



A CSI UWA Homelessness Research Review: Looking Back and Moving Forward

Paul Flatau 2 August 2023



ACKNOWLEDGEMENT OF COUNTRY

In the spirit of reconciliation, CSI UWA acknowledges that their operations are situated on Noongar land, and that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs and knowledge. We acknowledge the Traditional Custodians of the country throughout Australia and their connections to land, sea and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.



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The cost of homelessness and the net benefit of homelessness programs: a national study

Findings from the Baseline Client Survey

authored by Eugene Scrimgeour, Paul Flatau, Anne Cleary, Elizabeth Corry, Lucy Burns and Bridget Spicer

for the Australian Housing and Urban Research Institute

UNSW Research Centre for Social Policy and Housing Research

April 2013

AJSI:R Final Report No. 205
ISSN 1446-1001
ISSN 1446-1019 (print)



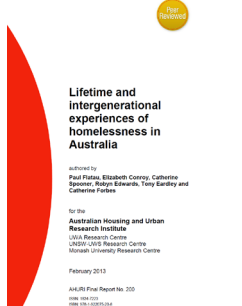
Health and Welfare Services, The University of Western Australia, Flinders University, Flinders Housing Research Institute, Flinders Housing Research Institute, Flinders Housing Research Institute, Flinders Housing Research Institute

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Health and Welfare Services, The University of Western Australia, Flinders University, Flinders Housing Research Institute, Flinders Housing Research Institute, Flinders Housing Research Institute, Flinders Housing Research Institute

CENTRE FOR SOCIAL IMPACT, Flinders University, WESTERN AUSTRALIA



Lifetime and intergenerational experiences of homelessness in Australia

authored by Paul Flatau, Elizabeth Corry, Catherine Spicer, Ridge Schoenly, Vicky Garding and Catherine Forbes

for the Australian Housing and Urban Research Institute

UNSW Research Centre for Social Policy and Housing Research

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CENTRE FOR SOCIAL IMPACT, Flinders University, WESTERN AUSTRALIA

Homelessness research conducted by the Centre for Social Impact UWA :

- ✓ The costs of homelessness and the cost-effectiveness of homelessness programs
- ✓ Housing First interventions from MISHA to 50 Lives 50 Homes J2SI and Aspire
- ✓ Intergenerational and early onset homelessness; Child and Youth homelessness;
- ✓ The homelessness outcomes of specific cohorts including rough sleeping women, refugees and asylum seekers in Australia
- ✓ Ending Homelessness in Australia and Western Australia

The financing of homelessness programs; Impact investing/Social Impact Bonds and homelessness



ENDING HOMELESSNESS IN AUSTRALIA

An evidence and policy deep dive

Bulletin No 1
Ending homelessness in Australia: Understanding homelessness taking action

<http://www.csi.edu.au/>



HOMELESSNESS WEEK 2023

It's time to **end** homelessness

National Housing and Homelessness Plan

The Australian Government is developing a National Housing and Homelessness Plan to help more Australians access safe and affordable housing. The Plan will be a 10-year strategy. It will set out a shared vision to inform future housing and homelessness policy in Australia.

The Plan will set out the key short, medium and longer term reforms needed to address housing challenges.

YOU'RE INVITED

Please join us to celebrate the tenth anniversary of the Centre for Social Impact.

When: 5.30pm – 8pm,
Wednesday July 18, 2018

Where: The Lawrence
Wilson Art Gallery
The University of
Western Australia

Format: Panel event followed by
drinks and canapes.

**10 YEARS
of impact**

[Click here to book your ticket now.](#)

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**15 YEARS of
Impact
August 2023**



Mum and the Manchester City Mission Salford



THE COSTS OF HOMELESSNESS AND THE COST-EFFECTIVENESS OF HOMELESSNESS PROGRAMS

Economic analyses of homelessness and homelessness programs provide a financial basis for investment in programs.

But a human rights perspective remains the foundation stone of intervention

Homelessness cost offsets are high on average but highly variable.

