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Transcript of an edited interview with

Natalie Bogoias & Patricia Owen

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INTRO: Death. It's the most inevitable part of life. Some might say it's the only guarantee. But it's also a topic that many people shy away from because it makes us feel uncomfortable, scared or upset. It's often swept under the rug, not acknowledged or talked about, until of course, we come face-to-face with it ourselves. We hope to end this taboo through a series of interviews with many different people from all over Western Australia. We talk to ordinary people about their views on the grief, loss, love and celebration that *is* death and dying. This is a conversation on death.

NATALIE: Okay. So, my name's Natalie and I'm a registered nurse. I've been a registered nurse for, oh, I think coming up to nearly 20 years? The past two and a half to three years, I've worked for an organization called Homeless Healthcare and within that role I've been the street nurse. So, that's a nurse who walks around the streets in the city, primarily in the CBD, and provides primary care or nursing care to those who are experiencing homelessness.

TRISH: And I'm Trish. I would coin myself maybe as a lived experience consultant. I currently dwell in a community housing property. Prior to that, I was homeless with my daughter. Fortunately for me, I was not street present because I had family and friends that I sort of couch surfed around [with]. Because I had a bit of a hat trick of disparity – I was mentally unwell, a single parent and homeless – I was pushed onto the priority listing. So, it was six months back in 2003 [that I was homeless]. So, I got a property in 2004. I've been securely housed since then. But I have got into advocacy, systemic advocacy for housing, homelessness, alcohol, and other drugs and mental health issues, which are all my personal lived or living experience.

RITA: So, although it was a long time ago now if you think about it, that you were homeless, what did that feel like? Explain the difference you were talking about [between] homelessness that is not on the streets but mentally, I suppose, it is still, you are still homeless?

TRISH: Firstly, I don't think I acknowledged that I was homeless until I started to work in the homelessness sector and in the tenancy advocacy space because I had a roof over my head. So, I was what the sector calls part of the invisible homelessness. I think one in nine people who are homeless are street present. So, I was one of the eight of those people who are invisible.

I think I was just in survival mode. It wasn't oh, I'm homeless or this is hard or it's just... you're just getting your needs met and [I was] making sure I've got food for my daughter. I'm making sure that I've worked out if we're sleeping at a friend's or my uncle's or where we're sleeping that night. I'm making sure I've got enough money to get from my uncles, which was down south a bit, up to here. Because that's where all my service providers were, up close here by in the Fremantle area, [which is] where I'm currently housed. So, it was survival mode. I don't think I really was aware of how bad it was until I was through it. The healing of that homelessness didn't really start until I was well into being secure in my housing.

RITA: Natalie, in your work, working with homeless on the street most of the time, is that how it starts, that perhaps they were invisible homeless like Trish was for a while, but they weren't able to secure some kind of housing from social housing, and then that then goes on to being something much, much worse?

NATALIE: Yeah, absolutely. I think that's definitely the way it can begin for some people. I mean, when you think of the types of things that we see with the street homeless -- mental health disorders, drug and alcohol misuse disorders. It's something catastrophic that's happened in their life and they don't have any support, so they don't have anyone in their lives to help them to navigate just the general things that we do in life that we take for granted; paying the rent, paying the bills, you know, getting food for yourself, shopping, those kinds of things. And things I think just fall apart, and they lose their tenancy, maybe because they haven't paid their rent. And they don't have anyone supporting them. So, they find that they've lost their tenancy and they're out on the street. Other people I've come across also, they just walk away from their home. They can't manage those things, as I said. I think another thing also that I've come across, especially with Indigenous people, is we tend to house people singularly in their own home, it'll be a one-bedroom flat, and that's just not how Indigenous families tend to want to live their life. They want to have their family and friends stay with them. That's just not acceptable when it comes to the rules and regulations of having a state housing home.

TRISH: That's not to mention the trauma that precedes a lot of that, as well as the intersectionality of all of these things. I think one of the reasons why I didn't see that I was homeless was because the intersection of my mental health issues, my alcohol and other drug issues, like it was just, you're in survival mode. So, you're just trying to get the next need met. One of the first things I did in tenant advocacy was workshop how the community housing provider could help people keep their tenancies, because if we're not paying our rent, if we're being a social nuisance, or we're not looking after the property, those things will lead to being evicted or losing your tenancy.

