Sydney Local Health District Homelessness Plan

2023 to 2025

NSW GOVERNMENT

Sydney
Local Health District

Contents

Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges ***Gadigal***, ***Wangal*** and ***Bediagal*** as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great ***Eora Nation***. *Always was and always will be Aboriginal Land*.

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Land Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi – A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals and organisations working in partnership.

Our story

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The ***Gadigal***, ***Wangal*** and ***Bediagal*** are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great ***Eora Nation***. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or *Wirriga*
One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

The Whale or *Gawura*
From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or *Burra*
Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary

Artwork

Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.

Introduction

This Sydney Local Health District Homelessness Plan 2023 to 2025 was developed to improve the health outcomes of, and responses to people experiencing or at risk of homelessness in Sydney Local Health District (the District).

This plan builds upon the current *Intersectoral Homelessness Health Strategy (IHHS) 2020-2025*, a partnership between Sydney Local Health District, South Eastern Sydney Local Health District (SESLHD) and St Vincent's Hospital Sydney. The plan uses this IHHS framework and applies a greater focus on priority areas that pertain to the District such as boarding houses.

The District has a proud history of providing high-quality, compassionate care for vulnerable populations, and in addressing the health and wellbeing of people who experience homelessness. The plan adds to this work and identifies and progresses some initiatives to improve health outcomes for people experiencing or at risk of homelessness. The Plan supports a nationally agreed view and our District's vision for our residents' to have a safe, secure, and culturally appropriate home, with the goal of delivering quality health services to those who are currently, or at risk of, experiencing homelessness.

Principles

This plan strives for more health equity for people who experience homelessness. Key themes to support this include:

a. Better informed health planning and service delivery for people experiencing homelessness in the District.

b. Significant partnerships with key agencies to support the delivery of better health outcomes for people experiencing homelessness.

c. Building the capacity of all health services to work with people who are experiencing homelessness to achieve the common goal of enhancing their health and wellbeing.

A typical boarding house

Context

Rough sleeping or living in inadequate, unsafe, or unstable short-term accommodation can cause or exacerbate mental and emotional health issues, increase the risk of injury (due to violence), and can cause or make it difficult to manage chronic health conditions such as metabolic conditions or respiratory disease.

Likewise, poor health and poor access to health care can cause homelessness or make it difficult to sustain tenancies. This can take various forms, such as untreated mental illness causing disruption to tenancies, or chronic physical illness contributing to poverty and thus difficulty maintaining a tenancy.

At present, people experiencing homelessness in our District are more likely to have higher rates of chronic diseases and multi-morbidities; have poorer access to primary and preventative care; and are at risk of being discharged to homelessness from health services (IHHS 2020-2025).

The Australian Institute of Health and Welfare (2021) identified many factors which make it difficult for people experiencing homelessness to access health care at the right time. These include:

- the complexity of the health system
- complicated referral processes and strict eligibility criteria of many health services and programs
- poorer access to general practitioners
- experiencing mental health problems, substance use and/or other co-morbidities
- healthcare may not be the most pressing priority, given the urgent need for shelter and food
- lack of Medicare cards and difficulty replacing documentation for people with no fixed address
- violence, abuse and neglect

Furthermore, research on the gap in life expectancy consistently reveals significant differences among those who are experiencing homelessness compared to those who aren't; this gap is due to conditions which could be effectively treated with appropriate health care (Australian Institute of Health and Welfare, 2021).

The impacts on health services of people who are considered homeless include increased length of stay in the hospital, higher readmission rates, poor attendance with outpatient clinics, and lack of engagement or continuity with treatment programs such as drug health services (Flatau, 2021).

Definition

A person is homeless if they are living in non–conventional accommodation, such as living on the street, or short–term or emergency accommodation, including living with friends and relatives temporarily (Australian Institute of Health and Welfare, 2021). Boarding house residents living in accommodation that falls below minimum community standards are also defined as experiencing homelessness.

