

Youth homelessness and a hospital: where does it fit?

**Dr Mick Creati
Head of Medical Services
Adolescent Forensic Services**

**Mark O'Brien Manager
Young People's Health Service
Centre for Adolescent Health**

Who are we taking about

- Definition of homelessness and numbers

Why should RCH be involved in the care of homeless people

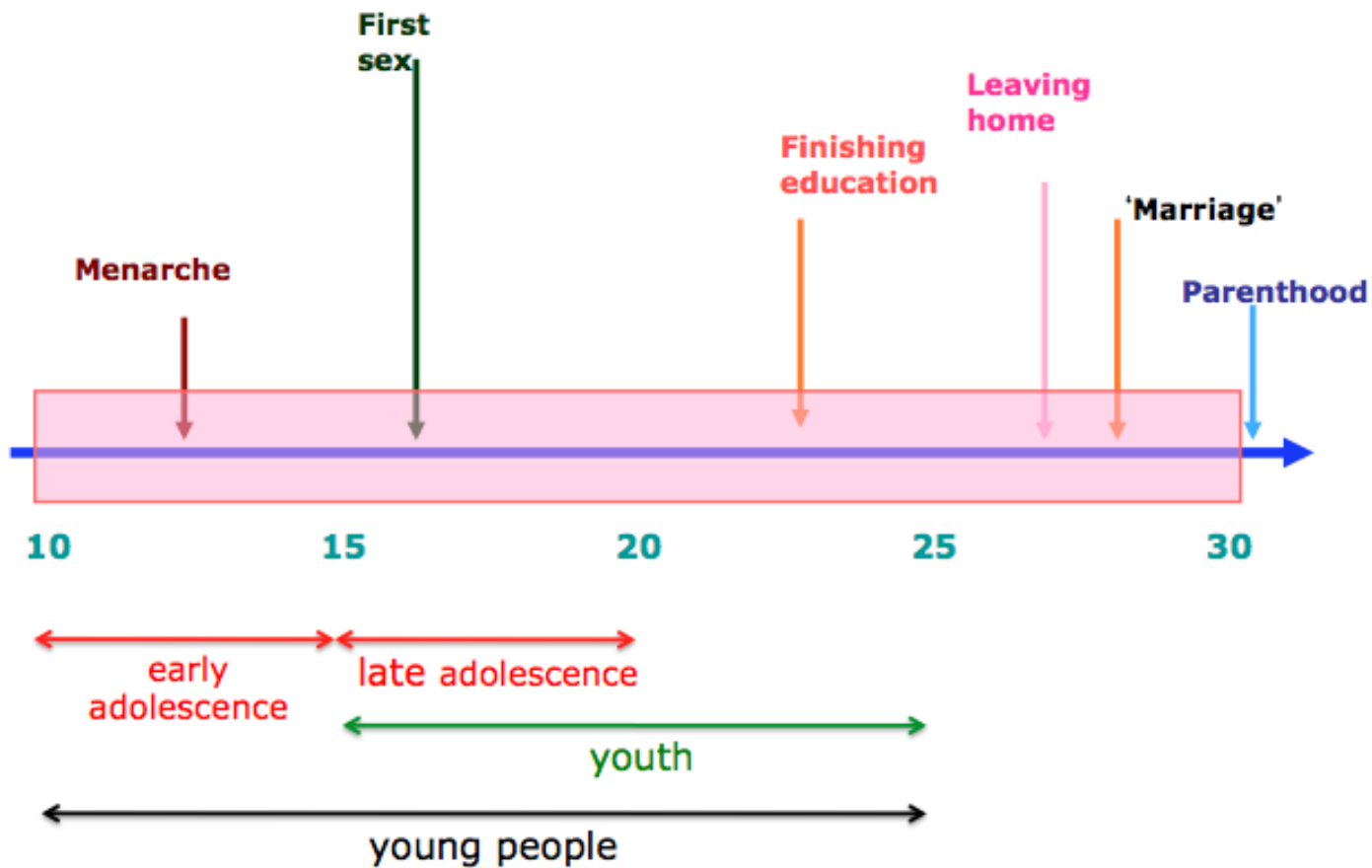
- Public Health model
- Homeless young people have complex and multiple health needs
- Homeless young people frequently contact health services
- Case Studies

How is this hospital already involved

- Numbers already attending hospital (e.g. ED / Ward / clinics etc)
- YPHS
- AFHS
- Adolescent Model of Care

What more can we do

- Better assessment
- Improved engagement and follow up
- Stronger support for YPHS / AFHS
- Better community networks



1. All young people (10 up to 25 years)

Vulnerability managed through family, recreation, social and cultural support

Risk factors:

Traumatic life events (death of family/friend)

Difficulty with peers

2. Experiencing additional problems

Vulnerability requires early interventions

Risk factors:

Low level truancy

First contact with police

Emerging mental health issues

Experimental alcohol or other drug use

Family conflict

Unstable peer group

Isolated pregnant /teenage parent

3. Highly vulnerable

Requires comprehensive, coordinated interventions

Risk factors:

Left home / homelessness

Disengaged from family

Significant alcohol or other drug use

Not working or enrolled in education

Mental health

Frequent truancy

Family violence

Sexual abuse

4. High risk

Requires intensive interventions

Risk factors:

Co-occurring chronic problems (such as alcohol or other drug and mental health)

Criminal Children's or Adult Court orders

Out of home care

Multiple high risk behaviours

The majority of Victoria's young people cope well with the vulnerabilities that arise through adolescence.

- 75 per cent have a 'great deal' of confidence in parental advice.
- 84.9 per cent of 18–24 year olds feel they are valued.
- 86.1 per cent of young people aged 20–24 years had completed Year 12 or equivalent in 2007.
- 82 per cent of young Victorians aged 17 intend to continue their education beyond secondary school.

Some young people experience additional problems that require an early service intervention. Community-based interventions at this level reduce the escalation of problems.

- 5 per cent of 12–15 year olds and 23 per cent of 16–17 year olds drink at levels that risk short-term harm.
- 9,000 young people need the support of specialist alcohol and other drug services each year.
- 45,000 young people access support each year through the Youth Participation and Access Program.
- 30,000 young people under 18 years were processed by police in 2006–07.
- There were 1,931 births to women under 20 years in 2006.
- Of all reported sexual assault victims/survivors 74 per cent are women under 24 with 64 per cent aged under 18.

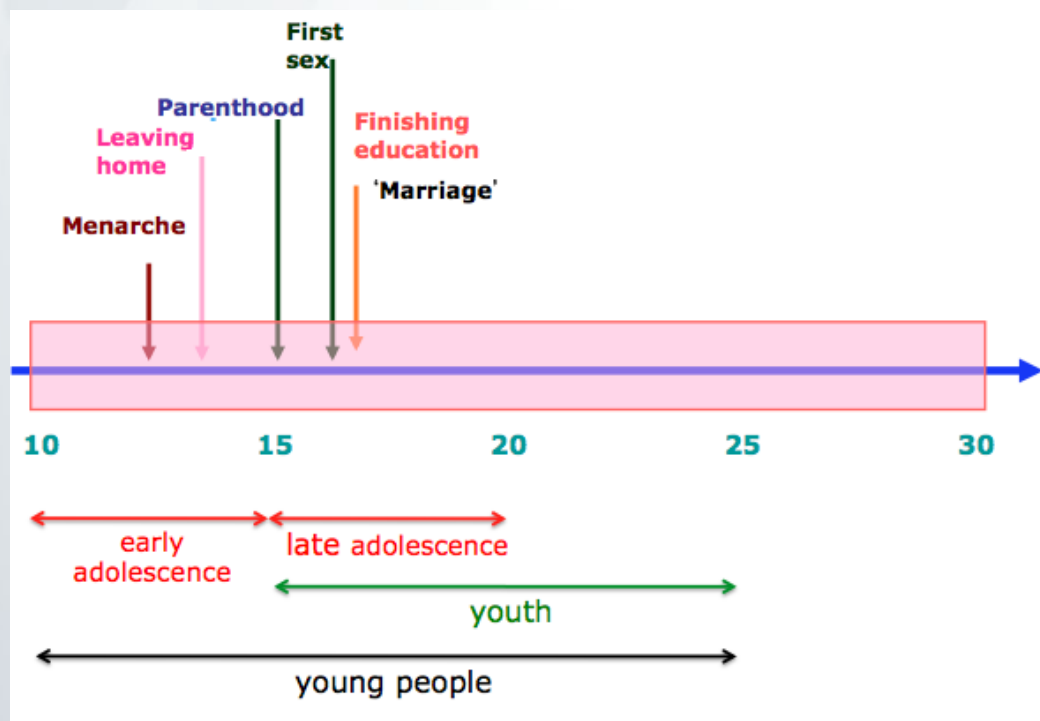
Young people experiencing this level of vulnerability require comprehensive and coordinated interventions from a range of support services.

- 2,503 young people aged 12–25 presented with self-harm at hospital emergency departments in 2006–07.
- 5.5 per cent of 15–19 year olds and 10.7 per cent of 20 to 24 year olds are not in education, training or employment.
- 7,064 young people aged 12–24 were homeless on the 2006 census night.
- Youth early psychosis services assist more than 1,400 young people per year.
- 5,700 young people aged 15–19 years and 5,650 young people aged 20–24 accessed SAAP services.

