Winston Churchill Memorial Trust
Travelling Fellowship

Matthew Bower
Fellow of 2013
The Cyrenians’ A.C.E. Project Worker
(Adults facing Chronic Exclusion)
PROJECT WORKER

“Changing Lives, Building Futures”

changing lives, building futures
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1. Aims

1.1 Aim:

The pivotal aims of my Travelling Fellowship is to investigate alternative approaches to multiple, complex needs in homeless populations, and to return with alternative, improved methods to deal with the burgeoning difficulties which face us in our role as frontline workers, family members and peers, when dealing with the chronically excluded.

2. Purpose and Objectives of the Fellowship

2.1 Purpose of the Fellowship

- To bring back to England a thorough, improved working knowledge from travelling to Australia of methods of dealing with multiple, complex needs around rough sleeping, substance misuse, male sex work, offending and mental health.
- To examine and incorporate alternative pathways to accommodation, recovery, maintaining abstinence, (preventing the revolving door syndrome), how that affects service delivery there and how that would affect resources for service delivery in England.
- The principal aim of my Travelling Fellowship is to return with alternative, improved methods of dealing with the burgeoning difficulties which face us in our role as frontline workers, family members and peers when dealing with the chronically excluded.

2.2 Objectives

- To learn from the processes and actions already in place in Australia.
- To bring back knowledge and good practice about work around homelessness, drugs and alcohol for myself and my organization so that we can implement them within the city (at a practical and community level) and across the region.
- To be able to have a greater impact on those affected by substance misuse and lack of accommodation is at a stage where other countries will help to push the work on so that we can minimize the problems associated with both as much as possible.
- To help create better service delivery within projects for the benefit of the client group in Newcastle and throughout the region.

The impact that drugs, alcohol and homelessness have on society at present is devastating and I hope to be in a position after the research to be able to gain further knowledge to alleviate some of these entrenched problems and find new and groundbreaking methods of dealing with these core issues.
We are a pivotal service within Newcastle and any new methods of improving our work would be straightforward to integrate due to our multi-agency approach and could have a significant impact upon our clients.

3. Evaluation of service provision in Australia

Theme: Homelessness

Homelessness is a complex issue with no single solution. The city of Sydney has several major projects that aim to bring an end to long-term homelessness whilst acting to assist people in immediate situations of crisis and prevent people from falling into homelessness in the first instance.

The city of Sydney is working towards ending long-term homelessness in Sydney by 2017. This is hoped to be achieved by working in partnership with the government, not for profit organisations and the corporate sector. Their aims include:

- To move rough sleepers out of homelessness
- Prevent people from becoming entrenched homeless in the inner-city
- Help avoid homelessness in other regions
- Make sure there is a compassionate and proactive approach to the management of public space.

3.1 Project: Homeless Persons Information Centre (HPIC)

The city established a Homeless Persons Information Centre in 1985.

HPIC is state wide and is a telephone based information and referral service. It answers 60,000-75,000 calls each year from approximately 16,000 individuals and families who may become or are already experiencing homelessness. This averages out to between 164 to 205 calls per day. HPIC provides direct referrals into crisis accommodation and other support services such as Centre Link (benefits), legal services and providers of material assistance (physical items such as clothing, furniture, white goods, etc).

Individuals and families who contact the centre needing short-term assistance to stop them becoming homeless are referred to the HPIC’s Brokerage Program. This program helps to support individuals and families within their existing community and help maintain accommodation through providing outreach support. HPIC maintains an up-to-date register of more than 4,000 services across New South Wales.

Service Providers: Regularly contact HPIC to update information about their service if/and when the details change. New services are encouraged to contact HPIC so all relevant details are available to HPIC workers.
**Findings: HPIC** is an almost constant hive of activity with workers taking calls and issuing advice to service users with utter professionalism. Staff take calls from across the whole of New South Wales but the majority of calls come from Sydney. Whilst shadowing staff engaging with clients on the phones I quickly realised how fast the response was to support and accommodate this client group. From the initial phone call and gathering information, completing or updating risk assessments, clients were generally offered accommodation within five to ten minutes. Clients can self-refer or service providers can advocate on their client’s behalf. All information given in regards to the client is updated at all times by HPIC workers at the time of speaking. The sharing of information is instantaneous and there is a pronounced willingness on the part of all agencies to advocate for the best outcome for their client.

