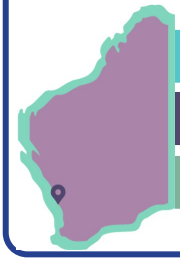
# ROYAL PERTH HOSPITAL HOMELESS TEAM

*Evaluation Report 3 – Summary of Findings*
*November 2023*

HOME 2 HEALTH
Institute for Health Research | The University of Notre Dame

## HOMELESSNESS IN WA

The 2021 Australian Census[1] shows that, in Western Australia (WA):



- 9,700 PEOPLE EXPERIENCING HOMELESSNESS (39% INCREASE FROM 2016)
- THE PROPORTION OF ROUGH SLEEPERS (24%) IS HIGHEST IN THE COUNTRY
- 43% OF ROUGH SLEEPERS ARE ABORIGINAL AND/OR TORRES STRAIT ISLANDER

## HOMELESSNESS & HEALTH

Homelessness internationally and within Australia and WA is strongly linked to poorer health outcomes, higher rates of hospital use, and a sobering three-decade gap in life expectancy. Barriers to health care access and engagement are contributing factors, but the absence of safe, stable housing remains a fundamental driver of poor health. The enormous health inequalities associated with homelessness are inextricably linked to the cumulative effect of social and structural disadvantages and trauma.

The **Royal Perth Hospital (RPH) Homeless Team** was established in June 2016 with the overarching aim of identifying and providing support to patients experiencing homelessness within RPH. This is the third major evaluation report on the Homeless Team, marking seven years of operation.

## MODEL OF CARE

Core components of the Team's model include:

1. MULTIDISCIPLINARY TEAM
2. EMBEDDING OF PRIMARY CARE
3. PROVISION OF TRAUMA-INFORMED, HOLISTIC CARE
4. ADVOCATING FOR SAFER DISCHARGE OPTIONS
5. COLLABORATION WITH HOMELESSNESS & COMMUNITY-BASED SERVICES
6. STRENGTHENING HOSPITAL CAPACITY TO RESPOND TO PEOPLE EXPERIENCING HOMELESSNESS

## EPISODES OF CARE

Over the first five years of operation:

**5,874** CONSULTATIONS

**4,454** EPISODES OF CARE

**1,946** PEOPLE SEEN^

**60%** HAD A SINGLE EPISODE OF CARE

ED WAS THE MOST COMMON CONSULTATION LOCATION (51%)

^ 2,900 up until November 2023.

## OF THE 1,946 HOMELESS TEAM PATIENTS SEEN IN THE FIRST FIVE YEARS:

**65%** MALE

**42** YEARS OLD ON AVERAGE

**33%** ABORIGINAL OR TORRES STRAIT ISLANDER

**15%** BORN OVERSEAS

**72%** ROUGH SLEEPING AT FIRST CONTACT

## HEALTH NEEDS

On first assessment with the Homeless Team:

**25%** HAD AN INJURY *(wounds & fractures)*

**24%** HEPATITIS B OR C

**16%** RESPIRATORY CONDITION

**9%** BRAIN INJURY

Additionally, Homeless Team patients had histories of:

**81%** SUBSTANCE USE

**27%** DEPRESSION

**14%** DELIBERATE SELF-HARM *(injury & overdose)*

**13%** SCHIZOPHRENIA

## HEALTH SERVICE UTILISATION

Consistent with the hospital use profile of people experiencing homeless globally, hospital use of patients seen by the Homeless Team **increased steadily over the three-year period leading up to first contact**.

### IN THE THREE YEARS PRIOR TO FIRST HOMELESS TEAM CONTACT:

**>21,000** ED PRESENTATIONS

ONE-THIRD OF PATIENTS HAD >10 PRESENTATIONS

**~9,100** AMBULANCE ARRIVALS TO ED

**>9,000** INPATIENT ADMISSIONS

**>55,000** DAYS ADMITTED

**$156mil** IN EQUIVALENT WA HEALTH COSTS^^

**$80k** P/P *(over 3 years)*

*"I became homeless at the age of 49, just after I found out my kidney's had failed and started dialysis at RPH within a week of that…. I also have sleep apnoea, heart failure, cellulitis in my legs and diabetes and I spent most of the time being homeless living in my car. I got very sick and it was predicted that if I had to spend another summer in the car I wouldn't survive. No one should be homeless, let alone sick people."*

**- Patient Supported by the Homeless Team**

## CHANGES IN HEALTH SERVICE UTILISATION

Comparing **six months** pre-to-post first Homeless Team first contact, among the entire cohort (n=1,946):

### MOST PEOPLE HAD REDUCED HOSPITAL USE AFTER HOMELESS TEAM SUPPORT

**ONE IN TWO (56%) HAD FEWER ED PRESENTATIONS** *(14% unchanged)*

**TWO IN FIVE (41%) HAD FEWER AMBULANCE ARRIVALS** *(34% unchanged)*

**ONE IN TWO (56%) HAD FEWER INPATIENT ADMISSIONS** *(21% unchanged)*

**THREE IN FIVE (60%) HAD FEWER NON-PSYCHIATRIC DAYS ADMITTED** *(11% unchanged)*

^^ based on average costs of $894 per ED presentation,[2] $1,034 per ambulance arrival to ED,[3] $2,879 per non-psychiatric inpatient day admitted, [2] and $1,596 per psychiatric day admitted[4] for WA public hospitals.

