

---

**POSTER ABSTRACT****Housing and Health as partners in a place-based hub**18<sup>th</sup> International Conference on Integrated Care, Utrecht, 23-25 May 2018

Suzanne Ratcliff, Erin Miller, John Eastwood

Sydney Local Health District, NSW, Australia

---

**Introduction:** RedLink is an interagency hub in a suburb of inner Sydney. We will describe the collaborative partnership between NSW Housing and Sydney Local Health District, and non-governmental organisations.

**Short description of practice change implemented:** Traditionally poor communication and working in silos can act as a barrier to good care for individuals and families, especially those with complex needs. The initiative has been running since July 2015 and during this period RedLink has developed a collaborative and flexible model of service delivery that has evolved in line with clients' own identified goals with the aim to achieve long term change.

**Aim and theory of change:** Long term relationships are built with the community through a range of community activities and engagement strategies to improve community wellbeing. The model provides a service to residents and their extended families, respects the culture of the community, and empowers families to find their own solutions that work for them.

**Targeted population and stakeholders:** Clients using the service have complex needs, including psychological trauma, mental health, substance abuse, chronic health problems, child protection and parenting issues.

Service providers within Health, Housing and non-government agencies are encouraged to deliver services through non-standard methods of intervention at the local level.

**Highlights:** At RedLink, there are no wrong doors. Services collaborating in the RedLink space exercise flexibility to ensure that clients do not "fall between the cracks".

With no one service automatically assuming leadership of cases, RedLink use a unique triage system and model of service delivery. Service delivery may change over time depending on clients' relationships with the service or changing goals.

This approach has enabled the Redfern community to work alongside services, government and business to achieve long term sustainable change. Community ownership is at the centre of everything that we do, including the sustainability and governance of RedLink.

**Comments on sustainability:** The success of this initiative has created ongoing momentum and motivation for collaborating partners to continue to deliver non-standard methods of intervention in a place-based hub. Four Health District teams now deliver services from the hub, in partnership with the other agencies co-located in the space.

**Transferability:** The model at RedLink was established in conjunction with the local residents. It could be transferred to other areas and is currently being explored in another suburb in Sydney.

**Conclusions:** By allowing client control of the direction and pace of service delivery, trust has been established between the community and service providers. Building trust with vulnerable community members is essential, and this has had an impact on the wider community. Extended family members are now self-referring to services, addressing the wider health and social needs of families and the community.

**Discussion:** Building relationships and trust with vulnerable groups to address social determinants of health is crucial to encourage engagement in traditional health systems, and to address wider health needs of families and the community.

**Lessons learned:** The need for collaborative interagency practice in partnership with the community is essential if the needs of vulnerable community members are to be addressed.

---

**Keywords:** place-based; social determinants of health; housing; vulnerable populations

---