[redacted]

[redacted]

[redacted]

[redacted]

CCWG:

Anglicare believe enhancing the existing Cairns Case Coordination Working Group meeting by adding a funded position will support community needs relating to public space drinking and subsequent anti-social behavior, the CCWG has operated unfunded for over 10 years. The CCWG feeds directly into The Cairns Housing, Homelessness and Public Intoxication Taskforce and Project Control Groups which with support of MP Michael Healy, assisted in securing funding for the expansion of the Diversionary Centre. For over 10 years Anglicare has provided in-kind Secretariat and Chair positions in support of this great model. Anglicare believes client outcomes and engagement would greatly increase within a specific funded model. I have attached a case study (de-identified) showcasing the work of CCWG.

The Case Coordination Working Group is a collaborative multi-agency case management process supporting chronically homeless rough sleepers to achieve independent and sustainable housing.
CCWG primarily supports vulnerable people that identify as Aboriginal and/or Torres Strait Islanders that are rough sleeping and/or experiencing chronic homelessness in the Cairns area. This target group has complex needs including homelessness, alcohol / drug dependency, oppression, low self-esteem, physical health and/or mental health issues. In response to the Housing crisis CCWG adapts to a positive change model, providing clients access to supports to enter Rehab, return to country, identification etc.
Every two weeks the Case Coordination Working Group meets to develop clients' case plans and review progress to ensure actions are implemented and goals are met. The CCWG meet to ensure that the vulnerable in our community receive a service and do not falls between the gaps.

Participants of the Case Coordination Working Group currently include:
- *Anglicare NQ*
- *Cairns City Council*
- *Mission Australia*
- *Department of Housing and Public Works*
- *Department of Justice and Attorney General – Probation and Parole*
- *Queensland Health*
- *Salvation Army*
- *Women's Centre*
- *Department of Human Services – Centrelink*
- *Youthlink*
- *QLD Health – Tropical Public Health / Nurse Navigation*
- *Synapse*
- *Lives Lived Well*
- *The office of the Public Guardian*
- *St Vincent de Paul*
- *Neami National Cairns*
- CHHII Reference Group (Q Shelter)

Quigley St

The vacant facility mentioned yesterday is Quigley St night shelter a 40 bed Specialist Homelessness Service (SHS), Anglicare was moved from Quigley St to a new site (YAL) which solved the congregate style accommodation during COVID as Quigley St is dormitory style and social distancing could not be managed with these high numbers. The site is also Department of Housing stock which makes things a little difficult when suggesting alternative operations under different areas ie. Communities. It's extremely disappointing to have such a large facility remaining vacant in this climate but as discussed yesterday could serve as a transition option from the Diversionary Centre. Considering service users meander back into the CBD to continue drinking once rest and recovered, there are little options in the community to address their health / medical needs, drug and alcohol dependency and life skills from a Centre based service. The community CBD issues are difficult to address during the day, this is a time people are sourcing alcohol, searching for peers to drink with and getting intoxicated, this all happens during the day. Once people become severely intoxicated the anti-social behavior begins, fighting, loud music, public urination, passing out in public, assault and the list goes on. This is the trigger for the cycle to start again and where the legal system, QLD Health and QPS becomes involved and burdened.

If we could utilize the Quigley St site as an alternative Centre Based medical model with detox ability, wellbeing support, food, DV support, activities focused on education and harm reduction as an entry point back into the homelessness crisis space we could start breaking the cycle and providing people with the opportunity to become contemplative of change rather than remaining in the pre contemplative stage and remaining stuck in the very cycle we as a community wish to address.

Thanks for this opportunity Corrine, I look forward to hearing from you and please feel free to give me a call if you would like any clarification on this subject.

Regards

Evan Martin
Acting Operations Manager
Anglicare North Queensland
Postal PO Box 214, Bungalow QLD 4870
[redacted]
Office (07) 4041 5454
[redacted]
Web www.anglicareng.net

ANGLICARE
NORTH QUEENSLAND LIMITED
30 Years of Reaching out to people in need

GET UP! STAND UP! SHOW UP!
3-10 JULY 2022

Our Mission
"Anglicare North Queensland through effective delivery of its services strives to achieve social justice for all and provide opportunities for people in need in our community to reach fullness in life in response to the Christian faith."
"Anglicare North Queensland Limited acknowledges the Traditional Custodians of country throughout Australia and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to elders both past and present."
IMPORTANT NOTICE: This is an e-mail from Anglicare North Queensland Limited. We do not accept responsibility for any changes to this email or its attachments or for any attachments made by others, after we have transmitted it. UNAUTHORISED USE: The contents of this e-mail (including any attachments) may be subject to copyright, legally privileged and confidential. Any unauthorised use, distribution or copying of the contents is expressly prohibited. If you have received this e-mail in error, please advise us by return e-mail or telephone (07 4041 5454) and then delete this e-mail together with all attachments. VIRUSES: Anglicare North Queensland Limited does not represent or warrant that this e-mail or files attached to this e-mail are free from computer viruses or other defects. Any attached files are provided, and may only be used, on the basis that the user assumes responsibility for opening these files.

Case Coordination Working Group (CCWG)
Case Study – Morrison

Client Case Study 1. - Name: Morrison

Morrison is a middle-aged male and has been a long term chronic rough sleeper. He has resided almost permanently at the Long-Haul Bus Terminal in Cairns for approximately one year. He does not consume alcohol, engage in drug taking or engage in criminal behaviour.

Over the course of the year some six services and agencies have regularly engaged with Morrison to try to secure housing and health outcomes. He declines all offers of assistance. He is described as cordial and politely non-compliant, however withholds personal details and consent on all occasions.

