Homelessness in the Hospital Emergency Department: The Challenge of Finding Accommodation Solutions for Homeless Clients with Health Issues
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The Alfred Health Housing Case Manager position was established in 2011 and has now been running for over 18 months. The position was established as part of the Victorian Homelessness Strategy 2020 in recognition of the growing number of homeless people presenting to the hospital emergency department (ED). The effectiveness of the role relies on close working relationships, regular communication and service coordination both within the hospital and the community. The success of these relationships facilitates timely discharge from the ED and ensures continuity of care for people with health issues who are also experiencing homelessness.

However, there are many challenges which need to be overcome in order to find suitable accommodation for people experiencing homelessness who have other health or psychosocial issues. These include finding accommodation quickly to ensure timely discharge from ED and matching the accommodation to the client’s support needs. In the current climate of change within the homeless service system and dwindling housing options, finding solutions might seem like an ominous task. However, even within this climate, many opportunities for integration between health and homelessness services exist.

This article will utilise two case studies to highlight the challenges clinicians face when finding appropriate solutions for clients with health issues. It will highlight possible solutions to address these challenges. In particular, it will highlight how close working relationships between Alfred Health and housing service providers, crisis accommodation, rooming house and SRS providers have been imperative to success for these clients.

Background
The Housing Case Manager is part of a four year pilot program. Its aim is to reduce the number of avoidable hospital admissions, by assisting people who present to ED to find accommodation. Referrals to the Housing Case Manager can be made by the ED Allied Health Team or ED Crisis and Assessment Team (ECATT) Clinician. The purpose of the role is to facilitate a timely discharge from ED, help the client stabilise in accommodation and link them into health or homeless services within the community. The Housing Case Manager usually works with a client for up to three months. The Housing Case Manager is based within the HARP ConnectED team. HARP ConnectED is aimed at assisting clients with complex psychosocial needs and is a multi-agency service located across a number of sites, including The Alfred Hospital, HomeGround, Inner South Community Health Service, Prahran Mission, RDNS Homeless Person Program and Bentleigh Bayside Community Health.

Who are the Clients?
A wide range of clients are referred to the Housing Case Manager however, clients are predominantly over 40 year old males with problematic alcohol use. Bill’s story is an example of clients referred to this program and helps to illustrate some of the challenges experienced by clients with health, psychosocial and homelessness issues.
Bill
Bill is a 51 year old man who has been living in a park for three months. Bill was residing in an SRS but was evicted due to his alcohol use and anti-social behaviour. Bill has an acquired brain injury as a result of long term alcohol abuse. When intoxicated, Bill is often incontinent, unable to walk and displays anti-social behaviour. He is well known to numerous community services areas as a result of many years living in a number of local parks and accommodation.

Over an 8 week period preceding contact with the Housing Case Manager, Bill was admitted to ED on 23 occasions for intoxication. At first Bill refused accommodation options offered, however, over time he eventually agreed to periods of respite in a Supported Residential Service (SRS). Over the next two months, Bill stayed in the SRS until pay day at which time he would return to the park. After several days drinking he would contact the Housing Case Manager for assistance. They would provide him with support to shower and wash his clothes and assist him to return to the SRS. The Housing Case Manager worked closely with staff at the SRS to negotiate issues that arose due to Bill’s alcohol use and anti-social behaviour. The Case Manager also worked closely with the ED team to develop a management plan. If the client presented to ED, the Case Manager would visit Bill in the ED and support his discharge to the SRS.

In consultation with other services, an application to VCAT was made and approved for an Administration Order. Bill eventually agreed to remain in the SRS and allow State Trustees to pay his rent. His presentations to the ED significantly reduced and once engaged with the Housing Case Manager he did not have a presentation for a three months period. However, due to his ongoing drinking and behaviour when intoxicated, his accommodation remains tenuous. The SRS does not have the capacity to care for someone with serious alcohol issues and staff will often call an ambulance due to concerns for Bill. The Housing Case Manager is continuing to work with Bill to find suitable long-term housing options.

Bill’s case is not unique. Many of the clients presenting at ED have significant alcohol issues which have often contributed to their homelessness. However, often these clients are still only in their 40s and 50s. Unless the client is prepared to go into a drug and alcohol specific facility, which in itself is not an immediate option, it is often challenging to find accommodation where they can be adequately supported. Alcohol abuse often brings with it significant health issues and support needs which most accommodation providers are not equipped to deal with.

Judy
Judy is a 55 year old woman who recently separated from her husband, and was previously working in a professional career. She has a history of alcohol abuse and was evicted from a rooming house due to behaviours associated with her drinking. Following a presentation to ED and referral to the Housing Case Worker, an assessment for crisis accommodation was completed by the Housing Case Manager and forwarded to the local homelessness entry point. However, due to a lack of crisis accommodation vacancies, Judy was placed in an SRS for a few days. During this time, the case manager supported Judy to apply for accommodation in a community rooming house and a vacancy came up within a few days. The Case Manager also supported Judy to attend her appointments with various housing
agencies as she was often unable to get there on her own. It became evident that Judy was not able to manage independently in rooming house accommodation. The housing Case Manager supported her to access crisis accommodation and referred Judy to a homeless and drug dependency case management program who could continue to assist in sourcing appropriate accommodation options.

Judy’s case illustrates some of the challenges of securing accommodation at short notice, which can delay discharge from the ED. A significant amount of time was spent by the case manager researching and locating various crisis accommodation options. It also demonstrates the need to continue to support clients in the period between discharge from ED and engagement with longer term services as they are often unable to attend appointments or source accommodation options independently.

Finding Solutions in a Climate of Change and Dwindling Housing Options
There have been a number of key strategies that have enabled the Housing Case Manager to find solutions for the clients experiencing homelessness. Firstly, building good working relationships between health services and local community rooming houses and other accommodation providers has been paramount in quickly finding accommodation for clients.

Secondly, establishing regular communication with accommodation providers to provide support in managing and dealing with client’s health needs as they arise has been vital in maintaining clients in their accommodation. This was critical in maintaining Bill in the SRS accommodation.

Thirdly, establishing a close working relationship between the Housing Case Manager role and the local homelessness entry point has streamlined assessments for crisis accommodation. This prevents clients having to relay information they have already told the hospital and assists with a smooth transition from hospital into accommodation. This relationship has also enabled the Housing Case Manager to be aware of what accommodation options are available.

Finally, close liaison with the social work department and services within the ED ensure that clients are discharged from ED in a planned and timely manner. The provision of management plans to guide the ED staff if the client represents to ED allows the case manager to visit the client in ED or follow up in the community soon after discharge.

However, ultimately, the challenge remains to find suitable accommodation for those clients who are on the threshold between living independently and living in care. In the context of dwindling housing options, this is becoming increasingly difficult. As such, the onus usually falls on the accommodation providers to manage clients with significant health issues such as alcohol abuse, when other supported accommodation options are scarce or non existent. Addressing this service gap remains an ongoing challenge, however, building strong relationships between health organisations and accommodation providers and providing them with support in the care of these clients, has gone a long way to assisting this situation.