But a lot of the time you might not have those basic life skills because you haven't learned how to budget your money, you haven't learned how to look after a property, you haven't got those skills, and then their system doesn't inherently have those support services in place *until* you're at crisis [point].

I remember doing an interview in Homelessness Week for the ABC and someone said, oh, why did I get my property when I did, what were the predicating factors? I was like, well, *I'm white,* for starters. Like, you know, that privilege that [I have]. And not to say that if I was Aboriginal I wouldn't have got a property, but it's probably much easier for a colonised system to house people who fit that mould.

Like I have a limit on how long my family can come to my house because otherwise they'll do my head in. That is not culturally what First Nations people deal with. I remember one woman who I supported through one of the tent cities to find a property, she had a really hard time managing the cultural obligation of allowing family to come visit [her and] not having drinking in her home. She herself didn't drink, but then how to keep that her own space [with] the cultural obligations to have people there. It's not something that, if you

haven't got that actual lived experience expertise, we can't know what the needs of others are. So, I think that's a big lack in the system actually.

RITA: And how does health impact homelessness?

NATALIE: You know, they could have the mental health or the alcohol and drug issues and that's what sort of gets them onto the street and that perpetuates it. So, unless they've got the support, they then can't access or regain housing. But then when they're on the street, their health just further deteriorates. So, it no longer is just the mental health, the AOD, there are other things that happen. There're respiratory illnesses, chronic pain disorders, wounds, skin infections, lice infections, STIs, there's all of these different things. And then of course, poor sleep, poor nutrition, that just leads to other comorbidities. We often see in our homeless sector that our clients will have what we call multi-morbidity. So that's having more than two chronic long-term conditions.

RITA: As a society, we are not very good at dealing with death and dying, even when it's within families who are stable and who have homes, it's not something that we talk about. And definitely the grief element afterwards is something that we're not good at dealing with. Do you think that for people who are homeless, that is a consideration at all? And are people who are homeless who may be passing away on the streets, because of all the things that you've mentioned, Natalie, do you think that their death is given the importance that it should receive?

NATALIE: My answer to that is no. Sadly, it's no. Last year we had 44 deaths of street present people within the first nine months. We had 56 total for the year before. So, it felt like we had a lot of deaths all at once. Within a few weeks of each other, we had four Indigenous women pass away. I remember feeling the strain of that. They were all people that I had worked with and dealt with and known for many, many months or years. I could see the chronic issues they had in their life. They were just barely surviving and barely getting by. A part of me thinks that they probably knew that they were not going to have a long life, but they could not see their way through and their way out of homelessness, even with the basic support I could try to support them with, like getting them to their hospital appointments, tending to any wounds, providing medication. But unfortunately, their trauma background and the situation that they found themselves in on the street... and these women were quite alienated, even from other family members and other people on the street, they were very much just existing in a solitude type [of] space. And yeah, their bodies gave away and they passed away.

I think with some of the women there was a lot in the press and there was a lot in the media and there was quite a big uproar about how can this happen? But my perspective is none of those people, [their] family members and other people, were actually visible during the end of their life. So, in the months, weeks towards the end of their life. I mean, of course I was the street nurse three mornings a week, I wasn't there 24/7, but I could see their social isolation as well because of their chronic conditions. And you know, these people die alone. Some people, there's nothing, they're not in the paper, nothing happens. It's only the fact that I was a street nurse [and] I knew everybody, I would ring around and I'd call, maybe they'd have a public trustee, or I'd call my contacts at Royal Perth [Hospital] and say, hey,

have you had so and so come through your doors? Then I might be met with the news that they passed away. Without me actually searching for them I would not know, and I don't think anybody would know.

RITA: Is homelessness still something that, as a society, we're quite embarrassed about, do you think, Trish?

TRISH: I think the response to the tent cities would say yes, because it is something that... I mean, we look at where the street feeds happen in, like in the city or in down in Fremantle, [and] we're not feeding people out in the open, they're pushed aside to the car parks on the side of the town and in conditions that are not your... like I wouldn't want to eat out in a car park. So, I do think we're embarrassed. I think we've taken the humanity out of a group of people that our system has let down. This is the result of iatrogenic trauma where the system that is meant to support people is actually harming them. You know, the trauma of those deaths that Natalie was talking about, that's horrific.

