



ANMF (Vic Branch) Policy

Homelessness

Preamble

Homelessness can be defined as:

- Not having a roof over one's head;
 - Living in a rooming house or couch surfing;
 - Living in a low cost hotel or caravan park;
 - Crisis accommodation; and
 - Receiving little or no income.
- Having few independent resources and available support networks such as friends and family. Commonly those experiencing homelessness experience social isolation and discrimination.

Homelessness can be both short- or long-term and affects people and communities without discrimination. Homelessness can affect individuals, families, young people, students, elderly, refugees and asylum seekers.

The ANMF (Vic Branch) acknowledges the many issues associated with the challenges confronting nurses and midwives that are charged with caring for people experiencing homelessness.

Nurses and midwives caring for individuals experiencing homelessness recognise the health impacts that homelessness has on both the physical and psychological wellbeing of individuals.

The ANMF (Vic Branch) acknowledges that homelessness, as defined, can be compounded by mental illness, substance issues, domestic violence and absence of support from family and social networks.

People experiencing homelessness may have been subjected to a disproportionate number of traumatic incidents including:

- sexual abuse
- victim of an assault
- neglect
- family violence
- disability
- thoughts of suicide or self-harm
- substance abuse issues
- interpersonal problems
- discrimination
- social isolation
- marginalisation

These can present as potential barriers to accessing health care services.

It is the position of the Australian Nursing and Midwifery Federation (Victorian Branch) that:

1. Those individuals experiencing homelessness have access to universal healthcare.
2. All people are entitled to safe, secure and affordable accommodation in localities where access to relevant services are within reach.
3. Nurses and midwives have a responsibility to provide persons experiencing homelessness realistic care planning, follow-up and appropriate referrals to community agencies and mainstream services.
4. Following discharge from health care services, service provision must be structured in a way that enables those individuals experiencing homelessness to have access to safe ongoing flexible care.
5. Federal and State governments have an obligation to provide suitable accommodation, health support and targeted resources for those experiencing homelessness.
6. Health services providers/agencies should aim not to discharge people from their care into homelessness.