

# Integrating services to address homelessness

INHSU 2021

Dr Phill Read

Director- Sexual Health and Blood Borne Virus Services

Director- Kirketon Road Centre

Conjoint Associate Professor- The Kirby Institute, UNSW

## **Acknowledgment of community:**

People who have ever experienced homelessness

People who use drugs

Aboriginal and Torres Strait Islanders, and other First Nations People

# Homelessness...

Difficult to define: No international consensus

“Homelessness denotes a standard of housing that falls significantly short of the relevant adequacy threshold in one or more domains”

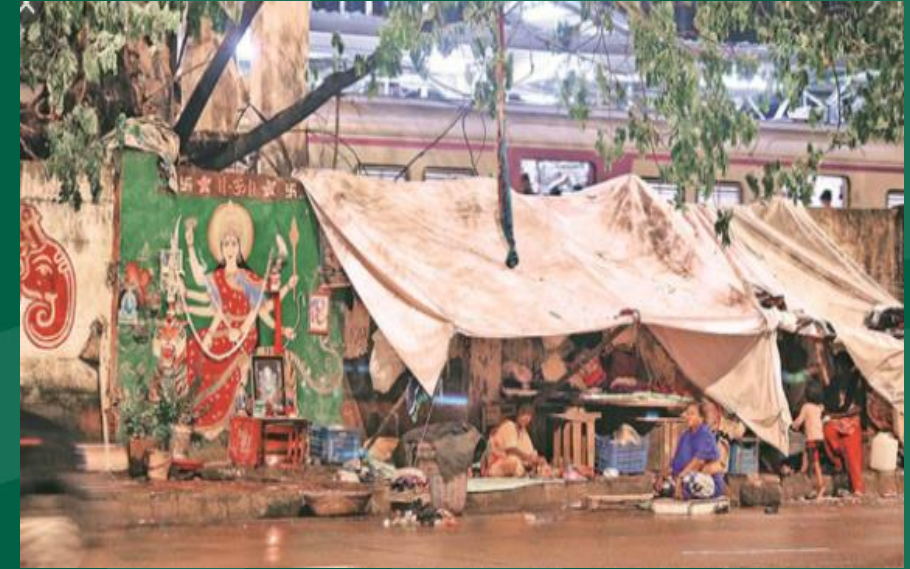
**Security Domain-** Extent to which household can make a home and stay there securely and exclusively; affordability can impact

**Physical Domain-** Adequacy of dwelling- quality, safety, quantity

**Social Domain-** Social relations in house, privacy- internal threats

Global disparities in housing availability,... cultural differences

Recognise minimum standard vs defining huge proportions of the population as homeless



# Proposed global framework

## Proposed global homelessness framework.

Category		Subcategory	
1	People without accommodation	1 (a)	People sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on river banks, in forests, etc.)
		1 (b)	People sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings, etc.)
		1 (c)	People sleeping in their cars, rickshaws, open fishing boats and other forms of transport
		1 (d)	'Pavement dwellers' – individuals or households who live on the street in a regular spot, usually with some form of makeshift cover
2	People living in temporary or crisis accommodation	2 (a)	People staying in night shelters (where occupants have to renegotiate their accommodation nightly)
		2 (b)	People living in homeless hostels and other types of temporary accommodation for homeless people (where occupants have a designated bed or room)
		2 (c)	Women and children living in refuges for those fleeing domestic violence
		2 (d)	People living in camps provided for 'internally displaced people' i.e. those who have fled their homes as a result of armed conflict, natural or human-made disasters, human rights violations, development projects, etc. but have not crossed international borders
		2 (e)	People living in camps or reception centres/temporary accommodation for asylum seekers, refugees and other immigrants
3	People living in severely inadequate and/or insecure accommodation	3 (a)	People sharing with friends and relatives on a temporary basis
		3 (b)	People living under threat of violence
		3 (c)	People living in cheap hotels, bed and breakfasts and similar
		3 (d)	People squatting in conventional housing
		3 (e)	People living in conventional housing that is unfit for human habitation
		3 (f)	People living in trailers, caravans and tents
		3 (g)	People living in extremely overcrowded conditions
		3(h)	People living in non-conventional buildings and temporary structures, including those living in slums/informal settlements





# How common is homelessness?

No consistent global figure- different methodologies

UNHCR 2005- 100 million without place to live, 1bn inadequately housed

Tipple & Speak 2009- up to 216 million homeless, up to 730 million inadequately housed



