Government of **Western Australia**
Department of **Health**
Chief Allied Health Office

Homelessness and health care research project

Summary of interview findings

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Introduction

In 2022, Suzi Taylor from the Department of Health spoke to people at St Pat's who had also used health services and asked them:

- What is good about health services in Perth?
- What is not so good?
- What would you like to see done differently?

In this project, 'health services' refers to doctors, nurses, dentists, mental health, social work or alcohol and other drug services.

The project identified changes that could improve health services in Perth for people experiencing homelessness.

Suzi spoke with 27 people:

- 7 had been homeless
- 14 were Perth homelessness service providers
- 6 were interstate Common Ground providers

The interviews were important to the research and provided valuable information. Suzi is thankful to those who gave their time to talk about their health care experiences.

Research results

The interviews highlighted 12 broad changes (see Figures 1-12 below), that could be made to improve health services for those experiencing homelessness in Perth.

In 2023, Suzi will test these changes in a trial at St Pat's. To learn more about this, or the results in this document, contact Suzi on (08) 6373 2352 or the Chief Allied Health Office at CAHO.CED@health.wa.gov.au

Figures 1-12 show the broad changes in the centre of the figure, surrounded with quotes from the interview participants.

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This project has ethical approval from Sir Charles Gairdner and Osborne Park Health Care Group Human Research Ethics Committee (#5371).

Figure 1. Homeless primary healthcare providers increase access to their services

'We've got to be making things easy for people to access. So that when they are ready to reach out...they can do so quickly and get the assistance that they need. If we put in barriers at that point, we lose them, there's a window of opportunities.'

(Service provider #1)

'Because the population of people we're working with, have so many additional challenges... If at that time they want help, they have to wait or there's a transport issue...it doesn't work. It gets stuck.'

(Service provider #6)

Increasing homeless health access through:

- improved availability, flexibility and visibility
- free services
- communicating using methods tailored to thier clients
- provision of a comfortable, friendly, familiar and safe health care environment
- providing access support
- being responsive to needs as they arise

'At the doctors...the receptionists there are very good...they explain things to you properly. They'll book an appointment for you and they won't let you go unless you've got that appointment booked...and they'll send you a message the day before your appointment... There's flexibility. No punishment for your mental illness.'

(Service user #7)

Figure 2. Homeless primary healthcare providers support access to mainstream health services

'The clients won't stay if they're on their own. They won't wait. Even to wait 15 minutes is a no-no. And you particularly find that for an emergency presentation to an emergency department. It's really good to have the nurses take the patient…'

(Service provider #14)

Increasing mainstream health access through:

- taking a proactive approach to transitions between care settings
- advocating for clients
- working with mainstream providers to identify and refer people experiencing homelessness

'He [client] came to our service and was engaged with one of our doctors. And one of the doctors was kind of a liaison to the hospital in a way. He [client] feels safe and was like, okay, someone is listening.'

(Service provider #20)

'I wouldn't have gone to the hospital. When they make you feel like they make you feel I wouldn't have gone… Its not all [staff] but…it's like all the bad ones make a name for all of them. There's two bad cops in a hundred, but they still give cops a bad name…'

(Service user #2)

Figure 3. Connected homeless primary healthcare services

'And for that social worker to be there to help that person to find the resources. So they can say, "This is what I'm struggling with" and they can say, "Okay, I can help you find some resources for that". '

(Service user #1)

Connected healthcare services through:

- assessment and diagnosis to support needs
- physical and mental health services, alcohol and other drug services, social support, medical outreach specialties (including student and volunteer practitioners)
- outreach
- concierge services
- links to existing complementary health and non-health services

'So, you need a GP team. So whether that's GP, nurse practitioner, trained nurses, I think you need all of them. And I think we underutilise nurse practitioners in this country... I think that you do need a variety of allied health. I think OTs [occupational therapists] are underestimated.'

