: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2568#tab-otherdocuments>

² Ibid

and alcohol issues, or cognitive impairment, and these issues may result in behaviour that is seen to be antisocial; and cultural sensitivity and respect should be applied when engaging with Aboriginal homeless people and those from different cultural, linguistic or religious backgrounds.

Outreach support effectiveness:

The NSW Government introduced a suite of “more proactive outreach programs that take services directly to people sleeping rough – resulting in 200 people from the inner city accessing permanent, stable social housing. The services have been enhanced by the introduction of a new mobile outreach van that enables staff to deliver support normally provided at a Department of Communities and Justice (DCJ) Housing office.”³ The Homeless Outreach Support Team (HOST) program visits places like Belmore Park, Wentworth Park and Central Station to engage with homeless persons in these public places and provide services resulting in them being permanently housed. However, the HOST program lacks clarity around where the HOST program will target, i.e. they may be at Central Train Station one day then Belmore Park the next, which makes it difficult for homeless people to know where they should be on any given day in order to receive the service; in what the eligibility requirements are for HOST clients; and the processes by which clients are moved into social housing and then whether these clients return to rough sleeping at a later date.

However, as the 2019 Homelessness NSW ‘Consultation Paper Review of the HOST and HART models for addressing rough sleeping in inner-city Sydney’ noted, the HOST program “has not led to a sustainable decrease in the number of people rough sleeping or experiencing homelessness because it does not address pressing systemic issues, such as exits into homelessness and the shortage of social housing and post-crisis support services”.⁴ Additionally, the Consultation Paper highlights that “the most vulnerable clients with complex needs, who often have difficulties in interpersonal behaviour and communication, are required to interact with HOST staff, rather than staff from other services with whom they might feel more comfortable, to receive Temporary Accommodation. This means that the HOST model, although it is more flexible and appropriate than previous models, still falls short in servicing this particularly vulnerable cohort.”⁵

Additionally, outreach support services provided by governments that are covered under the Protocol are limited in their cultural awareness and safety in that the majority of the officials that come into contact with homeless people in public places are not peers, i.e. do not have lived experience of being homeless, are not Aboriginal and/or Torres Strait Islander, or a person living with HIV, or a woman who has experienced domestic violence etc. Frontline positions in which government officials interact with vulnerable persons who often experience complex health and social determinants of health issues would be greatly improved with a peer-based employee base, or failing that, an extensive training and cultural competency component of their roles stipulated within this Protocol.

Appropriateness of the Protocol generally and in supporting joint responses:

The Protocol outlines as one of its principles that “homeless people have the same entitlement as any member of the public to carry with them and store their own belongings.”⁶ We believe this should be expanded to state that officials are not permitted to touch or moving the belongings of homeless people that have been stored in public places, unless they are causing a significant hazard or risk to public safety. This is particularly important when concerning medications and adherence to drug regimes such as antiretroviral medication for HIV treatment. Secure housing is a prerequisite to the

³ NSW Communities and Justice, ‘Outreach houses 200th rough sleeper’, 2018, accessible at: <https://www.facs.nsw.gov.au/about/media/releases/outreach-houses-200th-rough-sleeper>

⁴ Homelessness NSW, ‘Consultation Paper: Review of the HOST and HART models for addressing rough sleeping in inner-city Sydney’, 2019, accessible at: <https://www.homelessnessnsw.org.au/resources/consultation-paper-review-host-and-hart-models-addressing-rough-sleeping-inner-city>

⁵ Ibid

⁶ Family and Community Services, Housing NSW, ‘Protocol for Homeless People in Public Places Guidelines for Implementation’, (2013), accessible at: <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2568#tab-otherdocuments>

effective clinical management of PLHIV. Without secure and appropriate housing, PLHIV are more likely to become non-adherent to HIV treatment, disengage from healthcare, and are less likely to sustain an undetectable viral load, which maintains their good health as well as reduces the risk of onward transmission of HIV.

The Productivity Commission's annual 'Report on Government Services' (RoGS) provides 'information on the equity, efficiency and effectiveness of government services in Australia'. Data in this report relating to housing and homelessness cite unmet needs for accommodation services among the homeless have increased 7.9 percentage points since 2014-15, and that 33.8 per cent of 'clients with an identified need for services' have unmet needs.⁷ The implications of these findings in relation to the Protocol are that the Protocol is ineffective in its aim of providing homeless persons with suitable service linkage and service delivery from the officials they are coming into contact with in public places.

Case Study – human rights, stigma and discrimination:

A Positive Life NSW Housing Support client, Bob (not his real name) has been rough sleeping in Hyde Park in the Sydney CBD. Bob had tried residing in crisis accommodation refuges but states he found these environments quite challenging. Bob states he was given no choice but to sleep in his designated bed in a dormitory surrounded by other residents who were managing their own mental health and substance dependence issues. He also found the rules of these facilities quite punitive. He preferred public places as this awarded him some freedom by choosing where he slept for the night without having to conform to curfews and restrictive house rules.

Prior to this Bob was residing in subsidised housing via Communities and Justice's Private Rental Subsidy Scheme. However, when the landlord increased the rent quite substantially, Bob could no longer afford this accommodation and became homeless.