There are three categories of homelessness:

1. **Primary homelessness** — people without conventional accommodation (e.g., sleeping rough or in improvised dwellings).
2. **Secondary homelessness** — people who frequently move from one temporary shelter to another (e.g., emergency accommodation, women's refuges, youth refuges, couch surfing).
3. **Tertiary homelessness** — people staying in accommodation that falls below minimum community standards (e.g., boarding houses and caravan parks).

The Australian Bureau of Statistics (2012) defines homelessness as when a person does not have suitable accommodation alternatives, they are considered homeless if their current living arrangement:

- is in a dwelling that is inadequate
- has no tenure, or if their initial tenure is short and not extendable
- does not allow them to have control of, and access to space for social relations.

Homelessness Data

The estimated data for homelessness for the District is extracted from annual street counts, census data and the SLHD Boarding House Project. There are some weaknesses in this data for example census data includes all of City of Sydney (and therefore some areas of SESLHD).

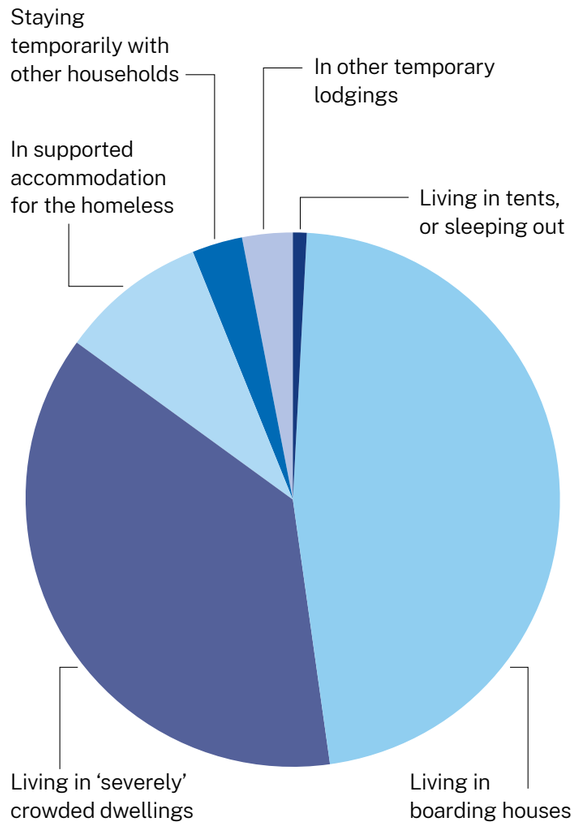
The following table identifies the sources that informs the estimated numbers for each category:

	Source	Estimated number
Living in tents, or sleeping out	Street count	109 1%
Living in boarding houses	Boarding House project	4821 47%
Living in 'severely' crowded dwellings	Census 2021	3841 37%
In supported accommodation for the homeless	Census 2021	895 9%
Staying temporarily with other households	Census 2021	296 3%
In other temporary lodgings	Census 2021	337 3%

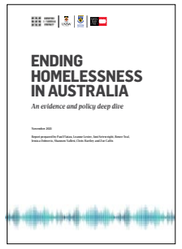
Drivers of homelessness in NSW

Homelessness is caused by a range of economic, social, and personal circumstances and the *IHHS 2020-2025* identifies the following drivers for homelessness in NSW:

1. Poverty and financial disadvantage
2. Under supply of affordable and appropriate housing
3. Domestic violence and relationship issues
4. Mental illness and substance use issues
5. Other factors which include:
   a. Inadequate transfer of care
   b. Transition from custody
   c. Lack of support
   d. Discrimination



Health issues and homelessness



The November 2021 study, *Ending Homelessness In Australia: An evidence and policy deep dive* (Flatau, 2021), provides an extensive review of the current state of homelessness and its drivers in Australia.