We don't deal with death well. Like anger is a part of the grief cycle. And yet when someone is angry on the streets, we cross the road. That is not okay. You know, people are hurting and people are dying and we're just kind of not where... I don't know. It's kind of a separation, isn't it, of [thinking], that's not me, that'll never happen to me. But what I think with we've seen with COVID is that homelessness can happen to anybody. We've had an increase in people accessing supports. We've had an increase in people losing their mortgages; like average working-class people are now coming to the bottom of the bread line and seeing that actually, it's not individual factors alone that cause homelessness. There're systemic factors that we need to be advocating for.

We need changes in policy. We need changes in accessibility to services so that people can stop dying. My advocacy in mental health, but specifically alcohol and other drug [issues] and homelessness, is where my heart is. Because a lot of the time we see that the person has made choices to put themselves there, when a lot of the time [in reality] people are, just like I was, in survival mode and trying to survive and trying to get help. And when they don't get help, they die. Like 56 people [and] 44 people in 2021 dying on the streets? That is not okay. We are a wealthy country. We should not have the homelessness issues that we have and yet we do.

RITA: So, we're in the middle of an election campaign. I haven't seen homelessness as a massively important factor. I mean, what's your response to that, both of you?

TRISH: Shame. Yeah, I think embarrassment. I don't think we have the ability as a society to listen to what people are saying that they need. Like the Minister [of Housing] needs to be hearing from the people who are street present, from the people who are couch surfing, what they need, not just what the housing providers or the homelessness service providers think they need. Because a lot of the time you're not going to speak against the hand that's feeding you. We need true, authentic voices throughout all levels of system advocacy. And I'm just not sure that we have that.

RITA: Natalie, what do people say to you when you tell them the kind of work that you do?

NATALIE: I don't think they really understand exactly what it is that I do. Most people will say, “I don't know how you do that, that must be really difficult. I don't know how you do that”. The most common question I get asked is, “Now do you really think that they've made their choice to be that way, and really they just need to get a job and get themselves off the street?” I hear that a lot, and it makes me so sad to hear that. My comeback is generally I don't think anybody chooses to be homeless. It's not a choice. The majority of the people that I see have always experienced a really significant trauma in their lifetime. They come from broken homes, there's abuse of all kinds, and they have lived a really traumatic life.

They've not been taught many of the skills that we take for granted, they've not been raised in a loving home, and they just don't have those skills to navigate life. And then comes the alcohol and other drug addictions to try and mask the pain and keep the pain away. They're susceptible to many mental health issues, depression, anxiety. I always go back to – it's not a choice. It's always about what happened to these people. Generally, it's something that hasn't been a good start in life.

RITA: Have you ever had people say to you, oh, look, I never give money on the street to somebody who's begging because they're just going to buy drugs or they're going to buy alcohol?

NATALIE: To be fair, sometimes that could be what they do. You know there's plenty of people who are alcoholics on the street and it's actually a need, they are surviving. That is one of the substances that they just cannot go without. It's actually a medical condition, to stop [drinking]. But these people are still surviving and they're surviving the best way they can and the only way they know how, and they don't have any other supports, they don't have anyone to turn to. Many of them may have been linked in and out of services throughout the years or their lifetime. They've not always had the best reception or response. I mean, whether that's true or not, but I say, do what you feel is right in your heart and to keep an open mind. I would really love people to be more trauma informed, to have more of an understanding about these people and not to think of them as a dirty, smelly, homeless person that's drug affected or is crazy or shouting or screaming. To think of them as a person, because they are a person. They have a life, and they have a life that's worth living. I think that they're entitled to our respect.

RITA: How do you move on from the grief that you must feel when you've built up a relationship with people like the women that you were talking about? Do you feel that you are freely able to grieve for them in a way that society kind of recognises and they are able to empathise [with]?

NATALIE: It's a really good question. *No*, I don't feel that. I mean, I'm a nurse and I worked for many years in critical care. So, you know, death is something that I'm quite used to. When you work in the hospital system, you have your patient in the bed, they're very sick. Your job for a seven-hour shift is to keep them alive and provide their care and things like that. But you're supported by a whole team of people. And then when I check out, there's always someone else coming in.