### 3.2 Project: Homelessness Brokerage Program

The Homelessness Brokerage Program focuses on preventing people from becoming homeless or helping them to quickly exit homelessness by providing some of the following services:

- Short-term accommodation and floating support assistance with rental or other arrears
- Referrals to housing and other forms of secure accommodation
- Housing, transport, storage assistance and other forms of support to prevent people from falling into homelessness or becoming entrenched in crisis
- The Homeless Brokerage Program is provided by YWCA NSW, under contract with the City and with funding from Housing NSW. While the program's focus is on Central Sydney, it assists clients from across the Metropolitan area to prevent the migration of people into the city.

Referrals are made through [Homeless Persons Information Centre](#).

### 3.3 Project: Matthew Talbot Hostel

As part of being with the Homeless Brokerage Program, I visited the Matthew Talbot Hostel. This hostel is the largest within Sydney and accommodates 100 males per night. On average, the Matthew Talbot Hostel serves around 600-650 meals per day.

When walking towards Matthew Talbot I noticed there were a number of males sleeping all over the street. It was immediately apparent that this was due to a combination of substance misuse, mental health, physical health, homelessness and other issues. By and large, the prevailing sense was one of intoxication and everybody outside the hostel was under the influence of some substance and seemed quite chaotic in nature.
When inside the hostel, it became apparent that crystal methamphetamine and heroin are two of the largest problems. Another problem is the amount of people and not enough housing.

Within the hostel there is a “one-stop shop” facility where all services come together under one roof in a non-threatening manner in order to provide immediate support to clients who need it. These services include, but are not limited to, Crisis Day Centre, Housing, GPs and Nurses, Benefits, Education and Legal advice.

Upstairs are located Education, Living Skills, Art, Music Class, Gym, I.T, Adult Learning Centre and other services for client development.

3.4 Project: WISH – Woolloomooloo Integrated Services Hub

One Stop Shop: All the services you need in one place at the same time for service users to access.

Services you can access at WISH:

- Make a housing application or check the status of an existing application.
- Referrals to accommodation and other services.
- Medical assessments and referrals to dental and other health services.
- Legal advice and advocacy.
- Assistance to address fines.
- Apply for medical card or other identification.
- Find out about benefits and assistance to fill forms in.
- Help to negotiate appeal decisions.
- Help with probation.
- Information on education.
- Assistance to find employment.
- Assistance to purchase start up goods and services to help set up a new home.
- Pet care and information.

On average, 100 outcomes are made from WISH per day. Communication between services is key.

External agencies are invited to the monthly event so clients can communicate and access services directly. This includes services such as housing and benefit agencies, medical and well-being groups. This pooling of services benefits service users immensely as they don’t have to visit several agencies and their
support and care package is tailor-made to their needs and is accessed “under one roof”.

The Integrated services Hub had a community feel as clients enjoyed the food and chattered between themselves. This could be adopted to suit the needs of clients within the city and services involved.

3.5 Project: Matthew Talbot Services Vincentian House

Vincentian House is a crisis accommodation and case management service for families and women. It is part of Matthew Talbot Homeless Services, which is funded by the St Vincent de Paul Society and New South Wales Department of Community Services through the SHS (Specialist Homeless Services). Vincentian House supports families (women/men with children) and has community outreach, case managers and support workers, as well as visiting clinicians and specialist services. Crisis accommodation is provided on-site and is staffed 24 hours per day, 7 days per week.

Outreach Program

Vincentian House has access to a number of houses in the community. Residents of Vincentian House, who are identified as needing additional support and stability, may be eligible for the C.O.P. (Community Outreach Program). A case manager can refer eligible clients to the Outreach case manager and, if successful, the Outreach worker will continue to work with them on long-term goals and aims for up to two years.

On-Site Case Managers

Vincentian House is a client focused and driven case management program and all residents are assigned a case manager. Residents work with their case managers towards identified goals during their stay. Support plans are unique to each person. Case managers work in conjunction with child case managers who support younger residents with education, emotional and other support needs as required.

3.6 Project: Kids Engaged in Education Program (KEEP)

This project offers a range of targeted support for children and young people who are staying at Vincentian House. This includes homework groups, a child and youth resource room, age appropriate play groups and activities. The program supports young residents to live a healthy lifestyle and develop skills for learning.

