

EVALUATION SNAPSHOT MARCH 2019

Homeless Healthcare's Street Health is a Nurse-led Street Outreach Health Service that provides nursing care and support to rough sleepers, accompanied by a community caseworker. It operates five mornings a week between 7am and 9am, following the Salvation Army Food van to two public locations in Perth's city centre.

This evaluation snapshot is based on clients who were seen by Street Health between February 2017 and December 2018.



DEMOGRAPHICS

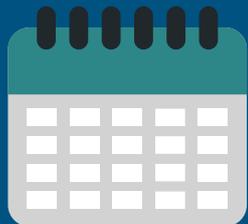
437
CLIENTS



25% **75%**



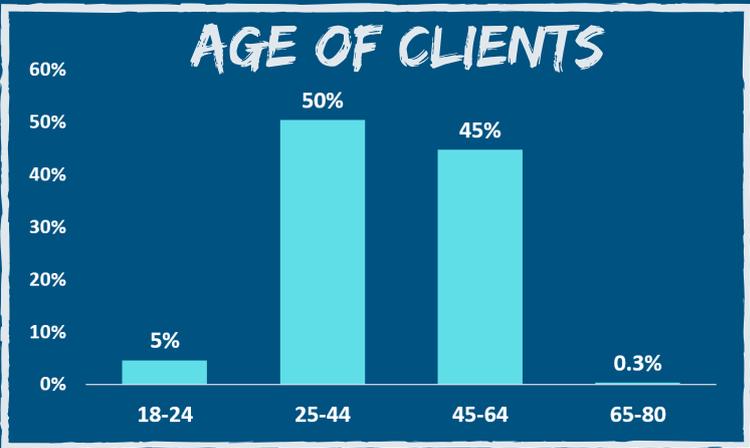
ABORIGINAL AND TORRES STRAIT ISLANDER
21%



43
AVERAGE AGE

STREET HEALTH AIMS

- 1) To address rough sleepers lack of access to medical care by engaging them 'where they are', rather than expecting them to present to medical facilities.
- 2) To build trust and rapport with clients, and link them with health, housing and other support services to break the homelessness cycle

