



Housing First as a pathway to improved health

learnings from Australia

Pathways from Homelessness: Rethinking Housing and Health.
Thursday 14th March 2019

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THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

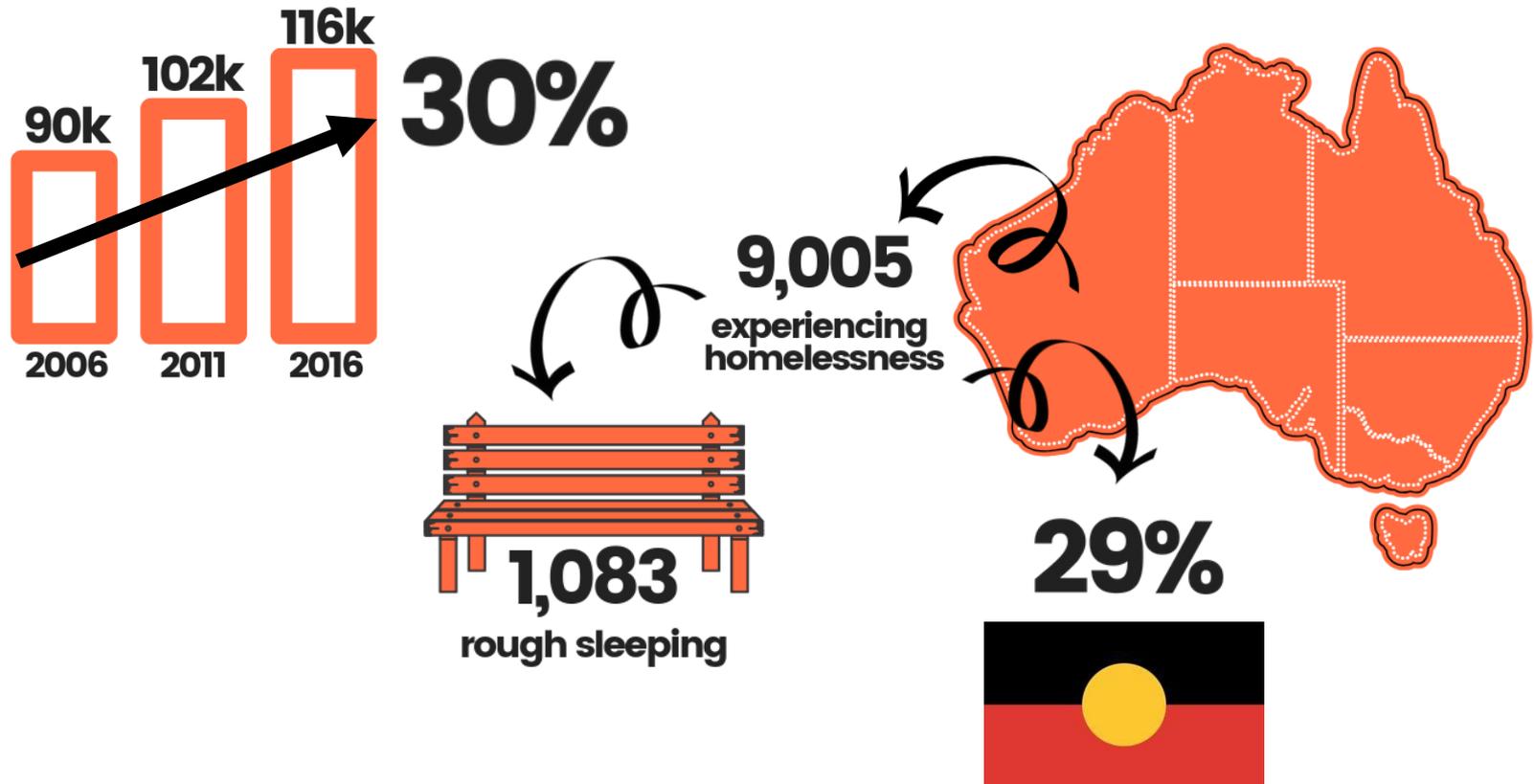
“

So I was very lucky...having the three services, after hours, the Ruah day centre and Homeless Healthcare GP... [they] are all not judgmental, helpful. You know they are really there to help you. So it's massive and they're all connected so they know what's going on without going against your privacy, so you don't get a pop quiz all the time”