KEEP also provides parents with opportunities to continue their own education, participate in parenting workshops and to be an active part of their children’s learning.
Vincentian House accepts the following groups of people who are experiencing homelessness or are at immediate risk of homelessness:

- Single fathers with accompanying children
- Single mothers with accompanying children
- Couples with accompanying children
- Single women who are unaccompanied

3.7 Project: Mission Australia

Missionbeat is an iconic Sydney service that has been operating for 30 years. Missionbeat provides care and compassion to people in distress, as well as providing transport for homeless people to enable them to access those places where their immediate needs can be met. This includes accessing safe accommodation, food, medical attention and any other identified intervention and support options.

On The Beat

Missionbeat began in 1979 after the repeal of the Summary Offences Act allowed for an alternative to the arrest of intoxicated people and their placement in police cells. In response, Mission Australia established Missionbeat and suggested the setting up of proclaimed places - sobering up units where people could receive medical attention, clean clothes, a shower, food and a bed.

Since then, Missionbeat has patrolled Sydney's inner city streets - 7 days per week, 365 days per year (14.5 hours per day over two shifts) - working in close collaboration with other homeless services to help break the cycle of homelessness.

Missionbeat's committed and dedicated staff meet individuals and families at their greatest point of need, offering hope, support and encouragement, and help to access the appropriate services. Missionbeat forms an important link in a holistic approach to fighting homelessness.

3.8 Project: Mission Australia
Missionbeat is an iconic Sydney service that has been operating for 30 years. Missionbeat forms an important link in a holistic approach to fighting homelessness.

**Findings:** Whilst spending some time with Missionbeat on outreach, I visited a lot of Mission Australia services within Sydney and the wider community. One service I visited was for Aboriginal support services working in coastal areas of Australia, reaching out to those hard-to-reach people within society, providing both individual support and family support. Building trust was pivotal to this service. As part of this service, each time they engage with the Aboriginal community, information was left about this service.

Small bottles of water were printed with service information and contact details. This was a simple and cost effective idea that could be adopted in England in order to provide information around key services for the homeless.

3.9 **Project: Fairlight Centre**

The Fairlight Centre offers accommodation and support for men aged 18 and over suffering from homelessness, mental health issues and alcohol or drug addictions, helping with their recovery and transition into mainstream society.

The Fairlight Centre is a welcoming, non-institutional environment where each client’s dignity and privacy is respected. The Centre works closely with local agencies to access specialist services if required.

Residents are offered the opportunity to participate in case management and develop individual intervention plans. Plans are designed to respond to each resident's health, housing, education, employment, recreational, transition and life skill needs.

The Fairlight Centre offers three accommodation options depending on each individual client's needs:

- 4.9.1 Complex care unit (CCU)
- 4.9.2 Hostel
- 4.9.3 Transitional Housing

3.9.1 **CCU**

CCU clients are provided with accommodation, meals, shower facilities and laundry washing on a night to night basis. The Fairlight Centre also provides fresh clothing when available.
CCU clients are given the opportunity to address their issues with referral to appropriate services. Clients can be assessed for transition into the living skills program and to receive case management.

**3.9.2 Hostel**

Hostel residents are able to stay at the Fairlight Centre for up to three months. To be eligible for entry into the hostel, clients need to be detoxed and not currently engaged in active substance use.

Meals are provided and residents are required to participate in the daily living skills program. Residents are required to pay $250 a fortnight and remain two weeks in advance. Residents are also encouraged to participate in case management.

**3.9.3 Transitional Housing**

Fairlight has presently very limited vacancies in low support accommodation. Residents are able to stay for 12 to 18 months and it is almost always full with few voids or vacancies.

Entry into Transitional Housing is made available to those who have achieved and maintained some stability in their lives. In most cases residents are studying or working. Residents are engaged in one to one case management.

The Fairlight Centre is the only crisis accommodation service for homeless men on the Northern Beaches and provides a supportive relaxed space where clients can face issues such as alcohol or drug dependency, gambling addiction, mental health illness and any other health concerns.