Although relatively small in number, young people experiencing this level of vulnerability require intensive support. Many are already in custodial settings.

- 13,000 Victorian young people in this age range receive treatment from specialist mental health services per annum.
- 3,000 young people are under care and protection orders at any time.
- 546 young people aged 18–24 were in the adult correction system.
- There were 57 suicides among 12–24 year olds in Victoria in 2005.
- There are 140 young people in youth justice custodial centres.
- 1,100 young people aged 10–17 years are on youth justice community-based orders.

Age	Government Involvement	Life event	
2 months	Removed from mother's care	Serious neglect	
1 year			
2		Physical abuse	
3			
4			
5			
6			
7			
8			
9	Child protection contact No disclosure of assault, further action		Sexual assault
10			
11			
12			
13			
14			
15	Discharged from hospital without further services	First child	
16			
17			
18			
19	Declined offer of public housing	Second child Homeless	Violent relationship
20			
21	Major child protection intervention: life turning point	Third child injured when four months old	
22		Exiting violent relationship No disclosure of assault, no further action	
23		Ongoing rebuilding of self-esteem, skills and career	
24			



Homelessness in Australia

Chamberlain and Mckenzie

Primary homelessness: sleeping rough

Secondary homelessness: couch surfing

Tertiary homelessness: rooming/boarding houses
but not lead tenant

Residential care, youth justice, secure welfare...

Homeless youth



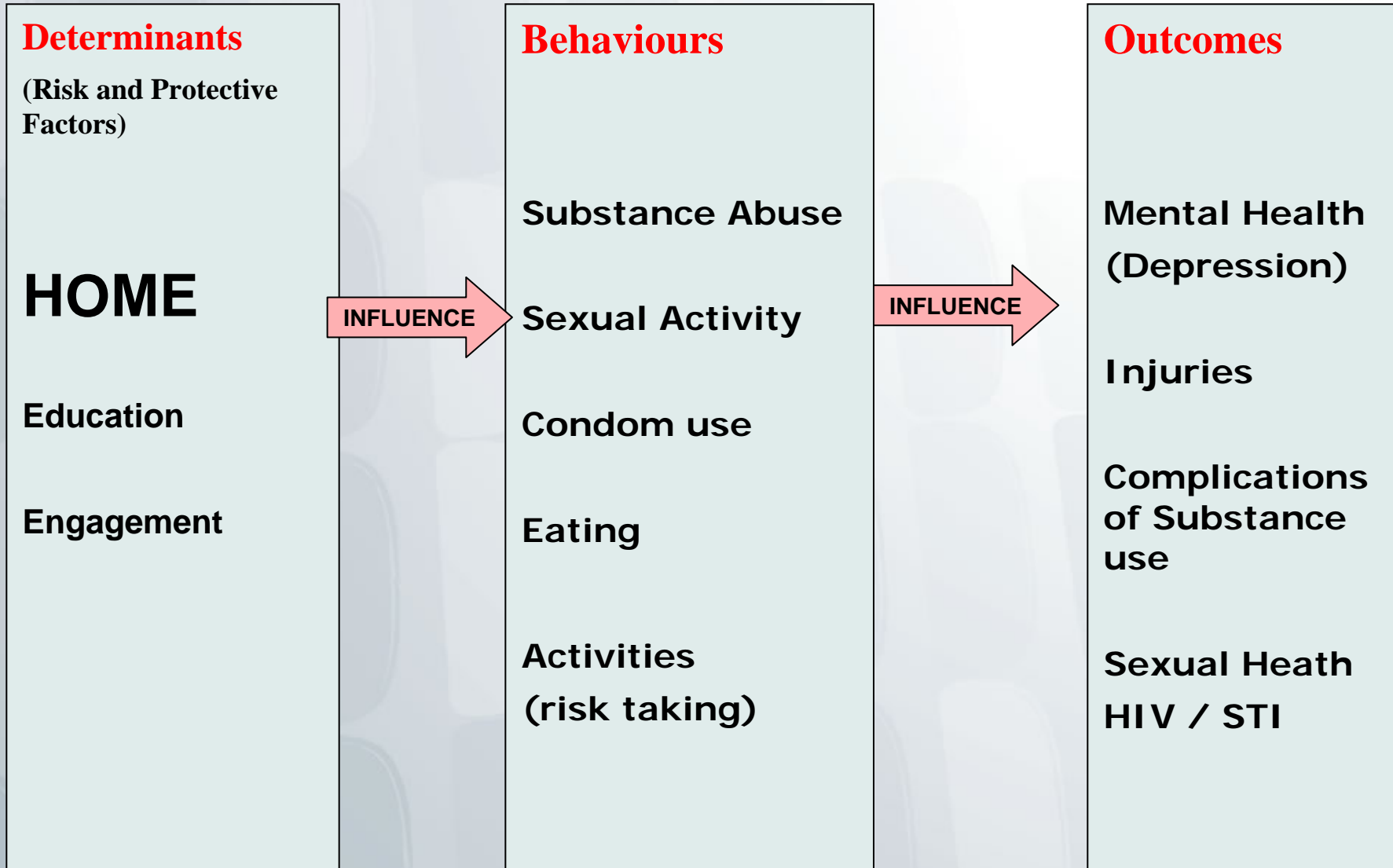
7% living directly on the streets.