The cost of unemployment

The Cost of High and Long-Term Unemployment; Paul Flatau, Philip Hemmings; *Australian Economic Review* July 1993

Mental Health and Wellbeing and Unemployment; Paul Flatau, June Galea, Ray Petridis; *Australian Economic Review* December 2002

Job Insecurity and Mental Health Outcomes: An Analysis Using Wave 1 and 2 of HILDA', *The Economic and Labour Relations Review*, Marc Adam and Paul Flatau 2006

Housing studies

2003 'Poverty and Income Inequality Measurement: Accommodating a Role for Owner-Occupied Housing', *Economic Record*, 79, Special Issue, June, S26-S39.

Housing Assistance and Non-Shelter Outcomes, Australian Housing and Urban Research Institute, Melbourne. AHURI Final Report No. 40, ISSN: 1834-7223 ISBN: 1 920758 47 X.

Homeownership and Unemployment: the Roles of Leverage and Public Housing (No. w10021). National Bureau of Economic Research.

2004 **What Drives Australian Housing Careers? An Examination of the Role of Labour Market, Social and Economic Determinants**, Australian Housing and Urban Research Institute, Melbourne, AHURI Final Report No. 68.

2007 'Leaving the Parental Home in Australia Over the Generations: Evidence from the Household Income and Labour Dynamics in Australia (HILDA) Survey', *Journal of Population Research*, 24, 1, 51-71.

Indigenous access to mainstream public and community housing

authored by
Paul Flatau, Lesley Cooper, Natalie McGrath,
Donna Edwards, Amanda Hart, Mary Morris,
Carol Lacroix, Marc Adam, Dora Marinova,
Andrew Beer, Selina Tually and Catherine
Traae

for the
**Australian Housing
and Urban Research Institute**
Murdoch University, Flinders University and
Charles Darwin University
Western Australian Research Centre
and Southern Research Centre

July 2005

AHURI Final Report No. 85
ISSN: 1834-7223
ISBN: 1 920641 73 8

Sustaining at-risk Indigenous tenancies: a review of Australian policy responses

authored by

Paul Flatau, Anne Coleman, Paul Memmott,
Jo Baulderstone and Michele Slater

for the
**Australian Housing and Urban Research
Institute**
Western Australia Research Centre
Queensland Research Centre
Southern Research Centre

October 2009

AHURI Final Report No. 138
ISSN: 1834-7223
ISBN: 978-1-920610-24-0



AHURI: 2005 Priority Research Question

What are the whole of government costs and benefits of not preventing homelessness including, for example, in relation to health, crisis accommodation, policing, criminal justice, and housing assistance?



Sarah Pinkney and Scott Ewing

Institute for Social Research
Swinburne University of Technology

This report is dedicated to the memory of Sarah Pinkney who applied her considerable intelligence unstintingly in its preparation.



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Homelessness Cost-Effectiveness Project

Where?

- WA: Perth, South-West, Southern

Programs?

- SAAP/CAP
- WA Homelessness Prevention Programs
 - The Community Transitional Accommodation and Support Service (TASS) and the Re-entry Link program
 - Designed to assist prisoners re-enter into the community on release;
 - The Supported Housing Assistance Program (SHAP) and Private Rental Support and Advocacy Program (PRSAP). The latter program is now in SAAP
 - Designed to assist public and private tenants maintain their tenancies

Agency and Program Collaboration

- Agencies + Program Administrators
- **Project Advisory Group**

Quantitative Analysis

- Background, needs and outcomes of clients
 - Administrative data
 - Client Survey: Wave 1: post-entry; 3-month/exit survey; 12 month point
 - Community Centre Survey – One-off survey
- Cost analysis
 - Program funding information
 - Agency Cost Survey
 - Cost offset: service utilisation outcome data from the Client Survey and the use of a broad range of sources to get unit cost information and population utilisation estimates

