CREATION OF A PODIATRY CLINIC FOR THE MATTHEW TALBOT HOSTEL FOR HOMELESS MEN, NEW SOUTH WALES
28 SEPTEMBER 2001

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Abstract
Homeless people need great resilience to cope with the lifestyle they lead. In the course of a day many will walk great distances to achieve what they need to do just to survive. Feet are an important part of the body to keep healthy. When homeless people are walking about the city, this may be through very bad weather with often ill-fitting shoes. They mostly cannot afford to take public transport or other forms of travel enjoyed by the majority of the community. A huge need was identified in relation to podiatric care and the homeless. Early in 1999 a Podiatry Clinic was established by The Australian Podiatry Association (NSW) – in conjunction, at that time, with the University of Western Sydney, Macarthur – at Matthew Talbot Hostel (or “The Talbot”, as it is usually known) which has run on a regular basis (for one afternoon each week). It is very popular with the men who call into the hostel each day and there is usually a waiting list before the Clinic starts. Podiatrists work on a volunteer basis and podiatry students often assist with the procedures. The Podiatry Clinic is a win-win situation for everyone involved, and an initiative about which we can be very proud.

It is very appropriate, in this United Nations International Year of the Volunteer, to speak about the Podiatry Clinic at Matthew Talbot Hostel for Homeless Men – an entity that has been functioning for three years. There is so much unmet need in the homeless population of Sydney, as much as is being done for people of no fixed address, there is so much more that could be performed. At The Podiatry Association (NSW) we often remark that it would be great to have more volunteers so that a number of hostels could be serviced like Matthew Talbot. Unfortunately, I am only able to organise one podiatrist per week to work as a volunteer in the Podiatry Clinic in one hostel, albeit a very large one. Podiatry is a small profession and already many members of the Association give their time to a number of worthy activities apart from their often heavy patient loads. This is the reality.

In our busy lives we rush around Sydney (or wherever we live) often not noticing the human suffering right under our noses. Homelessness is very unassuming and, in the vast majority of cases, not ‘in-your-face’. A St Ives Brigidine College student writes (Talbot Talk, 2000, p.8):

Arriving in the narrow lane, homeless men laid across the street
A frightening sight that was shut away for society to never meet

and

Some of us will walk on by, while others turn away.
Will society never learn to change until there’s nothing to say
For people like ourselves who are lucky in every way
Just think of what goes on behind the scenes of life today.
There are places in this city that take on a completely different look and function at night than what is seen in the daylight hours. The Domain carpark is one such area – by day a home to people’s vehicles, after closing time a home to many people with nowhere else to go. I have heard it referred to as the ‘Domain Hilton’. These places provide shelter against extremes of weather as well as somewhere that a person can call ‘home’; they also provide some sort of social connectedness where the men can talk or merely experience the company of others. The provision of safety is also an advantage of grouping together at night. In recent years there have been a number of murders of homeless men. In 1999 there was a spate of men murdered as they slept in the streets of Sydney. At these times there is usually a great deal of focus on the fact that there is a shortage in crisis accommodation and people ask politicians why something is not being done about the grim situation. Adele Horin (SMH 26 August, 1999, p. 2), in her article “Deadly jolt for homeless crisis”, states that “as well as more crisis beds, more flexible accommodation services were needed for homeless people who refused help, or who had behavioural or mental problems.” Unfortunately, not much more assistance has eventuated in the two subsequent years since this article was written. It is widely felt that sleeping out at night is bad for the people who have no alternative but to do so; it is also bad for the rest of society. Sadly, the urgency in relation to violence against homeless people was not generally placed in the same category as that against children and ‘grannies’.

The establishment of the Matthew Talbot Hostel for Homeless Men was a response to the Great Depression of the 1930s. The then Archbishop of Sydney, Norman Cardinal Gilroy, requested the St Vincent de Paul Society in 1938 to do what it could to alleviate the miseries faced by unemployed men during the Depression. The Society’s response was to establish the Matthew Talbot Hostel as essentially a soup kitchen dispensing 100 meals per day. In addition, the Hostel provided around ten beds for men who had no shelter.

