SUBMISSION TO THE ACT BUDGET 2024/25

Submitted by Directions Health Services

on behalf of the

Housing for Health Group

Contents

About the Housing for Health Group

The Housing for Health Group is an advocacy group formed following the University of Canberra forum *"How we can work together to improve the health of people experiencing homelessness in Canberra"* in February 2022. Participants at the forum overwhelmingly identified increased access to housing as the most critical priority in improving the health and wellbeing of people experiencing homelessness.

The *Housing for Health* advocacy group comprises the following members:

- Directions Health Services
- YWCA Canberra
- ATODA
- Junction Youth Health Service
- Capital Health Network
- ACTCOSS
- REACH Team
- CAHMA
- Next Practice
- ACT Shelter
- Palliative Care Nursing, University of Canberra

Participating members of the Housing for Health Group (the Group) offer collective expertise across many of the human support sectors, with representatives from health, housing, youth and peer support sectors and health and community peak bodies. The Group operates as a representative cross-sector body, with each organisation contributing their particular expertise to the collective. All members have significant experience and expertise in delivering health and community services to highly marginalised populations, including primary health, mental health and alcohol and other drug services; palliative care; housing and homelessness services. Currently there is no Aboriginal Controlled Health Organisation in the group, which the Group will seek to address.

The aim of the Group, as a cross-sector platform, is to achieve better health and well-being outcomes for individuals with very high and complex needs who are homeless or at risk of homelessness through comprehensively addressing their housing and their health and support needs holistically, as a priority.

The Group recognizes the impact of social determinants of health (SDH) on individual wellbeing, with these defined by the World Health Organisation as *the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.*[1] Further, the WHO notes that *the social determinants can be more important than health care or lifestyle choices in influencing health* and that *addressing SDH*

[1] WHO - https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

appropriately is fundamental for improving health and reducing longstanding inequities in health[2].

The Group aims to address the correlation between homelessness and poor health and wellbeing outcomes in the ACT, recognizing the higher risks experienced by people who are homeless in relation to their mental health, physical health, drug and alcohol use, and other comorbidities.

Individuals who are homeless have significantly increased risk of serious health problems, with higher rates of acute and chronic diseases,[3] and higher utilisation of acute health services[4]. People with complex needs who are chronically homeless have a 10-fold increase in mortality rates and a reduced life expectancy of around 30 years[5]. Current primary health outreach services assist in addressing the health needs of people who are homeless, however their effectiveness is limited for individuals with very high health needs who continue to be unable to access housing. There is recent evidence of significantly increased unmet need in this area in the ACT, outlined below.

The Group advocates for an integrated human rights-based response comprising low threshold housing and trauma-informed, person-centred wrap around health care and support. Low threshold housing is based on a harm reduction approach that does not require participants to either be drug or alcohol free, or in treatment, to access housing and support.

Whilst a number of the organisations in the Housing for Health Group are currently providing health and wellbeing services for people who are homeless, the outcomes that can be achieved are severely limited whilst individuals and families remain homeless or living in situations where they have inadequate support.

The proposed model seeks to target people whose continued problematic substance use, mental illness or other behaviours, health comorbidities and other vulnerabilities preclude them from accessing or remaining in housing programs that are unable to provide the level of support they require. The model is based on the successful implementation of the 50 Lives 50 Houses program in Perth WA and incorporates the successes and learnings from the group members' experiences in quarantined facilities in the ACT.

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[2] Ibid

[3] Henwood, B. F., Cabassa, L. J., Craig, C. M., & Padgett, D. K. (2013). Permanent supportive housing: Addressing homelessness and health disparities? American Journal of Public Health, 103 Suppl 2, S188–S192. https://doi.org/10.2105/AJPH.2013.301490

[4] Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[5] Davies A & Woods LJ (2018) Narrative Review: Homeless Health care: meeting the challenges of providing primary care, MJA 209 (5) 3 September 2018 pp230-234

Policy Issue

According to the NSW intersectoral homelessness health strategy[6], there is currently no State or Territory policy specifically focused on improving health outcomes for people experiencing homelessness. To address this gap, the NSW Government Intersectoral Homelessness Health Strategy 2020 – 2025 seeks to enhance collaborative cross-sectoral responses and care coordination to improve access to healthcare and the health outcomes of people experiencing homelessness.

Similarly, a policy gap currently exists in the ACT in the availability of intensive, integrated service models that include the full range of services required by individuals who have demonstrably very high and complex needs, measured by evidence-based screening and assessment. The small proportion of individuals with the highest levels of disadvantage and complex health needs who are homeless in the ACT are unable to effectively address and maintain their health and wellbeing and, as a result, suffer adverse outcomes. These individuals would benefit from multi-agency, integrated support to access and maintain secure housing, as well as to address their physical health, mental health and other comorbidities that are significantly impacting their wellbeing.