**3.10 Project: We Help Ourselves - Methadone To Abstinence Residential (WHO’s MTAR)**

MTAR uses the Therapeutic Community model of drug treatment to assist clients to reduce their methadone use to become abstinent (and other prescribed opiates substitution), while learning the skills necessary to live drug free.

**MTAR provides:**
- Transport to and from the dispensing clinic (methadone has no cost)
- Safe and secure environment
- Staffing 24 hours a day
- Residential program 4 to 8 month on a voluntary capacity
- Aftercare support on-site
- Separate living accommodation for males and females
- Access to legal, welfare, housing and employment skills
- Living, social & communication skills development
- Stress management program
- Leisure activities
- Self esteem building
HIV / HCV and other infectious diseases education and control
Access to outside education, counselling and support to attend mutual aid groups; Narcotics Anonymous (NA), Alcoholics Anonymous (AA) and Cocaine Anonymous (CA)

Case Study: A Day in the Life of MTAR

As I was walking towards WHOs I soon realised the size of the grounds and the number of residential rehabilitation units the service provides (7 in total). I was met in reception by Lyn Roberts (Manager of MTAR) with a smile and we then proceeded to walk through the whole of MTAR. The community was fairly busy as people were just coming out of the morning meeting.

I was introduced to the community and staff team. As I was only there for 1 day it was important to get a feel for the community, so I joined in with the activities. First thing in the morning I went with peers to collect daily doses of methadone. This is done outside of WHOs in a prescribing service off-site.

Upon returning to MTAR I was shown where policies were kept and was told if I had free time I could read through them. I took time to look through some of them and they were very informative and succinct.

Early afternoon was spent in the Hep C group, it was clear to see that members of the community were getting a lot from this and from the way the group was taught.

As with most residential units, the rest of the day was spent in Community groups, the main focus was on peers looking at their triggers and behaviours. It was good to see the community supporting one another at the end of each group. I spoke for a brief time to give the community hope in their lives and that with determination and perseverance, anything is possible.

By this time the day was ending, I had a final chat to Lyn and said my goodbyes to staff and the community. Before I left I took time to walk around the grounds to reflect and capture the experience of MTAR.

As I looked up I saw a sign...
3.11 Project: **Medically Supervised Injecting Centre (MSIC)**

The Sydney MSIC recognises drug addiction is a chronic condition without a panacea and, as such, they look upon the injecting centre as a method of allowing those who do not wish to address their issues currently to use drugs safely, reducing harm and death from overdose. The figures as below are testament to how this works. MSIC does not support, condone or promote drug use - rather it prevents death and injury from overdose as mentioned and connects people to health services so they may have the opportunity for rehabilitation when the time is right for them.

MSIC was born out of the 1999 New South Wales’ Drug Summit and opened its doors to the community, under strict trial conditions, in May 2001. After almost a decade, in October 2010, the New South Wales Government passed legislation to lift MSIC’s trial status. As of November 2010, MSIC no longer requires legislation to be passed every four years to operate and can function like any other health service. MSIC remains the only supervised injecting facility in Australia and, indeed, the only one in the Southern Hemisphere.

**Facts:**
- MSIC has successfully managed more than 4,400 drug overdoses without a single fatality. Approximate number of visits: **690,000**
- Number of injections per day: **170**
- Number of fatalities: **0**
- Number of referrals to health and social welfare agencies: **9,500**
- Number of supervised injecting centres in the world: currently **90**
- Hours open a week: approximately **80**

**Theme: Sex Work**

3.12 Project: **Sex Workers Outreach Project (SWOP)**

SWOP provides sexual health information and support to people who engage in sex work.

SWOP is the leading sex worker organisation in New South Wales for HIV, STI and Hepatitis C education and prevention. Within SWOP is a variety of health promotion programs which is in place to reduce infections and disease. The other element of the project is to provide outreach to sex industry workplaces and the streets. SWOP also works with sex industry owners and operators to encourage the acceptance and maintenance of safe sex practices and other forms of workplace health and safety. This goes down well with sex industry owners who see it is as valuing their workers and keeping them safe, for whatever reason, be it monetarily or ethically.
Key Facts: SWOP offers a free and confidential service with an open door policy to anyone and everyone who engages in the sex industry. This service includes, but is not limited to, the following:

1. Safe sex "workers packs" with condoms, gloves, dams and lube.
2. HIV, Hep C, STIs and sexual health information.
3. Health and workplace safety information.
4. Information on laws and legislation.
5. Confidential counselling and support.
7. Internet and computer access.
8. Printed services & sex worker magazines.
9. Reference library.
10. Referrals to a wide range of services.
11. Outreach to sex industry workers.

