HEALTH, HOUSING AND HOMELESSNESS

A collaborative, thought leadership paper series

PAPER 3

Preventing homelessness: adapting a public health model

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Purpose

This paper explores the application of a public health prevention continuum to better understand opportunities for preventing homelessness through identifying its root causes. The paper is intended as a thought leadership piece to stimulate discussion and debate within the homelessness and housing sectors. It is intended to support initiatives focusing on ending homelessness, such as the Adelaide Zero Project, by conceptualising what types of approaches may be required to reduce the number of people experiencing homelessness. A housing prevention continuum, which attempts to document the major factors influencing housing outcomes across the entire housing continuum, is presented. This captures the range of structural and systemic changes that may be required to effectively improve the prevention of homelessness. The paper reflects the parallels between the housing/homelessness and health systems, particularly when working towards a strengthened focus on primary prevention and systemic factors that go beyond traditional attention to crisis responses and individual factors.

NB: The terms primary, secondary and tertiary prevention are used often in both the homelessness and public health fields. Each field applies these terms in different ways, leading to different understandings. This paper uses the public health meaning and interpretation of these prevention terms. See page 3, for further information.

Introduction

Every individual that experiences homelessness travels their own 'pathway', and, whilst homelessness is essentially about not having housing ('houselessness'), it is almost always complicated by many other factors. With this in mind, it is clear that preventing homelessness should not be the role of the homelessness sector alone. Addressing the root causes of homelessness requires cross-sector collaboration, including:

- health
- mental health
- disability
- housing
- education
- criminal justice
- employment
- drug and alcohol, and
- domestic and family violence services.

Primary prevention strategies, as widely understood in the health system, prevent people from falling off the cliff, as depicted in Figure 1. When the primary causes of health problems are adequately addressed – through explicit focus on determinants of health – the health system can be taken to be working effectively to prevent individuals from falling (off the cliff) into a position where secondary or tertiary prevention or early intervention measures are required. This in turn reduces pressure on emergency health services that step in at the bottom of the cliff fall (Figure 1).

Identifying and implementing a range of primary prevention strategies to address, or end, homelessness is an enormous task[1]. Such an approach has been discussed at various times in the past, and been a cornerstone of prior national homelessness policy, for example The Road Home: a national approach to reducing homelessness (Commonwealth of Australia 2008). A comprehensive mapping process to identify the varied routes and key transition points into and out of homelessness is required, to envision how change to support this can be enacted in the complex and intersecting systems around homelessness. Preventing an individual experiencing housing stress from falling into crisis is a typical preventative approach to homelessness in the current (Australian) system. Applying a public health model for illness prevention (primary, secondary and tertiary prevention) may enable a broader framework for identifying prevention mechanisms that can be used across the full spectrum of the housing and homelessness system.

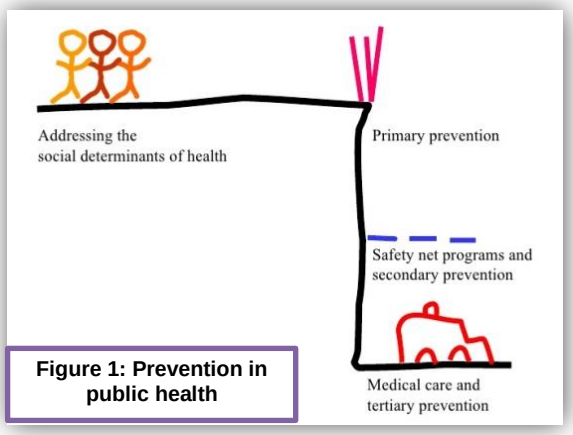

Figure 1: Prevention in public health

Reforms of the homelessness sector have historically been point-in-time updating of contracts and services. Generally, reforms have focussed on specialist homelessness services (SHS) and on early intervention and crisis (considered secondary and tertiary prevention respectively). Moves to reform the homelessness system need an increased focus on the housing continuum, intersecting sectors and primary prevention.