Barriers to effectively addressing the needs of our most disadvantaged and marginalised Canberrans include siloed services and unachievable eligibility criteria, as well as lack of access to ongoing health care and support that can effectively address complex comorbidities. Put simply, service providers often turn away homeless people with the highest needs because they are unable to cope with their complex needs, or to manage unsociable behaviour impacting on other service users. This results in potentially preventable presentations to ED and acute admissions, as well as poor outcomes for the individuals concerned.

Recommendation Overview

This submission recommends that ACT Government support improved health outcomes for people experiencing homelessness with very high and complex needs, through adoption of a low threshold, high-fidelity, intensive Housing First approach that will address health and wellbeing needs and reduce the burden on more costly acute health services and other tertiary services.

The Group proposes establishment of a pilot program that can provide secure housing combined with integrated, multi-agency, wrap-around support for 25 Canberrans who are homeless, or at risk of homelessness, including people experiencing serious mental illness and/or problematic substance use who are discharged from hospital with complex health conditions.

It is proposed that the pilot program operate for a three-year period, with progressive evaluation undertaken and reported annually, providing proof of concept, and supporting the ongoing sustainability of the program. Should the model achieve positive outcomes and prove

[6] NSW Government, online https://www.slhd.nsw.gov.au/sydneyconnect/pdf/publications/Intersectoral-Homelessness-Health-Strategy.pdf

cost effective within the first 12 months, we propose that the program be progressively expanded to provide support to up to 50 individuals over the three year pilot period.

Housing and Homelessness for Canberrans with high and complex needs

The 2019 ACT Government Report (the Report) exploring the support and accommodation requirements of people with high and complex needs in the ACT[7] estimated that 10% of people who accessed homelessness services had high and complex service needs (averaging 380 people per annum). This estimate does not account, however, for those individuals experiencing homelessness who did not access homelessness services.

The same report noted that systemic housing service gaps existed for people with very high and complex service needs[8], also acknowledging that *people who have enduring mental health issues, those battling drug and alcohol addictions, and those who have lost their community connections often need long-term managed support just to stay housed*[9].

The Report noted the significantly increased proportions of women and Aboriginal and Torres Strait Islander people, both experiencing homelessness and at risk of homelessness, with high and complex service needs[10]. It was reported that 17% of people utilising the One Link helpline identified as Aboriginal and/or Torres Strait Islander in the last quarter of 2021, and this is likely to be an underestimate of the need.

The YWCA's 2021 Ragusa Report[11] also identified similar systemic service gaps in the ACT. It was clearly demonstrated that there were virtually no housing pathways for individuals with complex support needs who have had One Link support withdrawn or are excluded from other specialist homelessness services due to violence, property damage or other antisocial behaviours. The lack of supported longer term accommodation options for people with very high and complex support needs was also identified. YWCA's Ragusa Report also noted the cycle of insecure housing experienced by people with mental health needs negatively impacted their ability to manage their mental health.

The Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021 noted evidence relating to the misalignment of current ACT housing policy with the Government's health-first approach to people who engage in drug use, and the recommendation from Canberra Community Law for *a housing first approach for people (with substance use issues) experiencing homelessness…(that is) supportive and holistic in its approach.*[12]

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[7] Parsell, Cameron, Clarke, Andrew, Ambrey, Christopher, and Vorsina, Margarita (2019). *Support requirements and accommodation options for people in the ACT with high and complex service needs.* Canberra, ACT, Australia: Government of the Australian Capital Territory

[8] Ibid pp7-8

[9] Ibid p2

[10] Ibid p5

[11] YWCA Canberra COVID -19 Quarantine Support Hub Report (December 2021)

[12] Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021 Report November 2021 p19, citing Committee Hansard, 9 July 2021, p 52.

Recommendation 9 suggested that *the ACT Government should invest in housing options for people who use alcohol and other drugs and are at-risk or experiencing homelessness.*[13]

A critical contributor to the systemic housing issue for people with high and complex needs is the accessibility barrier created through the application of a conditional approach to housing support, through the 'staircase' model of support[14]. Requiring people with complex intersections of vulnerability and disadvantage to demonstrate their housing readiness, or capacity to live independently and maintain a tenancy, excludes them from accessing permanent housing solutions and relegates them to continued crisis. They can also be excluded due to other health services, such as mental health services, often not seeing it as their role to provide mental health care to this cohort.

