

The NSW Association for Adolescent Health (Inc.) and NSW Youth Health Council joint response to submissions regarding new Homelessness Act to protect young people experiencing or at risk of homelessness



August 2009

About NAAH

The NSW Association for Adolescent Health¹ (NAAH) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well being of homeless and at-risk young people* aged 12 to 25 years.

NAAH works closely with the State's seventeen youth health services and the majority of NAAH's work focuses on providing the youth health sector with support and training, government liaison and lobbying, policy and resource development, and community sector networking.

*For the purpose of this Paper, the term homeless and at-risk young people includes the following groups of marginalised young people who are:

- socio-economically disadvantaged;
- Aboriginal and Torres Strait Islander;
- culturally and linguistically diverse;
- refugees;
- homeless or at risk of homelessness;
- gay, lesbian, bisexual and transgender;
- living with a disability;
- socially isolated;
- living in regional and rural areas;
- experiencing mental health problems;
- experiencing alcohol or emerging drug and alcohol problems;
- experiencing a dual diagnosis;
- at-risk of, currently in or leaving out of home care;
- in contact with the criminal justice system;
- victims of crime;
- living with a history of abuse, neglect and trauma; and
- experiencing family breakdown.²

<p style="text-align: center;">Submission No. 38 (homelessness legislation) A.O.C. Date: 20/08/09</p>
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About NSW Youth Health Council

The NSW Youth Health Council is a professional forum committed to improving the health and well-being of young people across NSW. The Council's mission as a professional forum is to advocate on behalf of young people, to support workers, and to provide opportunities for networking, training, partnerships, consultation and planning within the youth health sector. The NSW Youth Health Council is committed to access and equity,

¹ The NSW Association for Adolescent Health (NAAH) is the peak body for the health service providers committed to promoting the health and well being of young people aged 12 to 25 years in NSW. NAAH represents over 100 members who advocate for quality health care for marginalised young people whose health status and help seeking behaviours may be compromised by, for example, homelessness, poverty, mental illness, substance use, unemployment and/or disengagement from education.

² Silk, J. (1999) *Getting it Right Report*, NSW Association for Adolescent Health.

social justice, cultural relevance and diversity in order to guide our work for creating positive change within the youth health sector.

Youth homelessness and youth health in NSW

The Australian Institute of Health and Welfare states that over one third of the total homeless population in Australia is aged between 12 and 24 years³. The health status of homeless and at-risk young people is extremely poor, especially when compared to the general population, and is often compromised by a range of identifiable high risk factors and difficulty in accessing mainstream services. Common factors leading to, or associated with, youth homelessness include family breakdown, history of abuse and neglect, disengagement from education, unemployment, living with a mental illness and/or engaging in high risk and health compromising behaviours.

In NSW, specialised and targeted health services for young people are known as 'youth health services'. Specialised services provided through youth health services are tailored to the needs of homeless or at-risk young people and take on a social view of health, acknowledging that issues such as housing, education, employment, racism and poverty need to be addressed as these issues impact on the choices and subsequent health status of young people. Youth health services in NSW are based in areas of extreme disadvantage and offer a range of programs such as counselling, health promotion, primary health care clinics, alcohol and other drug services, case management, outreach and drop in health services to young people aged 12-24 years. Some services are non-government organisations and others are provided through the various Area Health Services in NSW.

NAAH response to submissions regarding new Homelessness Act to protect young people experiencing or at risk of homelessness

The current homelessness legislation, *Supported Accommodation Assistance Act 1994*, has set out principles and guided government responses to homelessness since 1994. Whilst this Act has provided guidance for accommodation services for homeless people, many specialised services exist in NSW which address the social, health and well being needs of homeless or at-risk young people. The provision of non-accommodation specific services in the community, such as youth health services, greatly assist and help to meet the needs of Australia's homeless population. For this reason, NAAH strongly recommends that new homeless legislation make reference to a cross sector response to homelessness, where accommodation and other specialised services work together to meet the needs of homeless and at risk young people.

This Paper aims to ensure that the health and well being needs of homeless and at-risk young people are incorporated into the new Homelessness Act. This Paper recommends that new legislation regarding homelessness:

- define 'young people' as those aged 12 to 25 years;
- incorporates young people's rights to free and specialised services that are based on best practice evidence;
- ensures that homeless and at-risk young people are supported to achieve *'the maximum possible degree of self reliance and independence'*, including development and maintenance of life skills that promote best possible overall health and well being; and

³ Chamberlain C, MacKenzie D 2009. Counting the homeless 2006: Western Australia. Cat. no. HOU 209. Canberra: AIHW.

- supports an improved response to addressing the health and well being needs of homeless and at-risk young people in Australia.