## Australian census data

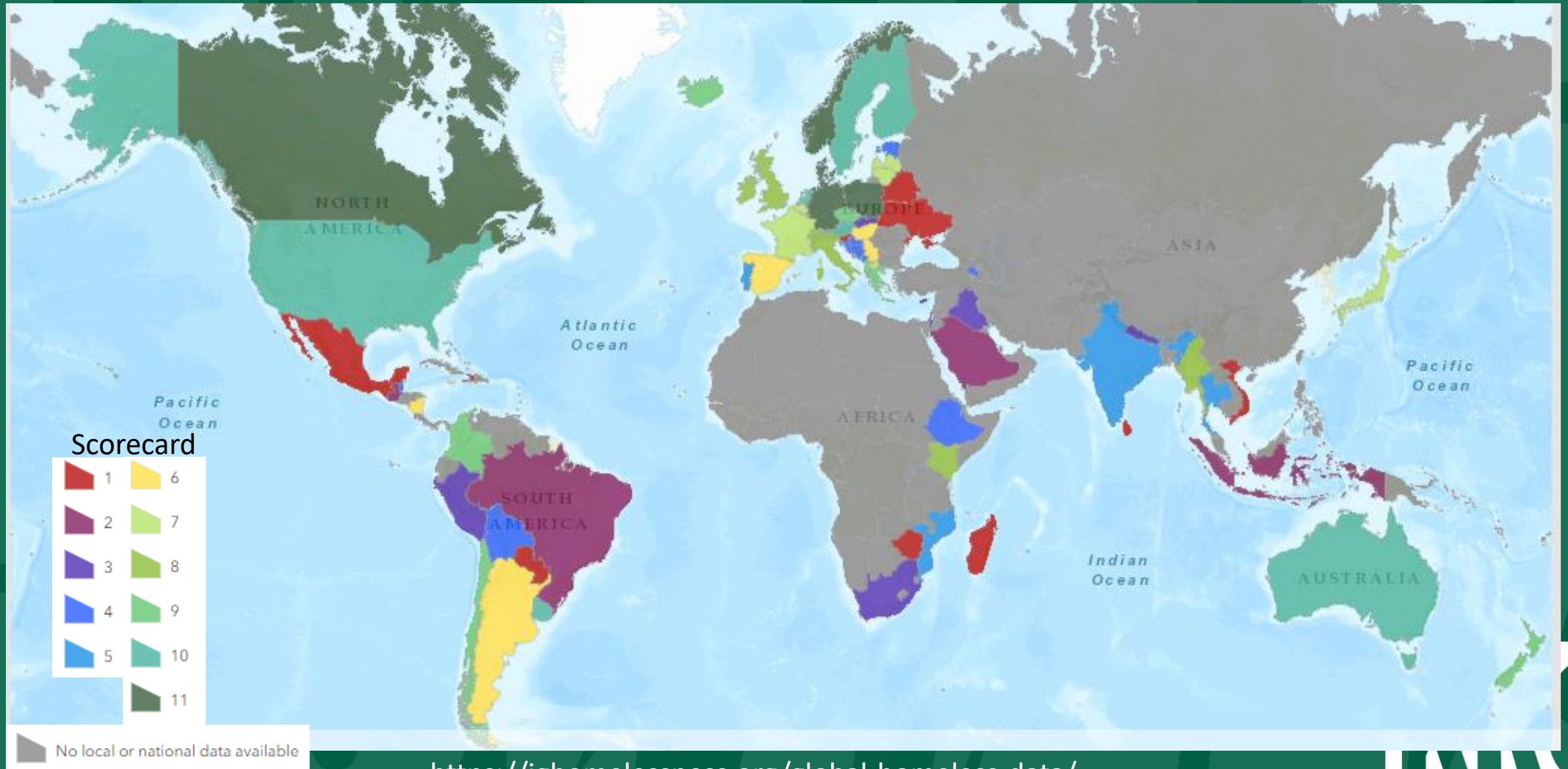
	2001		2006		2011(b)		2016	
	no.	%	no.	%	no.	%	no.	%
Persons living in improvised dwellings, tents or sleeping out	8,946	9	7,247	8	6,810	7	8,200	7
Persons in supported accommodation for the homeless	13,420	14	17,329	19	21,258	21	21,235	18
Persons staying temporarily with other households	17,880	19	17,663	20	17,374	17	17,725	15
Persons living in boarding houses	21,300	22	15,460	17	14,944	15	17,503	15
Persons in other temporary lodging	338	-	500	1	682	1	678	1
Persons living in 'severely' crowded dwellings	33,430	35	31,531	35	41,370	40	51,088	44
All homeless persons	95,314	100	89,728	100	102,439	100	116,427	100