The current experience in the ACT for health and community sector providers is that there are significant barriers to accessing emergency accommodation and any form of ongoing housing for people with complex needs who are homeless, particularly people with serious mental illness and current substance use. There has also been a number of highly disadvantaged people with complex needs who have a serious or terminal health condition, who have been discharged to public/social housing complexes such as Ainslie Village without any plan for ongoing support, or communication with the visiting health service. Had they not been 'discovered,' these people would have experienced more serious adverse outcomes. They inevitably end up back in hospital due to a lack of availability of day-to-day support and health care, including palliative care.

The ACT Housing Strategy articulates specific goals that aim to directly address the systemic gaps that have been noted above, including:

- work with the sector to investigate and implement a model of support that draws upon the principles of Housing First, particularly for those experiencing long-term homelessness
- establish a diverse range of housing models in the ACT to meet needs of people who require permanent supportive accommodation to remain out of homelessness
- develop a new holistic model of social housing that puts the client at the centre

Further, the ACT Government Response to the Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021 noted that the *ACT Government remains committed to ensuring the homelessness services sector, AOD treatment services and mental health services work together in a holistic manner*[15]*.*

It is to these ACT Government Strategy objectives that this submission speaks, building on the successful introduction of local supportive housing models such as Axial Housing and

[13] Legislative Assembly for the Australian Capital Territory Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021

[14] Parsell, Cameron, Clarke, Andrew, Ambrey, Christopher, and Vorsina, Margarita (2019). *Support requirements and accommodation options for people in the ACT with high and complex service needs*. Canberra, ACT, Australia: Government of the Australian Capital Territory

[15] ACT Government Response to the Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021 Recommendation 9 p7

Common Ground, but with a focus on the integration of intensive health support within an enhanced housing first model with multi-agency, wrap-around support for people with very high and complex needs. The proposed model will complement these initiatives and reduce the burden on acute care by providing wrap-around health care and support for the most disadvantaged people in our community. Eligibility will be determined via the Vulnerability Index – Service Prioritisation Decision Assistance Tool (V1-SPDAT)[16] and other relevant assessment tools that will ensure that people with the highest level of need are supported.

Correlation between Homelessness and Poor Health and Wellbeing

The correlation between homelessness / insecure housing and poor health and wellbeing has been widely documented.[17] The seminal 1988 report by the US Institute of Medicine - *Homelessness, Health, and Human Needs*[18] - saliently noted that *"the fundamental problem encountered by homeless people—lack of a stable residence—has a direct and deleterious impact on health. Not only does homelessness cause health problems, it perpetuates and exacerbates poor health."*

A systematic review of more than 80 relevant studies on the effectiveness of interventions to improve the health and housing status of homeless people, looked at the *interventions on housing status that resulted in improved health outcomes for homeless people, such as decreased substance use, better psychiatric outcomes and decrease risk behaviour.* The review found that *coordinated services for homeless populations with mental health illnesses and alcohol and drug misuse resulted in better health and access to healthcare.*[19]

According to the Australian Institute of Health and Welfare (AIHW), the intersection of homelessness and poor health is demonstrated by the low life expectancy of homeless people, which is between 10 and 30+ years below the life expectancy of people who are not homeless[20]. It is estimated that the mortality rates of homeless people are ten times that of

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[16] Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. (2021). *Ending homelessness in Australia: An evidence and policy deep dive*. https://www.csi.edu.au/media/uploads/homelessness_deep_dive_full_report_.pdf

[17] Wyatt et al (2021) *Health Status and Chronic Disease Burden of the Homeless Population: An Analysis of Two Decades of Multi-Institutional Electronic Medical Records;* Australian Council of Social Services: *Poverty is a health hazard*. Sydney; 1993; Australian Poverty Commission*: Poverty Commission of Inquiry into Poverty in Australia*. Australia; 1975; National Academies of Sciences, Engineering, and Medicine 2018. *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25133; Marmot, Bloomer & Goldblatt (2013) *The Role of Social Determinants in Tackling Health Objectives in a Context of Economic Crisis* Public Health Reviews, Vol. 35, No 1; Fitzpatrick-Lewis et al. BMC Public Health 2011, 11:638 http://www.biomedcentral.com/1471-2458/11/638; Edwards, Ariel L., "Street Medicine: A Program Evaluation." , Georgia State University, 2017. https://scholarworks.gsu.edu/iph_capstone/47; ACT Government Response to the Select Committee Report on the Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021 Recommendation 9 p7

[18] National Academies of Sciences, Engineering, and Medicine 2018. *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25133

[19] Fitzpatrick-Lewis et al. BMC Public Health 2011, 11:638 http://www.biomedcentral.com/1471-2458/11/638