- Housing First Participant
(50 Lives, 50 Homes)



HOMELESSNESS IN WESTERN AUSTRALIA



POOR HEALTH AND HOMELESSNESS ENTWINED



85%

Dual Diagnosis



70%

Tri Morbidity

Health disparities similar to UK, with some variations

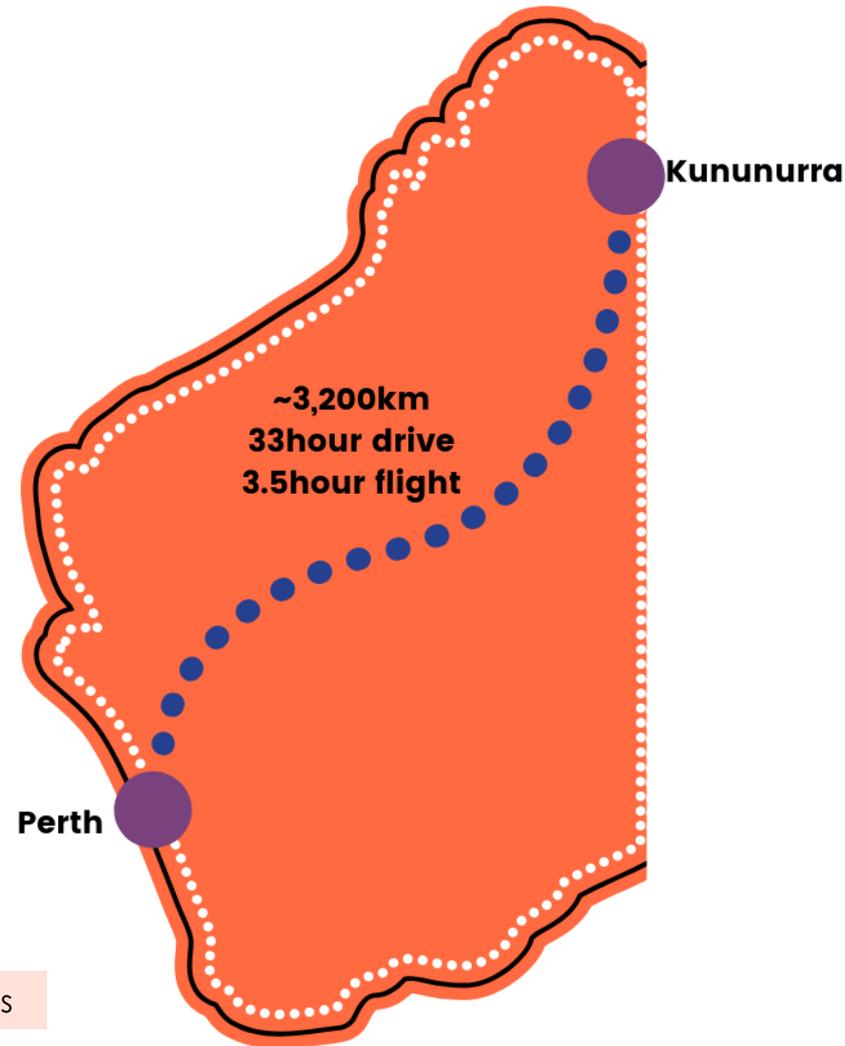
- Meth use high (34% of RPH Homeless Team patients on first contact)
- Exposure to sun/heat problematic for rough sleepers
- Undetected skin cancers
- Poor access to health services in rural and remote areas

POOR HEALTH AND HOMELESSNESS ENTWINED

- Long wait list for social housing (ave 2.7 years)
- Even longer in regional remote areas
- Over-crowding a big issue – extended Aboriginal families have kinship loyalties

“my daughter has been on the waiting list for public housing for 10 years in Kununurra”

Fun fact: the UK fits into WA 10.4 times





HOMELESS HEALTHCARE COLLABORATION – THE WESTERN AUSTRALIAN WAY!