It presents the first detailed examination of the consolidated national Advance to Zero database for the decade 2010-2020. The report focuses on those experiencing homelessness, particularly those who are sleeping rough or in homelessness services' supported accommodation, and advises on the following health findings for this population including:

- long-term serious medical conditions are higher than rates seen across the general population
- very high rates of foot and skin infections
- very high rates of dental problems
- one third attending emergency departments due to mental health reasons
- problematic alcohol and other drug use
- self-reported use of hospitals much higher than the general population

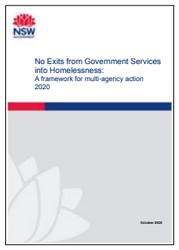
State and local context

This plan is designed to complement the statewide and intersectoral actions currently in place to address homelessness and the health status of people experiencing homelessness.

1.1 Strategic Alignment

NSW Homelessness Strategy 2018–2023

The NSW Homelessness Strategy 2018-2023 sets out the NSW Government's plan for a comprehensive approach to prevent and improve the way we respond to homelessness. The NSW Government has an ambitious agenda for reducing homelessness across the State through addressing the systemic drivers of homelessness. The goal is to halve street homelessness by 2025, and support individuals to live safer, more stable, and happier lives. The *NSW Homelessness Strategy 2018-2023* provides some guidance to *IHHS 2020-2025* (see right) and is subject to evaluation by September 2023.



The Department of Communities and Justice (DCJ) led the statewide development of *No Exits from Government Services into Homelessness: A framework for multi-agency action*. The vision is that no person exits from a government service into homelessness. The framework recognises that many highly vulnerable people leaving government services have multiple and complex needs or experience unpredictable exit pathways that significantly increase their risk of homelessness. This is linked to the *NSW Homelessness Strategy 2018-2023*.

1.2 Intersectoral Homelessness Health Strategy (IHHS) 2020-2025

Developed by a senior collaborative alliance comprising of Sydney and South Eastern Sydney Local Health Districts, St Vincent's Health, the City of Sydney and the SSESNS District DCJ, the strategy identifies shared strategic priorities for improving health outcomes among people experiencing homelessness.

The strategy sets out five priority action areas which inform this plan:

1. Improving access to the right care at the right time
2. Strengthening prevention and improving public health
3. Increasing access to primary care
4. Workforce capacity building
5. Establishing collaborative governance and shared planning

Homelessness in Sydney Local Health District

Health districts have different homelessness population demographics and therefore, the strategies to improve health outcomes may have different weighting or priority for each district's plan.

This plan focuses on key areas, including people living in boarding houses, people experiencing rough sleeping, people living in severely overcrowded dwellings, women experiencing domestic violence and people at risk of homelessness. 'At risk of homelessness' is currently a key issue for our community as rents are increasing in most accommodation options including private rentals and boarding houses. Rental stress is reported as the fastest growing cause of homelessness in Australia and over the past 4 years there is a 27% increase in people seeking help at homelessness services because they couldn't afford rent (The Guardian, 2022).

This plan also considers Camperdown Common Ground (CCG) a housing first model, which has successfully housed many people who were previously sleeping rough.

In December 2021, the first dedicated homelessness Program Director of Homelessness and Rough Sleeping, was established in the District. This position leads the development and delivery of innovative programs and strategic and service responses to address the physical and mental health and wellbeing of people experiencing homelessness in the District.

Boarding houses

The District contains the largest proportion of boarding houses in NSW; 44 per cent of boarding houses registered with NSW Fair Trading are located within the District (463 of 1062 properties as of May 2022). Four of these boarding houses are assisted boarding houses with high levels of support and regulation and 459 are general boarding houses. The high population of people living in boarding houses is a defining attribute of the District compared to other districts.

Boarding houses are for-profit businesses where a tenant rents a single room, but other facilities such as kitchens, bathrooms and toilets are commonly shared. They differ from shared house arrangements in that residents are not generally known to each other, and each occupant has their agreement with the operator and fewer rights than renters.

There is limited oversight of boarding houses with no records of the number of residents and incomplete monitoring of standards of the living environment. While NSW Fair Trading administers the register of boarding houses, it has no responsibility for enforcing the Boarding House Act 2012; this is essentially the responsibility of the local government. The Boarding House legislation is under review and a new Act is expected in 2023 or 2024.