[20] AIHW citing Maness & Khan 2014; Perry & Craig 2015 and Hwang et al. 2009 https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness

the general population[21]. AIHW also noted that much of this gap is due to conditions which could be effectively treated with appropriate health care.[22]

Wood *et al* (2019) observed the compounding reciprocity of the relationship between homelessness and health, noting prevalent health conditions experienced by homeless people including psychiatric illness, substance use, chronic disease, oral health, and infectious diseases such as hepatitis C, HIV and tuberculosis.[23] Davies and Wood (2017) note that the effect of homelessness on health is profound and compounding, as *competing needs and priorities (operate as) fundamental barriers for homeless people*[24]. Congruent with Maslow's hierarchy of needs, meeting basic physical needs such as food, water, and a place to sleep is the number one day-to-day priority for people who are homeless. Health needs are often not considered until an emergency arises, with homeless populations *far more likely to experience multiple comorbidities and die prematurely.*[25] A lack of engagement with early or preventative health care can help explain why homeless people in the UK have a life expectancy of 47 years, decades below the national average[26].

Homeless people experiencing mental disorders are at greater risk of developing general medical disorders, reinforcing the impact of homelessness on reduced life expectancy[27]. Momen et al. argues that *prevention and early detection of comorbidities could reduce premature mortality in patients with mental disorders* and *health care utilization costs*[28]*.* This is more likely to occur when people have access to regular health check-ups and social supports. A Housing First model that targets and provides primary health care and social services to people with high and complex needs could reduce the health impact of comorbidities for the currently most vulnerable homeless population.

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[21] Davies A & Wood LJ (2017) Homeless Health care: meeting the challenges of providing primary care

[22] AIHW citing Aldridge et al 2019

[23] Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[24] Ibid

[25] Fitzpatrick-Lewis, D., Ganann, R., Krishnaratne, S., Ciliska, D., Kouyoumdjian, F. and Hwang, S.W. (2011), "Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review", BMC Public Health, Vol. 11 No. 1, p. 638. and Kushel, M.B., Perry, S., Clark, R., Moss, A.R. and Bangsberg, D. (2002), "Emergency department use among the homeless and marginally housed: results from a community-based study", American Journal of Public Health, Vol. 92 No. 5, pp. 778-84, available at: s3h. cited Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[26] Perry and Craig 2015 cited Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[27] *JAMA Psychiatry*. 2022;79(5):444-453. doi:10.1001/jamapsychiatry.2022.0347. Published online March 30, 2022.

[28] Ibid., p452

It has been noted by Stafford and Wood that "*addressing homelessness is, itself, an important form of health care, not a separate 'non-health' issue."* Re-housing people experiencing homelessness is widely acknowledged *as a powerful healthcare intervention*[29]*,* with mounting evidence supporting the efficacy of this approach.

AIHW has noted that a number of barriers to health exist for people who are homeless[30], including:

- cost of services
- lack of available appointments
- illness and poor health as a barrier
- stigmatisation
- physical barriers – having no contact information; transport and other accessibility issues
- cost and security of medications

Further, Davis and Wood note that *poor health itself can be a barrier to accessing healthcare, particularly among people with mental illness, addictions, cognitive impairment, or mobility limitations*[31]**.** It has been observed that *people experiencing homelessness are less likely to seek primary or preventative health services* and often *present later with a diagnosis of greater severity or with avoidable complications*.[32]

Marmot noted the *futility of treating homeless patients in hospitals before discharging them back to the abysmal social conditions that made them sick in the first place,* asserting that *to do so perpetuates a revolving door between the hospital and the street or between the hospital and precarious housing*[33]*.*

Within the context of mounting evidence, coupled with first-hand local evidence of significant increased need in the ACT , the proposed high-fidelity, multi-agency Housing First model of integrated housing, health care and wrap-around support seeks to address the intersection of homelessness and poor health. Data reported by our most complex clients attending Chat to PAT mobile primary health service indicates a 30% increase in reported need for housing support, with 35% of clients receiving support with housing issues,

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[29] Stafford, A. and Wood, L. (2017), "Tackling health disparities for people who are homeless? Start with social determinants," International Journal of Environmental Research and Public Health, Vol.14 No.12, p.1535.

[30] AIHW online https://www.aihw.gov.au/reports/australias-health/health-of-people-experiencing-homelessness

[31] Davies, A., and Wood, L.J. (2018), "Homeless health care: meeting the challenges of providing primary care", The Medical Journal of Australia, Vol. 209 No. 5, pp. 230-4. cited Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[32] Moore et al.,2007; Riekeet et al., 2015 cited Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[33] Marmot, M. (2015), the Health Gap: The Challenge of An Unequal World, Bloomsbury, London

compared with 27% in 2022[34]). It also aims to directly address the health disparities experienced by homeless people that have complex needs and multiple comorbidities, including those discharged from hospital with ongoing unmet health and support needs.