58% were male,

21% were aged 25–34

20% identified as Aboriginal and Torres Strait Islander Australians

# Global enumeration scorecard



# Housing First

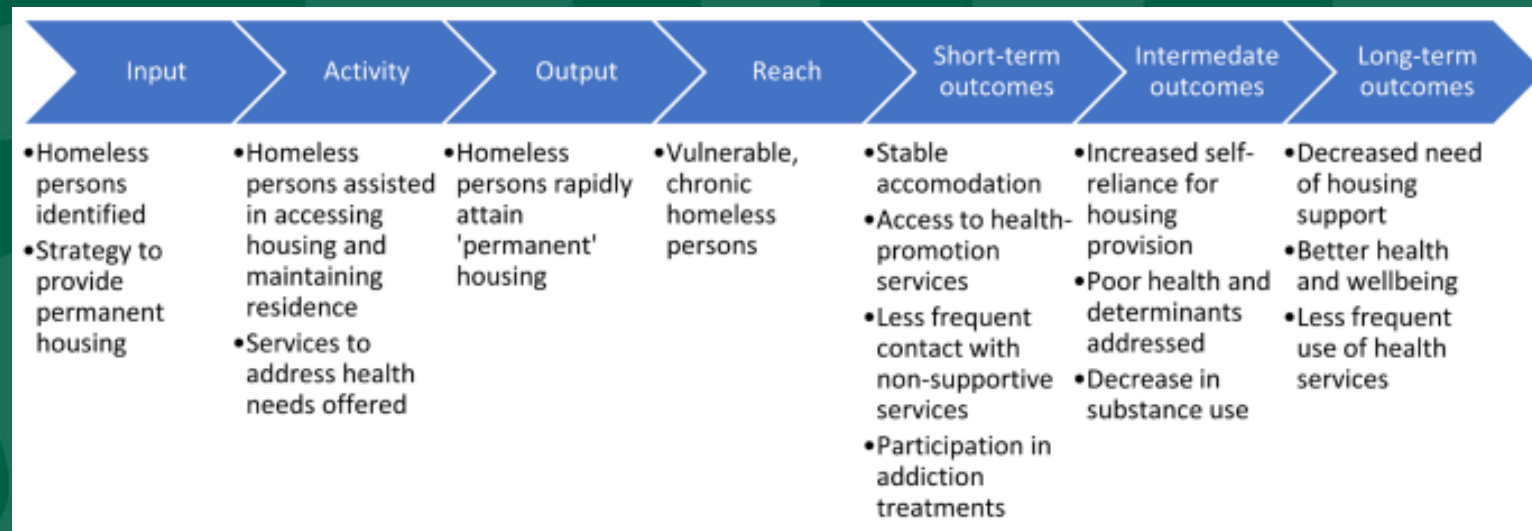
“a housing-first model is critical to providing stability for rough sleepers, and things like case-management, drug and alcohol services, and mental health support are so important”

Homelessness NSW CEO Katherine McKennan

- Model for housing and support for people who experience long term and recurrent homelessness.
- Contrasts with traditional “treatment first” approach with often transitional accommodation... secure housing gained if deemed successful.
- Housing and support are separate and not contingent upon each other.
- Onus on social and community inclusion.

- Meta-analysis of RCTs revealed

- Less hospitalisation
- Shorter hospitalisation
- More days housed
- More likely to still be housed at 24 months





# Morbidity and mortality in homeless people

**Table 3: Cox-regression hazards models (n=6,257) of predictors of mortality over the 15-year study period by homelessness status (model 1) and type of homelessness (model 2).**

