

Report of
The Waterloo Health Forum 2
*Strategies for improving the
Health and Wellbeing of the
residents of Waterloo
now and into the future*

Friday 4th May 2018



With special thanks to:



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INDIGENOUS EXCELLENCE

Introduction

This report provides the outcomes from the second Waterloo Health Forum held on the 4th of May 2018. This forum, held at the National Centre for Indigenous Excellence (NCIE), was collaboratively organised by the Sydney Local Health District (SLHD), Counterpoint Community Services, REDwatch and Inner Sydney Voice. The purpose of the forum was to report to the community on the progress made since the first forum and further explore health and wellbeing issues identified at the first forum. These forums focused on devising strategies for improving the health and wellbeing of the residents of Waterloo now and into the future. The second Waterloo Forum focused on reporting back to the community and diving more deeply into two significant issues for the community- mental health and drug health.

This second forum was attended by over 80 participants representing tenants, community groups, non- government organisations, health workers from the SLHD, Counterpoint Community Services, City of Sydney (CoS), Family and Community Services (FACS), Land and Housing Commission (LAHC) and other agencies.

The first Waterloo Health Forum indicated that Health needs to:

- Engage better with community, be more visible, help people to better navigate health services.
- Support affordable, accessible on-site healthcare.
- Support employment and social enterprise.

Safety, social isolation, mental health, drug and alcohol usage, aged care, child and family health and complex and chronic illnesses were raised as issues.



Voices of Waterloo (Part 3)

The forum commenced with a video 'The Voices of Waterloo' focused on health facilities and services – now and into the future.

Issues voiced in the video included:

- Waterloo has a lot of traumatised people who generally don't like institutions and need home visits (mental health issues).
- A visible, accessible Waterloo Health Centre is needed.
- More outreach 24/7 services are required.
- Culturally appropriate services are important.
- NDIS access is important.
- A Needle and Syringe program is needed.
- Mental health issues should be covered by a social worker or a nurse that comes once a week.
- Employment is important for mental health.
- Currently, if you are outside the services box, the service moves you on.
- Proven lived experienced is critical. There are not enough peers working in the health system.
- There is a need for post-natal groups for both mums and dads.

The Previous Waterloo Health Forum - What Has Been Done?

Dr Teresa Anderson, Chief Executive, SLHD.

Dr Anderson reiterated the commitment of the SLHD to work in close partnership with the local residents, Counterpoint Community Services and other agencies to develop an action plan to support a healthy and resilient Waterloo community, both now and into the future. Dr Anderson addressed the issues raised at the first forum.

1. Engage and Empower the Waterloo Community, Support Community

Connectedness and Diversity

Response: SLHD has employed a new Healthy Link Worker. Health Promotion Programs have been occurring regularly. Waterloo forums will continue.

2. Respect Aboriginal Cultural Heritage and Cultural Diversity

Response: An additional forum will be held to discuss best practice approaches to ensuring Aboriginal cultural safety. SLHD is committed to implementing the new Aboriginal Health Strategic Plan (2018-2023). SLHD will continue to support Aboriginal employment through the SLHD Aboriginal Workforce Strategic Plan (2016-2020), and targeted social enterprise.

3. Improve Navigation, Access and Service Integration

Response: The SLHD Healthy Link Worker is now employed. The collaborative Human Services Framework will address service issues. Mental Health and Drug Health Strategies are the focus of this, the second forum.

4. Support the Development of Employment and Social Enterprise Opportunities

Response: SLHD will extend various programs to Waterloo. The challenge is applying these programs and developing Waterloo-relevant employment programs. SLHD will discuss this further at the next forum and devise specific strategies for implementation.

5. Provide On-Site Health and Wellbeing Services at Waterloo

Response: Planning commencing for a HealthOne in Waterloo; aiming to provide greater visibility of SLHD health services.

6. Protect the Health of the Community, Now and During the Redevelopment.

Response: A Health Impact Assessment will be undertaken for all of Waterloo.



“It’s many things, not just health that makes a healthy community”

What Has Happened Since The Previous Forum?

Mr Michael Shreenan, Executive Officer, Counterpoint Community Services Inc.

At the last forum, we spoke about need for:

- ➔ Clear leadership and joint ownership and accountability.
- ➔ Clear understanding of the issues.
- ➔ Creating the culture for community to re-engage and have ownership.
- ➔ Ensuring the approaches and policies to reduce health inequalities become a reality (testing what we think already exists).

