HOMELESSNESS SA – FORUM Friday 28th May 2010

Thanks and acknowledge traditional owners and wisdom.

A minute on SANDAS and what we do + memberships and key committees + key members working with housing

These are days of some optimism but also of uncertainty but mostly I'm gonna sound like a merchant of doom – not clear on the policy mix between housing, complexity, support programs – experiments with Human Services concepts – and now Social Inclusion – policy ping pong

Housing - stable and affordable housing the key success factor on government's massive investment in complexity interventions –

What is the burden we are lumping and our future generations will lump?

1.The harms caused by drug use cost taxpayers billions of dollars each year. The estimated cost of drug abuse to Australian society in 2004-05 was $56.1 billion. Of this, tobacco accounted for $31.5 billion [legal and illegal] [governments banning policy and denial of access](56.2 per cent), alcohol accounted for $15.3 billion (27.3 per cent), and illicit drugs $8.2 billion (14.6 per cent). [alcohol excise issue]

2.An estimated 2.3 million Australians aged 14 and over use at least one illicit drug each year. [Odyssey house age onset data]

3. Alcohol and tobacco remain the most commonly used drugs in Australia.

4. marijuana the most popular illicit/recreational drug

5. Cocaine no only $20 a pop in Melbourne

6. Brown heroine from Afghanistan starting to spread

7. the socialization of drug use – Vietnamese example

But Australia is – the lucky country – our cricket team drinks VB, our rugby teams drink Bundaberg rum – man it's gotta be good for you. Our major supermarket chains Are the biggest owners of pubs and booze retail stores. Booze on every corner – 9-10 litres of pure alcohol per head per year. Not just only 30% of alcohol consumption occurs in licensed premises. More alcohol fuelled punches thrown (and landed) in the home than in the pub.

Those working in Housing services know the issues associated with misuse and addiction are not new. When you are dealing largely with the bottom 2 quintiles of income they are often more concentrated or brought to the surface in one way or another.

- With the – EHO(high and complex needs)
- SAHT (multiple minimals and multiple maximals – Lindsay Caspers)
- Where I live

Sydney City Street and Day Centre and SAAP Services – Characteristics grouping

- Current AOD
- Past AOD
- MH
- Physical Disability
- 33-55% of Homeless report Alcohol dependence

Homelessness – has all the social marketing really broken the mould of "the homeless man" – google pictures of homelessness – permeate government policy makers. What am I missing when I focus on the homeless man.

Victorian data - women

Intersections with Justice – criminalization of AOD and MH

What is new in funding and presentations

- shift to family
- women presentations SUU 2005 – 2008 increase from 19.5% to 25.43% (30-49)
- migrants groups
- aboriginal and illicit drugs
- youth – with mulitples

some of the drivers we don’t so often take into account.

- Structural problems
    - urban renewal – port Adelaide, inner city –
    - tourism – country areas
    - gentrification
    - welfare changes
    - deinstitutionalization
    - prison policies and post prison programs

The emergence of Co Morbidity

- what is it
- what is the government doing
- multiple morbidities

Homelessness and services and system integration and Complexity

Summary

The prevalence of substance use and other mental disorder among homeless persons typically exceed general population estimates yet access to appropriate services is limited. It will provide an account of the extent to which homelessness services in Australia link in with mental health and drug and alcohol services. Additionally, the study will also document the mechanisms and effectiveness of such linkages.

(ARE WE FUNDING AT THE RIGHT POINTS?) early intervention and prevention

Recent studies have shown integrated treatment of substance use and other mental disorders is more effective than treatment directed at a single problem. Poor coordination between substance use and mental health services has resulted in clients with co-occurring substance use and other mental disorders 'falling through the gaps'. This is an important priority area for the Australian Government which has established the National Comorbidity Initiative aimed at improving the capacity for integrated treatment of comorbid substance use and other mental disorders.

Specifically, this project aims to:

1. Develop a typology of integrated service delivery models – This will be addressed by reviewing the literature and undertaking semi-structured interviews with SAAP agencies and national and international key experts.
2. Document the alcohol and drug and mental health service needs of homeless persons, and map these needs to the current pattern of systems and services integration in Australia –
3. Measure the effectiveness of different models of integrated service delivery – This will be addressed through the use of case studies. These will be selected to provide examples across the continuum of integrated service delivery and different sub-populations of homeless persons (single adult women and men and Indigenous Australians). The effectiveness of system-

and service-level integration will be measured in terms of the risks and benefits to clients, service providers and external stakeholders.

SAAP National Data Collection
annual report
2008–09

NAHA National Partnership Agreement on Homelessness (NPAH).

For future years, the data collection from specialist homelessness services is being revamped to provide a stronger evidence base for understanding both those who use the services and the services provided. Well that's gotta be good????

From the NDC – plucking some stuff

Young females aged 15–19 years the most likely group to become a client (1 in every 50 females in this age bracket accessed support).

Overall, interpersonal relationship issues were the most common broad reason clients gave for seeking assistance and, of these, domestic or family violence and relationship or family breakdown were frequently cited. Other common reasons were related to accommodation.

Males aged 25 years and over most commonly sought support because of health-related concerns: namely issues around problematic drug, alcohol and substance use.

For example, the average length of support was 63 days and the average length of accommodation was 57 days (tables 6.1 and 6.3). – Res rehab 12 weeks

The average age of clients overall was 32 years. The average age of female clients was 31 years and the average of male clients was 33 years. (is this too late when data shows 75% of adult AOD and MH gets their hooks in in adolescene and early adulthood.)

Health	*16.1*	*5.3*	*7.7*	*4.9*	*4.6*	*6.0*	*7.6*	*6.3*	*8.8*	*17,900*
Mental health issues	2.5	1.5	1.5	1.1	1.2	2.1	3.0	1.6	1.8	3,600
Problematic drug/ alcohol/substance use	11.7	1.7	3.6	2.6	2.1	2.6	2.2	2.9	5.0	10,300
Psychiatric illness	1.2	0.7	1.1	0.3	0.2	0.2	0.7	0.4	0.8	1,600
Other health issues	0.8	1.4	1.6	0.9	1.0	1.1	1.7	1.3	1.2	2,400

Drug/alcohol support or intervention	11.9	2.8	2.8	7.1	4.8	2.2	6.0	3.0	6.1

What game are homeless services really in?

Why is the revolving door so strongly hinged on the door frames of homeless services?

Why do homeless services and the sector not bang more loudly on the door of health for funding?

Our sectors has problems

- Individualistic white western stethoscope model
- Policy and counting focuses on this
- The real story is engagement
- An example – Aboriginal Stepping Stones
- Where are we moving to

What can we offer you?