As well as living with HIV, Bob also lives with a diagnosis of Bipolar disorder and depression. Each of these conditions requires daily medication and regular health appointments.

Bob agrees that maintaining a daily medication regime is challenging when rough sleeping in public places. He states he has several "stash" of medications hidden around Hyde Park. He also concedes that these "stash" have been discovered and removed, leaving him with no daily medication. As stated above, PLHIV need to maintain a strict medication regime to maintain an undetectable viral load. An unstable living environment can have a negative impact on their HIV health.

Vital medical appointments are challenging for Bob to maintain whilst being a homeless person in a public place as this living arrangement provides little room for structure. Having no fixed address, he relies completely on his mobile phone in managing appointments. Bob's phone charge can quickly deplete, and he is without access to electricity to re-charge it.

The same applies for Bob in receiving further offers of housing assistance via Communities and Justice. These offers can be missed if Bob is not contactable. In some cases, if no response is received, his file will be closed, and Bob will need to re-apply for social housing from scratch.

Bob is one of many people whose demographic is disproportionately overrepresented in homelessness statistics in NSW, which includes various disadvantaged, marginalised or intersectionally oppressed populations such as PLHIV, women and children who have experienced

⁷ Productivity Commission Report on Government Services 2019, G Housing and homelessness, 19 Homelessness services, Table 19A.7 'Proportion of clients with unmet need for accommodation or services other than accommodation'
<https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/housing-and-homelessness/homelessness-services/rogs-2019-partg-chapter19-attachment.xlsx>

family, domestic and/or sexual violence, Aboriginal and/or Torres Strait Islander people, people from culturally and linguistically diverse cultures, people who identify as LGBTQIA+, and people who inject drugs, among others. These circumstances are often experienced alongside multiple health and social determinants of health issues, including mental health.

The underlying principles of the Protocol that addresses homeless people having diverse backgrounds and needs, and what should be considered in the official's response in light of these, is insufficient. The Protocol should be expanded to require government and non-government agencies that employ officials who come into contact with homeless persons in public places to undertake regular training on cultural competency, trauma informed service delivery, and stigma and discrimination rather than merely stating that these factors and approaches should be considered in any response.

Other related matters:

Tangential to the Protocol content, but directly relevant to the effectiveness of the response in relation to the collective housing system in NSW both privately and publicly, is the housing affordability crisis combined with woeful social support payments. Homelessness is an affordable housing crisis issue, which has negative repercussions for all Australians, particularly those on low incomes and experiencing a range of intersecting disadvantages and oppressions.

As outlined in the peer reviewed 2019 report by the Australian Housing and Urban Research Institute (AHURI), the proportion of homeless people aged 65 to 74 increased by 37.9 per cent between 2011 and 2016.⁸ This is compounded when considering people on the Disability Support Pension, Newstart, the Aged Pension or in part-time work. For example, Newstart is currently \$272.90 for a single person each week, the equivalent of \$38.99 per day. Even when taking into consideration the maximum rent assistance and the energy supplement, a single person with no children only has around \$49.24 per day to live on. For an Australian under 22 years of age, that figure becomes \$41.97 per day including rent assistance.⁹ These figures are a damning indictment on the Australian federal government – they don't even come close to meeting basic living standards in today's Australian cost of living including housing, utility bills, transport, medical, food, and other necessary costs of daily life. PLHIV with comorbid health concerns have additional medical costs for medication, travel to and from healthcare services, mobility aids, and other health services.

There is a significant shortage of social housing stock as well as variations in suitability or adequacy. Additionally, shared accommodation options such as Boarding Houses are limited. These are not a good option for PLHIV who are exposed to stigma, discrimination and even violence due to the use of shared facilities such as bathrooms and kitchens. Further, crisis accommodation services for PLHIV who experience homelessness are challenging for a range of reasons. These services can charge up to \$300 per fortnight for residents which includes meals. Although this could be affordable, they can be chaotic environments and do not provide the stability required to search, apply for and secure employment, much less create and maintain health-seeking behaviours.

Summary:

If the federal and NSW governments continue in not addressing the homelessness crisis occurring in Australia and NSW, including the intersecting issues of housing stock and affordability, system complexity, social support payments, and stigma and discrimination in engaging with homeless people in public places, this will have negative impacts through increased spending and reduced public health outcomes.

⁸ Thredgold, C., Beer, A., Zufferey, C., Peters, A. and Spinney, A. (2019) An effective homelessness services system for older Australians, AHURI Final Report 322, Australian Housing and Urban Research Institute Limited, Melbourne, accessible at: <https://www.ahuri.edu.au/research/final-reports/322>

⁹ Australian Council of Social Services, "Analysis of the impact of raising benefit rates", (2018), accessible at <https://www.acoss.org.au/wp-content/uploads/2018/09/DAE-Analysis-of-the-impact-of-raising-benefit-rates-FINAL-4-September-...-1.pdf>

Positive Life would like to commend the Legislative Assembly Committee on Community Services in their dedicated and thorough research and consultation process with the aim of reforming the Protocol for Homeless People in Public Places to make it as strong as possible for all Australians including those of us living with HIV.

If this submission requires additional information or clarification, I can be contacted at ceo@positivelife.org.au or on 02 9206 2177.

Yours respectfully,



*Jane Costello
Chief Executive Officer*

27 February 2020