General boarding houses vary in quality and target population. An evaluation of the NSW Boarding House Act by Drake (2018) identified several types of boarding houses. This plan uses similar terminology to categorise the boarding houses into three groups:

1 **Traditional boarding houses**	• This is the most common boarding house in the District with approximately 250 registered with NSW Fair Trading and a further estimated 100 unregistered. • Rent is generally within the range of $120-270 per week, which tends to attract people who are disadvantaged and vulnerable. A few traditional large boarding houses may include meals, with rent around $300. • Residents are more likely to be long term, staying over 12 months (although the lease agreements may be shorter and are renewed regularly). • Residents share bathroom and kitchen facilities.
2 **New generation boarding houses**	• There are approximately 90 'new generation' boarding houses within the District. • These are higher quality, studio like accommodation with ensuite bathrooms and kitchenettes. Some have shared kitchens and common rooms. • Rent is generally >$270 per week. • Residents are more likely to be working.
3 **Student boarding houses**	• There are approximately 45 student-style registered boarding houses targeted to local and international students. • These can be specifically named student accommodation (like Unilodge) or boarding houses which are established to accommodate students only. • Leases are generally limited to three to twelve months and therefore do not appeal to someone looking for long term tenancy.

Most studies on homelessness refer to people rough sleeping and living in homeless hostels or emergency accommodation. There is very little research into the health status of people living in general boarding houses, however, the Australian Catholic University and Newtown Neighbourhood Centre published an evaluation of the Boarding Houses Act 2012. This research included a profile of people who live in traditional boarding houses. It found that residents were more likely to be unemployed, live with disability, mental health issues, have a history of problematic drug or alcohol use and had previously been incarcerated (Drake 2018).

People experiencing rough sleeping

There are fewer people rough sleeping in Sydney Local Health District in comparison with the neighbouring SESLHD.

In 2023, 109 people were counted as living on the street across the local government areas within the District. The table below provides a breakdown by local government area:

Council area 2023	
Inner West	7
Burwood	6
Canada Bay	4
Canterbury / Bankstown	7
Strathfield	1
City of Sydney (SLHD)	84
Total	**109**

There are two places where there are consistently larger groups of people sleeping rough and both lie within the City of Sydney.

Central Station	34
Wentworth Park	33

Apart from Central Station and Wentworth Park people who are rough sleeping tend to be alone or pairs.

St Vincent's Health Network provide homelessness health outreach services in key hotspots in the City of Sydney local government area, including Central Station and Wentworth Park. St Vincent's Health Network provide several specialist and dedicated homelessness clinical teams including Homelessness Assertive Outreach; Homelessness Access and Assessment Residential Services; and a Homelessness After Hours Service. The partnership with St Vincent's Health Network, City of Sydney Council, DCJ (Homelessness Outreach Support Team) and specialist community managed organisations (CMOs) such as NEAMI and Mission Australia are an important aspect of delivering accessible and effective health care to these areas.

People living in severely overcrowded dwellings

A severely overcrowded dwelling is defined as accommodation which needs four or more extra bedrooms to house the people living there (AHURI 2019). People living in severely overcrowded dwellings form the most common experience of homelessness across the District. This is most notable in the Canterbury, Strathfield, Ashfield and Burwood areas (IHHS 2020).

This group notably includes higher representation of people from a culturally and linguistically diverse background, young people, and Aboriginal and Torres Strait Islander people. An estimate based on census data identified 3841 residents within the District (census 2021). There is limited data or understanding about this population's health needs and access to health services.