	Model 1		Model 2	
	HR (95% CI)	p	HR (95% CI)	p
Non-homeless individuals	1.00		1.00	
Homeless individuals	1.76 (1.49–2.08)	<0.001		
Primary <sup>a</sup>			2.05 (1.67–2.50)	<0.001
Secondary <sup>b</sup>			1.60 (1.23–2.10)	<0.005
Tertiary <sup>c</sup>			1.72 (1.16–2.56)	<0.01
Marginal <sup>d</sup>			1.13 (0.72–1.77)	>0.05
Age				
18-40 years	1.00		1.00	
41-60 years	7.44 (5.33–10.39)	<0.001	7.35 (5.27–10.27)	<0.001
>61 years	27.57 (20.16–37.69)	<0.001	26.40 (19.28–36.16)	<0.001
Male gender	1.17 (1.00–1.36)	>0.05	1.19 (1.02–1.40)	<0.05
Born in Australia	1.15 (0.96–1.37)	>0.05	1.15 (0.97–1.38)	>0.05
English as preferred language	0.63 (0.51–0.79)	<0.001	0.64 (0.51–0.79)	<0.001
Veteran	1.14 (0.72–1.79)	>0.05	1.10 (0.70–1.73)	>0.05

15 year follow-up  
study in Melbourne  
from 2003

Median age of death  
66 vs 78

Seastres et al ANZJPH  
2020 44(6)



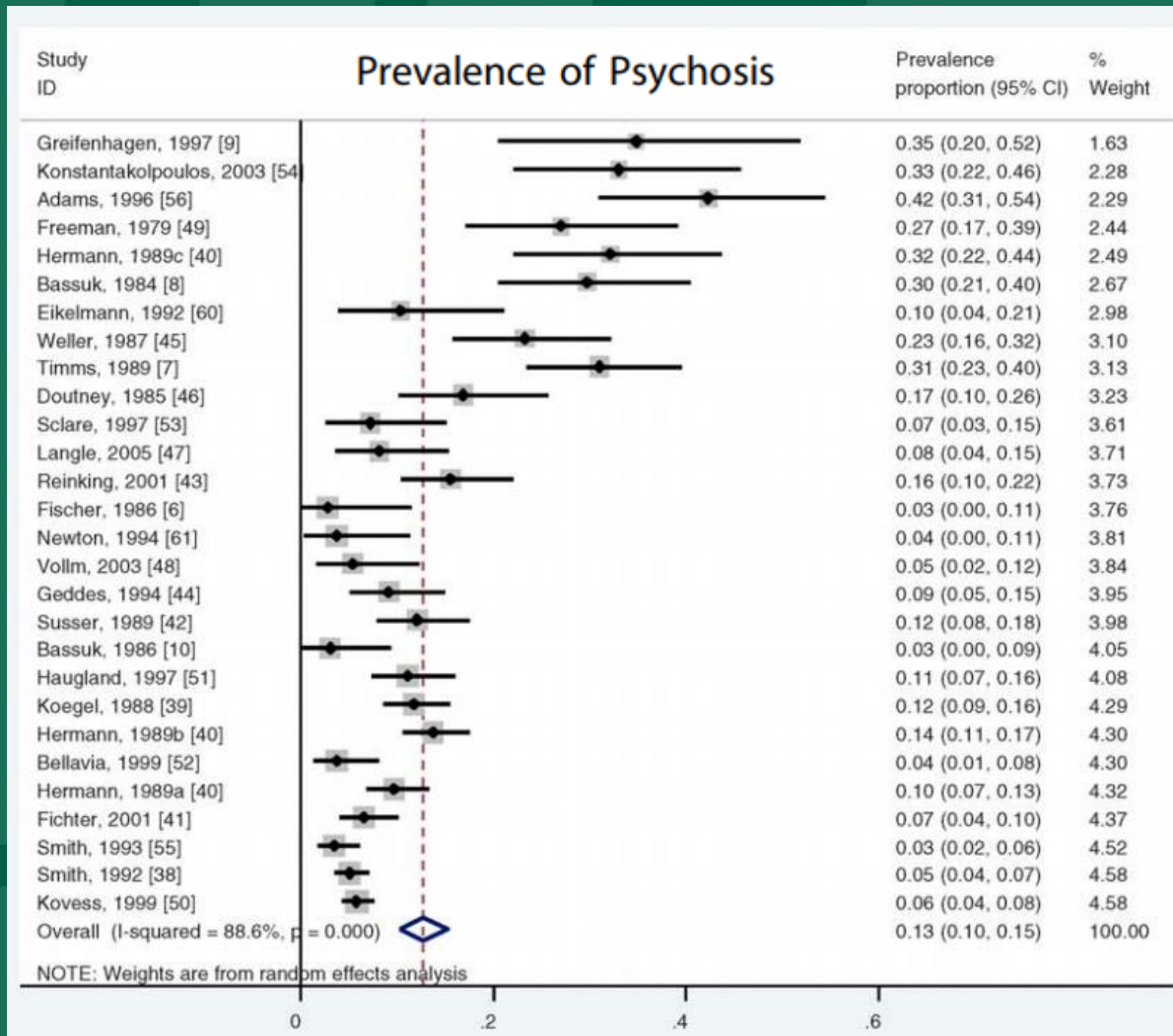
# Homeless outreach nurse notes from temporary accommodation