## DISCHARGE LOCATION PLAYS A SIGNIFICANT ROLE IN CONTINUED HOSPITAL USE

Large variations in pre/post hospital use were observed depending on discharge destination**,** with **patients discharged to rough sleeping experiencing increases in use**, and those discharged to accommodation experiencing decreases.

### DISCHARGED TO ROUGH SLEEPING

**3%** ED PRESENTATIONS

**36%** DAYS ADMITTED AS AN INPATIENT

### DISCHARGED TO ACCOMMODATION

**6%** ED PRESENTATIONS

**22%** DAYS ADMITTED AS AN INPATIENT

## COST IMPLICATIONS FOR THE HEALTH SYSTEM

Comparing the six months pre to six months post-first Homeless Team contact, the changes in hospital use of the cohort were associated with an estimated reduction of:

**$7.2mil** IN ASSOCIATED HOSPITAL COSTS^^

OR

**$3,700** PER PERSON

**1.85 x CHEAPER** THAN HOMELESS TEAM OPERATIONAL COSTS PER PERSON

## KEY BENEFITS OF THE HOMELESS TEAM

The Homeless Team has generated many beneficial outcomes for patients, the hospital, and the wider WA health system. The impacts also extend beyond RPH and the patients directly supported, with the Team making a wider contribution to addressing homelessness in WA.

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|---|---|
| **IMPROVED HEALTH OUTCOMES FOR HOMELESS PATIENTS** | Improved outcomes for patients are evident through the detection and addressing of underlying health issues, greater access to primary care and reduced hospital use. |
| **IMPROVED CARE COORDINATION** | Via advocacy, facilitating links to other health and homeless services, and improved discharge planning (including discharging to accommodation). |
| **ENHANCING RPH CAPACITY TO SUPPORT HOMELESS PATIENTS** | Increased RPH staff confidence to identify and respond to the needs of patients experiencing homelessness. Brings homelessness expertise into the hospital. |
| **IMPROVED CAPACITY FOR OTHER HOSPITALS & HEALTH SERVICES** | Increased understanding and capacity across services regarding impact of homelessness and health, and via the support and advocacy provided to other services' clients. |
| **REDUCE WA HEALTH SYSTEM BURDEN** | Reductions in hospital use including representations, reduced length of stay when discharged to accommodation. Freeing up bed blockages for others. |
| **THE WA HOMELESS SECTOR** | Via involvement in multiple homelessness sector initiatives, resulting in more holistic support and improved outcomes for people who may otherwise have slipped through service gaps. Increased presence of health "at the table". |
| **NATIONAL & INTERNATIONAL BEST PRACTICE** | The Homeless Team model and evidence of impact is considered an exemplar of best practice and has been used by other organisations and policy makers to inform health-led initiatives to address homelessness. |
| **WIDER CONTRIBUTIONS TO ADDRESSING HOMELESSNESS** | Impact on wider contribution to addressing homelessness in WA, including through participation in high-level advisory groups and committees, advocating on policy and service gaps, and involvement in collaborative, cross-sector initiatives. |

## CONCLUSIONS & RECOMMENDATIONS

The Homeless Team is a valuable asset to the WA health system and the community as a whole. It continues to model how effective collaboration between health and community services can make a real difference in the lives of people experiencing homelessness and connect vulnerable rough sleepers to housing, support services, and long-term primary care.

To sustain this impact, the report makes recommendations across five areas:

- **INCREASING HOMELESS TEAM TO SUPPORT OTHER HOSPITALS**
- **SUSTAINABLE ONGOING FUNDING FOR THE HOMELESS TEAM**
- **ONGOING ACCESS TO BROKERAGE FUNDING**
- **FUTURE EVALUATIONS & RESEARCH**
- **NEW INITIATIVES TO BENEFIT HOLISTIC PATIENT CARE**

*"I thought I was going to die before meeting you guys, I couldn't have known people out there that would give me the time of day without wanting something in return. So really thank you all, you have saved my life."* **– Patient supported by the Homeless Team**

**RECOMMENDED CITATION:**

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**FOR FULL REPORT PLEASE VISIT:**

**REFERENCES:**


1. Australian Bureau of Statistics. Estimating Homelessness: Census. Estimates of people who were experiencing homelessness or marginally housed as calculated from the Census of Population and Housing. 2023.
2. Independent Health and Aged Care Pricing Authority. National Hospital Cost Data Collection, Financial Year 2020-21, 2023.
3. Productivity Commission. Report on Government Services 2023. Canberra; 2023.
4. Australian Institute of Health and Welfare. Mental health. Canberra: AIHW, 2023.