When I'm on the street and I have maybe taken someone's observations or I can see they've got a nasty wound, I've had a listen to their chest and sounds like they've probably got pneumonia and there's something else going on, and the heart rate is not the best, and they *will not* let me call them an ambulance. They won't let me walk them to the hospital and I have to leave them in that space. There's no one coming in to take over from my shift to monitor all these people. It is difficult and it is difficult to leave the work behind. I have struggled with that in the past.

Also, as a nurse and maybe it was [being] a nurse of my era, we are just taught that they are a patient. They're not a family member. It's not my grief. It's not for me to grieve them. So, I found it very hard on the street because you don't get to know patients when you work in a hospital setting. You might know bits about them and you might meet a family member that comes in and says, oh, he used to be like this when he was young. But these people, I've had to work really hard to get to know them and to get them to trust me. So, when I first meet them, a lot of the times I will get told to bugger off, go away, I don't need your help. People aren't always that warm and kind and they don't want my help. And think about it, it's almost like walking into someone's lounge room and saying, hey, I'm the nurse. Can I take your blood pressure? Can I do this? And they're like, go away. So, it takes a long time, especially with untreated mental health issues, [there are] lots of people with schizophrenia on the street, [they have] delusions, paranoia, the trauma aspect. They don't know if they can trust me. And so that takes a lot of time. I've invested a lot of time with these patients.

I've had some really great successes with people, got people housed, got people accessing healthcare. We had a lady with breast cancer having chemotherapy while she was living down in Queens Park. Trying to navigate the health [system] – I find it difficult to navigate the healthcare system for them. I don't know how they could ever try to conceivably do it on their own. They don't have a mobile phone a lot of the time. If they have it, they'll have it for five minutes and then it's been stolen, lost, given away, traded.

So, yes. Do I find it hard when they pass away? I do. I really do. And I wonder whether I did enough. I certainly know the system didn't do enough. I know our government hasn't done enough and I'm ashamed to live in a wealthy country and to be a tax-paying citizen myself, and to know the huge amounts of waste that we spend in this country. And we do not invest in our healthcare system. In order to get mental health treatment, you have to be wealthy and you have to be able to pay for it yourself. Or you have to, as Trish would know, you have to be in absolute crisis. You have to be threatening to take your own life. You probably have to have a small child with you, so that you will be recognised in the system. I don't know how many times I've taken people to ED, I've sat with them, I've pleaded for the triage nurse to take them in. I've gone in with them to the ED to make sure that they manage their behavior and that they can be tolerable and accepted within the emergency department, [only] to find that as soon as I've left, because my shift has ended and I've gotta go pick up my kids from school, that they've been back out on the street again, and they haven't received the attention that they deserved and that they're entitled to.

RITA: So, is the life for homeless person not as valuable [as other people]?

TRISH: Every life is valuable. I actually think the more systemic intergenerational trauma that someone has experienced means that that life should be more valued. I think that what we've done in our system as we've advanced – I don't even know if it's advanced – is we've widened that gap. Like the question you asked before about people's responses to giving money on the streets or this gap that we seem to do with our human race, is we “other” people because we see them as different. I just think we need to flip that. We need to be able to see that a person is a person and that our [different] ways of coping in an ever-changing world are valid and okay.

As someone who used to use alcohol and drugs to cope with not being able to cope in the world, I don't see that as any different to someone who is a workaholic, where their addiction is to make their life look good on the outside. That's kind of what I was doing. I was an early childhood teacher. I was teaching children how to manage their emotions and going and drinking myself into oblivion because I couldn't deal with my internal state. I was not taught how to deal with emotions. I was not taught how to deal with anger and hurt in a safe way. And we, as a society, I don't think we do teach that. That's why we “other” people that display these emotions in ways that we don't think are appropriate. I think it's completely appropriate to get angry when someone you love has died in unfortunate situations, like on the streets. From what I've heard from my colleagues who do this work, who have been close to people who have passed away on the streets, it's [like] losing a family member, because it's not a safe environment to be living on the streets, so you develop a community around you. And then someone passes – if that does not bring us a feeling of rage, then there is something wrong with us. I think that we need to flip that switch just to see that a person is a person, full stop. Looking for the similarities in that person, not the differences. it makes me a little bit angry. By a little bit, I mean a lot. That we do see differences where we need to see similarities. I am one [person] who was caught by the system. You know, my drug issues were hidden as mental health issues. I got caught up in the mental health system. I got a great community mental health nurse that supported me into a house, that supported me to go to Graylands [Hospital] with my daughter when she was first born, because I was not able to parent well. She's now 18. I've got a beautiful relationship with her today, but that's because someone in the system cared. Someone like Natalie, who against all training, said, no, I'm actually going to care for this person. I'm going to see that there's a human being in front of me.