Principles of provision of services to young Australians who are homeless or at risk of homelessness

NAAH recommends that new legislation for homeless and at risk young people must incorporate the following principles regarding the provision of services:

1. Young people are defined as those aged 12 to 25 years; and
2. Young people have the right to free and specialised services that are based on best practice evidence;
3. Homeless and at-risk young people are supported to achieve *'the maximum possible degree of self reliance and independence'*, including development and maintenance of life skills that promote best possible overall health and well being; and
4. Supports an improved response to addressing the health and well being needs of homeless and at-risk young people in Australia.
5. Specialist homelessness services and other community services must be funded to a level that is adequate, allows safe implementation of supervision and support, enables a strong and well supported workforce and allows sustainability.
6. Government departments should be required to ensure there is an appropriate response for homeless people. Areas that have responsibility should include Health (e.g. dental & mental health), Disabilities & Aged Care, Criminal Justice (including the response for victims and perpetrators), Community Services and Child Protection and Out of Home Care, Guardianship, Immigration, Aboriginal Affairs, Child Care, Education, Employment and Housing.
7. The Legislation must apply to Government and community service provision (not just specialist homelessness services) including mainstream services.

The Australian Human Right's Commission states that children and young people have the right to achieve the highest attainable standard of physical and mental health⁴. NAAH recognises that in order for young people to achieve the highest attainable standard of physical and mental health, all young people, especially those experiencing or at risk of homelessness, have the right to:

- have control over their own health and well being;
- have access to specialised health and other services which are based on best practice evidence; and
- participate in health care decisions.

Current services in NSW address the needs of homeless and at-risk young people in a holistic manner and place a strong focus on early intervention and prevention. Early intervention and prevention programs are vital components of services targeting youth as they increase access to homeless and at-risk young people who are often 'hard-to-reach' because of the complexity of their needs and/or failures in the service system.

Research indicates that homeless and at-risk young people are reluctant to seek and engage with mainstream, child and/or adult services as they view them as judgemental and unsympathetic to their needs and life situations⁵. Mainstream services often do not provide

⁴ Australian Human Rights Commission (2009) *Let's Talk About Rights: National Human Rights Consultation Toolkit*, Australian Human Rights Commission.

⁵ Miller, M. and Lazarevic, L. (2007) *Review of Innovative Health Services for Homeless Youth Program Final Report – December 2007*. Department of Health and Aging, December 2007.

settings and interventions that are friendly to young people and subsequently lack the flexibility to engage this diverse group.

In order to promote and encourage access by homeless and at-risk young people, services should be located in areas of extreme disadvantage and locations that are easily accessible by public transport. Services must not only be accessible geographically, physically, and culturally, but also in all its procedures including financial and administrative arrangements. Through the provision of free services and programs, services are able to help young people overcome poverty and financial barriers, such as bulkbilling, which would otherwise limit young people's access to mainstream, non-targeted services.

Current research conducted in regards to best practice health service provision, describes an accessible service targeted at young people as one that is:

- available at times suitable to young people;
- easy to get to (geographically accessible premises and/or outreach service);
- culturally appropriate on a variety of levels relating to ethnicity, gender, sexuality, disability and "youth culture";
- "youth-friendly" and respectful in its engagement strategies;
- a deliverer of services and programs that are relevant to young people and delivered in a youth-friendly way;
- confidential and respectful of privacy;
- free;
- consultative with young people and their communities;
- an advocate for young people in the wider society;
- a promoter of access for young people in other services; and
- enabling of youth participation⁶.

Existing legislation and regulations governing homeless services in New South Wales regarding the health and well being of homeless and at-risk young people

In NSW, some services that aim to address the health and well being needs of homeless and at-risk young people (referred to as 'youth health services') are funded through The *Innovative Health Services for Homeless Youth (IHSY) Program*. The IHSY Program was introduced in 1991 in response to the Human Rights and Equal Opportunity Commission's *Our Homeless Children (Burdekin) Report*⁷. This report found that homeless young people exhibit chronic health problems but are reluctant to seek treatment through mainstream services as they view them as judgmental and unsympathetic to their needs and life situations.

The IHSY Program is jointly funded between the Australian Government and the State and Territory Governments and aims '*to improve the health outcomes of homeless and at-risk youth aged 12-24 years and their dependents through the provision of specialised health services and improved access to mainstream health services.*'

In 2008, a review of the IHSY Program, the *National Youth Commission Inquiry into Youth Homelessness*, suggested that the net benefit to the Commonwealth Government of

⁶ Kang, M., Bernard, D., Usherwood, T., Quine, S., Aperstein, G., Kerr-Roubicek, H., Elliott, A. & Bennett, D. (2005) *Better Practice in Youth Health: Final Report on Research Study Access to Health Care Among Young People in New South Wales: Phase 2*. NSW Centre for the Advancement of Adolescent Health.