Findings: SWOP provides more than just health information. There is a wide-reaching team of specialists and sex industry peer workers. This includes female, male and transgender outreach workers, a multicultural team supporting sex workers from non-English speaking backgrounds, a counsellor and an Aboriginal and Torres Strait islander outreach worker. All team members outreach to both metro and regional NSW.

Whilst shadowing the Male sex worker within SWOP, a big part of what he was doing was to have a profile on social media sites, (Facebook, Twitter and other male sites). Each morning more information is added around the work being done within male sex work, over a period of time the relationship has been built up to engage with clients on the internet. There is also a weekly newsletter that is posted onto the site.

With SWOP all workers are or have been involved in the sex work industry.
4. Recommendations

4.1 Integrated Service Hub

This entails having all services under one roof in a multi-agency, multi-disciplinary format, as I found this worked very effectively at WISH (Woolloomooloo Integrated Services Hub). This is something I have been discussing with my manager and colleagues for over a year now and this has been formalised and made concrete since I saw how it worked on a pragmatic level in Sydney. This event is coordinated by Sydney City Council and is held once per month. From this there are very clear outcomes for services with targets to hit. This is based on the "one-stop shop" ethos where all relevant services would be on hand to provide clear, effective and vital support to our client group with clear pathways available to show the way forward. I feel very strongly that this will prove to be vital to any of our client group who experience multiple, complex needs. It would not and should not be a barrier to anyone, regardless of what the needs of each individual are, as there would be a service available to meet every single need. Thinking this through, there is an underlying strategic need for "more for less" in these times of austerity and cuts (both for the service users and for working between partner agencies). This would ensure better service delivery and actual joint working between agencies. This has been shown to be effective through the CCMG, which is held weekly, where discussions prove effective in sourcing the appropriate support for the client. The logical next step is to have all relevant services together on a regular basis in order to target service provision to those most in need, which is our client group.

4.2 Hospital Discharge / Accommodation Co-Ordinator

While in Sydney I found there were a number of really positive initiatives across the city, but the one which stood out perhaps the most for me was the almost perfect synchronicity between the HPIC’s call centre ethos and the communication between them, the hostels and Missionbeat when it came to get clients into accommodation. This was across the board, whether a client (or their representative) rang up or presented at HPIC and the subsequent speedy manner in which the risk assessment was completed and the accommodation sourced. Missionbeat were then informed so they could then facilitate the individual being picked up and dropped off appropriately and safely at the accommodation as sourced. This worked (and would work within Newcastle as well) due to partnership working and trust. At the moment, accommodation is sourced for our client group very well, but there are a number of occasions where the client does not make it to the facility as designated for a variety of reasons. With a Co-Ordinator who could liaise through the Housing Advice Centre (HAC), The Cyrenians and the hospitals, there would be a defined and better pathway to ensure that no one had to sleep rough or be discharged from hospital to the streets. The current HDP (Hospital Discharge Protocol) in Newcastle Upon Tyne works to an extent, but there is still room for improvement as we (our Day Centre / Outreach teams) still find clients who have not been given or been assessed for suitable accommodation upon discharge from
hospital. This, as mentioned, would work two-fold with an increase in bed uptake from our client group through generic HAC presentations, but more importantly it would also minimise risk associated with any “negative” discharges from hospital.

Between January to June 2013 Newcastle City Council Housing Services verified that there were 68 clients who presented as being homeless upon discharge from hospital. I suspect that there would be more than that who did not turn up at HAC or who accessed our services or other services across the city. Within The Cyrenians there have been a number of hospital admissions / emergency service intervention which, if there was a co-ordinated approach at the end of “treatment” or admission, with transport attached, could certainly increase the amount of clients who successfully and safely returned to accommodation or who were found accommodation suitable to their needs. Out of a residential population of 220 clients, between June 2012 to June 2013, the following emergency medical interventions were carried out:

- Paramedics in attendance - 180
- Self-harm, suicidal intent (mainly due to mental health issues) – 71
- Overdose / suspected overdose – 88
- Hospital admission – 72

Combine this with the other providers within the city (especially the direct access / emergency accommodation providers and the issues therein) and there is a very clear need for a dedicated worker(s) with a van / vehicle to be able to pick up and ensure clients get speedy access to accommodation and or services as and when needed. This will NOT, obviously, be in place of emergency services as they do a wonderful job under extreme pressure but even taking into account how much time and money is wasted on clients being discharged to the streets or not making their way to accommodation when it is sourced for them, this is very cost effective and would be fairly simple to put in place.