(Service provider #16)

'What's important is that initial engagement that they have with the service. Generally, that sits with outreach and if it's been a good experience. They will come back.'

(Service provider #7)

'It [the concierge] lends itself so wonderfully to that safety and security part. It lends an ear to people who aren't necessarily going to have that contact with the professional supports...'

(Service provider #3)

Figure 4. Person-centred service coordination

‘It’s kind of personalised. You don’t get that in mainstream, but again, it’s really acknowledging that some of this stuff is very much relationship-based stuff. People that haven’t accessed services for a really long time. That even kindness aspect of it, that relational aspect of it is really important.’

(Service provider #12)

‘If you [health services] suddenly are in one place and everything’s fixed and you can’t go anywhere else. Suddenly you’re the system again. You become the health system. And “the health system is not my friend”. So I think sometimes…sort of “them and us thing”. But what we want is; we can help you. And to do that, we will come to you.’

(Service provider #4)

Person-centred service coordination through:

- coordinating and connecting existing services
- a main service centre and No Wrong Door approach
- tailored, sensitive and practical services
- familiar staff
- practical use of time in waiting rooms
- consideration of building design and physical spaces
- strategic and complementary location of services
- understanding that coordinated wraparound care could discourage clients from seeking help from outside or offsite services, potentially reinforcing their feelings of exclusion

‘So having a wraparound means that people don’t have to be formally referred into different services or to another site. The referrals can be very warm referrals. They [staff] can be literally walking the person from one room into the next room.’

(Service provider #1)

‘But I can100 per cent say that places like this [integrated service centre] …’cause I mean people that are homeless you know, they don’t want to really be around in public. They don’t want to have to go from that office to that suburb to this appointment down the street and it’s all here. It’s like a little hub… We need more safe hubs like this. Everywhere.’

(Service user #1)

Figure 5. Personal agency, choice and control in health care

Figure 6. Skilled and non-judgemental primary health care workers

'You can't just come into this role and pick it up. There is so much life experience. Just experience in the role, I think... There are so many unseen unarticulated parts of the role that are really important.'

(Service provider #6)

'I guess when you feel really alone, it's so nice to have like I get it's their job, but they're thriving in their roles... Also like even just pre-filling in the info 'cause... they've listened. It's nice to feel, like, heard'

(Service user #2)

Skilled and non-judgemental primary health care workers with:

- a wide range of clinical skills
- people skills and life experience
- a deep understanding of individuals and homelessness

Delivering service models where:

- all staff are considered part of the treatment model and philosophy of care
- authentic and trusting relationships are developed between staff and clients
- mentorship and supervision are provided, offering a range of relevant training topics
- an ideology of being safe and inclusive is adopted

'It's compassion you know? And I walked away from that [GP] appointment feeling a hell of a lot better.'

(Service user #6)

'So, I like to call it unconditional positive regard...how you approach someone and it's very much, you take them as they are. You are positive, you're coming from a strength space where you're assuming the best of someone and you are treating them with respect, with dignity.'

(Service provider #12)

Figure 7. Collaboration between service providers

'If it is just say, one doctor that could get somebody else to another service. That's helpful. Because a lot of people just have no idea.'

(Service user #2)

Collaboration through:

- working together with service models designed and implemented in partnership
- informal relationships between providers
- formal collaborative agreements
- data sharing (with consent)
- services being aware of each other and connecting clients to a range of services
- established trust between providers

'And I think the other benefit of having that sort of co-located community approach is there's more knowledge... We are really well connected with all sorts of services.'

(Service provider #4)

You need to know where to take the client, what to offer the client.'

(Service provider #10)

'Having a warm referral, that relationship... Very important. Established pathways wherever possible. You've got an understanding, the other party has an understanding and will trust your referral as a provider.'

(Service provider #1)

Figure 8. Personalised services

'Lived experience involvement in the sector that's really important, both from a service design kind of thing, but also having peer support workers.'

