

ACCESS HEALTH AND COMMUNITY - STABLE HOUSING PROJECT

PART 1 - IDENTIFYING THE NEED

HELEN: I was 47 at the time. I applied for YWC rooming house accommodation and I thought that it was permanent and it was a safe place for me to stay. When I got there, I was also in early recovery and the person that was living there said to me I'd have to be careful using the communal kitchen because someone would bail me up with a syringe. I was terrified.

DAVID TOWL: We had a partnership about four years ago with UnitingCare Harrison, and they collocated a HOPE early intervention worker with us, so a housing worker. We came to realise fairly early that our clinicians, internally, didn't have a way to be sure of exactly which clients they should refer to the housing worker or not. So we assumed that there would be a tool out there which would help you identify people who were at risk of homelessness and we couldn't find anything. We did a pretty broad, international literature search and still really found nothing that would work for an Australian context. We consulted with some pretty senior academics and, sort of, people that would be considered experts in homelessness in Australia. Their response was, "That's a really good idea and someone should develop that." We really went out and looked at what the academic and practice literature said were the risk factors for homelessness.

There was good data out there, good evidence out there, that said what the risk factors were: a history of institutionalisation, someone who's Aboriginal or Torres Strait Islander, an under 18-year-old living at home, a person who lives in a rooming house. There's a whole range. There are twelve different criteria. So we compiled that all together and then we consulted with our own clinicians, internally, and with the staff from Harrison UnitingCare about their, sort of, practice experience and whether they thought that that rung true. We had a working group that run for probably almost 12 months, where we established the project and designed the tool, trained up staff, but also we assisted the clinicians who were part of that and their awareness around homelessness.

HELEN: I was in an area that I didn't know because I'm originally from South Australia, and so I had nowhere to go, literally. A friend had offered me to stay on a couch while I could find a place to stay, so I eventually got into emergency accommodation. Before that, I spent the night at Flinders railway station, because I didn't have a clue what to do. Through Rosies' van, I got linked through to the drop-in service on Grey Street and then they taught me about the drop-in service. That's how I found out that all that was available, was the rooming houses. So I stayed with my friend for about a week and then I got into emergency accommodation after that.

DAVID TOWL: Originally, we had risk factors and protective factors. Risk factors gave you a positive score and protective factors gave you a negative score, and every score was a plus one or a minus one. Over time, we realised that we didn't need the protective factors on the tool anymore because, if you had protective factors for homelessness, that was nice, but it didn't really impact your risk of homelessness and you probably still needed a referral to a homelessness agency. We also found fairly early on in the original development that the greatest risk factor for people was if someone didn't have the funds to meet their daily living needs. So that became a plus two score, whereas all the others remained a plus one.

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