26% of the homeless young people were staying at friends houses.

36% were staying in youth refuges.

Project I data – 2004 (650 people)
JS2i 2011 data (116 people)

WHO Public Health Model: Adolescent Health



The White Paper 2008/09:



125,800 clients and 79,100 accompanying children received specialist homelessness service support

45.2% of people seeking support from specialist homelessness services are under the age of 18

1 in every 50 females aged 15-19 accessed housing support

1 in 63 children aged 0-11 accessed support

1 in 39 children aged 0–4 years accompanying a parent or guardian accessed support

Human Services: The case for change

Vulnerable Youth Framework
discussion paper
Development of a policy framework for Victoria's vulnerable young people



Report of the Protecting Victoria's Vulnerable Youth
Volume 1

The Honourable Philip Cummins (Chair)
Emeritus Professor Dorothy Scott OAM
Mr Bill Scates AO

Precarious housing and health inequalities: what are the links?



SUMMARY REPORT

Shelley Mallett
Rebecca Bentley
Emma Baker
Kate Mason
Deborah Keys
Violet Kolar
Lauren Krnjacki

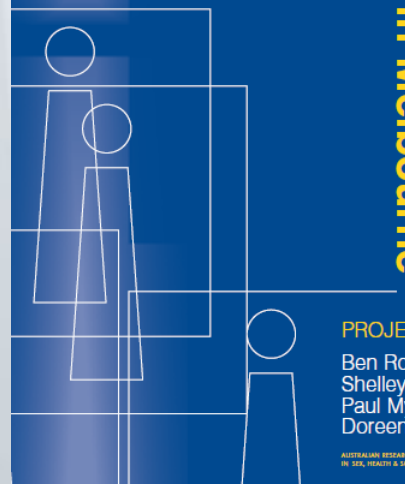


Living well? Homeless young people in Melbourne

A Victorian Government Initiative
Victoria

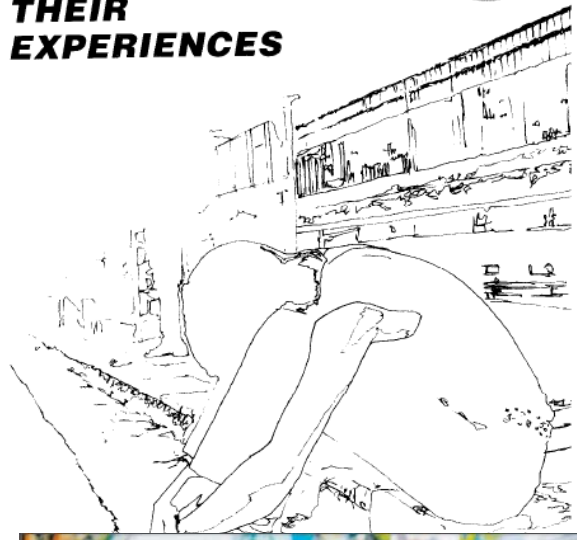
PROJECT 1
Ben Rossiter,
Shelley Mallett,
Paul Myers and
Doreen Rosenthal

AUSTRALIAN RESEARCH CENTRE
IN SEX, HEALTH & SOCIETY



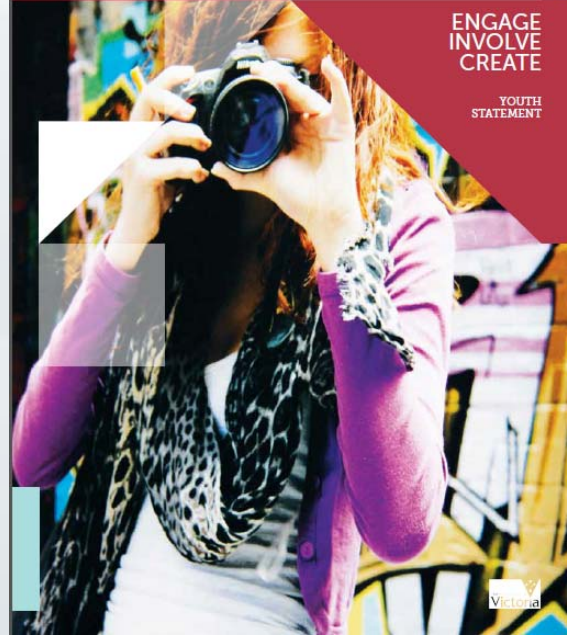
OUR HOMELESS CHILDREN: THEIR EXPERIENCES

OUR HOMELESS CHILDREN: THEIR EXPERIENCES



ENGAGE
INVOLVE
CREATE

YOUTH
STATEMENT



..it is the most socially marginalised of young people who commonly experience extensive clustering of risk behaviours and mental health states and who have the poorest life chances. This is also the cohort that is most likely to parent young...