(Service provider #16)

'Our service is good because it's different. It's Aboriginal owned, run, managed, different, different language, different processes, different everything. Word of mouth is important.'

(Service provider #10)

Personalised services through:

- **authentic co-design and client involvement opportunities**
- **shared and transparent decision making and enhanced service reputation and trust**

' If the consumers don't think the service is good, it's not good... If you want them to continue to give feedback, they have to feel that the feedback that they've given before was listened to.'

(Service provider #5)

'I wanted to go back to work and I was, "I need you to lift my medical..." Because I had really high blood pressure. They [doctors] were worried... They talked me down from it a couple of times... They didn't want me doing anything too physical. They made me aware of the dangers...'

(Service user #6)

Figure 9. Key philosophies on primary health care

‘Human rights is a charter, a declaration of human rights that health care should be available for every human being, no matter your social circumstances or financial circumstances.’

(Service provider #13)

‘But your mention of a holistic approach is not just a really cool thing and a really smart way it’s the only way. Like how long have you and I, our peers, been talking about a better response to comorbidity?’

(Service provider #3)

Key philosophies through:

- **being proactive and preventative but not paternalistic**
- **supportive before supported**
- **responsive, agile, holistic and at people’s own pace**
- **addressing social needs**

Service providers ensure:

- **clients are never lost to care**
- **training missions (such as teaching clinics, links with teaching hospitals and universities)**
- **Person-centred, trauma-informed, culturally safe and responsive, strengths-based**

‘I have to sometimes look at the very basic social needs of the person. And I think if you don’t, it will just be on a continual roundabout.’

(Service provider #2)

‘Every appointment she [client] laid there, she was scared. She cried, [staff member] held her hand every appointment… That made her [the client] feel that she could manage it.’

(Service provider #15)