**4.3 Gender Specific Internet Networking**

This would focus around Male Sex work. From visiting SWOP and seeing how they operate and utilise social network sites I feel very strongly that it is the way forward for our service within Newcastle. The worker at SWOP would update the website / blogs / newsletter on a daily basis to advertise any new practise, communicate what he has to offer and also to encourage those new to the industry to avail themselves of support and help in this area. The forums the worker helped to create and maintain for sex workers are also imperative to the work done there and it is fair to say that the internet and social networking sites are the most common and most important method and manner of communicating with sex workers. Nearly every sex worker has access to a mobile phone with internet provision on it and routinely check in with the worker from SWOP for any and all advice, support and queries. The worker then becomes the “hub” for all advice and this does not become too labour intensive as the communication can be simple enough to cover multiple queries rather than speaking individually to everyone (bearing in mind that thousands of
The worker at SWOP also spends time speaking individually with clients on the phone, but social networking is pivotal and the work could not be achieved without this.

4.4 Creative ways of sharing information effectively

For example, the Mission Australia water bottle (pictured). Simple but effective, with targeted, specific service information for clients. From seeing the water bottle and having the information emblazoned on it I feel that something such as a “wash bag” or small “toiletries bag” with logos and important service contact names and numbers for the agencies which our clients would benefit from would be a very good idea. We had a batch of toiletry bags a little while ago which were plain blue with disposable toothbrush, toothpaste, razor, comb, sanitary products, foil blanket, soap, pencil and paper and this would and could have been made into something more specific and targeted to our client group where the information would have been available on the cover of the bag and / or inside on a laminated, waterproof card which could then be carried around by the client and used as and when needed.

4.5 Conclusion

The aim of my Fellowship was to explore alternative international approaches to addressing chronic social exclusion, and bring back lessons of best practice to the UK. I achieved this through beginning my research with statutory agencies in New South Wales, and then moving on to evaluate a range of frontline projects working on the ground. Through this I was able to build a fuller, clearer picture of both daily practice in the areas of emergency accommodation, sex work support and addictions and harm reduction projects, but also how the strategic context of statutory policy in New South Wales helps achieved a high quality of service provision. The key lessons learnt from my Fellowship include the pace at which services are provided for the individual, the sophistication of communication between agencies, and the quality of the policies which support this work. These are the main lessons I feel agencies in Newcastle, the North East, and the wider community can learn from.

Ultimately the Fellowship has been a life changing experience for me personally and professionally. I look forward to applying the practical lessons learnt to my work for The Cyrenians in the UK, but also sharing my findings more widely by disseminating this report inside and outside the wider Fellowship community. In the future I look forward to building on the links and experiences of other Fellows, and continuing to learn from the Fellowship experience.
The picture on the front of this report is Aboriginal art. This is the personal gift I bought for myself whilst in the Northern Territories. This picture means so much to me on a deep and personal level.

Title: Dreamtime Sisters the artist has been painting since the 1990’s with encouragement from her mother, who herself is a renowned artist from Santa Teresa. The artist is noted for her precise dot design and vibrant use of colour in her Dreamtime Sisters painting as well as many others. This painting is a genuine and original Australian Aboriginal artwork from Iranti Art Gallery in Alice Springs.
5. Appendices and Links

Australian Housing and Urban Research Institute is our main research body to inform policy and program development on a national scale for housing and homelessness. [http://www.ahuri.edu.au/publications/](http://www.ahuri.edu.au/publications/)

This link is for a recently released report for a massive reform for New South Wales in the Homelessness Sector – it’s the biggest wide scale reform since the 70’s and provides the landscape for any government funded services providing programs for homeless people. [http://www.housing.nsw.gov.au/NR/rdonlyres/F015C82C-B9E7-490C-AB3A-75828BAED085/0/GoingHomeStayingHomeReformPlan.pdf](http://www.housing.nsw.gov.au/NR/rdonlyres/F015C82C-B9E7-490C-AB3A-75828BAED085/0/GoingHomeStayingHomeReformPlan.pdf)