⁷ Human Rights and Equal Opportunity Commission HREOC (1989), *Our Homeless Children, The Burdekin Report, the Report of the National Inquiry into Homeless Children*, (Canberra: AGPS).

specialised early intervention and prevention programs for homeless and at-risk young people is close to \$900 million⁸.

Despite the effectiveness of IHSY services in addressing the health and well being needs of homeless and at-risk young people, no further funding or funding increases have been allocated to previously IHSY funded services. Since July 2007, IHSY Funding programs have only been extended six months at a time. Inadequate and temporary funding arrangements have now resulted in low staff morale, high staff turnover, inability to build a long-term service and community infrastructure, limited planning and most importantly, inability to create a basis for providing ongoing health service delivery to young people.

NAAH strongly recommends that the new legislation for homeless young people enable the expansion of specialised services and supports an improved response to addressing the health and well being needs of homeless and at-risk young people in Australia. This is supported by the *National Youth Commission Inquiry into Youth Homelessness* which under recommendation 17.1, advocates the need for more health services for homeless and at-risk young people and advises that the health status of this population group is largely dependant on access to consistently available adolescent specific services.

The scope of any legislation with respect to related government initiatives in the areas of social inclusion and rights

The scope of the new legislation must:

- provide adequate support to homeless or at risk young people;
- address homelessness;
- Include community development, advocacy, lobbying, policy development;
- apply to community services; and
- to Government services and include their obligations to allocate resources to community agencies, to deliver services within their own Departmental service provision, and make all their services available and accessible to homeless people.

The scope needs to be broad to include many Government funded programs that also assist homeless people not just limited to SAAP funded services. These include, but are not limited to, programs in the areas of Health, Domestic Violence, Family Support, Housing, Juvenile Justice, Legal Aid, and Aboriginal Services.

Applicability of existing models used in the youth health sector

In NSW, youth health services adhere to principles of the 'youth health model' in order to effectively address the health and well being needs of homeless and at-risk young people.

Youth health services approach young people's health in a holistic manner and place a strong focus on early intervention and prevention. Early intervention and prevention programs are vital components of youth health services as they increase access to homeless or at-risk young people who are often 'hard-to-reach' because of the complexity of their needs and/or failures in the service system. Early intervention initiatives enable youth health services to assist in the early detection of causes and effects of homelessness such as developing mental health issues, alcohol or other drug problems, family relationship issues or breakdown, abuse, neglect, and poverty.

⁸ *Australia's Homeless Youth: a report of the National Youth Commission Inquiry into Youth Homelessness*, National Youth Commission, Victoria, 2008.

Youth health services are staffed by multidisciplinary teams and undertake intersectoral collaboration based on the understanding that health is more than merely the absence of disease. Programs and services provided by youth health services in NSW include counselling, health promotion, primary health care clinics, alcohol and other drug services, case management, outreach, arts based and drop in health services.

The youth health model (i.e. the provision of accessible and holistic health services through multidisciplinary teams) was developed in response to this social view of health and feedback from clients about the need for stand-alone services which provide a one-stop shop of professional, youth-friendly health services (see also Appendix 1). A key principle is that the services are community-based and are accessible alternatives to mainstream health services, which homeless and at-risk young people identify as intimidating and difficult to access. It has long been recognised that a significant barrier to young people seeking help is a concern about confidentiality and trust, as well as knowledge of services available and how to access them⁹.

An example of a youth health service that implements best practice principles of the 'youth health model' and is part of the community-based homelessness services, is the Southern Youth and Family Services in Wollongong, NSW (see also Appendix 1). The model offered provides consistent case management and streamlined access across a range of programs and services for young people who are homeless, at risk of homelessness and/or disadvantaged. This Service, Community Health for Adolescents in Need (CHAIN) actively attracts and engages young people in order to assess and respond to their needs through a range of health, medical, accommodation support, brokerage, housing and other services. It includes the encouragement of positive health behaviours of clients in relation to physical, mental and sexual health. Health promotion and education programs promote key health and well being issues such as nutrition and healthy eating, safe sex practices, self-esteem, binge drinking and illicit drug use, and risk taking behaviours (including violence). In addition to the direct health services provided, CHAIN also provides access and referrals for housing, education and employment, financial support, and case management to assist in continued self-reliance and to engage clients with mainstream services.

In terms of an improved response to homeless young people this model is highly successful. However, funding arrangements need to be simplified across the homelessness service response as there is an excessive bureaucratic burden placed on community-based services that are seriously encumbered by the demands of complicated funding requirements.