Since the last workshop:

- ➔ Recruitment of new link worker and establishing outreach (already identified issues).
- ➔ Report from last meeting with broad recommendations (now it’s time to unpack and implement tangible actions).
- ➔ Establishment of forums led by LAHC to develop a Human Services Plan for Waterloo. This is the start of a long journey to go but need everyone’s input.
- ➔ Completion of LAHC Vision consultations.
- ➔ Inner Sydney Voice establishment of Community Resilience Committee – identified range of systems that are assume to be in place but are not.
- ➔ REDWatch perspective on Human Services – residents feeling a lack of respect and a perception that they have to fight to get access to support.

Our focus for the 2.0 Forum:

- ➔ Mental Health and Drug Health.
- ➔ Aim for evidenced based informed action.
- ➔ Interconnectedness of people's issues are often complex but what is more complex is the system response. The system is broken, not the people.
- ➔ Developing health strategies across the lifespan of residents.
- ➔ Meeting the needs of people with health problems.
- ➔ Moving beyond just clinical responses to building social resilience /capital.
- ➔ Focusing on outcomes - keeping our integrity in check moving beyond sounding good, looking good to doing good.

“Are we ready to respond to what the SLHD Healthy Link Worker and other community groups are saying the priorities are rather than relying on our own assumptions? Are the mechanisms in place to un-defensively respond?”

When you decided on the 2.0 Forum actions we asked:

- ➔ Will the approaches implemented make a difference for the resident and the community? Are we moving beyond ticking a box?
- ➔ Are we playing it safe? Are we too risk adverse?
- ➔ Are our collective services and systems ready to deliver? (Skills, resources, accessibility, relationships building and passion).



Community Interviews

In this session, local residents Ms Catherine Skipper, Mr Jim Anderson and Mr Gary Moylen interviewed personnel from SLHD to understand key action issues from the last forum. The session provided information on the forthcoming Health Impact Assessment, the planning for the development of more visible and on-site health facilities at Waterloo and the work of the new SLHD Waterloo Health Link Worker.

Waterloo Health Impact Assessment

Where's the opportunity for greatest impact?

Ms Catherine Skipper, local Waterloo resident interviewed Mr David Lilley, Deputy Director, Health Equity Research Development Unit (HERDU) – SLHD and UNSW.

“At HERDU health is defined as physical, mental, and social wellbeing, all of which are likely to be affected by the change in Waterloo.”

In Health Impact Assessments (HIAs) we look at proposed projects and plans and try to predict what some of the health impacts might be. We then try to answer 3 questions:

- a) How can we minimise or eliminate things that could harm health?
- b) How can we maximise the things that support health?
- c) How can the health benefits of the project be shared in a fair way, particularly for the most marginalised?

For example:

- ➔ Changes to the built environment and long construction times may alter people's exercise patterns, and dust from demolition and construction may lead to respiratory concerns for some people.
- ➔ The need to move to a new house, possibly more than once, may lead to stress and anxiety. Where people have existing mental illnesses, these may be exacerbated.
- ➔ Relocation may disrupt social connections.
- ➔ We will have limited time and resources, so we will need to focus our efforts. Our primary concern is with impacts on the most marginalised people. Our current thinking

is that we will look at how to do high density development well, in the Waterloo community context that includes:

- Higher numbers of people living with mental illness.
- Higher numbers of older people.
- Within the Estate a shift from a social housing estate to a 70:30 (private: public) social mix.
- We will review the results of previous and current community consultations and make them available to local stakeholders and government agencies.
- We will collate and review the findings of relevant research.
- We will assemble a steering committee that will include representation from the local community.
- We will invite one or more tenant groups to act as a community reference group for the HIA.
- We also have interest in integrated renewal, which looks at the cumulative impact of all project elements on the health and wellbeing of residents. This includes tenant participation, tenancy management, community activity and events, human service planning, social service provision, urban planning, and construction.



A HealthOne in the Community

Mr Jim Anderson, Local Resident interviewed Dr Pamela Garrett, Director of Planning SLHD.