His symptoms include open leg sores, arguing to self and participating in conversations with a non-existent audience. Recent nursing and case management assessments indicate complex and significant health concerns regarding:

- Compromised circulation – observed through severe swelling in his lower limbs.
- Observed mobility issues – at times severely restricted (requires a shopping trolley for mobility)
- Observed untreated wounds including open infected ulcers and weeping swollen legs.
- Observed Incontinence – faecal and urinary.
- Observed severe dermatological conditions.
- Chronic unmanaged hyperglycaemia – highly elevated blood sugars (street tested only and include other complex health indicators requiring inpatient evaluation).
- Poor dietary access (diet of primarily soft drink in excess of 8lt per day).
- Observed inability to maintain focus and stay alert/awake during conversations.
- Persistent mental health concerns – across a range of indicators (struggles to recall day of the week; unsure of his whereabouts, struggles to identify his physical location, presented as constantly falling asleep 'crashing' and becomes unable to participate in discussion
- Sought evidence from CRC that he was paying rent to sleep on the bench.

In addition, recent engagement has indicated he is feeling disrupted and distressed due to ongoing infrastructure works (Ironman) occurring in the public open spaces surrounding his usual sleeping area as well as increased security presence and interactions.
In this context, levels of coordinated engagement have been intensified over the past two weeks to secure an outcome for Morrison. On two of these occasions, Morrison was admitted to hospital, once on EEO (QPS / Clinician) and once voluntary. However, both presentations to the Emergency Department failed to result in a health assessment and Morrison was discharged to the street after being assessed by QH Social Worker and Doctor as being 'competent' to

make his own choices. Emergency Dept. indicates the HHOT team will provide assistance on the street, (HHOT team does not exist).

No additional specialist health referrals were in place at the time – renal; unmanaged diabetes; dermatology; nutrition or addiction (Coca cola).

Morrison requires complex medical supports and ***does*** place barriers to himself to receive this. Due to multiple competing issues his decision making capacity could be compromised by his undiagnosed health. Without proper intervention, Morrison will not present as someone who could manage a tenancy. Morrison is not a frequent presenter to the Emergency Department yet but may become one, what can we do to prevent this while supporting the vulnerable and complex nature of his needs.

Client Case Study 2. - Name: Morrison *de identified

Leading on from previous case study 1. (Below) provided to the Task Force Committee, the CCWG would like to showcase the collaborative work done pre, during and post COVID-19 Cairns lockdown:
Presentation:
Morrison (CCWG client) is referred and accepted to CCWG and to the Covid-19 lockdown EHAR's response. Utilising multiple support mechanisms including those specific to EHARS and CCWG (Financial, mobile, and supported accommodation services in particular), Morrison is accommodated at Castaways Backpackers and Motel Nomad. This Short term & interim arrangement continues for several weeks prior to his entry into stable tenure with Douglas House. Collaborative stakeholder meetings and ad hoc service delivery is conducted between all key programs to formulate a plan to address multiple risk factors in Morrisons life. These efforts ultimately support Morrison's complexities and his resistance to accepting supports.
Support Services action creative frameworks based on previous engagement strategies via the CCWG Privacy & Consent process at the beginning of his support continuum.
Through sector wide support and engagement Morrison has been able to achieve:
* Brokered short term accommodation
* Long term housing with tenure at Douglas House
* A reduction in his intake of soft drink and he can often be seen walking around his new home with a bottle of water. Morrison's diet consisted of roughly 8lt Coke when rough sleeping.
* His previous sleeping patterns included him waking from sleep after lunch. He is now consistently awake and mobile each morning at around 8am
* Improvement in conversation and more alert. He is cognisant of the world around him however does still have conversations with non-existent audience.
* Improvement in general hygiene
* Morrison still requires some medical treatment for the dermatological conditions on his legs and his feet and possible underlying mental health issues.
Following a positive housing outcome Morrison is removed from EHARS planning, Morrison remains on the CCWG working group list for review.
* Recovery Workers are formulating a plan for him to secure his belongings (from his trolley) in plastic see-through containers in his room. It is expected that this will give him a sense of ownership and safety and will also meet the requirements of the tenancy. Morrison has agreed to consider the containers and it is hoped that the outcome will be that Morrison gives up the

trolley and will be able to move to a mobility device in order to support his walking and have a sense of security about his belongings.
* Morrison will be encouraged to participate in healthy eating however this will be a very strategic plan in time due to his lack of willingness to engage in some supports.
Observation: Tenants living in a residential program providing intensive case management can work from a recovery and trauma informed practice framework allowing the workers to build a rapport at the intimate level that is required to support meaningful, client centred & client driven long term change. Morrison came to Douglas House with all of the care team assuming his incontinence was in relation to his health concerns. On reflection and although his health concerns had an impact on his incontinence, trauma & recovery informed practise enabled honest and transparent conversations about his behaviours and our concerns to occur. Morrison has evidenced gaining insight into his behaviours and implement his own changes to better manage his incontinence behaviours.
What this has shown us is that we can provide all the interventions and supports in the world to people living with complex issues and still miss the mark with making that connection with the person we are seeking to support. Until an individual has a sense of safety, security and the support of skilled and empathetic workers, meaningful & positive change is less likely to occur. It has been interesting to witness that the assumed physical reasons for his incontinence was in fact an assumption, with a more holistic approach in seeking to understand his situation ultimately touching on social/ emotional/ wellbeing themes that resonated with Morrison & enabled him to be the positive agent of his own change. And for this reason a pre considered QCAT application has since been placed on hold.
Conclusion:
Sector collaboration, engagement, reflection, responsive and thoughtful client centred re-engagement is attributed to this successful outcome. Morrison eventually agrees to a longer term housing solution with tenure. Supports to remain ongoing and to be re-evaluated for Morrison's continuum of supports.