(Patton and Sawyer 2011)

Health Systems and Homelessness

Inpatient Hospitalisations (231 respondents)

320 inpatient hospitalisations average annual cost of \$1,335,040.

Emergency Room Visits (231 respondents)

1184 ER visits by respondents an annual cost of \$932,992.

Homeless people come into contact with health systems ergo it is hospital business

Health demographics

Half reported being sexually molested

2 out of 5 were in State out-of-home care

2 out of 5 have children under 18 years of age

Two thirds have children who have spent time in State out-of-home care

Mental health statistics.



1/3 had ever attempted suicide.

1/3 had deliberately hurt themselves in the last three months.

10% reported clinical levels of depression; 10% had clinical levels of anxiety; and 10% had clinical levels of psychosis

Homeless social determinant statistics

- 38% were currently attending school.
- 54% First experienced homelessness at eighteen or younger
- 75% – year 10 or below

Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system.

Access to education, transport, income, housing, sport and recreation, nutrition and health services are all factors that impact upon one's health

Young People's Health Service



Burdekin

Frontyard & YPHS

Average client has

2.3 health needs addressed

Per consult.



Young People's Health Service (YPHS), is the only primary health care service that specifically works with young people aged 12-24 who are experiencing homelessness and/or marginalisation.

The YPHS clinic is o-located with Frontyard Youth Services.

YPHS offers a comprehensive range of primary care, clinical outreach including to refuges and other allied health services.



What YPHS does

Health education
Support with drug and alcohol issues
Immunisations
Blood borne virus screening
Mental Health support
Screening treatment and follow up of STIs

Soft tissue injury and wound care

Expedited access to dental services

Pregnancy testing and referral for unplanned pregnancy or antenatal care

What is YPHS doing

Intake Role at Frontyard

Membership of peak agencies

Collaboration with Frontyard/Orygen to
develop a reflective practice
environment for Youthworkers

Developing a Youth Reference Group for
Marginalised Young People.

Advocating on behalf of young people

Case Study:

15 year old girl

Attends school

Lives with grandmother (legal guardian)

Referred by grandmother because of
recent onset of partying and staying out
late

Adolescent Services in the community

Youth Support and Advocacy Service
(YSAS)

Headspace (Collingwood, Glenroy,
Baclava)

Visy Hub

Action Centre

Hanover

KPMG Youth Justice review 2010

Average cost of a 3 month period in custody is \$48221 (\$192884 per annum)

Recidivism rate for YJ...

DHS review of the Youth Justice Group Conferencing Program Final Report September 2010. KPMG p60.

Domestic violence costs the Vic Government over \$140 million a year.

Case study

17 year old female

Sexually assaulted at 12, followed by
parental separation

At 13 resi uni/ dhs quit school

At 14 IVDU - Sex work

At 15 admitted for self harm (BBV screen)

Readmitted 2/52 – then secure accom

6months later acute hepatitis

Crisis becomes a way of life.

“Families are more likely to come together to attend a court hearing than attend the park”

The system: “80% of time was spent on administrative processes and 20 % on client interaction.”

How to spot a homeless person



homeless persons are 3–4 times more likely to die than the general population.

Younger homeless women have from 4–31 times the risk of dying when compared to housed women, and younger homeless women have similar risks of premature death than younger homeless men. (O'Connell 2005)

Withdrawing from life on the street is difficult for these disenfranchised and marginalized young people. Left on their own, they are unlikely to contact agencies or engage in life-saving services. (p29)

Case Study.

One YPHS client in 2010 was accessing 20 different services, which had independently developed management plans

The client had been under DHS care from 10 years of age.

YPHS worked with Housing and centrelink...

Case Review.



A YPHS client presented over 30 times to ED's in the metro region in the 30 days.

YPHS contacted each emergency department, sought ED discharge letters, engage young persons former case manager, coordinated a housing plan, developed a case management plan, and advocated for the client.