And another thing, like listening to Natalie speak, that I think we really lack is support for the support. Like there's a lot of people who do a lot of good work in a system that is not set up to flexibly support someone where they are and with what they need right now. Like an alcoholic who will go through withdrawal and could die, if they withdraw from alcohol, they need a drink right now. It might not be something that you or I would see that it's a need right now, but that is a need. So, I think that we need to become a bit more open minded as a human race and actually see the person where they're at, ask that question – what happened to you? Not, what's wrong with you? We're human, that's what's wrong with us. We share it all, the ebbs and the flows, the highs and the lows, we've all got that. But some people have been just slammed by a system that doesn't support them a lot more than others.

RITA: Has COVID actually brought the case of homelessness more to the fore? You know, the media's often accused of kind of just rushing to a crisis and then going away as soon as it's no longer camera friendly. Has COVID allowed the homelessness issues, the death of people dying on the streets, those issues, has it allowed it to come to the fore?

NATALIE: I think it did and it has, particularly in the early days of COVID. Was it April [or] May 2020? I think that was the first time where you could actually visibly see homelessness in the city, because all of a sudden, we had people very frightened and not so many people in the CBD. And so, the CBD, we'd go to work, and it was us and the homeless. I have this amazing story of a woman who was highly educated, well presented, reasonably well dressed. And if it had not been for COVID, I would've never gone and approached her and asked her how she was going and where was she staying. Those kinds of questions. It turns out she'd been living down by the river for *years,* had untreated mental health issues, but had a unique way of surviving homelessness.

She would sleep down by the river, but she'd spend most of her days in the library or she'd even visit with friends and have people come and meet her. She was living *almost* a normal life except for where she was sleeping. She had a sister, but not really any supports, and lots of mistrust and mental health issues to do with the system. She was terrified of the system, but we ended up getting her housed, and that was through COVID and actually being able to visibly see the homeless. Then I think from there as the country, our state, was grappling with how we were going to deal with this pandemic and what life was going to be like, *nobody* really thought of how the homeless would navigate a pandemic.

Where would we put them to isolate? You know, we're talking about isolation and vaccines and the way the vaccine was rolled out and things like that. There were lots of things that were considered for the general population but *not* considered for those experiencing homelessness. My colleagues at Homeless Healthcare who shine a light on that, WA Uniting, all the big sort of players in the homelessness sector, were trying very much to shine a light on that. It took a long time for traction. We only started really trying to vaccinate the homeless and getting support through the government to roll out delivering the vaccine to homeless people *late last year*.

It blows my mind. It really does. I mean, they could access it at the same time as anyone else, but they're not going to go into a centre. You know, who's going to follow up when they're going to need their third shot? They don't have an app on their phone, all of those things that just, you know, there was barrier after barrier for the homeless. And it wasn't until we got some funding [that] we were able to take the vaccines out onto the street and administer them to people. Everybody knows we need more housing, we need better healthcare. But it comes and it goes, and no one ever really puts their money where their mouth is, I don't think. It's certainly not getting any better, it's only getting worse.

TRISH: And we don't ask the right people either. You know, money where your mouth is, like the intersect of healthcare and housing. A lot of the cohort of people who are street present and were street present around that time were high risk, you know, [they were] elder Aboriginal people on the streets – they're a high-risk category and were told to isolate, but they had nowhere to isolate. Without the voices of those with lived experience, [and] not

hearing their perspective on the issues that are at hand, then we are not going to find the right solutions and more people are going to die. Because you can't sit in an ivory tower and find solutions to a problem that you have no expertise in.

So, the effort that Natalie has to put in to build that relationship... like a politician doesn't have the time to build that relationship. People in services, mental health, homelessness services, they are run off their feet.