Camperdown Common Ground

Camperdown Common Ground (CCG) is a housing first model which connects people experiencing homelessness with long-term permanent housing as quickly as possible without preconditions and provides support as needed. It is based on the idea that people need a stable and secure home before anything else such as employment, community connections or better health care. The principles of a housing first approach are:

- people have a right to a home
- housing and support are separated in service delivery but provided together to ensure sustainable outcomes
- flexible support for as long as it is needed
- choice and self-determination
- active engagement without coercion
- social and community inclusion
- recovery oriented practice
- harm reduction approach

CCG provides permanent supported housing with apartment-style affordable housing together with a range of on-site services. CCG opened in 2011 and houses a mix of residents with a history of rough sleeping and others with low incomes. The model does not require people to engage in treatment programs or prove their housing readiness as a condition of tenancy. There are very few vacancies indicating that this model supports people to maintain their tenancies in a secure, socially integrated housing complex. The CCG project has 104 units: of these, 52 are provided for vulnerable people who have experienced chronic homelessness, 10 are for priority social housing tenants and 42 are for affordable housing tenants. CCG was Australia's third project based on the Common Ground model and there are now six across Australia (Adelaide, Brisbane, Melbourne, Perth, Hobart and Sydney).

Key partnerships in Sydney Local Health District

Staff from Camperdown Common Ground left to right: Melody Bulobin (Program Manager), Paul Clenaghan (Program Director of Homelessness and Rough Sleeping) and Sam Hamdon (Concierge).

There are broader service systems and partnerships that respond to homelessness such as DCJ, councils, specialist homeless services, emergency services, real estate agencies, community managed organisations, community centres and many more. The District has long and well-established service partnerships with government and community managed organisations assisting vulnerable populations.

For example in the government sector:

- **Central and Eastern Sydney Primary Health Network (CESPHN):** Primary health care is crucial for the vulnerable populations with strong commitment by CESPHN.
- **Sydney, South Eastern Sydney and Northern Sydney District of Department of Communities and Justice (SSESNS DCJ)** together with community housing providers, provide pathways to housing for those who are homeless or at risk of homelessness. There is a strong collaboration between the District and SSESNS DCJ. Since 2017, the DCJ's Homelessness Outreach Support Team (HOST) has provided an assertive outreach response in the SSESNS District in partnership with homelessness services, local government, health and police. The partnership with other services has enabled DCJ to provide a multi-disciplinary approach and integrated service response.

Community managed organisations (CMO) responding to homelessness:

There are multiple CMOs responsible for delivering health and wellbeing services for people who experience homelessness and below are some examples.

1 **Inner West Homelessness Assertive Outreach Collaboration (IWAOC)**	This project has been operating for over five years. The service reaches out to people who are sleeping rough in Newtown and Ashfield and surrounding areas. The IWAOC is comprised of DCJ, Inner West Council, the District and the following specialist homelessness services - Bill Crews Foundation, Mission Australia (Missionbeat), Neami, Newtown Neighbourhood Centre (NNC), and Wesley Mission. The IWAOC provides monthly assertive outreach patrol services which have been operating since 2016. Data collected from 53 outreach patrols conducted between October 2018 to September 2020 shows that 167 people were observed sleeping rough. In that period there were 148 occasions when people were engaged by patrol teams and 27 people were permanently housed.
2 **Newtown Neighbourhood Centre (NNC)**	For many years NNC has been the lead agency and the subject matter expert on boarding houses and providing outreach services and advocacy for boarding house residents. NNC broadly aims to build an inclusive, resilient, self-reliant and creative community by providing community support services to the local community and in particular to disadvantaged groups such as the aged, people at risk of homelessness, people with mental illness, people from culturally and linguistically diverse backgrounds and people on low incomes.
3 **Exodus/The Bill Crews Foundation**	Exodus is an Ashfield-based charity that aims to combat disadvantage by providing food, social health and wellbeing services. This includes a free breakfast and lunch service to up to 200 people each day, as well as more than 160 meals provided through their night time mobile food van. Exodus has a primary health clinic and participates in the multi-agency outreach program IWAOC.
4 **Mission Australia**	Mission Australia is the lead agency for CCG and provides support services and housing services on site. Missionbeat provides a range of services to people who are sleeping on the streets including rapid response crisis intervention, on street support, welfare assistance, case management and post housing support to people who are sleeping rough.
5 **The Haymarket Centre**	The Haymarket Centre provides crisis accommodation and support services for people with mental health and alcohol and other drugs comorbidities who are experiencing homelessness. The Chippendale Centre provides 28 beds for women, men and transgender people over the age of 18 years with a focus on access and equity for people from all backgrounds. The Haymarket Centre also offers several residential services, including breakfast, lunch, and dinner, showers, and laundry facilities.