Australian Experience with Integrated Housing First approaches

Whilst introduction of Housing First models in Australia have not been as prolific as in the US and Europe, there are a number of Australian initiatives which have implemented integrated housing models that have demonstrated positive outcomes:

Brisbane Common Ground Project

Learnings from The Institute for Social Science Research (ISSR) 2015 evaluation of the *Brisbane Common Ground* supportive housing project for homeless people affirmed the validity of the Housing First model in the Australian context and identified a range of positive outcomes. Offering secure long-term affordable housing with integrated onsite tenancy management and support, case coordination and clinical support services (including an onsite clinical nurse), linked with external specialist support services providing regular, accessible in-reach clinics, Brisbane Common Ground aimed to provide opt-in wrap-around support for vulnerable tenants with complex needs. Importantly, the ISSR evaluation found that most tenants reported improved physical health and improved access to medical professionals since commencing their Brisbane Common Ground tenancies[35]. Brisbane Common Ground has established a primary health clinic in the building to improve access for residents.

ISSR undertook a cost offset analysis as part of the evaluation, with the Report noting that the cost of providing Brisbane Common Ground to each tenant is less than what the Queensland Government spent on responding to the tenants, through health, criminal justice, and homelessness services, in the year before they commenced their tenancy[36]. Tenants experienced significant reductions in mental health episodes and hospital admissions, visits to emergency departments, interactions with police, appearances in court and incarceration, and use of homelessness services, with the following associated cost savings indicated:

- total health savings of approximately $832,000
- criminal justice savings of $123,000
- savings to homelessness services of approximately $169,000
- an annual community cost saving, per tenant, of more than $13,000[37]

Melbourne Street to Home Project

A 2015 evaluation of the *Melbourne Street to Home Project*[38], which includes the integration of community health nurses, concluded that the ability to secure positive outcomes with the long-term homeless is closely tied to the resources available to a service and how these

[34] Directions Health Services 2023 Client Satisfaction Survey – PAT Program Summary

[35] Ibid p 141

[36] Ibid p149

[37] Ibid

[38] Johnson, G. & Chamberlain, C. (2015). Evaluation of the Melbourne Street to Home program: Final Report. Melbourne, Home Ground Services.

resources are used. The 2015 evaluation found that after 24 months, 70 per cent of Street to Home clients were housed and 80 per cent of these had been housed for one year or longer, and there was a significant improvement in the participants' physical and mental health and commensurate reductions in ED presentations and hospitalisations.

Journey to Social Inclusion Program

Evaluation of the *Journey to Social Inclusion (J2SI)* program (introduced in Victoria in 2011 and again in 2014) noted that a critical aspect is ensuring that the workforce is equipped to respond to the complexity of needs of the client population, emphasizing the *critical importance of providing a service response that is both 'trauma informed' and 'trauma specific'.* Over the 36 months, responding to health needs was consistently identified as the most frequent activity, comprising an average 23% of time spent by case coordinators[39].

The Victorian government introduced *Victoria's homelessness and rough sleeping action plan*[40] in 2018, including funding for the supply of accessible, stable, and sustainable housing to people experiencing chronic homelessness and rough sleeping, with funding also allocated for the provision of multi-disciplinary support to complex clients, resulting in the *Towards Home* program, delivered in Melbourne. *Towards Home* adopts a case management and care coordination approach to facilitate multi-agency support, connecting clients with mainstream services including primary healthcare, mental health, employment and legal services and NDIS, as required. In late 2021 the South Australian government also launched a multi-disciplinary *Toward Home Alliance* project to support people in the Adelaide region experiencing homelessness and complex needs.

Evaluations of these supportive housing models have not yet been undertaken.

50 Lives 50 Homes Program

The collaboration of healthcare providers within a housing first model in the *50 Lives 50 Homes (50L50H) program* in Perth offers key insights into the potential of a housing first model integrated with intensive health support in the ACT. This intensive model is premised on specifically targeting people with very high and complex needs by utilising an evidence-based screening tool.