Figure 10. Organisational policies and systems

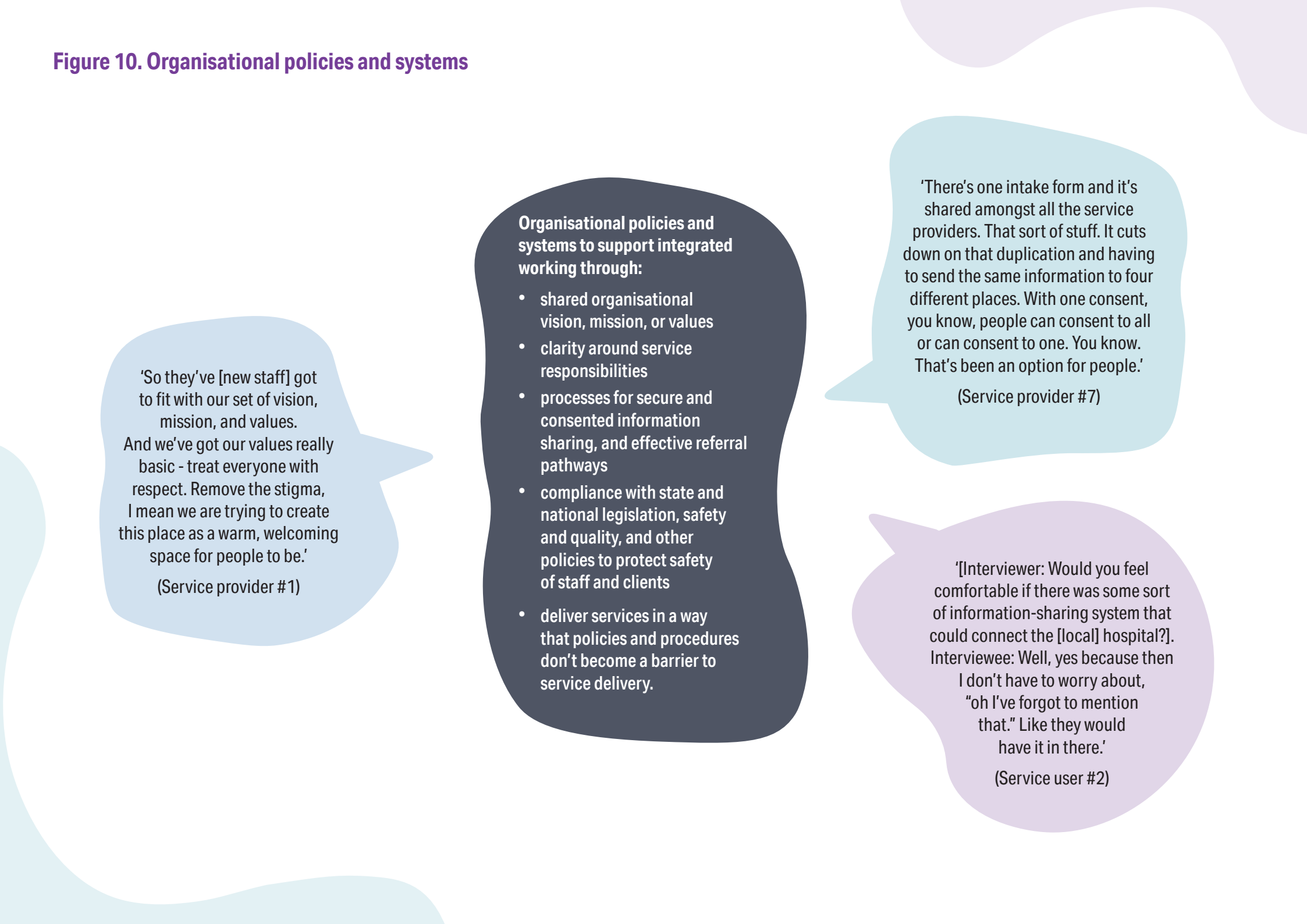

Figure 11. Health system responsibilities

'I think a flexible model of funding is absolutely crucial to do more of what works...of course, line of sight and make sure we're providing on outcomes, but trust in the service providers to have flexibility.'

(Service provider #6)

'All these services here are well used... If you're not on the ball, you're going to miss them... Overall the health system needs help... They seem to be, don't have enough workers at the moment... And where are you going to pluck these workers from?'

(Service user #6)

Health system responsibilities through:

- **funding models that support innovation, flexibility and complexity of client needs**
- **governance and coordination to support integrated working**
- **adequately and sustainably resourced homeless health services**
- **recognition of health care sector workforce including career progression opportunities**
- **enhanced connections between health providers and communities**

'There's an item number for a consult in a surgery, there's an item number for a consult in a home or place of residence. There's an item number for telehealth. But if I go up to someone in the street and have a consult there, I can't bill Medicare'

(Service provider #16)

Figure 12. Whole-of-government response

'The problem is there's not enough [homeless] services for the people who need help. There's not enough houses, there's not enough outreach workers. There's not enough support coordinators at any of these places for the amount of people accessing the services.'

(Service provider #7)

'All the things that you need to have, to even get Centrelink, you need a fixed address. I mean, that's ridiculous. Like, these people are homeless. They need the money just as much as anyone that has a fixed address probably even more. That's frustrating to me, that's really frustrating.'

(Service user #1)

Whole-of-government response through:

- **cross-sector integration and working**
- **strong and supportive local governments**
- **awareness of client mistrust in 'the system'**

It would also include efforts to:

- **increase housing availability**
- **address workforce issues in the homelessness sector**

'The other big gap that I find is as we know like homelessness, mental health and drugs and alcohol, are all linked but each service won't accept someone if they have the other issues. And that's very frustrating...'

' (Service provider #19)

Well the places you think are there like the government, like the GP and Centrelink I find them both very difficult. [Interviewer: What is it exactly that's difficult?] It's like, kind of like... you're a number like that's it.'

(Service user #2)

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