Key local health district partnership projects

1 Healthy Strong Communities (HSC)

In 2015, the Department of Premier and Cabinet initiated with the Sydney Local Health District and Sydney District FACS (now DCJ) a service delivery reform project. The vision was to enable people experiencing mental health issues to reside in stable homes and in safe communities. This partnership has developed new mental health and housing models, a step-up step-down residential model, a new mental health clinician in a housing liaison role, a new role addressing hoarding and squalor issues and a number of place-based health models.

HSC has the following goals:

1. To improve housing options for people and families with mental health issues.
2. To provide person-centred services for people with mental health issues in the community at the right time.
3. To improve sector and workforce capability.

2 Better Pathways to Housing

Since 2015, the Better Pathways to Housing project (BPTH) has aimed to improve the housing pathways of people with severe and enduring mental illness.

The project is a key strand of work of the HSC Committee.

The project objectives are:

1. To strengthen pathways to accommodation for people with severe and enduring mental health illness.
2. To plan, design, develop and test improvements to housing pathways for people with mental illness.

3 Living Well Living Longer (LWLL)

LWLL was established to ensure the Sydney Local Health District's mental health consumers have equitable and timely access to primary, secondary and tertiary health care services and better health outcomes. This is a District whole-of-health, multi-profession commitment to improve physical health encompassing the social, emotional, and psychological lifestyle impacts for people living with mental illness. The LWLL's enables people with severe mental illness across the District to be screened, treated and monitored for cardiovascular and metabolic risk factors. This is provided through multi-disciplinary clinics and a range of targeted strategies.

4 Discharge to homelessness (Mental Health studies)

Since 2012, the District's Mental Health Service annually reviews the rates of discharges to unstable accommodation from the mental health acute inpatient units. This continuous audit aims to improve the stability of housing and to achieve zero discharges to rough sleeping. Studies undertaken in the District between 2012 and 2020 found that 11 to 22 per cent of consumers were discharged to unstable housing or homelessness. This highlights the need for continual monitoring, in order to eliminate discharges to rough sleeping and discharges to unstable accommodation.

5 COVID-19 partnerships

The development of new outreach approaches to vulnerable communities during the COVID-19 pandemic resulted in some positive outcomes for vulnerable populations and demonstrated successful collaborative outreach models for health and wellbeing care including:

People rough sleeping

Since March 2020, the Sydney Rough Sleeping COVID-19 Taskforce, comprised of SLHD, DCJ, CESPHN and CMOs have worked seamlessly together in the coordination of urgent housing and health support for people sleeping rough or in large crisis accommodation facilities in inner city Sydney. The taskforce is informed by housing first principles, attempting to provide accommodation and wrap around supports to suit each person and their needs. This multi-agency taskforce contributed to a reduction in people experiencing rough sleeping.

Boarding houses

During the pandemic, a boarding house outreach project provided inreach to boarding house. This included visiting more than 300 boarding houses in 2022. The outcomes of these visits included:

1. Communications with residents in the facility to reduce the risk of transmission.
2. Assessment of boarding house environment and appropriate interventions to isolate COVID-19 positive residents and reduce the risk of infections.
3. Education, written information, rapid antigen tests and supervised self-testing of residents.
4. Referral, where appropriate to Specialist Health Accommodation for isolation if positive and unable to isolate during January to June 2022.

Priority action areas 2023 to 2025

The District has a leadership role in addressing the health needs of people who experience homelessness and will work with a wide range of partners to advocate for better outcomes and solutions to homelessness.