RITA: Some people would say that when you live in a regional or rural community, the attitudes to homeless people are different [than to those in cities]. Do you have any experience of that at all?

NATALIE: I do. I grew up in a small town and we had a homeless guy who lived up the river. I remember he was a really tall man and had a big bushy red beard and this wild red curly hair, and his name was Bluey. I remember my mum sort of saying, you know, he's homeless. He lives in a shack or humpy at the river. But he was really well respected and loved within the town. He was a bit of an odd fellow type. But everybody knew who he was and he'd go to the pub every day and he had his spot there. I think if people saw him, they'd probably help him out with bits of food or whatever. But I don't remember ever looking down on him or seeing anybody ever look down upon him. He was just a man that chose to live a different way. He was a bushman and he had the big Akubra hat and was always in the same clothes. It was different to the urbanized homelessness that I now see.

RITA: So, what do you think that is about? [Is it] we're much more atomized in a big urban setting, we kind of think about ourselves and not really thinking about the person next to us, we're just busy surviving?

NATALIE: Yes. I don't know whether it's because being in a small town everybody gets to speak to him and see him. So, he becomes sort of known within a community. Whereas in the cities and I guess even some of the urban areas – because I am noticing the homelessness spreading throughout, I mean it has been for a long time, but it's just more visible now – you don't know that individual and they become “a homeless person”. I never refer to anybody as “a homeless person”. There is a person who is experiencing homelessness at that time in their life. You know, they are not homeless.

TRISH: I think it's an interesting point what the media does to highlight homelessness. Like when we had the tent cities in Fremantle, for example, and it became a media issue or got out into the media, I was a part of that, and I remember the way that homelessness was portrayed in that setting. Now I was down there almost every single day and the parts that were portrayed in the media were not what it was like down there. It was a community. It was like the whole tent city was functioning as a community. You know, with kind of inhouse policing, I guess.

So I think that media has got a big part to play; like, Natalie's wording then of, it's not a homeless person, it's *a person* experiencing homelessness – we need to see the humanity before we see the issue. Then we also need to acknowledge, I think, and this is where COVID was really helpful, we also need to acknowledge that it could happen to me. The

cascading effect of someone dying, like a partner dying and you lose your mortgage, and all of those issues building on each other, that idea that it could happen to me or it's by some kind of grace that it *hasn't* happened to me, rather than that person chooses that?

RITA: Natalie, what happens when somebody dies on the street?

NATALIE: So, sadly, what happens is if the police haven't recognised them, like I've been called once, but then I didn't end up having to go to identify somebody because they weren't quite sure [it was them]. I've had patients who are in the middle of being resuscitated and I've just happened to have been in the hospital. I've been called in [and asked], can you identify this person? So generally, if they've passed away on the street, sometimes a coroners will need to process the person and rule out any sort of issues with how they've passed away. Then they will notify the person's guardian or family if there are any. One of my patients who passed away, he was unconscious for a week before he passed. I mean I knew that he'd gone to hospital because I took him there and I rang his guardian.

So, a lot of the people on the street have a guardian or the Office of the Public Advocate, they have an advocate that will kind of take control of their estate, where they are to live and their healthcare. So generally, the hospital will get in touch with them or sometimes I do, to let them know that they're unwell and they're in hospital. Then they will try and find family members. Sometimes I will give them information about what I've learned over the years. You know, I think their mother might live here or this is their name or this is a family member.

And yeah, he died alone in hospital. I did go to see him. I agonized over the idea of, do I go in to say goodbye or do I treat him like a patient who is not within my care anymore? But I decided as a human being to go and say goodbye to him because I didn't think there'd be anyone else that would say goodbye. When I left him in hospital, he said to me, can you tell everyone I'm here? And no one went to visit him.

Then his guardian did let me know when the funeral was, where and when it was on, and I toyed with the idea of going to the funeral, but I made the decision not to do that because I had said goodbye already. Sometimes people are buried without anybody at their grave side. I think I've known that more than any other way that it's a death that just goes unmarked and unknown.