COLLABORATION BETWEEN AN INNER CITY HOSPITAL, A SPECIALIST HOMELESS GP, A HOUSING FIRST PROJECT AND A UNIVERSITY

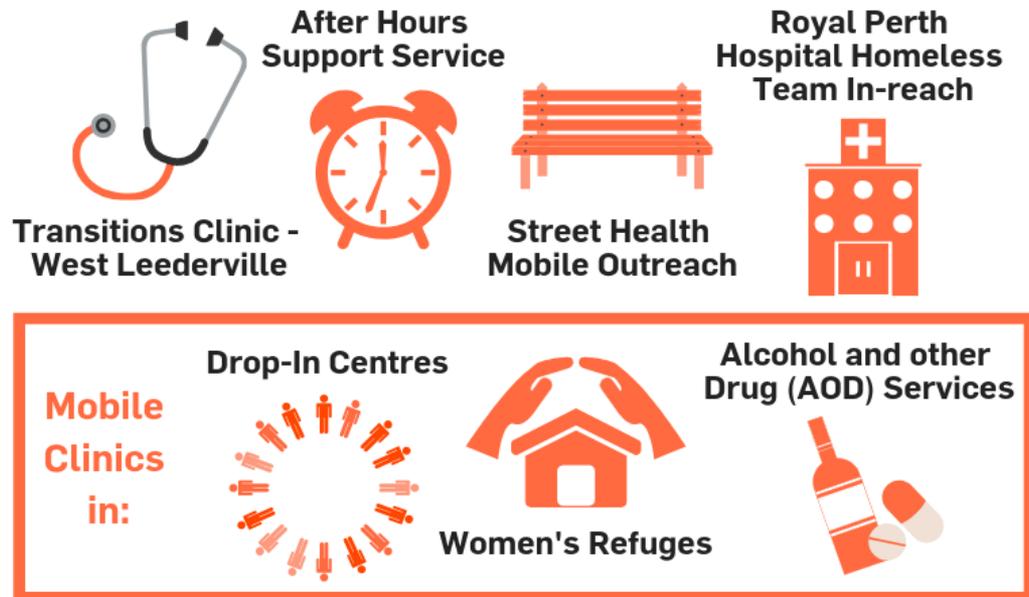
1. **Homeless Healthcare:** specialist GP service for people who are homeless (mobile clinics in 11 settings, street outreach, hospital in-reach)
2. **The Royal Perth Hospital (RPH) Homeless Team:** hospital-Homeless Healthcare collaboration established July 2016
3. **50 Lives 50 Homes:** Housing First Initiative (coordinated through Ruah as 'backbone' with 27 partner organisations) to house and support vulnerable rough sleepers
4. **After Hours Support Service:** supports individuals housed through 50 Lives program – nursing and caseworker support



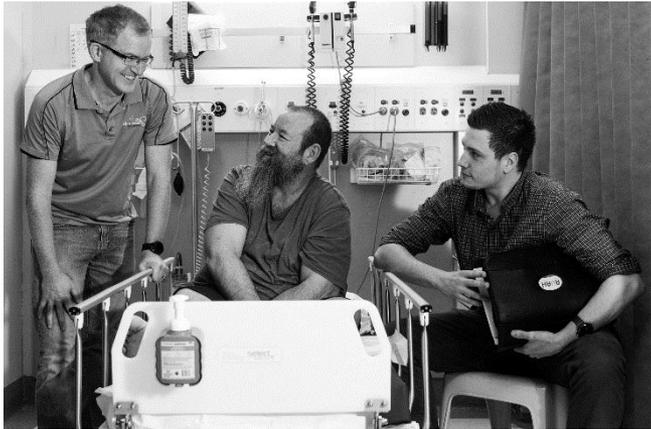
1. HOMELESS HEALTHCARE



- Established in 2008
- Specialist homelessness, multi-site GP Practice
- Dual aims of:
 - improving the health and welfare of people while they are homeless
 - providing ongoing healthcare, support and connections to housing programs, to enable people to **break the cycle of homelessness**



RPH HOMELESS TEAM



- Primary care In-reach initiative of Homeless Healthcare, in partnership with RPH
- Based on the best practice UK Pathway model
- Commenced June 2016 in response to the increasing demand that homelessness has placed on our inner-city hospital
- Multidisciplinary team (GP and nurse from HHC each morning, ED consultant from RPH, case worker from Ruah)
- Strong links to homelessness services and to 50 Lives (Housing First project)