Med/Psych hx
Minimal disclosure: back pain (walks with stick)
Opiate use disorder ★
Alcohol dependence, epilepsy, illiterate, chronic HCV ★★
Schizophrenia, type-2 diabetes, polysubstance use, arthritis ★★
Depression ★
Depression ★
Schizophrenia, polysubstance use ★★
Co-infection HBV + HCV ★
Schizophrenia, monthly depot injection + blister pack ★
HP, poly substance use. ★★
Cardiac disease, MI, stenting, recent bereavement, chronic HCV, non-compliance with treatment ★★
Alcohol dependence, pneumonia in 2019 with SVH admission ★
Depression and anxiety ★
Schizophrenia and depression, on depot injection ★
HP ★
HP, poly substance use. ★★
Decompensated liver disease
Schizophrenia, polysubstance use, non-compliant. ★★
Polysubstance use, recent d/c Gorman anti ★
Schizophrenia, nil insight. Current psychosis and disengaged from care ★
Schizophrenia, polysubstance use ★
Bipolar disorder ★
Schizophrenia, anxiety and depression, ADHD, skin cancer to nose. ★
Schizophrenia ★
Dental issue
Schizophrenia, polysubstance use ★★
? Mental health disorder, deported from Germany ★
Schizophrenia, gambling addiction, alcohol dependence ★★
HP, PTSD. ★★
Schizophrenia, substance misuse ★★
nil disclosed. Legal issues.
Asthma, HCV, recent respiratory symptoms and recent negative COVID-19 test ★
Asthma, emphysema, inflamed prostate, alcoholysis spondylosis, BLPD
HP, poly substance use. ★★

Serious MVA 2019, epilepsy, asthma, PTSD ★★
Dental issues, legal issues., child in care
Anxiety and depression, polysubstance use ★★
Schizophrenia, sleep apnoea ★
Schizophrenia. ★
Schizophrenia, polysubstance use ★★
Schizophrenia, polysubstance use, non-compliant. ★★
Chronic HCV, hernia ★
Epilepsy, chronic HCV, alcohol dependency, illiteracy, MI ★★
Polysubstance use, recent d/c Gorman anti ★
nil disclosed, legal issues
diabetes ★
epilepsy, opiod dependence, ischaemic digits, HCV ★★
Schizophrenia, monthly depot injection + blister pack ★
??? Mental illness, poor memory ★
Depression and hypercholesterolaemia ★★
Social anxiety, ADHD, asthma ★
Schizophrenia. ★
Schizophrenia, alcohol dependence ★
ADD, anxiety, depression, type 2 diabetes ★★
Depression and hypercholesterolaemia ★★
Bipolar disorder, OCD, polypharmacy ★
Bipolar disorder, depression & anxiety, BLPD ★
Depression and anxiety. ★
Depression and anxiety, BLPD, PTSD ★
Opiate dependence, epilepsy, bilateral plantar fibromatosis ★
x2 MI ★
Opiate dependence, depression ★★
Being treated for ?PID.
Bipolar disorder, anxiety disorder, legal issues ★
Cirrhosis of the liver. Thrombocytopaenia

- ★ Drug and Alcohol
- ★ Mental Health
- ★ Blood Borne Virus
- ★ Metabolic/Cardiac

# Mental health issues for people experiencing homelessness



Twenty-nine eligible studies provided estimates obtained from 5,684 homeless individuals from seven countries.