I certainly know that within the sector, so the drop-in centres, if the person has been a regular, say at Tranby [House] or Ruah [Community Services], they'll find out and they will, sometimes they might get the, like in the case of Uniting [WA], they might get their chaplain to come down to the centre. And they'll say a prayer or say some words and sort of mark the person's life in that way. I know of other groups of people, if they've been well-known within the homeless community, then they'll have their own way of marking the person's life. But mostly what I notice is, people get incredibly angry that, why has it happened again? You know, it's just another person let down by the system.

And just going back to the COVID thing too, in the early days when we were offering the COVID vaccine, a lot of people would say to me, I don't need that, no one would care if I died anyway. So yeah, that's the reality of life on the street.

RITA: That goes back to your earlier point about feeling valued, and that a life, any life, should have the same value.

TRISH: Yeah. I think we saw with some of the deaths on the streets and the protests that happened after the passings, that there are people who care and there are people who are angry and there should be people in power listening to this and doing something. But I think there's a shared helplessness that comes with that of, what can I do? So I think it's about making sure that the people who are able to do that care work, that frontline support work, are supported as well and empowered to be able to fulfill that work. And then those that are in positions of power, their job is to listen and to act on that expertise that comes from the frontline people and the people who are experiencing homelessness to take the actions that are needed. It's a little bit more than building houses. There's a whole change in mindset that needs to happen.

RITA: Does homelessness affect culturally and linguistically diverse people in different ways?

TRISH: Yes, yes. I was involved in, I think, I can't remember what university, they're doing a study on the intersect of homelessness migration and health issues. And there's an added layer of complexity [there], because obviously you might need an interpreter to be able to understand, you've got a whole different cultural background that's coming with accessing services. If a nurse finds it hard to access and navigate a health system, you add onto that [being] homeless, like the homelessness service system added on that and the culturally, linguistically diverse challenges that you have, to access those services – I think there is definitely an added layer of issues, plus whatever traumas have come with someone from a different country. I don't think there would be a comparison between First Nations historic trauma and a culturally linguistically diverse sort of trauma.

I think we need to be asking that question, what happened to you? You know, the things that happened to me are going to be quite different because I'm white and I've got an education – well, I have now since I've had a home – but there're different privileges and different disparities that come with people. I think we need to open our minds to try and understand what happened to people. Same with the LGBTQI community, right? There's a lot of closed doors and hoops to jump through to access services, there’s certain cohorts of people who are shut out a lot more than what white privileged people have.

RITA: Natalie, in the work that you do, is that something that's foremost or is that amongst the issues that you actively look for?

NATALIE: Yes, definitely. And we do see quite a large cross section of different cultures and backgrounds and things on the street. So, of course, lots of Aboriginal people [are] on the street. With those deaths that I mentioned in 2021, out of the 56 deaths, 32 per cent of those deaths were Aboriginal or Torres Strait Islander descent, you know, and when you think about how they represent two per cent of our total population – it is just an absolute travesty.

I did have a client who was from Afghanistan. In fact, we had a few people from Afghanistan, who of course are always given a Red Cross case worker when they come to the country as

a refugee, but they still can fall through the cracks. Because these services don't have proper outreach capabilities, they don't often track down or find these people who have become very mentally unwell and are living down in parks or by the river or what have you. So, we had some success with him and getting him treated. As well as people who don't have Medicare. So, with our New Zealand population, if they arrived in Australia before, I think, 2010, then they get Medicare and Centrelink benefits and things. But others [who arrived afterwards] don't get that. So, for these people, we never say no to anyone. We'll always treat people and provide medications out of our own cost to people without Medicare.

RITA: I've been struck by, just listening to the news, the war in Ukraine and these thousands of people who have been made homeless through no fault of their own. There is a public outcry and there is a conversation that's going on, [people saying], “I would give a spare room to a refugee from Ukraine”. Do you think that that kind of thinking, which is very laudable, do you think it ever occurs to the general population to think about the homeless at home?

NATALIE: Yeah, I think very few. I mean I remember when I was young and studying to be a nurse and I always wanted to work for Médecins Sans Frontières. I always imagined that I'd go overseas, and I'd go to Africa and, naively, for a very long time, I didn't know what was happening in my own backyard. It wasn't until I had children and I started doing a charity thing with them, it was Operation Christmas Child, and my children would choose toys and we'd pack them up and we'd send them overseas, then I started thinking – there are so many children like that here that need a shoebox full of toys at Christmas. And then when I guess I started thinking about it more and I had a friend from school who worked for Homeless Healthcare. When I started working in the area, that's when I really understood how many people there were that were just down the road from me that were experiencing similar things.