⁹ NSW Centre for Advancement of Adolescent Health (2002) *Access to Health Care Among NSW Adolescents*, Phase 1 Final Report, Children's Hospital, Westmead.

Appendix 1

Youth Health Service Case Study 1

Community Health for Adolescents in Need (CHAIN)

CHAIN is funded through the IHSY Program (Innovative Health Service for Homeless Youth) by NSW Health, and is a part of the Youth Health Services at Southern Youth and Family Services based in Wollongong, NSW.

CHAIN operates on the foundation of the youth health model, based on the provision of accessible and holistic health services through a multidisciplinary team and developed in response to a social view of health.

CHAIN's program aim is to "Contribute to improving health outcomes for young people who are marginalised, homeless or at risk of homelessness by improving access to mainstream or specialised health services and directly providing a range of innovative health services including primary health and related services that respond to the complex needs of the target group (consistent with the IHSY program and the broader young social justice strategy that IHSY originated from)."

All activities are aimed at improving the health outcomes of disadvantaged, homeless and otherwise at risk youth and their dependents through the provision of specialist health services including primary health and ancillary health care and improved access to mainstream health services.

A key activity is to attract and engage young people in the Service and to assess and respond to their needs through a range of health, medical, accommodation support, brokerage, housing and other services. It includes the encouragement of positive health behaviours of clients in relation to physical, mental and sexual health. Health promotion and education that is aimed at key issues such as nutrition and healthy eating, safe sex practices, self-esteem, binge drinking and illicit drug use, and risk taking behaviours (including violence). In addition to the direct health services provided, a holistic approach is gained through case management, and other service methods such as drop-in and casual client contact to provide support and links in regards to relationships with family and friends (including parenting), as well as providing direct access and referral for housing, education and employment, legal advice and support, financial support, and case management to assist in continued self-reliance and to engage clients with mainstream services.

Examples of Activities include: Centre-based individual case work, drop-in contact, group work, outreach work, early intervention and prevention approaches; Provide shower facilities; Provide food including the breakfast program; Provide laundry facilities; Provide information and advice; Provide referral to other youth health services; Provide referral to mainstream health services; Assistance with procuring certain essential medications; Undertaking of case co-ordination/case management treatment processes; Provide direct access to GP's, psychologists, clinical nurse specialists and psychiatrists through direct links with external services co located on site e.g. headspace (a GP and mental health service) for medical treatment, Sexual Health Clinic (local Area Health), Youth Drug and Alcohol Drop in Clinic (local Area Health); Provide direct access to Registered Nurse for individual assessment, treatment and ongoing care (e.g. approval for prescriptions, administer first aid and basic treatment for minor injuries and ailments, and pregnancy testing); Address gender and cultural issues in relation to access to services and treatment provisions; Provide referral to various health and medical services, including referral to emergency treatment; Provide direct access to internal services for accommodation and support co located on site e.g. brokerage support (RAGE SAAP/Drug Summit Funded service), accommodation support for young offenders or those at risk

(RAILS JJ funded service), housing and accommodation support (ILS/IHP SAAP funded services). Legal Aid NSW provides services to young people at CHAIN – this is an Outreach specialist service for young homeless people.

Youth Health Service Case study 2

Central Coast Youth Health Service

The Central Coast Youth Health Service (CCYHS), part funded through IHSY, is part of the Northern Sydney Central Coast Area Health Service. Based in Wyong, CCYHS provides health services for marginalised and disadvantaged young people of the Central Coast region, mainly through outreach.

The Service receives IHSY funding for a Registered Nurse and Health Education Officer, as part of a larger multidisciplinary team of Allied Health, Nursing and Medical staff. The Registered Nurse supports General Practitioners providing health services for young people through youth centres frequented by large numbers of young people. The Youth GP Clinics provide health services at no cost to young people, with medical, pathology and radiology services bulk-billed. The Nurse supports the doctor in youth-friendly practice and ensures that young people are followed up.

The Health Education Officer supports homeless and marginalised young people accessed through health education programs (mainly sexual and reproductive health) at youth centres, alternative learning centres, accommodation services and young parents groups. They also work with youth services and other community agencies to build their capacity in improving young people's health through the Youth Worker Training Network, a collaboration between health services, youth services, local government and TAFE.

Both IHSY funded staff are part of the Youth Booth team, comprised of health service staff from Immunisation, Oral Health, Respiratory, Sexual Health, Mental Health and CCYHS. Initially established to prevent the spread of sexually transmitted infections, Youth Booth gives at risk young people a positive experience of health care through a festival-like event at youth centres, while ensuring their immunisations are up to date, their oral health is checked, their asthma is well-managed, and skills are built to ensure good mental health.