Psychotic illness 12% (95%CI 10.2-15.2%)

Major depression 11.4% (95%CI 8.4-14.4%)

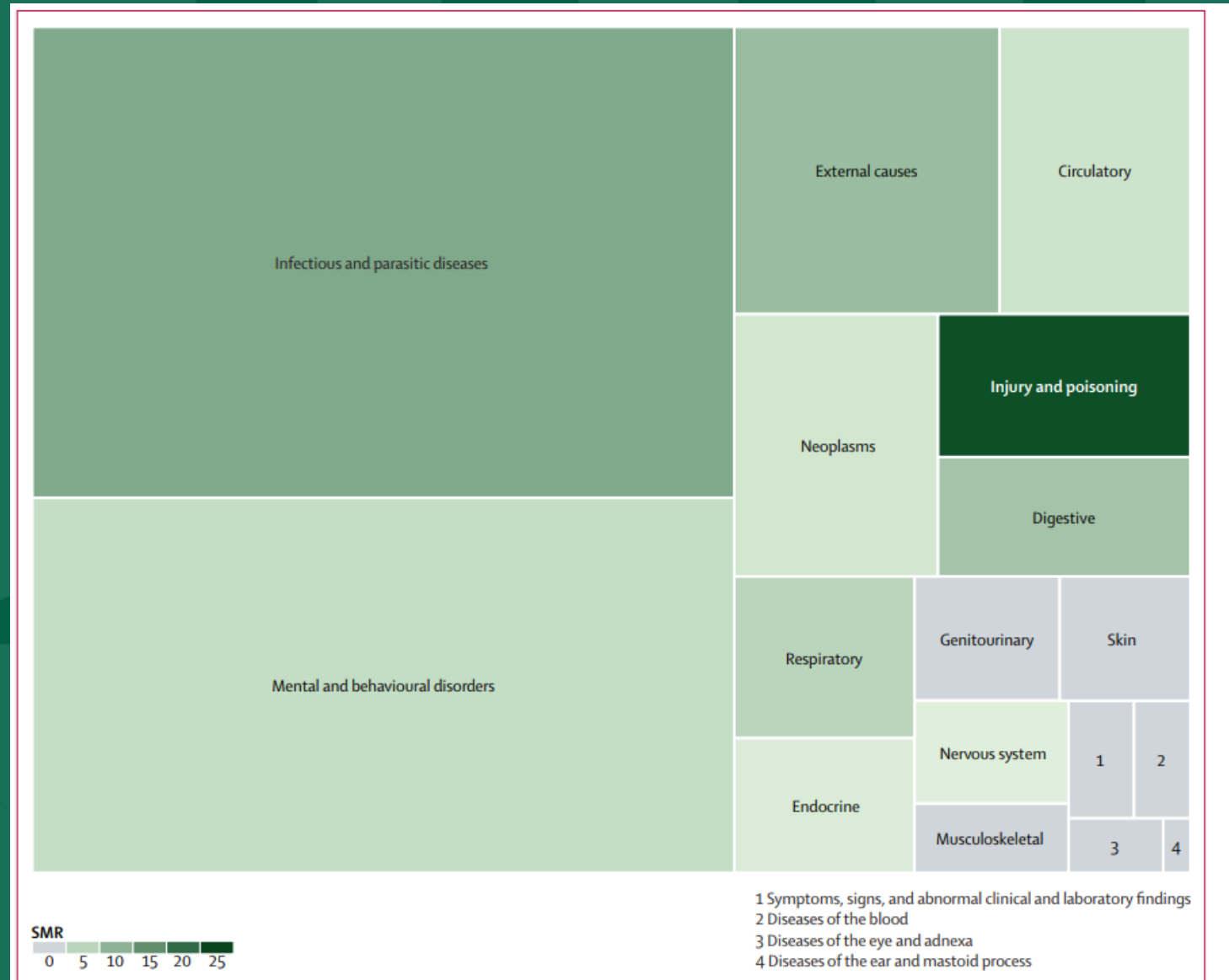
Personality disorder 23.1% (95%CI 15.5-30.8%)

Alcohol use disorder 37.9% (95%CI 27.8-48%)

Drug use disorder 24.4% (95%CI 13.2-35.6%)

# Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis

Aldridge et al Lancet. 2018. 391: 241-50

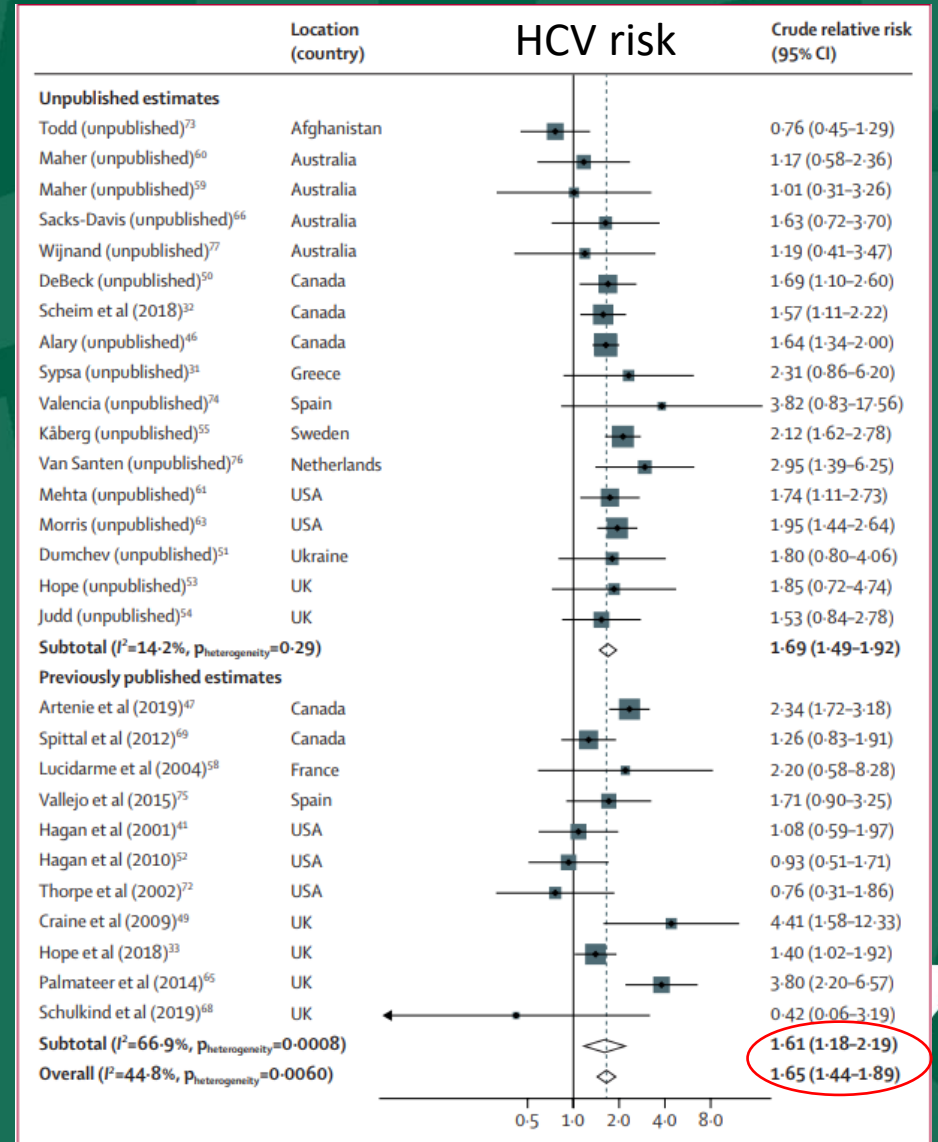
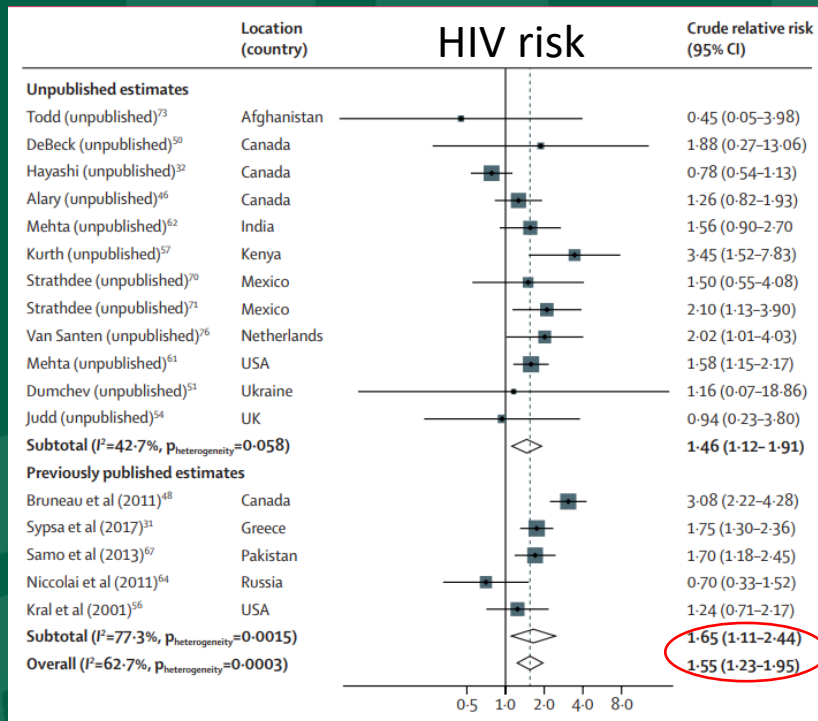