Adolescent Services in the community

Youth Support and Advocacy Service
(YSAS)

Headspace (Collingwood, Glenroy,
Baclava)

Visy Hub

Action Centre

Hanover

Tell me **where did you sleep last night**

In the pines, in the pines

Where the sun don't ever shine

I would shiver the whole night through

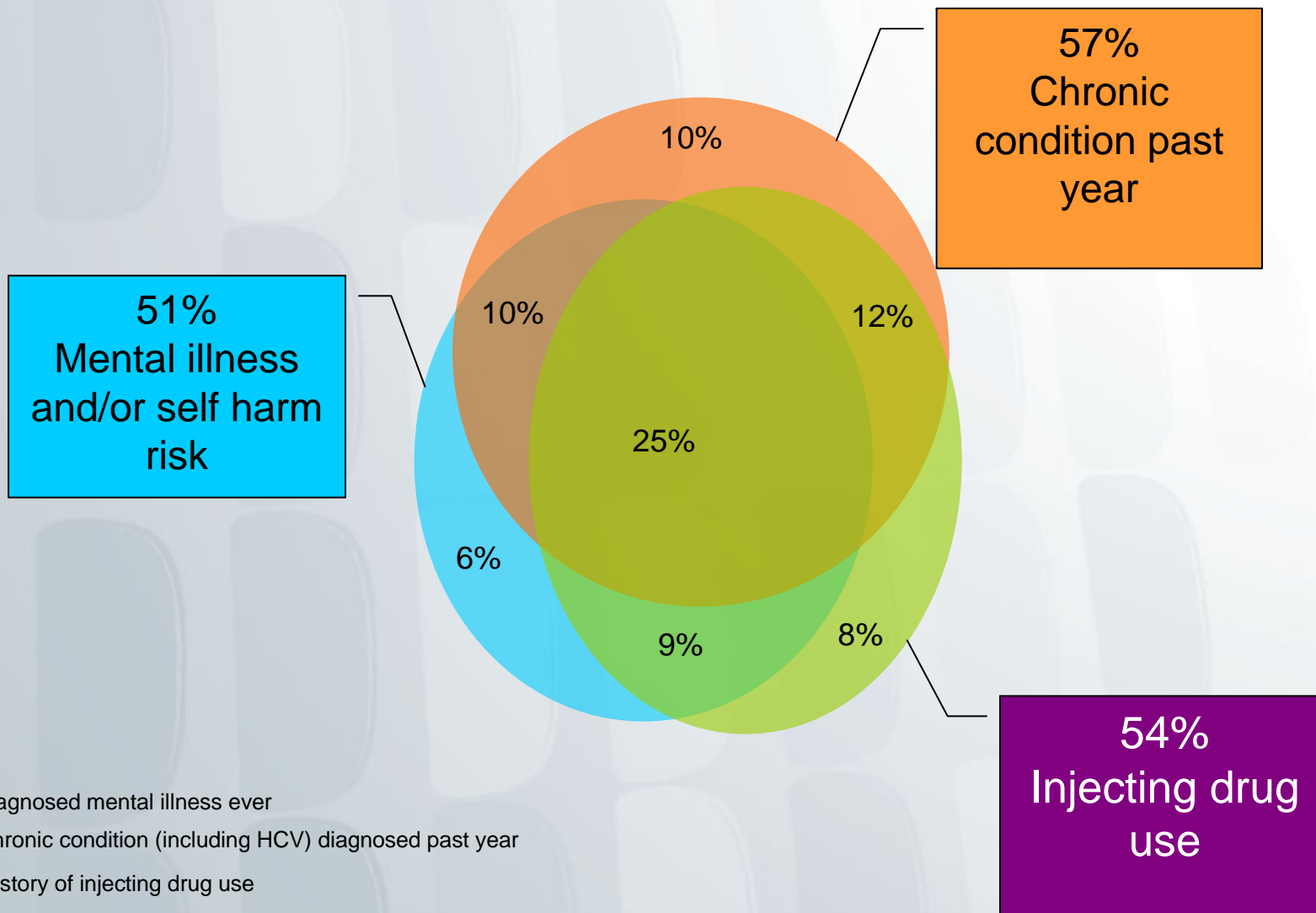
Adolescent Forensic Health Service (AFHS)





We have added NAVTEQ Street
of NAVTEQ Street Maps to su
Use

Health and health risks in custody



ANNUAL REPORT for the Year 2008

Incorporating the 47th Survey of Perinatal Deaths in Victoria

Increased risk of death after discharge from Juvenile Justice Facilities in Victoria

Leading causes

- overdose,
- self harm and
- risk taking behaviour

Predicting death in young
offenders: a retrospective
cohort study.

[Coffey C, Wolfe R, Lovett AW,
Moran P, Cini E, Patton GC](#)

[Med J Aust.](#) 2004 Nov
1;181(9):473-7.

Drug-related mortality among newly released offenders

London, UK: Home Office Findings 187; 2003.