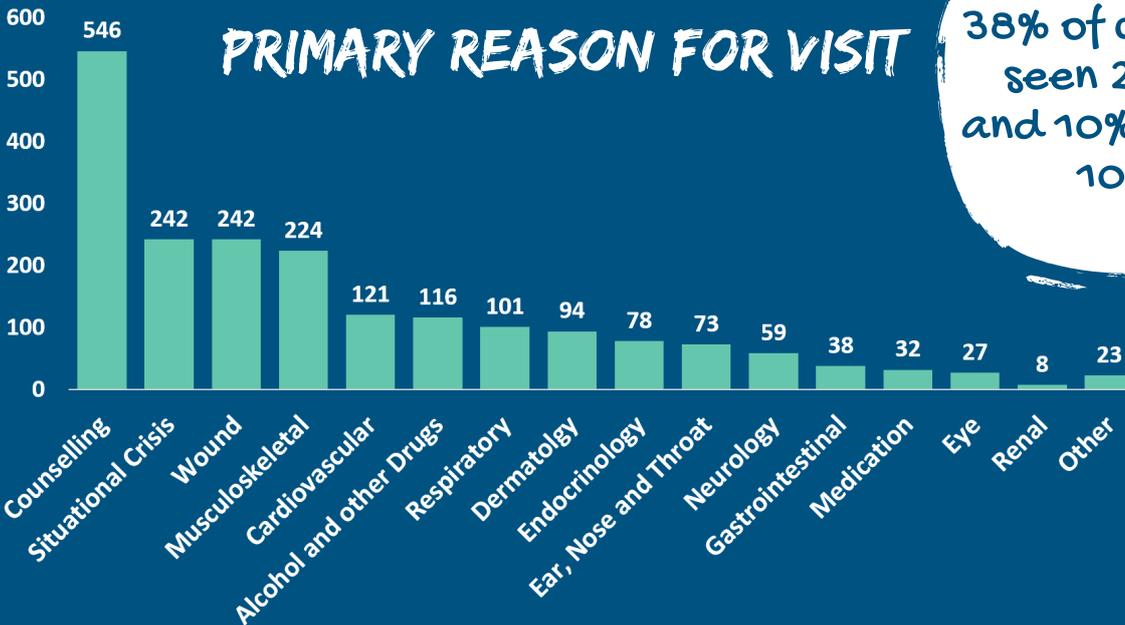


SERVICES PROVIDED



2,060 INTERACTIONS **1,975** TREATMENTS **1,043** REFERRALS

PRIMARY REASON FOR VISIT



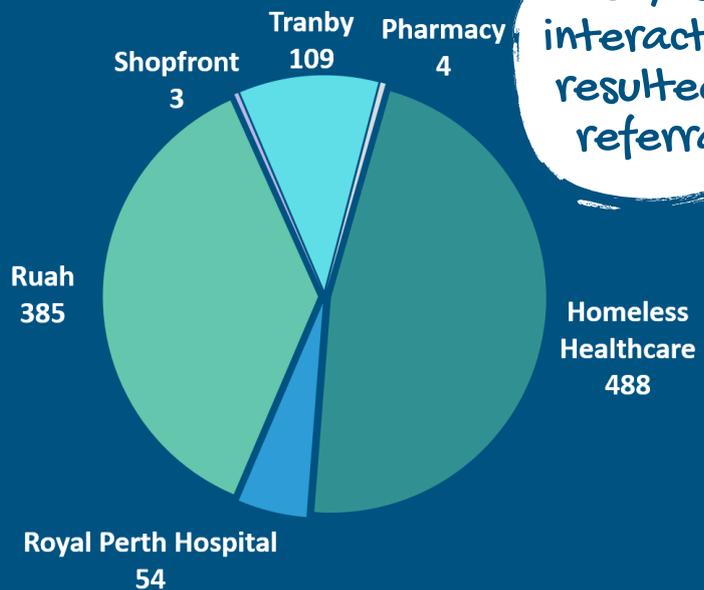
38% of clients were seen 2-10 times and 10% more than 10 times

"the nurses are awesome.. they come to the park here [with the Salvo's] ... you can get a check-up, I can get my blood sugar levels taken. They have things like toiletries and stuff. You have a cup of tea and they just talk to you and stuff. They don't judge you. They give you whatever they can to assist help and point you on the right path, show you the right direction ... they'll help go through it with you."