'the team' – HHC GP and nurse, RPH clinical lead and ED Doctor, NGO (Ruah) case worker, admin support RPH

50 LIVES 50 HOMES - HOUSING FIRST COLLABORATIVE IMPACT PROJECT

- Ruah Community Services is the lead 'backbone' agency
- 28 partner organisations
- Housing First model (albeit subject to availability of suitable housing, coupled with wrap around support)
- **192 rough sleepers housed to date**

50 Lives 50 Homes

Collaborative Housing First program with 28 partner organisations across multiple sectors:

Social Housing Providers

Health Service Providers

Mainstream Homeless Services

Specialist Youth Services

Crisis/Transitional Accommodation

Mental Health



RUAH
COMMUNITY SERVICES

AFTER HOURS SUPPORT SERVICE (AHSS)



- Health and other support for those housed through 50 Lives
- 2 teams go out each day (late arvo/eve) – HHC nurse with Ruah support worker
- Funded by WA Primary Health Network
- Support ranges from healthcare checks, social support, goal setting, community engagement, addressing barriers to tenancy sustainment

7,800 instances of support provided by AHSS in first 18 months of program

**INTEGRATION, COLLABORATION AND
CONTINUITY OF CARE IN ACTION ...**

REFERRAL FROM HOSPITAL TO 50 LIVES

- frequent homeless attendances at RPH
- Homeless Team able to facilitate VI-SPDAT – have identified many people with high vulnerability that may otherwise have remained undetected and homeless on the streets.

The RPH Homeless Team is very active in the 50 Lives 50 Homes rough sleepers working group and there is enormous mutual benefit for both the hospital and for the homeless sector. Some of the most vulnerable rough sleepers in Perth have been brought to our attention by the RPH Homeless Team, and we have been able to prioritise them for support and housing - **50 Lives 50 Homes Project Manager**



CURTIS *male, late fifties*

- Rough sleeping 26 years – under bridge
- Schizophrenia, lung & liver disease, wheelchair bound from chronic back pain
- Often discharged due to “no acute problem”
- RPH Homeless Team able to complete VI-SPDAT with him (score 14) and refer to 50 Lives program
- 50 Lives caseworker found suitable accommodation in aged care hostel.
- Hospital presentations substantially decreased, quality of life vastly improved.



He was a great example of the working group pushing to prioritise someone who was highly vulnerable but falling through cracks and bouncing up in lots of hospital presentations - **50 Lives 50 Homes Project Manager**

CONNECTING PATIENTS TO PRIMARY CARE AND COMMUNITY SUPPORT

- Poor physical and mental health add to stress of adjusting to housing
- AHSS role of maintaining regular contact with re-housed clients (through 50 Lives) → key for supporting client health and wellbeing
- The AHSS coordinates closely with each client's primary caseworker to streamline and coordinate care

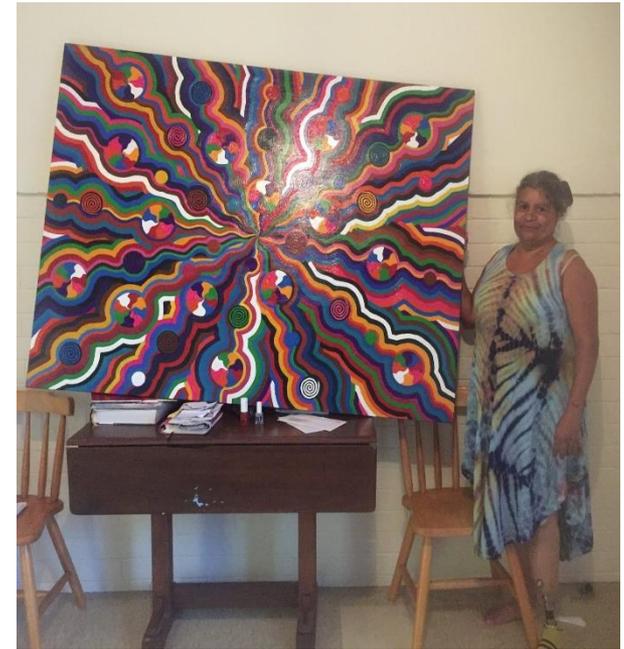
we have been engaging with him to get some formal diagnoses, supports for daily living and encouraging him to take his seizure meds. We have been able to build trust and unpack things with him that you couldn't do in a hospital setting. - AHSS Nurse



CATHY

female, mid forties

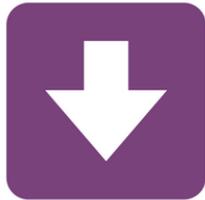
- Homeless Healthcare patient since 2016
- Raft of health issues
 - Skin cancer, limb amputation, AOD use
- Housed through 50 Lives
- Supported by AHSS
 - Phone calls, home visits, connected to parenting classes and process of re-connecting with child in foster care
- Now very involved in art classes and painting - nominated in 2018 as Aboriginal and Torres Straight Islander student of the year at TAFE.



They come out here, the outreach. They come here and see if I'm okay, even if it's for a chat sometimes because I'd get very anxious [...]. - Cathy

REDUCING HOSPITAL USE AMONGST HOUSING FIRST CLIENTS

ED PRESENTATIONS AFTER 12 MONTHS HOUSED (N=44)

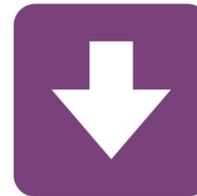


26%
people presenting



57%
total presentations

INPATIENT ADMISSIONS AFTER 12 MONTHS HOUSED (N=44)



36%
people admitted



51%
total admissions



53%
days admitted



404,028 in 12 months
9,181 per person

"It is futile to simply patch up the health of people who are homeless while their health continues to deteriorate without a safe and stable place to sleep or call home." – **Dr Andrew Davies, HHC**

WAYNE *male, late forties*

- Rough sleeping
- Complex history including MH issues, AOD use, self-harm, physical health problems.
- In top 20 frequent presenters RPH ED 2016
- \$126,509 for ED and inpatient days first 9 months 2016
- Started engaging with HHC through Street Health
- Housed October 2016 with ongoing support from 50 Lives
- Virtually no ED presentations since – even when lost tenancy for a period, kept seeing GP and nurses. Now re-housed



Costs based on 2015-16 IHPA rates of \$765 per ED presentation and \$2,718 per inpatient day

COLLABORATION ACHIEVEMENTS:

INFLUENCING PRACTICE AND CULTURE WITHIN THE HOSPITAL

The fact that a GP can come into the ED and educate and transform the actions of the busy ED Team was amazing. -
Dr Adrian Gillin, Royal Prince Alfred Hospital, NSW

The RPH Homeless Team provides a vital service in advocating for this disenfranchised and marginalised group of patient in RPH. This has led to a synergistic relationship between the Homeless Team and the Consultation- Liaison Psychiatric & Emergency Department mental health services; which has resulted in positive interventions in the life of these patients. -
Dr Nigel Armstrong, Consultation Liaison Psychiatrist RPH

CRITICAL SUCCESS FACTORS

CRITICAL SUCCESS FACTORS OF CONTINUITY AND INTEGRATION OF CARE:

FAMILIARITY, TRUST AND MULTIPLE POINTS OF CONTACT



SAME HHC TEAM, DIFFERENT ROTATIONAL ROSTER, DIFFERENT PLACES, DIFFERENT DAYS

CLIENT CENTRED COLLABORATION AT THE COALFACE

You can have MOUs and formal partnership agreements, and sit on collaborative committees and so on, but often what gets traction is:



- the informal networks
- the knowing who does what
- having people you can 'just pick up the phone to' about a client in need
- knowing who/what service will pick up the baton and get things done
- and sheer tenacity and persistence

Jace (the HT caseworker) has resources and contacts that we don't have. HHC can follow patients up in the community and patients can get GP care outside of the hospital. Without the Homeless Team patient's would be discharged and go back to the streets and their health would just keep getting worse. -Social Worker, RPH

CRITICAL SUCCESS FACTORS OF CONTINUITY AND INTEGRATION OF CARE:

RAPID PROBLEM SOLVING AND ACTION TO GET PEOPLE HOUSED

As part of the 50 Lives collective impact model, the **rough sleepers working group** meets fortnightly

- *Troubleshooting space*
- *Information sharing*
- *Referring new clients*
- *Rapid decision making*

Brings together agencies beyond the usual housing/homelessness sector including (but not limited to):

- RPH Homeless Team
- Homeless Healthcare
- Mental health services
- Police
- Centrelink
- Domestic violence services
- Other community services.