TRISH: Yeah. I think that speaks to that unwritten rule that we seem to have where you [think you] can get a job and get a house. I think we have this idea because we live in Australia, you have Centrelink, so you should be able to do that. Whereas if there's a catastrophic event like [what’s] happening in Ukraine, we can see that that's a cause. Whereas we don't see that colonisation is a cause of our streets being filled with Aboriginal people. We don't see that capitalism or the fight to get to the top of this invisible financial peak, or whatever, is a cause of why there is this gap between the haves and the have nots. We are not really forced to critically think about what actually is going on there. We're just sort of taught that you work hard, and you succeed. We don't look at the systemic issues that block people of certain cultures or certain cohorts of doing that. We don't see systemic racism as a rule. But it's very evident once you start to look.

RITA: Are there instances of families that you are treating on the streets who are there for a long time? I know we have a safety net, and so therefore people who maybe have got children may be able to jump up the ladder to a house or whatever, but is that an issue, families on the streets?

NATALIE: Thankfully, during my time on the streets, I haven't come across any families. I don't know whether that's just sheer luck and I think it’s definitely the area [I work in]. I think

families would tend to be either in, sadly, in their car, in a car park or down by the beach or shopping center. They're not going to be in the CBD. I have come across children living in a squat and have had to notify authorities as a mandatory reporter.

TRISH: As far as hidden homelessness, I think it is probably safe to say that if you have your children and you are living on the streets, you would hide, because you're aware that there's reporting that has to happen. You're aware that if you know that someone's going to have to report you to the Department of Child Protection, you are going to hide, because you don't want your children taken off you. They're probably the only reason, I know for me, like when I was having suicidal ideation, my daughter was the only thing that was keeping me from progressing those thoughts. You know, she'd already lost her dad. So, I think we need to bear in mind that that's another added layer of fear for someone on the streets and the judgment of not being a good enough parent and all of that kind of stuff that goes with it.

RITA: Women who live on the streets – what are the added implications in terms of their health?

NATALIE: I think for women it's all of those... I mean, men have them too, but you know, we have to have our pap smears and breast exams and all those kinds of things. A lot of that basic primary care is missed. So, none of those things ever occur. They're in survival mode, they're just trying to get through each day. They're not too concerned about when they're going to have their total health checkup and things like that. Safety risks are huge for women. A lot of the time, things happen to them on the street, they can't protect themselves. And generally, they will try to partner up with somebody who may not be someone that they would ordinarily choose as a partner. So, there's all the issues and the traumas that go with that.

RITA: We often hear about the homelessness crisis, but what would you say to people who do make the decisions about what needs to happen so that this affluent society doesn’t have the levels of homelessness that it does?

NATALIE: I think they need to listen to people within the sector. And I think they need to listen to people like Trish who have a lived experience and have so much to offer and so much to share and are so eloquent in the way that they do it. I think they should listen to frontline workers such as myself. I have taken a couple of politicians out on street outreach with me. I've had various journalists come along for the ride, CEOs of companies and things, but as much as they're interested... It's just, I don't know what it takes to just really understand what it is for these people, to really understand, and to put themselves, to have real empathy, to put themselves in these people's shoes and be able to think of what it would be like to live a day in their life.

TRISH: I think we need to be honest with where we've got it wrong. Because we need to understand the depth of the problem before we find solutions that will meet the problem, that will solve this issue. And we can't do that without authentically listening to frontline workers, to the people who are experiencing homelessness. So, the people with the issues, the family members of those that have passed, we need to listen to and value that expertise that

comes from having a lived or living experience of homelessness. Because otherwise we're just going to be doing the same thing and expecting a different result, which is insanity!

OUTRO: Thanks for listening. This interview was recorded on the lands of the Whadjuk Nyungar people, and we pay our respect to their Elders, past, present and emerging. This oral history collection was commissioned by the State Library of Western Australia and produced by Luisa Mitchell from the Centre for Stories. Narration by Luisa Mitchell, editing by Mason Vellios and special thanks to executive producer and interviewer, Rita Alfred-Saggar.

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