Homelessness and health

There are many multi-directional linkages between the health and homelessness sectors. Homelessness can cause, and be caused by, health-related problems. Individuals experiencing homelessness often experience more than one, if not many, health and health-related problems. People experiencing homelessness are among some of the most vulnerable people in our society and often have poor access to health services. The tenuous nature of the relationship between individuals and access to the health system can compound health conditions and lead to more adverse health outcomes, including:

- poorer physical health
- poorer mental health
- increased alcohol and illicit drug use
- injury
- self-harm.

Lack of post-housing support for individuals, such as in navigating health (including mental health) systems, and lack of access to appropriate services can lead to individuals cycling through homelessness due to difficulties in sustaining tenancies (Baker et al. 2020).

It is easy to see then that homelessness is an important public health issue. Prevention strategies applied in similar ways to determinants of health frameworks, may offer some important ways forward for both identifying, and then working to address, the root causes of homelessness (Gaetz and Dej 2017).

Housing, or more specifically, the lack of appropriate, affordable and secure housing (described sometimes, more simply, as 'adequate housing'), is a key determinant of health. Housing is the central hub of everyday living. The interactions between housing and people's lives demonstrate the multitude of ways that housing impacts directly on health, as well as through other pathways, recognised as the determinants of health. Health and homelessness

[1] For example, the Adelaide Zero Project recognises the dynamic nature of homelessness and has localised the Functional Zero approach (as opposed to Absolute Zero) (Turner, Albanese and Pakeman 2017). A community reaches Functional Zero when the average capacity of its housing system is greater than the existing need.

have a multi-directional relationship – one can cause, and be caused, by the other (see *Paper 2 – The determinants of housing outcomes*, of this series). Therefore, there is significant opportunity to think more broadly about the interaction between health issues and their relationship to homelessness.

A model for preventing homelessness

Individual circumstances create varied combinations of determinants that may lead to homelessness. As demonstrated in the Determinants of Housing Outcomes framework (Paper 2 of this series), these causes can be broadly grouped under three levels, which correspond to how health determinants (and inequalities) are considered:

- Structural – economic and societal
- Systems – policy and service delivery inadequacies
- Individual – personal circumstances and relationships.

These factors have been acknowledged in the work of other health, housing and homelessness groups, such as in the Canadian Observatory on Homelessness' review A New Direction: A Framework for Homelessness Prevention (Gaetz and Dej 2017). The Framework suggests that resistance to broad scale prevention strategies for addressing homelessness has been the result of a lack of conceptual and methodological applications, because the evidence takes a long time to accumulate. While there is consensus that prevention efforts need to be focused at structural, systems and individual levels, most research focuses on individual interventions to support people at imminent risk. In many cases this is a model of tertiary or secondary prevention and early intervention, rather than primary prevention as understood in public health spheres. A focus on the individual issues results in continued failures in addressing structural and systematic strategies for preventing homelessness.

The definition of prevention is well understood in the health sector; however, there is seemingly no consensus on what prevention for homelessness entails. Prevention strategies within the health system are generally grouped in three tiers; primary, secondary and tertiary prevention:

- **Primary prevention** strategies alter behaviours and exposure by addressing the structural (risk) factors and reinforcing protective factors. Examples of a protective factor might be introducing healthier food options into community settings, or seatbelts to prevent injury through a car accident. Primary prevention typically includes population wide strategies and considers the whole community. Examples of primary prevention strategies in health include: immunisation, road safety rules such as speed limits to reduce road accidents, and legislative and environmental changes to smoking in public places to reduce exposure. For homelessness such strategies would include poverty reduction, anti-violence work and early childhood work. Primary prevention can also include selected strategies to targeted groups at higher risk of experiencing homelessness, for example people with low incomes and Aboriginal communities.
- **Secondary prevention** occurs after exposure has already occurred. In health this includes screening mechanisms like cancer screening or monitoring BMI for overweight. Secondary prevention in relation to homelessness would include detecting and addressing the causes of homelessness at an early stage by ensuring adequate housing options. Examples include coordination assessment, diversion from a shelter, case management and improved screening.
- **Tertiary prevention** in health is about softening the impact caused by a disease or health problem or preventing it from becoming worse, such as rehabilitation or chronic disease management. For homelessness, tertiary prevention considers strategies for addressing the issue as quickly as possible, and ensuring people experiencing homelessness do not have a repeat experience. Wrap around services, such as using a Housing First model, are examples of tertiary prevention for homelessness.