In the week after release, prisoners are approximately 40 times more likely to die than are members of the general population; in this immediate post-release period, more than 90% of deaths are drug related

<http://www.homeoffice.gov.uk/rds/pdfs2/r187.pdf>

Aim of care of young people in custody



Manage acute needs of young people while in custody

Improve health and reduce death after release

Minimise the impact of their illness on broader community

Continuum of Care: AFHS



Reception	First 1-3 days	Ongoing	Prior to discharge
Risk Assessment Self Harm Injury Intoxication / withdrawal Acute illness Chronic illness	Comprehensive Health Assessment General health Immunisation SRH D&A Mental Health Identify local supports ACCOMMODATION	Follow up / manage issues identified Health education Counselling	Transition to community

<-----ON GOING REACTIVE HEALTH CARE----->

Better networks and linkages (AFHS as an example)



ROYAL CHILDREN'S HOSPITAL

Emergency Department

Access to specialist opinion

- Immunisation Service
- Plastic Surgery
- Gastro / Hep C
- Rheumatology

**Adolescent Medicine Consultant
on call / ward**

**Victorian Forensic Paediatric
Medical Service**

Medical Imaging

Clinical Photography

Laboratory Services

Nursing

EXTERNAL

- Department Human Services
- Melbourne Sexual Health
- Drug and Alcohol Services
- Mental Health
- General Practice
- Locum Service
- Other prison / secure facilities
- Research partners


What more can RCH do?



The Royal Children's Hospital, Melbourne

The Adolescent Model of Care

Report on external consultancy March – July 2009




Clinical Professor David Bennett AO FRACP FSAM

Senior Staff Specialist, Department of Adolescent Medicine and Head, NSW Centre for the Advancement of Adolescent Health, The Children's Hospital at Westmead
www.caahchw.edu.au

National President, Association for the Wellbeing of Children in Healthcare
www.aewch.org.au

Email: davidb@chw.edu.au
Mobile: 0493 450 513



Key findings included:

Fifteen per cent of all patient admissions receiving treatment and care at RCH are adolescents

Recommendations included:

Development of principles for the treatment of all adolescents at RCH

Routine psychosocial screening

Clarification of referral systems

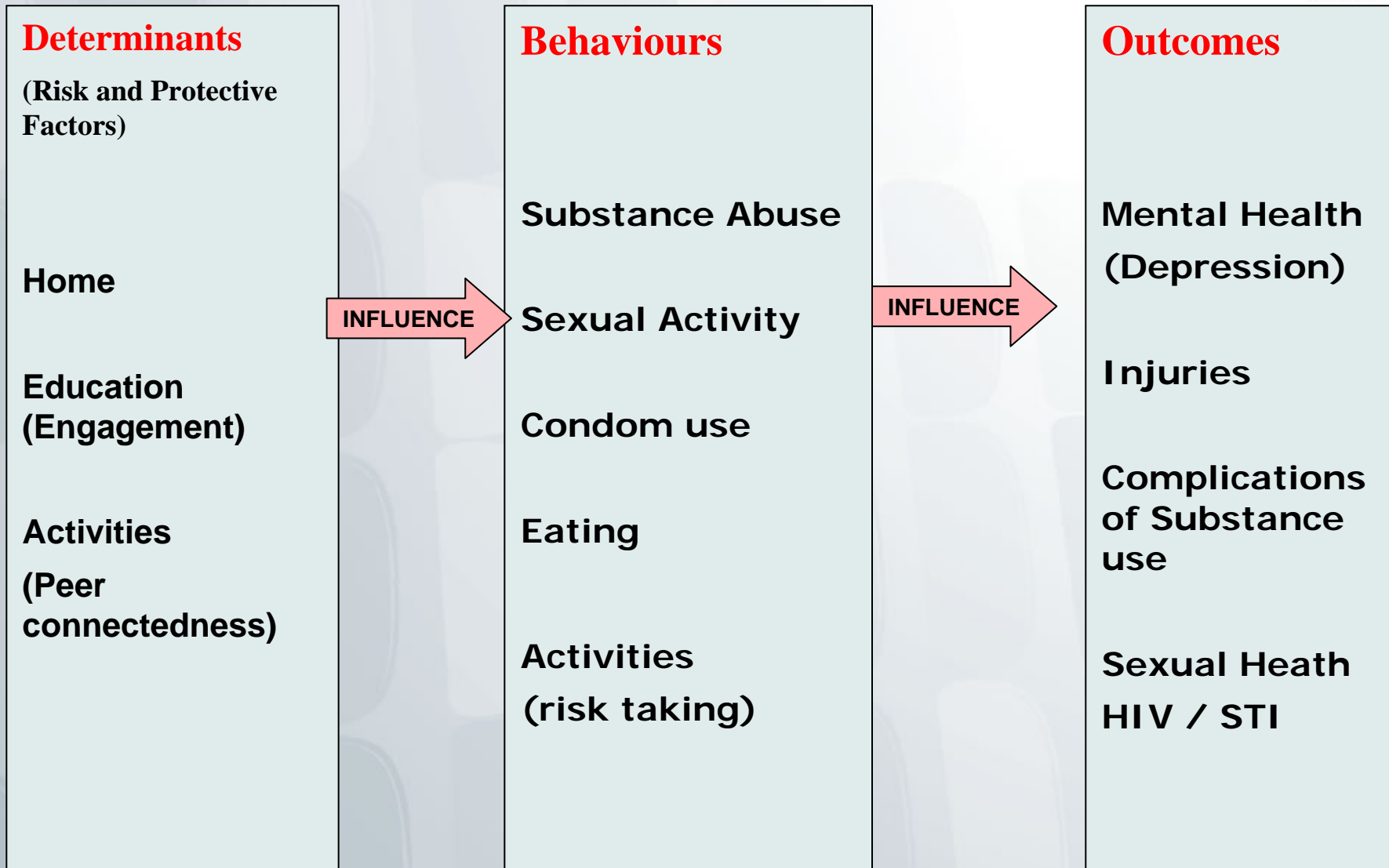
Training and capacity building with staff