The scope of the Hostel’s operations grew with time and in 1965 it moved to its current location in Woolloomooloo. It had become more of a night refuge than a soup kitchen and between 1965 and 1992 it accommodated anywhere up to 300 men every night and supplied breakfast and evening meals. There are many people who give up a great deal of their time to volunteer to serve meals (1200 each day, 365 days per year) and provide other services to the men of Matthew Talbot. The latest figure is 350. The Hostel could not run without this assistance.

Matthew Talbot was refurbished between 1992 and 1995 under the Inner City Hostel Redevelopment Programme and today it is crisis accommodation for homeless men. It also offers a wide range of other services including comprehensive case management, services related to the physical and mental health of homeless men, assistance to homeless men to obtain long-term accommodation and support to enable them to sustain their tenancies. The current Executive Manager is Bernard Cronin and he is quoted as saying (as reported by Greg Bearup, SMH, 20 January, 2000) “The numbers (of homeless people) are growing, year after year” and adds that the faces of the homeless are
becoming younger. It is felt that Matthew Talbot is, in effect, only a holding yard – it keeps many homeless people alive, fed and watered, but fixes little.

Homeless persons in general, and men in particular, are beset by a variety of health problems. A study done in 1995 and published under the title ‘Down and out in Sydney’ found that close to 70 per cent of homeless men had had an episode relating to mental health in the preceding 12 months. Around one third of them were affected by schizophrenia and almost all of them had unaddressed childhood traumas. Added to these afflictions it is often the case that homeless men have very poor foot hygiene. Because their general personal care is not adequate, they tend to have constantly dirty feet and this usually leads to some sort of foot problem such as infections like tinea. The condition of their feet can also provide a route by which other infections enter the body.

Homeless people need great resilience to cope with the lifestyle they lead. In the course of a day many will walk great distances to achieve what they need to do just to survive. Feet are an important part of the body to keep healthy. When homeless people are walking about the city, this may be through very bad weather with often ill fitting shoes. They mostly cannot afford public transport or other forms of travel enjoyed by the majority of the community. The Podiatry Clinic endeavours to contribute to the overall improvement of the health and wellbeing of the men. As the report “Keeping the Balance – Older Men and Healthy Ageing” states (2001, p. 9), “a health focus…has to do with the interaction between a person and their environment”. The Australian Podiatry Association (NSW) supports the notion that health is indeed the total physical and social wellbeing of individuals and communities and not just the absence of disease. Good podiatry care for anyone in the community, and particularly for people disadvantaged by virtue of the fact that they have nowhere to live and limited ability to obtain the necessities of life, is essential to diminish negative aspects that could reduce health. The environment of a homeless person is often hostile and unpredictable which can also impact on the ability to maintain and promote good health.

How it all started…
At the end of 1998, Professor Ian Webster was having lunch in the cafeteria of Liverpool Hospital and suggested to one of the podiatrists who works at the hospital that it would be a very good idea to establish some sort of podiatry service at Matthew Talbot. A huge need was identified in relation to podiatric care for the homeless. Early in 1999 a Podiatry Clinic was established by The Podiatry Association (NSW) at Matthew Talbot (or ‘The Talbot’ as it is usually known) – in conjunction, for the first six months, with the University of Western Sydney, Macarthur (now called Campbelltown Campus). This Clinic has run on a regular basis once per week (for three hours each session) since its inception.