- To develop health facilities in Waterloo, we need to understand the key issues of the people of Waterloo, especially those very vulnerable community members.
- It is clear from our consultations that people would like to see more primary care, more aged care to support people ageing in place, health promotion and community education.
- We also heard about the need for wellness, health promotion and health protection services. Some of these could be things like cooking classes, physical education, healthy eating connecting isolated people in the community etc.
- Opportunities for reducing social isolation can never be sufficient. Building more support and resilience is important.
- Green Square has substantial population growth and Waterloo sits to the north of this area. Population health, GP type services, community-based health care and specialist clinics would be available in a HealthOne model.
- The SLHD CE has asked the SLHD Planning Unit to develop a Preliminary Business Case for a HealthOne in Waterloo. Services that could be included: General Practice and primary care, mental health, drug health, child and family health, allied health, partnerships with NGOs, Telehealth, preventative health care, chronic care, Needle Syringe Exchange.
- It takes time to develop a building so we want to start by building our visibility in the community. We already provide quite a lot of services in Waterloo, mostly in people's homes. Providing services with other agencies, community engagement and improving the visibility and reach of current services and outreach is our first priority.



SLHD Healthy Living Link Worker Report

Mr Gary Moylan, local Waterloo resident interviewed Mr Kristian Reyes, Waterloo Healthy Living Link Worker SLHD.

Insights into community health issues:

- ➔ Provide advice regarding local service availability and information to support access to and navigation of, health services and to enhance individual and community health and wellbeing in Waterloo.
- ➔ Care coordination aspect of the role when based in community. Need for further case management support.
- ➔ Emerging noise and dust issues.
- ➔ Early Intervention Mental Health is a consistent theme.
- ➔ Strong sense that mental health issues, including serious mental health conditions, require less intervention if early detection and support occurred. This may be possible if communities, families and neighbours understood and dealt with mental health more compassionately, and if more attention was directed to community based support, social connectedness and employment support.
- ➔ The high incidence of co-existing drug and alcohol and mental health issues is a continuing theme.
- ➔ Hoarding and squalor has been identified.
- ➔ The need of people who are aged having chronic care.
- ➔ Aboriginal and CaLD communities (moving forward, involvement of Aboriginal Health Workers).

Challenges:

- ➔ Understanding the importance of history, acknowledging systems, structures and systemic issues.
- ➔ Incorrect assumption that Redfern services will be accessed by Waterloo residents.
- ➔ Best health outcomes are achieved when the underlying structural causes of ill health are addressed.
- ➔ For service delivery we need to shift the narrative to the here and now instead of post development.

Going forward:

- Undertake a mapping of health and wellbeing services identifying gaps, unmet need and opportunities to improve equity, integration and targeted delivery of health services for the communities of Waterloo/Redfern.
- Increase the visibility and promotion of health services.
- Respond to the needs of NGO's and recognise the barriers they face with the health system.

“Improve access and need by looking into how the health care service is provided and the way the organisation operates, and addressing the social determinants of health in the community.”

Drug Health, Mental Health and Wellbeing Workshops

What was said?

Workshops were held to create a shared narrative of drug health and mental health and wellbeing issues facing the people of Waterloo.

Workshop groups also considered concrete actions for SLHD and partner services to build safe, healthy and resilient community of Waterloo through:

- Tracking and monitoring community concerns around drug health and wellbeing.
- Informing the community about drug health and wellbeing issues and the evidence for change.
- Empowering the community and responding to the drug health and wellbeing issues as they arise.

Action Items and Strategies

Drug Health and Wellbeing	Suggested Strategies/Actions
1. Discarded needles/syringes in public areas- playgrounds, streets.	→ Keep track of the data and issues and discuss with residents how to deal with these issues.
2. Street drinking. Street drinkers-safety, safe spaces for drinkers, 'wet areas'.	→ Services accessible to the community to collect any needles. Awareness of these services. Improve resident's skills around safe collection. Including calls to the Needle Collection Line.
3. Meth and cannabis very prevalent among young people. No withdrawal management for young people. Access to specialised services.	→ Develop new ways of assisting people with drug health dependencies.
4. High density drug and alcohol use resulting in anti-social behaviour, compounded effect on the community's wellbeing, aggravating others' health issues and creating chronic health issues.	→ Increase the staff in the Waterloo area. Health, housing and police need to agree on an integrated approach to drug and alcohol.
Shared (Drug, Mental Health and Wellbeing)	Suggested Strategies/Actions
1. Access to and navigation of services.	→ Provide Mental Health First Aid Training for residents.
2. Integration of mental health and drug health services.	→ Address CaLD health literacy in a collaborative way.
3. Poor health literacy of residents around health system and health prevention.	→ Provide Health Bulletin Boards across the Estate.
4. Stigma of service use.	→ Promote health services (making contact details available for all support services on a single page for residents to use). → Provide education for all support services. → Ensure that a directory of services is developed by SLHD. → Make better utilisation of social media.

Mental Health and Wellbeing	Suggested Strategies/Actions
1. Lack of early intervention services.	➔ Provide improved on-site support for residents.
2. Social isolation in aging population.	➔ Ensure Mental Health services are available
3. Anxiety regarding re-housing.	24/7 - around the clock response. Strong local
4. Community trauma-deaths in custody, continuing fear and disrespect for some government services leading to poor trust, grief, loss and compounded by loss of community.	➔ Examine opportunities to develop a pilot project of 20-30 people with known severe persistent mental health issues to assess and inform approaches to mental health care.
5. Responses to urgent Mental Health Crises are directed to the NSW Police.	

Other Health and Wellbeing Issues Raised	Suggested Strategies/Actions
1. Domestic Violence.	➔ A multi-sector approach to VAN issues is needed. Some community members would call the police but others don't feel comfortable. Occasionally will contact housing manager.
2. 'Invisible issues' such as Hoarding and Squalor.	➔ Develop stronger community development services.
3. Burden of care on neighbours, services providers. Aging in place becomes more difficult. Difficulty carrying out daily tasks. Impact of behaviour on neighbours.	➔ Develop visible services with the community. ➔ Develop stronger inter-governmental service linkages.
4. Development-noise and disruption ongoing issues due to developments. E.g. Wellington/Raglan St. for new metro station; excessive noise, demolition and tunnelling. Contributing to poor health outcomes, loss of community.	➔ Discuss oral health waiting lists with residents. ➔ Conduct forums across Waterloo with groups of residents including:
5. Fear and anxiety related to being a victim of crime, reporting crime and feeling intimidated or unsafe.	<ul style="list-style-type: none"> • Young people. • Culturally and Linguistically Diverse residents. • Ageing residents. • Aboriginal residents.
6. Changing culture and communities due to gentrification. Affects ability to cope with issues-identity crisis. Loss of link to history. Loss of connectedness.	
7. Relationship between housing conditions and health on the Estate.	
8. Access to Dental Health and Dental Health waiting lists.	

Overall Strategic Themes From Workshops

1. Undertake health and wellbeing promotion including targeted programs for health conditions and high risk behaviours prevalent in Waterloo.
2. Strengthen the health literacy of Waterloo residents to make informed choices regarding lifestyle and health service access.
3. Address the social determinants of health through place-based strategies.



Next Steps

A further form to explore and report on:

1. Social Enterprise Opportunities.
2. Aboriginal Health.
3. Visible health service developments.
4. Health Impact Assessment.
5. Service Responsiveness – especially in regards to mental health.
6. To hear from the community on other health related issues.

Appendix 1: Forum Program



INNER SYDNEY VOICE
regional social development council



Health
Sydney
Local Health District

Building a Healthy and Resilient Waterloo Now and Into the Future

Forum No: 2 - Friday 4th May 2018

National Centre for Indigenous Excellence (NCIE) 166 George St Redfern

MCs: Charmaine Jones and Pam Garrett

Time	Topic	Speaker(s)
8:30am	Arrival and Registration	
9.00am	Welcome to Country - Aunty Beryl	
9.10am	Voices of Waterloo Video - current and future health services and facilities	
9.15am	The First Waterloo Health Forum - what has been done	Dr Teresa Anderson
9.30am	What Has Happened Since The Previous Forum?	Mr Michael Shreenan
9.40am	Voices of Waterloo Video - Mental Health	
9.45am	Mental Health and Wellbeing Workshop - Group Discussion And Feedback	
10.40am	Morning Tea	
11.00am	Waterloo Health Impact Assessment - Where's the opportunity for greatest impact?	Mr David Lilley Ms Catherine Skipper
11.10am	Report from the Waterloo Healthy Living Link Worker	Mr Kristian Reyes Mr Gary Moylan
11.20am	A HealthOne in the Community - options and opportunities	Dr Pamela Garrett Mr Jim Anderson
11.30am	Drug Health Wellbeing Workshop - Group Discussion and Feedback	
12.30pm	Review and Thank You	Dr Teresa Anderson Mr Michael Shreenan
12:40pm	Next Steps	Dr Teresa Anderson
1.00pm	Lunch	