- STREET HEALTH CLIENT



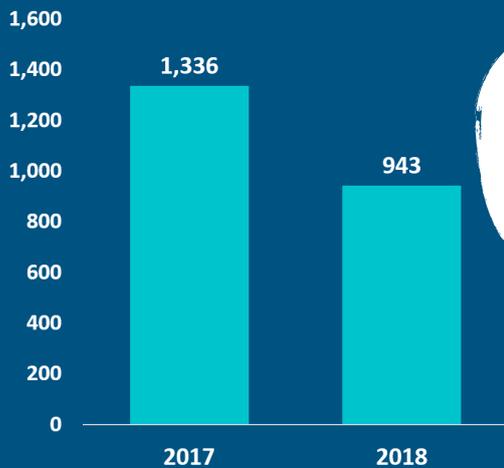
REFERRALS



51% of interactions resulted in referrals

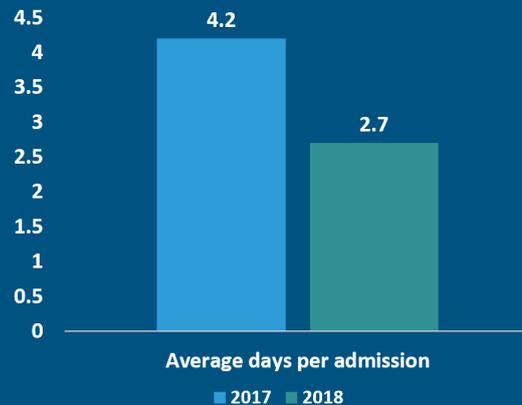
LINKED HOSPITAL ADMINISTRATIVE DATA

TOTAL INPATIENT DAYS



29% decrease comparing 2017 to 2018

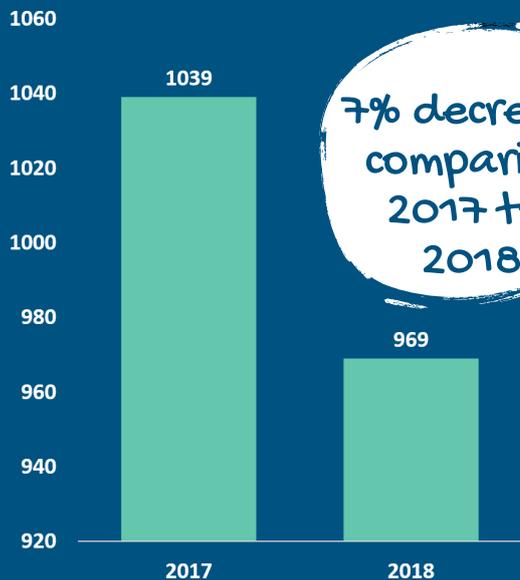
AVERAGE INPATIENT DAYS



COST OFFSET EQUATES TO \$1.1 MILLION



TOTAL ED PRESENTATIONS



7% decrease comparing 2017 to 2018

CASE STUDY

BACKGROUND

A man in his early 30s immigrated to Australia when he was 13, began experiencing substance abuse issues in adolescence and was diagnosed with schizophrenia at age 20. After moving to Perth his substance use escalated, his mental health deteriorated and he began rough sleeping. Between Feb 2017 and Dec 2018 he saw Street Health on 55 occasions.

HOSPITAL UTILISATION

In the seven months from May to Dec 2017, he presented to RPH ED 26 times and had two psychiatric admissions totaling 35 inpatient days, with an estimated cost of \$69,275. Despite this frequent contact with hospital services, his complex psychiatric, substance use and unstable psychosocial circumstances were barriers to improvement.

ROLE OF STREET HEALTH

The RPH Homeless Team assisted to get him accepted into the 50 Lives 50 Homes program. He continued to present frequently at RPH ED during the first seven months of 2018, but began to engage more frequently with the Street Health team. Over time the trust and rapport Street Health built with him enabled them to refer him to psychiatric outpatient appointments and he began taking anti-psychotic medication. He continued to engage with Street Health and the Homeless Team caseworker and his health began to stabilise with reduced methamphetamine use, reduced psychosis and improved self-care. From Aug-Dec 2018 he presented a RPH ED only seven times, with an estimated cost of \$5,355.

CURRENT SITUATION

He continues to be supported by Street Health and the 50 Lives 50 Homes Program while he waits for long term housing.

Being able to see a client at Street Health is far cheaper than an ED presentation — an average ED presentation in WA hospitals costs \$765*; 21 times more than the average cost (\$36) of seeing a Street Health nurse (inclusive of nurse time, van and other operating costs).

*Findings based on Jan 2018 - Dec 2018 East Metro Health Service Hospital Administrative Data for n= 437. Independent Hospital Pricing Authority. National Hospital Cost Data Collection, Public Hospitals Cost Report, Round 20. 2018. WA hospital average ED presentation \$765 and inpatient stay \$2,718.

"I reckon it's a bit of a human right that we have people delivering service to our most vulnerable in the community. I don't know of any other service that can do that, probably on the shoestring budget that Homeless Health does it. We don't see government delivering it on the streets and from a policing perspective, the biggest issue is street level service provision. That's what we need. More street level service providers. So, services that Andrew provides and others like it are invaluable and we couldn't do without it."

- SUPERINTENDENT KIM MASSAM, WA POLICE



"When people walk past homeless people in Perth and wonder "is anyone helping them?", the answer is often Street Health. It is slow, patient work building a connection with the most marginalised people in our society, so that they can receive the social and health care they need to come off the streets. Not having this service, doing nothing, is simply not an option"

- DR AMANDA STAFFORD, RPH



Commenced
January
2019

STREET HEALTH FREMANTLE

Fremantle has a significant homeless population, a large proportion of which are rough sleepers. Since the closure of Fremantle Hospital ED in early 2015, people experiencing homelessness have significantly reduced access to healthcare and have become more disengaged from health services. In mid-January 2019, a new Street Health service in Fremantle, Western Australia. The service operates in conjunction with a new Homeless Healthcare mobile clinic on Tuesday and Thursday from 8:30am to 12:30pm. As the service has only recently commenced, its main focus is building rapport and engagement with the homeless community and encouraging them to attend the mobile clinic. The initial response has been positive, with the clinic often full on Thursdays. The service has also established excellent networks and collaborations with the Police, Rangers and other services in Fremantle.

"I accompanied the Fremantle Street Health Nurses one morning and observed the incredible rapport they have with the homeless community. They were able to identify most of the individuals they encountered by name, and have also successfully built a collaborative network with other services in the area, including Police and Rangers. They contacted the Rangers Office to see if they had recently seen a woman who they were particularly concerned about. The Rangers office said they would keep an eye out for this woman, but also informed the nurses of a man who had "the biggest hernia she had ever seen" and "looked about 8 months pregnant". The Ranger provided a description of the man along with locations he frequents, and the nurses set out to find him, to encourage him to access the urgent health care he required. This collaboration is invaluable and in its short-time of operation is already improving the health and outcomes of this vulnerable population."

- NUALA CHAPPLE, UWA