The Podiatry Clinic is very popular with the men who call into the Hostel each day and there is usually a waiting list before the Clinic starts. Podiatrists work on a volunteer basis and podiatry students often assist with the procedures. The nursing station is very close by and the Podiatry Clinic is well supported by other staff in the unit. Colleen Raleigh is the Nursing Unit Manager of the Medical Clinic, and states (Talbot Talk,
2000, p. 7) that “staff working in these settings (referring to clinics dealing with the homeless) will require increased skills and the ability to think laterally when problem-solving.” She also stresses that “foot care remains a priority in (the) provision of treatments, as it will continue to be a major source of discomfort and diseases”. Equipment, such as an autoclave, instruments and a drill, was donated by Briggate. The University initially provided the dressing materials, but now the Clinic is stocked with Talbot supplies. There is a plinth (or bed) in the cubicle along with a dressing trolley and rubbish receptacle. The autoclave sits above a locked cupboard containing the other equipment and dressing materials. It is my role to maintain the weekly roster. I have written a booklet containing guidelines for work in the Clinic as well as many handy hints concerning things as simple as where to park and how to deal with issues such as equipment malfunction.

There have been a number of journal articles written about foot problems and the preponderance of men who appear to be more likely to succumb to a major complication if they have certain ailments that impact on the lower extremities. Diabetes is one such condition that is likely to result in major sequelae should peripheral neuropathy or a vascular deficit be present. In the article titled ‘Diabetic foot lesions: etiological and prognostic factors’ (2000), the authors state that “inadequate footwear was considered as the major exogenous risk factor leading to a foot lesion. Smoking, which was noticed only in the male patients, made the complications more pronounced. The authors concluded:

The prevalence of foot lesions was more important in men. Moreover, seriousness of the lesions and consequently the rate of amputations were important in men; this was probably due to smoking habits. The factors that influence the outcome seem to be male gender, delay of management, quality of medical treatment, surgical attitude, inadequate level of amputation and …lack of structured prevention.

In other studies it has been shown that amputation can also occur when there is a general condition of the foot, not always in the presence of diabetes. Homeless men have more likelihood, especially older men, of having a foot pathology of some kind.

Homelessness is a major problem in our society. It has been alleged that there are now in the vicinity of 7,600 homeless people in Sydney (with 100,000 estimated for the whole of Australia). This figure is predicted to get worse. Older men are over-represented, for example, in the boarding house population, with about 70 per cent of boarding house representatives being male. Matthew Talbot has a wide cross section of ages and backgrounds attending each day. There is strong evidence of social ill-health and abject isolation. Many people have preconceived ideas about the homeless and their attitudes serve to group all homeless people in one pot. From my experience with nursing some homeless people during hospital stays, a significant percentage have achieved at a high level in their lives and when reality struck (for example, a jet pilot in World War II coming home to lead a ‘normal’ life) they are unable to assimilate back into society. A significant number in the community possess a fear of the unknown and a fear of the men
– some of whom are a frightening sight. Podiatrists have to deal with their own feelings about the homelessness issue before they are able to reach out to help. It is very confronting to arrive at the Hostel - there are 400 men at MT each day (it can now sleep 200) and many are walking around the precinct or sitting down near the door.

This is just the beginning. Much more needs to be done. At present information is collected by the podiatrists who attend to the needs of the homeless at The Talbot. In some cases specific types of diseases have been diagnosed by the signs and symptoms present in the feet of the men who frequent the Podiatry Clinic. Syphilis is one such disease that has manifestations on the feet. Podiatrists, as experts in foot health, could do a whole lot more in terms of preventative care for the homeless. The only thing stopping this happening is the lack of resources such as podiatrists and money. Within its restraints, however, the Podiatry Clinic is a win-win situation for everyone associated with it and an initiative about which those who are involved can be very proud. We endeavour to focus on the health of the men who attend the Clinic, and not on disease. The main aim is to promote their wellbeing. Apart from the obvious attention to the physical needs of the men, their psycho-social health is also aided. The Podiatry Clinic facilitates a very positive stamp of acceptance for the men and their individual circumstances – they are seen as unique human beings with specific needs and this must help their self-esteem. The men at Matthew Talbot are in a crisis situation and the provision of podiatry services is one small way to alleviate some of the suffering.

References:


