

THE VALUE OF EMBEDDING CASEWORKERS INTO HOMELESS HEALTHCARE



STREET TO HOME HEALTH EVALUATION SNAPSHOT 2

DECEMBER 2020

BACKGROUND

COVID-19 has exposed the fault lines of socially determined causes of health inequality, and people experiencing homelessness have been amongst the most vulnerable, with nowhere to 'stay home' and limited capacity to hear or follow the preventive advice issued to the general population. In response, the Department of Health provide additional funding to Homeless Healthcare in April 2020 enabling it to:

- Employ four case workers, to complement the work of Homeless Healthcare's medical staff
- Expand hours of street outreach in Perth and Fremantle, and adding a GP to the street outreach team
- Commence home visits to newly housed patients by a GP and case worker

The first evaluation snapshot in this series focused on the Street outreach and home visits.

In this second snapshot, the focus is on the innovative role of caseworkers in supporting and amplifying the way in which Homeless Healthcare can help patients to address the range of non-health issues that in fact, are key determinants of poor health among people homeless.

WHO HAS BEEN SUPPORTED BY THE CASE WORKERS? JUNE TO OCTOBER 2020



36%

Aboriginal and/or Torres Strait Islander



15 - 73_{y/o}

Age Range



64%

Male



35%

Female



1%

Other



547

Number of individuals supported

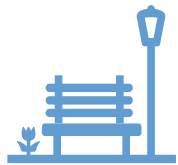


1,421

Total number of engagements by case workers with patients

"The health of people experiencing homelessness is adversely affected by the fact that they are homeless. It can only be significantly improved by housing the person. To do this successfully a person must have their medical and psychological needs addressed as they get housed. By having caseworkers working within HHC it has enable us to ensure that people have their medical, psychological and social needs addressed simultaneously in a coordinated way without them falling through the gaps between agencies." – Dr. Andrew Davies

WHERE DO THE CASE WORKERS SEE PEOPLE?



Parks, streets,
shopfronts &



Patient's Homes



Hospital
in-reach



Refuges, Rehab
facilities



HHC fixed site
clinic



Homeless Drop-
in centres



Other community
organisations



Transitional
accommodation

The caseworkers can focus on the social determinants affecting our clients and provide a safe bridge between client and health professionals, and enable a wrap around, client-centered approach that encompasses and respects all the client's needs. The combination of each profession - caseworker, nurse and GP working together, is a powerful way to enable positive change to the lives of our most vulnerable and disadvantaged population.

- Homeless Healthcare Nurse

KEY ROLES OF THE HOMELESS HEALTHCARE CASE WORKERS

HOUSING & ACCOMMODATION

- Investigating short-term and crisis housing options to avert discharge to the street
- Creating timeline plan to allow smooth transition from hospital to long-term housing goals
- Supporting people through accommodation assessments, accessing priority housing waitlist, or community housing
- Supporting needs of those already housed – e.g. building independent living skills, connecting to local supports, assisting with maintenance applications, rent inspections, etc.

PSYCHOSOCIAL SUPPORT

- Identifying and supporting people to have their complex and interlinked social and medical needs met
- Taking a non-judgmental approach that helps people feel heard, safe, and comfortable when engaging with healthcare providers
- Encouraging people to find meaningful use of time undertaking activities they enjoy e.g. bike-riding, gardening, Men's shed.

CONNECTING TO OTHER SERVICES

- Connecting clients to services that can assist with housing, legal and financial support, mental health or AOD services e.g. Street Law, MCOT, Uniting WA, Red Cross, Women's refuges
- Supporting clients to re-engage with services/programs they were previously connected to
- Acting as intermediary link between government agencies and clients
- Advocating for patient case conferences to 'brainstorm' with services alongside patient

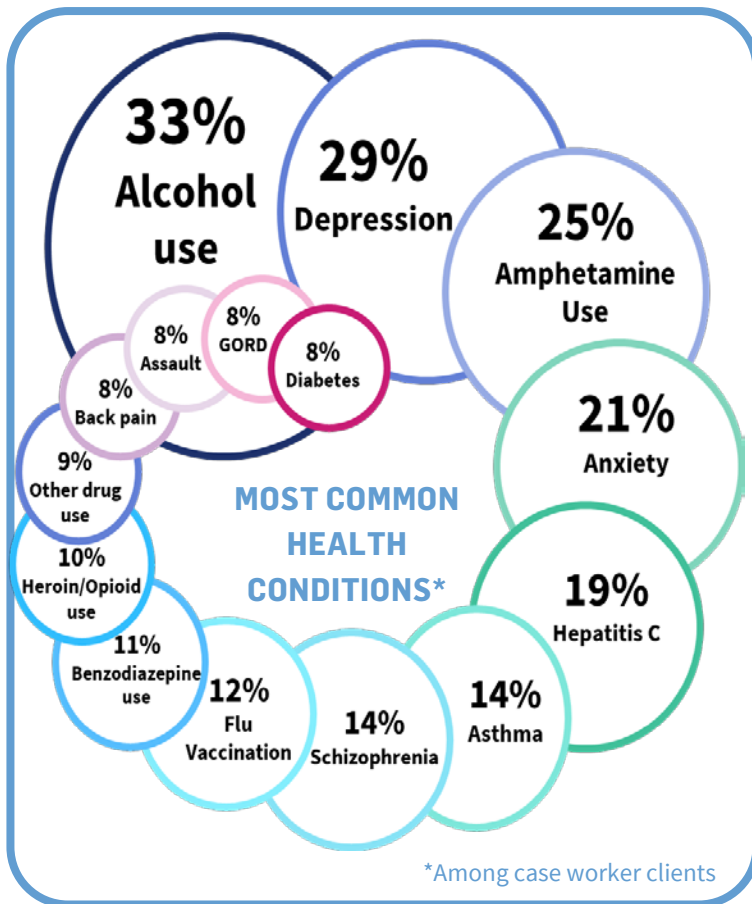
PRACTICAL SUPPORT

- Accompanying patients to appointments when anxious
- Assisting with applications for ID, Centrelink support, other paperwork
- Facilitating re-connection to family and country by organising transport, accommodation, enough medication & support once home

HOSPITAL IN- REACH

- Building rapport with homeless patients and use their time in hospital to identify psychosocial housing and other support needs
- Building strong connections with hospital staff in different areas (e.g. ED, social work, Aboriginal Liaison Officers, mental health clinicians) to facilitate pathways of care, and act as intermediary between staff and patient
- Improving discharge planning, including sourcing accommodation/housing
- Follow up patients post discharge in the community

ADDRESSING INTERLINKED HEALTH, HOUSING, AND PSYCHOSOCIAL NEEDS



CASE STUDY: INTERTWINED NEEDS

Background

Max is a 40-year-old male who has been experiencing homelessness in Perth for six years after a workplace injury, and subsequent heavy drinking. He has hepatitis C, depression, and has sustained numerous injuries from falls and assaults. Over the past four years, Max has presented to the hospital a total of 47 times, including 28 Emergency Department presentations as a result of his alcohol use and mental health, totaling over \$86,027 during this time.

Recently, Max has been couch surfing with his uncle, and regularly engaging with Homeless Healthcare at their mobile clinics at a drop-in centre. However, following a spate of alcohol and assault related admissions to RPH, Max was admitted to the State Trauma Ward. Here, Homeless Healthcare case workers supported Max during his time in hospital and developed a discharge plan with him.

Post-discharge support

Homeless Healthcare has continued to support Max, particularly through their Home to Health program, which has provided him with regular and accessible medical care in the more familiar environment of his relative's home. The caseworkers have been assisting Max with other social factors contributing to his reoccurring homelessness, including obtaining international ID documents.

When people are stably accommodated, other health issues can begin to be addressed; during a home visit, Max expressed his desire to quit smoking. He has been able to receive no cost Nicotine Replacement Therapy funded by the Cancer Council WA as part of pilot with Homeless Healthcare to reduce barriers to cessation for people experiencing homelessness.

Max is now working full-time and is in stable accommodation with family. He has maintained his sobriety and has not had a single hospital presentation in the past four months.