Rough Living is a small research project that I was involved in 2010 that got the ball rolling in terms of looking at Trauma Informed Care [http://www.piac.asn.au/sites/default/files/publications/extras/Rough_Living.pdf](http://www.piac.asn.au/sites/default/files/publications/extras/Rough_Living.pdf)

Journey towards Social Inclusion was a service model implemented in Melbourne looking at the economic costs of supporting people who were long-term chronic homeless. It was evaluated by a university, and also included Trauma perspectives. [http://www.sacredheartmission.org/Page.aspx?ID=77](http://www.sacredheartmission.org/Page.aspx?ID=77)


The Trauma Informed Care project that is been implemented at Vincentian House is roughly based on a toolkit that comes from the U.S. This is it: [http://www.familyhomelessness.org/media/90.pdf](http://www.familyhomelessness.org/media/90.pdf)
# ITINERARY

## 2013

<table>
<thead>
<tr>
<th>Places &amp; countries I intend to visit with approximate dates.</th>
<th>Names of organizations I intend to visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney, Australia. Fly out on the 9th of May from Newcastle Upon Tyne, arrive in Sydney on the 11th of May (Saturday). Sydney, Australia.</td>
<td>HPIC (Homeless Persons Information Centre). 13th of May 2013. (1 full day).</td>
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<tr>
<td></td>
<td>Wellbeing Program. Homeless Brokerage Program. 14th May 2013. (1 full day).</td>
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<td>St. Vincentian. Family Crisis Centre. 16th May 2013 (1 full day).</td>
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<td>Wayside Chapel. 17th May 2013. (half day)</td>
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<td></td>
<td>Mission Australia. Mission Beat. Outreach program.. 20th May 2013. (1 full day)</td>
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<td>Mission Australia. Adult Services. 21st May 2013. (1 full day)</td>
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<td>Mission Australia. Fairlight Centre Complex Care Unit. 22nd May 2013. (1 full day)</td>
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<td></td>
<td>WHOs MTAR (Methadone To Abstinence Residential) 23rd May. (1 full day).</td>
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<td></td>
<td>S.W.O.P. Sex Work Outreach Project. 27th May 2013. (2 full days)</td>
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<td>S.W.O.P. Sex Work Outreach Project. Night Outreach. 28th May 2013 (Kings Cross).</td>
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<tr>
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<td>Injecting Centre 28th May 2013 (Kings Cross)</td>
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<td>Way2Home. 29th May 2013 (half day).</td>
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<tr>
<td></td>
<td>Mission Australia Training Day Aboriginal Values. 30th May 2013 (full day).</td>
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<tr>
<td>Alice Springs, Northern Territory Australia.,</td>
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<tr>
<td>Sydney, Australia.</td>
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<tr>
<td>Leave Sydney, Australia on the 7th of</td>
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June 2013 to return to Newcastle Upon Tyne. 8th of June 2013.

1st, 2nd, 3rd, 4th, 5th, June 2013. Ayers Rock / Uluru visit. Sightseeing and Aboriginal Centre visit. Compare and contrast homelessness in Aboriginal culture and time to reflect on journey. (5 days).

6th June 2013, Visit to Sea Life Centre, Darling Harbor, Sydney Opera House. (1 day).

7th June 2013 Relax before Flight Home & Self Reflection on Travelling Fellowship. WCMT.

Overview of Itinerary

Within the first two weeks, I visited Sydney City Council (HPIC) and other homeless projects including Mission Australia, MissionBeat, Fairlight Centre Complex Needs Unit, Family Crisis Centre plus others.

In the third week, I visited ACON, S.W.O.P (Sex Workers Outreach Project), Medically Safe Injection Centre and Residential Rehab WHOs Methadone to Abstinence residential (MTAR).

I looked into the Aboriginal culture within the Northern Territories (Uluru, Kings Canyon, the Olgas) and took time for self reflection and to gather my thoughts about my journey and the experiences of my travels.