An integrated/collaborative model of care at inpatient, outpatient and community levels

Better Assessment HEADSSS

- H** Home
- E** Education and employment
- E** Eating
- A** Activities
- D** Drugs
- S** Sexual Health
- S** Sleep
- S** Suicide risk / depression

HEEADSSS framework consistent with WHO Public Health “Logic Model”





The Royal Children's Hospital Melbourne

Adolescent screening Proforma

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑



The Royal Children's Hospital Melbourne

Where did you sleep last night –

Date:		Weight: kg (percentile)	BMI:
Health Professional:		Height: cm (percentile)	Tanner stage:
Presenting problem		Genogram	
Home DHS involvement Conflict Financial issues	<i>Lives with parents, family, friends, couch surfs</i>		
Education School changes Bullying Truancy Employment Supportive friends	<i>School name, grades, goals</i>		
Eating/Exercise Dieting Exercise Organised sport			
Activities TV/Internet Peer group Computer games	<i>Risk taking, friend groups</i>		
Drugs <input type="radio"/> Tobacco/ Alcohol <input type="radio"/> Marijuana <input type="radio"/> Amphetamines <input type="radio"/> Opiates <input type="radio"/> Other	<i>Frequency, social use</i>		
Sex Partners(s) Sexually active Safe sex practise	<i>Orientation, menstrual history, LMP, pregnancy, contraception, abuse</i>		
Sleep Onset problems Frequent waking Snoring	<i>Sleep habits</i>		
Suicide Depressed mood Suicide ideation Social isolation Anxiety / OCD	<i>Previous mental history, family history, issue, K10</i>		
Immunisation <input type="radio"/> Childhood <input type="radio"/> Hepatitis B <input type="radio"/> Meningococcus <input type="radio"/> Rubella/MMR <input type="radio"/> Chickenpox	<input type="radio"/> HPV <input type="radio"/> Hepatitis A <input type="radio"/> Tetanus status <input type="radio"/> Other	Allergies	

Adolescent screening Proforma MR142/C

Improved engagement



We have come a long way since this

Training and capacity building with staff

- **Hand on HEADSS Medical Students**
- **Resident / Registrar teaching & training**
- **Influence**

Improved follow up

We all find this difficult

What works against us

- Appointment based services
- Time constraints
- Attitude: If they get really bad, they will come back

What can work for us

- Good engagement with young person
- Identifying key supports (family / community / school)
- Flexibility
- Better networks

Better linkages -internal

Centre for Adolescent Health

- Adolescent Medicine
- YPHS
- Adolescent Medicine

Social Work

(**H**ome)

Education Institute

(**E**ducation)

Integrated Mental Health

(**S**uicide / Depression)

- Liaison service
- Inpatient mental health unit

What are the next steps for hospital

Integrated approach & resources to homeless young people (and younger children whose parents are homeless)

Who could be involved

CAH

General Paediatrics

Mental Health

Social work

Executive

Everyone

Session revisited



Who are we taking about

- Definition of homelessness and numbers

Why should RCH be involved in the care of homeless people

- Public Health model
- Homeless young people have complex and multiple
- Homeless young people frequently contact health services
- Case Studies

How is this hospital already involved

- Numbers already attending hospital (e.g. ED / Ward / clinics etc)
- YPHS
- AFHS
- Adolescent Model of Care

What more can we do

- Better assessment
- Improved engagement and follow up
- Stronger support for YPHS / AFHS
- Better community networks

Who has seen a homeless person in the last week?

What will you do next time you suspect a young person is homeless?

What will you do next time a young person fails to attend at you clinic?