Wood et al investigated the 50L50H program, where multi-agency collaboration combined with supported housing included intensive health support across the spectrum of healthcare providers, with a particular focus on integrating that healthcare to ensure that clients received continuity of support. With a specialist homeless medicine general practice (taking primary healthcare to the target population through drop-in clinics and outreach services) and a hospital homeless team (providing in-reach support and case management to homeless people in hospital) as members of the wrap-around support team, the 50L50H program specifically targets rough sleepers with complex needs requiring high levels of intervention and support. From their study, Wood *et al* note *that the key interventions for a patient*

[39] Parkinson, S & Johnson, G (2014) Integrated intensive case management in practice: Final process evaluation of the Journey to Social Inclusion program. Sacred Heart Mission, St Kilda

[40] State of Victoria, Department of Health and Human Services, January 2018

experiencing homelessness are access to affordable, stable accommodation and community support to maintain their tenancy whilst they deal with underlying personal and medical issues, including mental illness and substance use[41].

Utilising the *Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT)*[42], a validated triage tool to assess risk factors and level of vulnerability of each individual/family, the 50L50H program is able to clearly identify and prioritise individual needs and circumstances, and the intensity of additional support required. The hospital homeless team also utilised this screening tool to identify highly vulnerable rough sleepers who had presented to hospital with injury or illness and connect them with the 50L50H team, thereby preventing discharge of these individuals back into homelessness.

The Final Evaluation Report[43], completed in 2022 indicated a dramatic reduction in hospital utilisation in the 2 years post admission to the program, compared to the previous two years:

- 43% reduction in ED presentations
- 25% reduction in the number of people admitted to hospital
- 51% reduction in hospital admissions
- 52% reduction in general bed days
- 64% reduction in psychiatric bed days

This equated to an estimated reduction in health care costs per individual of between $21,500 and $29,600 for people housed between one and three years.

Justice outcomes over a two-year period included:

- 43% reduction in offending
- 74% reduction in court appearances

Impressively, 87% of 50L50H clients had retained their tenancy one year after being housed,[44] with Wood *et al* concluding that the *synergism between hospital, GP practice and community services is responsible for these excellent retention rates.*

The ACT Ragusa Model

The *Ragusa Quarantine Management facility*, operationalised in the ACT in 2021, in response to the impact of COVID-19 on vulnerable Canberrans operationalised a cross-government

[41] Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

[42]: Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. (2021). Ending homelessness in Australia: An evidence and policy deep dive. https://www.csi.edu.au/media/uploads/homelessness_deep_dive_full_report_.pdf

[43] Wood, L., Vallesi, S., Kragt, D., Flatau, P, Wood, N.,Gazey, A and Lester, L.(2017).50Lives,50Homes.First Evaluation Report. https://www. https://www.csi.edu.au/media/50_Lives_50_Homes_FINAL_REPORT.pdf

[44] Vallesi et al., 2018 cited Lisa Wood, Nicholas J.R. Wood, Shannen Vallesi, Amanda Stafford, Andrew Davies, Craig Cumming, (2019) "Hospital collaboration with a Housing First program to improve health outcomes for people experiencing homelessness", Housing, Care and Support, https://doi.org/10.1108/HCS-09-2018-0023

accommodation and support response for cohorts of people with complex needs. Whilst the context of Ragusa may have been in direct response to managing COVID-19, the model provides a striking example of how an integrated accommodation and wrap-around support model for people with high and complex needs could be operationalised successfully, in the local ACT context.

With community service organisations representing the following sectors: housing and homelessness services, mental health, primary health, drug and alcohol, domestic and family violence, disability, youth engagement, children's services, emergency relief and material aid, social inclusion, community development and peer workers, the Ragusa NGO Support Hub implemented a multidisciplinary, multi-agency model of coordinated support comprised of qualified and experienced professionals who were able to provide comprehensive, holistic, wrap-around support to Ragusa residents, as needed, achieving positive outcomes.

Clients provided feedback about the positive support they received at Ragusa, despite the challenges of managing COVID-19:

- "had not felt so seen and cared for, for many, many years"
- "thanks to the Support Hub he felt like he could kick his habit and start a new life"
- staff were "so easy to talk to and that he had not felt any judgment from any of the workers"
- "how thankful and grateful … for having such people come into our messy life and giving us a fighting chance"

Existing ACT Housing First Models

Axial Housing

Axial Housing, delivered by CatholicCare in partnership with Housing ACT, employs a housing first approach, prioritising accommodation for rough sleepers, coupled with case management and care coordination to connect clients with CatholicCare support services to address comorbid issues such as mental health, AOD, trauma and incarceration. Although Axial Housing has only recently been established, it has already demonstrated early success in supporting homeless people with complex needs.

Common Ground Canberra

Common Ground Canberra, delivered via an Argyle Housing and Northside Community Services partnership, offers a supported accommodation solution to a mix of people experiencing chronic homelessness and on low incomes. Common Ground Canberra offers a 24-hour concierge service, tenancy manager and assistance to connect with support services, as needed. A vacancy suitability assessment is undertaken in addition to meeting eligibility criteria.