**Figure 2: Treemap summarising the amount of available data grouped according to the ICD-10 disease categories and summary estimates of SMRs**  
Box sizes indicate the total number of datapoints included in this Article. SMRs used are summary estimates for the ICD-10 disease categories for both sexes combined. Grey boxes (SMR of 0) indicate that none of the studies included in this Article reported SMR for both sexes combined. ICD-10=International Classification of Diseases, tenth revision. SMR=standardised mortality ratio.

# Homelessness and BBV health outcomes: Lancet Pub health 2021

## Homelessness, unstable housing, and risk of HIV and hepatitis C virus acquisition among people who inject drugs: a systematic review and meta-analysis

Chiedoze Arum, Hannah Fraser, Andreea Adelina Artenie, Sandra Bivegete, Adam Trickey, Michel Alary, Jacquie Astemborski, Jennifer Iversen, Aaron G Lim, Louis MacGregor, Meghan Morris, Jason J Ong, Lucy Platt, Rachel Sack-Davis, Daniela K van Santen, Sunil S Solomon, Vana Sypsa, Jorge Valencia, Wijnand Van Den Boom, Josephine G Walker, Zoe Ward, Jack Stone\*, Peter Vickerman\*, on behalf of the Homelessness, HIV, and HCV Review Collaborative Group†





# Integrated care

“Integrated care entails the provision of seamless, effective and efficient care that reflects the whole of a person’s health needs: from prevention through to end of life, across both physical and mental health **(and social)**, and in partnership with the individual, their carers and family. It necessitates greater focus on a person’s needs; better communication and connectivity between healthcare **(and specialist homeless)** providers in primary care, community and hospital settings; and better access to community-based services close to home.”  
*Agency for Clinical Innovation NSW*

## Multiple possible models:

- All on site and accessible- one stop shop health and social welfare model
- Fixed sites and/or outreach models, colocated with shelters/food access points
- Specialist in-reach to nurse-led and/or primary care
- Hospital teams working in community homeless settings

# Steps to Integrating care in homeless settings

- Bidirectional relationship between community and hospital care
  - Prevent hospitalisations, refer into hospital when required, link back into community....
- Information and record sharing/consolidation- making sense of many players
- Primary and specialist care blended together in location suitable to client
  - Dedicated clinicians (nurses, Drs, social work, counsellors) with mix of primary care and specialist skills- range of models- adapt to local context and resources
  - Outreach component, multiple access points
- Care planning- agreed health and social goals and plans with client at centre
- Case management
- Integration with social and housing support, legal support, debt support

# Inclusion health

“Inclusion health is a service, research, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and excluded populations” (e.g. homeless, drug users, prisoners, First nations, sex work)

- Pharmacological: HIV/HCV/Tb/Drug treatment/Mental health
- Psychosocial: CBT, Contingency management, MI, mental health/AOD counselling
- Case management: especially assertive case management
- Disease prevention: Harm reduction/NSP, overdose prevention, SIFs, vaccination
- Housing/Social: Housing first, OT, life skills, supportive work, respite care, legal support

Underpinned by trauma-informed care approach and recognition of adverse childhood experiences, poverty, institutional and systemic racism.

# Summary

- Homelessness is a common and complex issue
- Identification and enumeration vital; early intervention
- Prevention, treatment and care needs to adapt to and recognise the multiple social, psychological and comorbid factors
- Client needs to choose priorities- integrated peer support model
- Housing can be provided separately to medical and social needs
- Integrated, multidisciplinary, low threshold, primary care based medical and social welfare services have the best evidence for optimising health and societal reintegration- Inclusion health
- Integration also needs to work between agencies and NGOs





# Thank you

[phillip.read1@health.nsw.gov.au](mailto:phillip.read1@health.nsw.gov.au)