The following strategic priorities derive from the *IHHS 2020-2025*, with specific actions of relevance to the District. The plan includes a further priority area, Camperdown Common Ground. An implementation plan will be developed with the overall goal of improving health outcomes for people experiencing homelessness.

Plan at a glance

Strategic priorities	Actions we will take
1 **Improving access to the right care at the right time**	• Understand the boarding house environment and improve health response to residents • Strengthen data on homelessness in the District • Better access to oral health • New models of care: virtual outreach to people who are homeless • Innovative outreach for screening and vaccination programs
2 **Strengthening prevention and improving public health**	• Understand and respond to high emergency department use • Review the Better Pathways to Housing project (mental health) • Innovative outreach models to rough sleeping hotspots in the District • Review of 'no exits to homelessness' (to rough sleeping from hospitals) • Review earlier interventions for populations at high risk of homelessness
3 **Increasing access to primary care**	• Strengthen partnerships with CMO primary care hubs (Bill Crews Foundation, The Haymarket Centre) • Develop partnerships with Street Side Medics • Support new primary health clinics or hubs for vulnerable populations • Review health pathways for homeless populations
4 **Workforce capacity building**	• Review workforce needs and develop an educational plan • Target training for staff on By Name List • Develop opportunities within the plan for people with lived experience • Develop a District homelessness internet page
5 **Collaborative governance and shared planning**	• Implementation plan for By Name List • Engage service managers/directors to identify key priorities and actions for their facilities • Consider developing a Homelessness Health Taskforce Committee • Develop systems for monitoring and evaluating this plan
6 **Camperdown Common Ground**	• Develop a District and Mission Australia Steering Committee • Assess residents' experiences of current model • Develop improved access to health care

1 Improving access to the right care at the right time

a. Better understanding of boarding house models and health response to clients

Rationale: Understanding boarding houses and their residents is the first step to enabling and delivering better health and wellbeing to this population. A three-phase mapping and actions project will be implemented.

Action: three phase boarding house project

Phase 1: Identify boarding houses within the District

Phase 2: Develop systems for enabling a better understanding of health needs for boarding house residents

Phase 3: Pilot actions and further reviews of boarding houses

- Strengthen understanding of boarding house operations including:
  - the needs of boarding house managers
  - the strengths and weaknesses of boarding houses
- Develop a profile of boarding house residents and their needs
- Review how to support residents at unregistered boarding houses
- Partner with councils' regulatory teams to explore opportunities to collaborate in sharing information in relation to boarding houses
- Consider ways to communicate with boarding house owners and residents
- Review opportunities for increased resources for CMOs to enable a wider delivery of health and wellbeing services
- Review boarding house closures and related protocols and procedures for assisting residents

b. Strengthening data and information systems to inform service and program development

- Review 2021 census data to estimate the current data on primary, secondary and tertiary homelessness in the District
- Map locations, schedules and services provided by homelessness health services
- Review the existing range of medical record data available for boarding house residents and people experiencing rough sleeping
- Women and domestic violence: review in partnership with lead team/s access to health services for women who experience or at risk of experiencing homelessness

c. Developing models of care which are flexible and appropriate to the needs of people experiencing and at risk of homelessness

- Establish outreach programs for people experiencing rough sleeping – maintain the effective partnership with the IWAOC.
- Develop models that enable and promote vaccination:
  - COVID-19
  - Influenza
- Identify the strengths of current drug health models and opportunities for promoting greater access and effective treatment to:
  - CCG residents
  - Boarding house residents
  - People who are rough sleeping
- Develop pathways to oral health service care for people who are experiencing homelessness
- Develop opportunities for virtual health models to the homeless populations
- Develop strategies to improve access to:
  - Podiatry — develop strategies for assessment of neglect and pathology of feet for CCG residents and people who are rough sleeping
  - Dermatology — review whether there are opportunities to improve access to better skin care and treatments
  - Hepatitis viruses — review opportunities for assessment and treatment, noting that the prevalence of Hepatitis C virus is high among people experiencing homelessness (Harney, 2019)