Evaluation has not been undertaken on either of these service models yet.

Housing for Health Group Proposal

The ACT is yet to introduce a housing first model that embeds primary healthcare as an integral element of the service. Canberra currently provides primary health care to a number of public/social housing complexes and Veteran's Park through Chat to PAT mobile health clinic. This has significantly improved access to health care for vulnerable Canberrans. However, these services cannot provide the complex level of care required by the cohort targeted in this proposal.

The proposed Housing for Health model adopts an integrated health and community service approach to supporting homeless people with very high and complex needs, including multiple health comorbidities, in the vein of the 50L50H program.

By embedding a primary healthcare team within the proposed service model and engaging with and supporting homeless patients across the health service continuum, the proposed Housing First model presents a unique opportunity to disrupt the cycle of ill-health and adverse outcomes experienced by homeless Canberrans by providing stable housing and intensive wrap-around support services, for the most vulnerable and disadvantaged members of the community.

Housing for Health proposes that the ACT Government endorses the pilot of an intensive, integrated wrap-around model of housing and health support for Canberrans with very high and complex needs who are experiencing, or are at risk of, homelessness. The pilot would draw from the Housing First model, offering unconditional access to secure housing as an initial priority, with the provision of holistic and integrated supports to address their health, wellbeing and tenancy needs, as required by each individual. It is proposed that the model will include in-reach to acute services prior to the most vulnerable and disadvantaged people being discharged, avoiding the tragic outcomes currently being experienced by people being discharged to homelessness or without adequate support.

We recommend a trial of integrated healthcare support for participants across the continuum of health service needs (i.e. from hospital to community to home), resembling the successful 50H50L model that employs evidence-based screening of clients to ensure people with very high and complex needs who are unable to be effectively supported by other 'housing first' services in ACT are targeted.

Housing for Health proposes that the ACT Government allocates an initial 25 accommodation places to this specific pilot. Priority should be given to homeless and vulnerable Canberrans who score 10 or over on the VI-SPADT. Clients should all be people with multiple comorbidities facing hospital discharge and those who have recently been inappropriately discharged back to public housing units with little or no support.

We propose that the pilot be based on a low threshold approach, where eligibility is not contingent upon the absence of, or engagement in treatment for, other co-occurring issues, (such as substance use or mental health). We also suggest that where possible suitable accommodation is provided in properties that are not located in 'high-risk' settings and suitable for creating a sense of safety and security.

We envisage that the multi-agency approach, comprised of a range of health and community sector organisations, would provide an integrated and collaborative support model that should include:

- Tenancy support
- Individualised and comprehensive health care, accessible across the healthcare continuum, including primary health (in reach and outreach), palliative care, mental health, AOD treatment and peer support services
- Case management and facilitated access to other supports e.g., NDIS, Centrelink, Legal Aid, financial services
- Peer support

Housing for Health emphasizes the need for these holistic, wrap-around support services to be accessible and on-demand for clients on entry to this service model, with primary healthcare and support to maintain tenancy at the forefront.

There is significant goodwill from the agencies who are involved in the Housing for Health Group who are all committed to contributing their expertise to make this pilot a success.

The Housing for Health Group posits that the following fundamental principles of the Housing First model be applied:

- Housing as a human right
- Choice and control for service users
- Separation of housing and treatment/support
- Active engagement without coercion
- Trauma informed care
- Person-centred planning
- Recovery orientation
- Harm reduction
- Flexible support for as long as required

Scaffolded by the Housing First key principles noted above, and drawing from both the 50L50H model, in establishing strong health partnerships, and Ragusa, in the operationalisation of multi-agency support in the ACT, this model offers the opportunity for *collaboration between the multi-disciplinary agencies (*and) *significant innovation and good outcomes for vulnerable people*[45]*.*

A number of the organisations forming membership of the Housing for Health Group participated in delivery of wrap-around service provision at the Ragusa Quarantine Management Facility and thus bring their wealth of experience in this space, coupled with their particular expertise in seeing the benefits of such a model. It should be noted that this proposal is not making any recommendations about prospective service provider identities.

[45] YWCA Canberra COVID-19 Quarantine Support Hub Report (December 2021) p65

The Group will also reach out to Aboriginal Controlled Health Service providers to invite them to join and to ensure their advice is integrated into program design and delivery to promote a culturally safe service offering. ACTCOSS will also provide advice via its Aboriginal-led Gulanga Program. The 2021-22 ACT Budget contained a commitment to establish an Aboriginal Controlled Housing Provider, and the Group will seek dialogue with them on how services could be further extended to the First Nations community.