I attended a number of Mutual Aid Support Groups within Sydney, including within a rehabilitation centre in order to explore what other services were available to give strength and hope to those in need of support in this direction.

At the end of each working day time was spent on my online Blog, recording my experiences and outcomes, plus collating information which I was gathering on a daily basis.

Background Information: The Cyrenians

The name ‘Cyrenians’ comes from Simon of Cyrene, the bystander who, it was said, was press-ganged by the Roman army into helping Jesus carry his crucifix along the Via Dolorosa to his death. Simon – the Cyrenian – was not a significant or powerful man but the group felt he provided an example to follow – he showed that ordinary people have a part to play in sharing the burdens of others. And so the name ‘Cyrenian’ was adopted by the charity.

The Cyrenians help people make lasting, positive changes in their lives. We are innovative, progressive and courageous in our work.
We work with vulnerable, disadvantaged and homeless people; their needs are our foremost concern. We have a ‘total acceptance policy’. We work holistically – combining appropriate services and support for each individual. Our support ranges from emergency intervention to training and employment.

2013 is the 43rd Anniversary of the formation of The Cyrenians (formally Tyneside Cyrenians) and today we have over 30 projects ranging from Emergency Services through to supporting people into Independence.

Our Vision is to be an outstanding organisation which integrates socially excluded people back into society and improves their lives.

"We are a passionate, honest and diverse organisation which is committed to respecting and empowering people"

**Our mission - Changing Lives, Building Futures**

**Links to services**

- Sex work outreach project [swop.org.au](http://swop.org.au)
- Brokerage Program [carol@ywceansw.com.au](mailto:carol@ywceansw.com.au)
- Fairlight Centre, Team Leader [kingsbeerk@missionaustralia.com.au](mailto:kingsbeerk@missionaustralia.com.au)
- Methadone to Abstinent Residential (MTAR) Services for substance Dependence [mtmgr@whos.com.au](mailto:mtmgr@whos.com.au)
- Medically Supervised Injecting Centre [www.sydneymsic.com](http://www.sydneymsic.com)
- Winston Churchill Trust [www.wcmt.org.uk](http://www.wcmt.org.uk)
- The Cyrenians [www.thecyrenians.org.uk](http://www.thecyrenians.org.uk)
- My Blog while in Australia [www.mattydownunder.blogspot.co.uk](http://www.mattydownunder.blogspot.co.uk)
Acknowledgements

Winston Churchill Memorial Trust – I wish to thank the Winston Churchill Memorial Trust (WCMT), and all staff that are involved within the trust for believing in me and supporting me. I would not have been anywhere near as successful without them. This was a once in a lifetime opportunity for me to be awarded the Travelling Fellowship for 2013 and for this I will be eternally grateful.

During the planning of my fellowship I received huge support from Julia Weston (Fellowship Manager) who assisted me during every stage with planning and other queries, also the East Pennine Association for their on-going support.

The Cyrenians – I would not have even thought to have applied for the WCMT had it not been for Laura McIntyre (GAP Project Manager) sharing her experience with me of her Travelling Fellowship and planting the seed in my head. I also had tremendous support from all other workers within GAP / MAP. During the past twelve months I have had support from Garry Bryson, Emergency Services Manager, Jane Smith, Manager of Ron Eager House plus all my fellow colleagues based within Ron Eager House. I have also had ongoing and in-depth support from Stephanie Whitehead, Communications Manager, Sian Thomas, Marketing Officer, Neil Wetherspoon, I.T support, Rhiannon Bearne, Group Assistant Director – Policy, and Ollie Batchelor, Executive Director. During the four weeks I was away in Australia the organization has allowed me time to work and represent The Cyrenians. For that I am truly grateful and I hope and trust I represented them in the right and proper fashion. Thank you. Over the past few years I have received a lot of support and guidance from Trevor Croft, Service User Involvement Officer in Newcastle. Trevor has been supportive of me all the way. Today he is an inspiration to me in my life, at work and outside of work.

Other Agencies who supported me were the ACTS Team, (Alcohol Care Treatment Service) (NHS), Newcastle City Council plus Lifeline’s Harm Reduction Service.

My biggest acknowledgement is reserved for my family and close friends who have been there for me through thick and thin. I love you. Thank you.

Matthew Bower
A.C.E. Project Worker  m.bower@tcuk.org