2 Strengthening prevention and improving public health

a. Emergency department and hospitals	Rationale: Homeless populations are high users of the emergency department for low-acuity issues that could be treated in more appropriate settings such as primary care (Webber, 2020). Further studies indicate there are large differences in emergency department use from people experiencing homelessness with a small number of people accounting for a large proportion of health service use (Flatau, 2021). • Investigate emergency department hospital utilisation across the District by people who experience homelessness and respond to findings • Develop alternative health pathways to ED for people who experience homelessness
b. Identify vulnerable populations to homelessness and develop strategies to improve health outcomes	• Review and develop opportunities to improve health outcomes for Aboriginal people who experience homelessness. • Mental health: – evaluation of the Better Pathways to Housing project for people with severe and enduring mental illness specifically boarding house residents and people experiencing rough sleeping – implementation and evaluation of the Mental Health Inreach program established late 2022 between the District and DCJ — two specialist caseworkers through Wesley Mission providing assertive outreach to mental health inpatient units over a two-year period (June 2022 -June 2024) – implement actions from mental health annual audit of discharge from inpatients services to unstable housing • Work with other hospital facilities to review or audit discharges to homelessness in line with the *No Exits from Government Services into Homelessness: A framework for multi-agency action (2020)*
c. Review the rough sleeping hotspots in the District to determine data, outreach models and opportunities for improvement	• Central Station Precinct — review feasibility of establishing an on-site multi agency service hub during the redevelopment of Central • Wentworth Park — review with St Vincent's Health outreach models and specifically the access to health services for the non resident population at Wentworth park • Newtown and Ashfield — assess and review the current outreach services for people who are rough sleeping in the District (e.g. Inner West Newtown and Ashfield)
d. Review early intervention opportunities for high risk of homelessness population with service partners	Review opportunities in the following areas: • At risk tenancies • Justice Health and the Forensic Mental Health Network • Social housing • Women who are victims of domestic violence • Out of home care for young people

3 Increasing access to primary care

a. Review primary care project opportunities with CESPHN and relevant partners including:	• Review opportunities to develop or enhance primary health care models or hubs • Review opportunities for a Street Side Medics primary health care model
b. Further develop the partnership with Exodus/Bill Crews Foundation including the on-site primary health care service.	
c. Health Pathways online decision tool –review for people experiencing rough sleeping or living in a boarding house	

4 Workforce capacity building

a. Review educational needs of workforce and opportunities for improvement	• Review local training modules with CEWD • Develop specific education or information on boarding houses
b. By Name List, Vulnerability index and Service Prioritisation Decision Assistance Tool (VISPDAT)	The By Name List is an online data base which records the name of the person who is experiencing homelessness through a consent process. It aims to enable organisations to add, retrieve and maintain information about people who are experiencing homelessness to provide consistent and coordinated services. • Review of related processes and privacy issues with Ministry of Health • Roll out training to key services, such as social work, to enable identification and communication of needs of people who are experiencing rough sleeping
c. Develop opportunities for people with lived experience of living in a boarding house or rough sleeping to inform education and service delivery	
d. Develop a District homelessness website	

5 Establishing collaborative governance and shared planning

a.	**Develop implementation plan for a By Name List for people who experience rough sleeping**
b.	**Engage LHD general managers to identify key priorities and actions for their facilities**
c.	**Consider Homelessness Steering Committee as per South Eastern Sydney Local Health District model**
d.	**Review opportunities for lived experiences co design or consultation**
e.	**Develop systems for monitoring and evaluation of this plan**

6 Camperdown Common Ground

a.	**Develop partnership steering committee**	• Consisting of Mission Australia, SLHD and Primary Health representation
b.	**Research and investigate:**	• Review residents' experiences living in CCG and identify their health and wellbeing needs • Identity the unique factors, concerns, priorities and barriers that exist for residents in CCG in accessing mainstream health care services • The structure and process of service delivery
c.	**Coordinate a range of services to the residents based on above findings**	
d.	**Develop complex care reviews for people who are high users of health or have significant unmet needs**	

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