Housing for Health Group proposes that a key objective of the program should be to trial the efficacy of the model and build local evidence. An evaluation should, therefore, be integral to the proposed pilot program. Measures of client outcomes will be aligned with the ACT Government Wellbeing Framework, whilst domains of key social determinants of health will inform the design of a client-focused assessment and review tool, to enable measurement of the program outcomes over time. The perspectives of people with lived experience of participation in the program will provide depth and explanation of these measures. Measuring domains of health and wellbeing specifically will enable enhanced understanding of how the program has impacted the lives of participants and will enable us to identify ways to improve how we support vulnerable Canberrans who need it most.

Utilising a theory of change approach, a Program Logic has been developed, identifying the key activities and anticipated outcomes of the program (see Appendix 1). This logic model will inform development of a measurement and evaluation framework, providing the foundation to measurement of client outcomes and underpinning evaluation of the program. In addition to the expected health and wellbeing benefits expected to be experienced by clients, this program has the potential to significantly reduce the burden on territory service systems, particularly health, with associated cost savings. It is anticipated that successful implementation of this program could result in reduced ED presentations and reduced hospital admissions, thereby minimising the use of acute care services, reduced mental health admissions, reduced burden on homelessness services and reduced interactions with the justice system. We recommend that a cost-offset analysis of service system utilisation should be integral to any evaluation.

The proposed model incorporates a multi-agency staffing mix including tenancy support worker, case manager, nurse and general practitioner, mental health practitioner, drug and alcohol counsellor and peer worker, with access to palliative care and other specialities as required.

We estimate that delivery of this pilot model of multi-agency wrap around support (with a view to incremental participant increases over the three-year period to a maximum of 50 participants in year 3) would cost approximately $940,000 in year 1, $1.35 million in year 2 and $1.52 million in year 3. These estimated costs include increments to wages and cost of living increases, as they apply to delivery of this service. Applying operational economies of scale will reduce the cost per participant as the program expands. Provision of housing is not included or costed within this proposal.

Alignment with ACT Government Commissioning Approach

The Housing for Health model proposed aligns with Housing ACT's commissioning approach that "puts people at the heart of their care as active participants," addressing the following objectives:

- Objective 2B: Intervene early and reduce the intergenerational impacts of homelessness
- Objective 2C: Address gaps in our services system and respond to new and emerging groups vulnerable to homelessness
- Objective 2D: Improve pathways out of homelessness

Alignment with ACT Health Directorate Strategic Plan 2020-25

The model proposed by Housing for Health also speaks to strategic objectives and performance indicators identified by ACT Health in its Strategic Plan 2020-25[46]:

- Objective 1 – Healthy Community: We want to ensure that the health of everyone in our community improves
    - ✓ *Strategy 1.6: Understand our communities' needs. Work with priority communities, and other stakeholders to co-design initiatives that improve health and wellbeing*
- Objective 2 - To ensure our public health system works for our community, now and into the future
    - ✓ *Performance Indicator 2.2: Potentially preventable hospitalisations reduced*
    - ✓ *Strategy 2.3: Commission services that deliver value. Encourage innovative integrated models of care and service delivery and expand care in the community*

The service model proposed by the Housing for Health Group addresses acknowledged gaps within the current service system. This proposal offers a more comprehensive model of care than is currently available, with a specific focus on the provision of housing coupled with intensive and responsive primary healthcare support across the continuum of the health system to meet client needs. The model offers cohesive, intensive multi-agency support, which offers the expertise and collaboration of a range of disciplines, delivered within a singular, integrated model of care.

This project will enhance the current service footprint and builds upon the successes of the previously noted, but more limited ventures in the ACT, offering enhanced healthcare support options for homeless people with demonstrably very high and complex needs.

A distinct advantage of this multi-agency approach lies in its scalability, informing the potential for systemic and structural reform.

Housing for Health Group welcomes ongoing conversation with ACT Government around how we can best deliver services to support and improve the life outcomes of some of our most

[46] ACT Health Directorate Strategic Plan 2020-25. Online 29 July 2022 https://health.act.gov.au/sites/default/files/2020-09/ACTH%20Strategic%20Plan%202019%20LR.pdf

vulnerable Canberrans. As the ACT economy rebounds from the COVID pandemic and experiences sustained economic growth, we cannot afford to leave those with the least behind. We can find solutions together to ensure every Canberran has a home and a pathway out of the appalling challenge to their health and wellbeing that homelessness imposes.

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Appendix 1: Program Logic Model