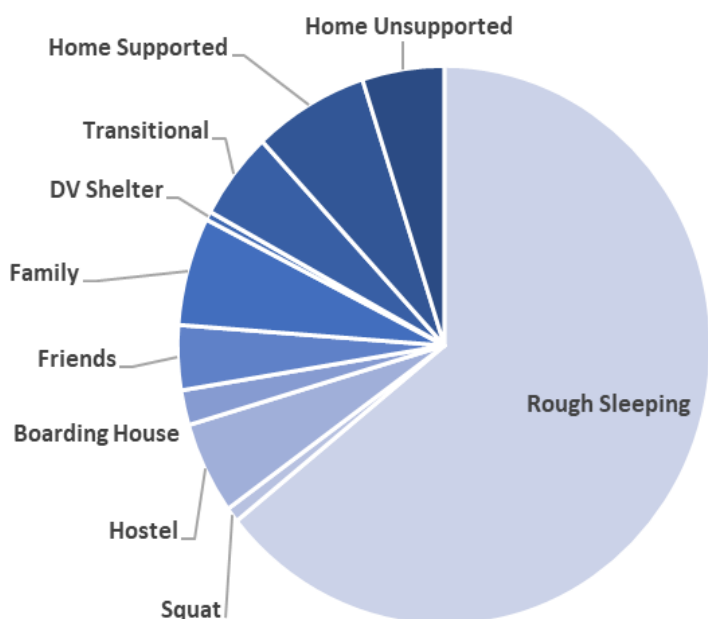
OTHER COMMON ISSUES IMPACTING ON HEALTH AND WELLBEING

- Cognitive impairment and poor memory; impacts on day to day living and capacity to navigate health system
- Family conflict and relationships
- Loneliness and social isolation, boredom
- Complex trauma and trauma triggers
- Financial insecurity and inability to afford basics (e.g. medicines, food, bus fare)
- Legal issues, debts
- Family and domestic violence
- Mistrust of the medical system due to past negative experiences

Homelessness caseworkers embedded into homelessness medicine practices and working across the community allows seamless integration of care to people who are often lost in the complexity of siloed services in hospitals, government agencies and accommodation services. In this way, the three pillars of improved health for people experiencing homelessness are achieved: stable affordable housing, community supports to keep them housed and long-term GP care. Working together, the team of caseworkers and primary care clinicians becomes the most powerful and cost-effective way to tackle the social and medical determinants of health.

- Dr Amanda Stafford, RPH Homeless Team Clinical Lead

ACCOMMODATION SITUATION OF PATIENTS WHEN FIRST SEEN BY CASE WORKERS



We can advocate for a holistic approach for patients that goes beyond the primary diagnosis they have gone to hospital or the Doctor for, and support them to develop goals and plans around housing and access to supports in the community.

- Case Worker, Homeless Healthcare

COVID-19 IMPACT ON CASE WORKER ROLE:

The complex socioeconomic impacts of COVID-19 has resulted in a rise of newly homeless and rough sleepers engaging with Homeless Healthcare case workers and homeless services in general. Case workers have helped the HHC team to:

- Provide appropriate COVID-19 precautions and health education
- Provide advice and reassurance to patients feeling anxious due to their significant vulnerability to illness without appropriate accommodation
- Facilitate urgent accommodation during the height of the outbreak in WA

CASE STUDY: WRAP-AROUND SUPPORT

Background

Lynnette is a 25-year-old Aboriginal woman with an extensive history of homelessness, rough sleeping and unstable accommodation. She suffers from PTSD and trauma, has extensive burn injuries across her body and laceration scarring on her legs due to self-harm. She has had periods of incarceration and spent time in rehab due to her intermittent drug use, and consequently fears being admitted to the hospital for treatment.

Support Provided

Lynnette presented to Passages Youth Drop-in centre in early November with extreme pain from her scarring, anxiety and suicidal thoughts. She reluctantly agreed to attend RPH ED for assessment with the assistance of a HHC case worker, who assisted Lynnette throughout the process, comforting her in the waiting room and advocating for appropriate psychiatric review and plastics review for her scarring. RPH decided not to admit Lynnette, and instead HHC were able to organise 3 nights temporary accommodation for her to recover and organised for a referral to long-term youth accommodation.

Current Situation:

Lynnette is currently in the process of acquiring long-term youth accommodation and continues to regularly attend Passages and be supported by HHC Case workers.

EXPANDING THE CASEWORKER ROLE IN 2021

- Case workers to run clinics at some of the homelessness drop-in centres where psychosocial and housing issues are key drivers of health issues
- Expand case worker in-reach at family and domestic violence refuges
- Expand hospital in-reach of case workers to other Perth hospitals
- Provide case worker in-reach and support to patients discharged from hospital to the new StayWitches accommodation centre