A comprehensive approach to prevention means working at each of these levels and tiers at all times to apply an integrated systems approach. Table 1 provides examples of the ways in which prevention thinking and strategies implemented across the health continuum could be transferred to the housing tenure continuum.

Table 1: Prevention across the housing tenure continuum

(Adapted from *Preventing chronic disease: a strategic framework*, National Public Health Partnership, 2001)

NB: This table explores prevention across the housing insecurity continuum, with a focus on people with low or lost income as the prevalent reason for experiencing homelessness. Other factors and examples would be more relevant when considering the adequacy of housing outcomes.

Level of prevention	Primary prevention	Secondary prevention and early detection	Management and tertiary prevention
When is prevention implemented in a housing system?	Before there is evidence of housing insecurity.	After someone is experiencing housing insecurity, but before homelessness.	After someone is experiencing homelessness. To reduce the time someone experiences homelessness or to prevent someone experiencing multiple episodes of homelessness.
Examples	**Stable and secure housing** • Home ownership, with or without mortgage • Renting privately with long-term lease • Social housing with long-term lease	**Housing insecurity** • Rental stress • Mortgage stress • Renting privately with short-term lease	**Homelessness** • Couch surfing • Boarding and rooming house • Emergency accommodation • Crisis accommodation • Rough sleeping • Long-term homelessness • Repeated episodes of homelessness
Nature of housing intervention	To keep someone in stable and secure housing: • Affordability • Appropriateness, including housing quality • Availability • Accessibility • Financial security	To stop someone experiencing housing insecurity: • Identification of issues/barriers • Early interventions • Control of risk factors	To address housing insecurity and/or homelessness and prevent further experiences: • Case management • Housing First approach – e.g. rapid rehousing programs (timeliness of interventions)
Intervention examples	• Laws/regulation of borrowing (consumer credit legislation) • Financial literacy • Financial counselling • Affordable housing options	• Financial counselling • Financial literacy • Rental or mortgage support • Health support – disability/mental health	• Long-term housing support – Housing First / Aspire program / Rapid rehousing programs / • Support to access housing – 'Doorways' model / private rental assistance/ Private Rental Liaisons • Housing First – Permanent Supportive Housing
Role of health and housing sectors	• Enabling • Co-design • Knowledge translation • Mediation • Service (re)orientation • Strategic partnerships Advocacy	• Data collection/analysis • Identifying emerging issues and trends • Service delivery • Tenancy support and intervention • Person-centred approaches • Capabilities • Capacity building • Facilitation • Resources	• Deliver services – Housing allocations • Wraparound support, post housing support • Data collection • Identifying emerging issues and trends • Service delivery • Tenancy support and intervention • Facilitation

Conclusions

This paper has proposed a prevention framework for consideration by the housing and homelessness sectors. It depicts prevention across the housing tenure continuum, drawing heavily on the concepts of prevention as applied in the public health and health promotion fields. The framework suggests that to prevent homelessness at the population level, action is required at all levels of the prevention continuum. By translating this approach to relevant housing, homelessness and health policy and practice, potential future opportunities for intervention along the continuum can be better realised.

While the homelessness system operates mainly in tertiary prevention, there is great capacity among the sector to advocate and provide knowledge translation for primary and secondary prevention. The purpose of this paper is not to suggest what the appropriate policy and service responses should be, but rather to encourage consideration of the broader factors at play in the housing and homelessness sectors, among individuals and agencies within these sectors, and also within other sectors in control of many of the levers that shape housing outcomes.

Importantly, and by drawing on a model of the Determinants of Housing Outcomes (Paper 2 of this series), this paper offers an opportunity to stimulate both new and renewed discussion, for identifying strategies and interventions towards preventing homelessness at every stage of the continuum.

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