A SEAT AT THE POLICY TABLE

Beyond being busy clinicians at coal face, the RPH Homeless Team clinical lead (Dr Amanda Stafford) and HHC Medical Director (Dr Andrews) are active in shaping policy and service reforms that impact on homelessness

- 50 Lives 50 Homes – Rough Sleepers Working Group and Steering Group
- City of Perth – City of Homelessness Framework Committee
- WA Council for Homelessness – Ministerial Advisory Committee
- Sustainable Health Review – Clinical Reference Group
- ‘By name’ workshop to set up live list of people homeless in Perth



RESEARCH TO PRACTICE, PRACTICE TO RESEARCH...



RESEARCH AND EVALUATION CAN BE OBJECTIVE YET INTERTWINED WITH 'THE CAUSE'...

HODDS
Homeless Outreach Dual Diagnosis Service

HODDS is an outreach based program that delivers care in settings where people are most comfortable. It provides an integrated approach to deliver best practice care to homeless patients with a dual diagnosis.

- Addiction Psychiatrist and Mental Health Registered Nurse
- Connects patients with GPs for continued mental health and A&D treatment
- Integrated with existing Homeless Healthcare mobile clinics and infrastructure
- Referrals to housing and other social services to address underlying social determinants of health

New grants / funding to address service gaps

Policy input

Timely evidence and reports for funders

What started as evaluating Homeless Healthcare in 2016...

Research led advocacy and media

Generation of evidence to address gaps

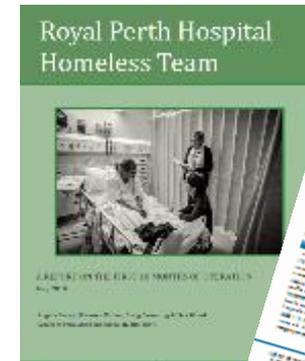
Medics for homeless in funding plea

Daily O'Leary, Medical Editor | The West Australian
Wednesday, 3 July 2015 10:21 AM



Senate Economics Legislation Committee

Treasury Laws Amendment (National Housing and Homelessness Agreement) Bill 2017
[Provisions]



THE CONVERSATION
Academics discuss journalists' role

Hospital discharges to 'no fixed address' - here's a much better way
November 14, 2015 6:00am AEST

Dr Jim O'Connell, author of the book 'The Health Gap', says that a client of the mental health system in London, Guyana of National Health

Twitter 52
Facebook 128
LinkedIn 1

Why treat people and send them back to the conditions that made them sick? - Michael Marmot, *The Health Gap, 2015*

"Homelessness is one of the most intractable and complex problems

FINALLY, THE PERTH RESPONSE TO HOMELESSNESS IS CONSTANTLY EVOLVING, AND IS NOT WITHOUT ITS CHALLENGES...



CHALLENGES

Collaboration

- Avoiding duplication of services
- 'leaving logo at the door' for benefit of client continuity of care
- Sharing of data (different systems, different inputs/ outputs, confidentiality)

Program Sustainability

- demonstrating impact and cost effectiveness with messy data
- Getting more upstream action on preventive determinants of homelessness

Systemic

- Precarious funding!
- Wrong pocket paradox – intervention in housing saves health \$ and justice \$
- Addressing the harder to fill gaps (e.g. access to services and support for those homeless outside of inner city areas)

Culture

- sustaining staff optimism /minimising stress/burn-out
- Countering medical model

FOR FURTHER INFORMATION

Homeless Healthcare and RPH HT reports and infographic available on:

<https://homeleshealthcare.org.au/reports-findings/>

For more info about other research and evaluation our team is involved in see:

<https://www.uwa.edu.au/health/schools/school-of-population-and-global-health>



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