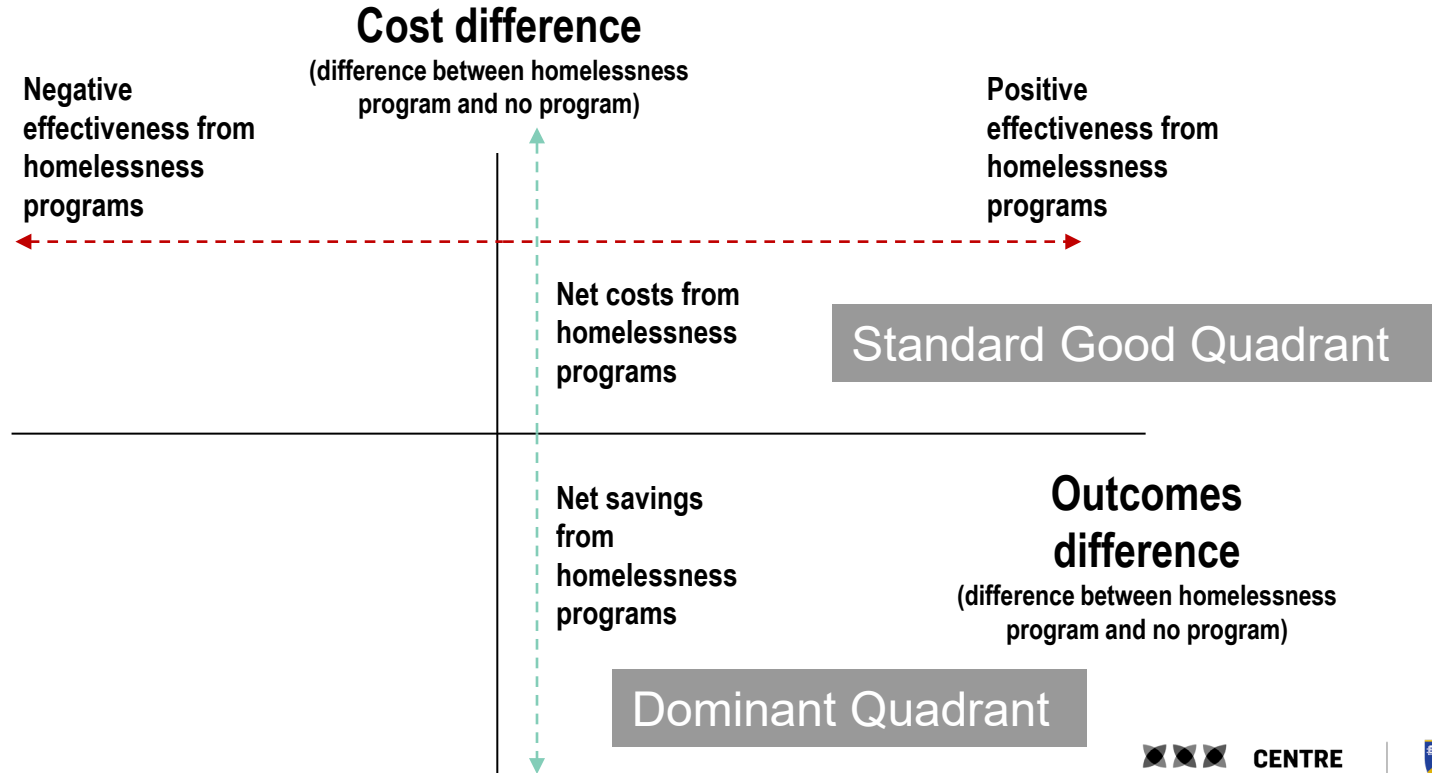
Qualitative Analysis



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Cost-effectiveness analysis

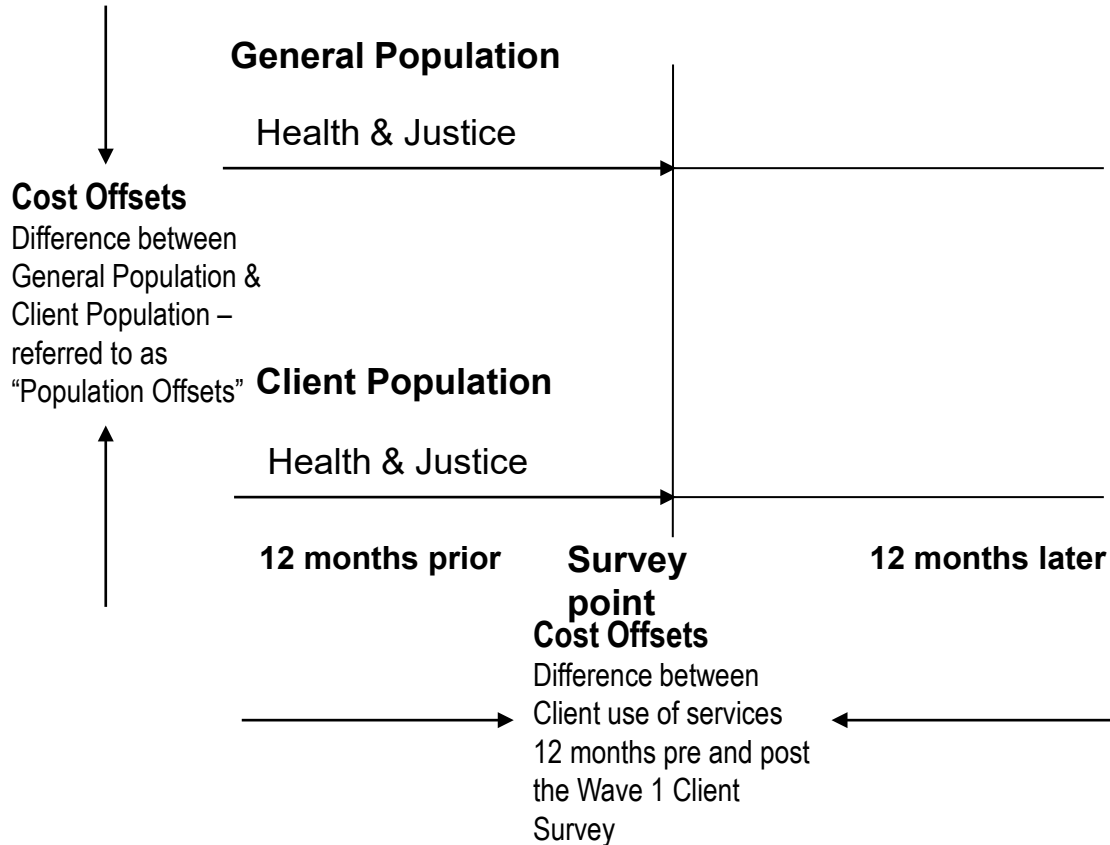


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Cost offsets



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Target group/ program	Program costs net of 'population offsets'				
	Program cost per client \$ (1)	Health & justice offsets/ person/ year \$ (2)	Cost / client net of annual offsets \$ (3) = (1)-(2)	Average life outcomes / person \$ (4)	Cost /client net of average life outcomes \$ (5)=(1)-(4)
SAAP-DV & Single Women	4,625	9,701	-5,076	241,068	-236,443
SAAP-Single Men	4,625	10,212	-5,587	267,776	-263,151
SAAP-Families & General	4,625	11,967	-7,342	312,080	-307,455
PRSAP	2,842	7,647	-4,805	188,846	-186,004
SHAP	3,835	13,184	-9,349	332,315	-328,480
TASS	14,340	39,690	-25,350	1,141,948	-1,127,608
Re-entry Link – no accom.	1,826	39,690	-37,864	1,141,948	-1,140,122
Re-entry link with accom.	6,326	39,690	-33,364	1,141,948	-1,135,622

For all programs, the value of annual 'population offsets' is greater than the annual value of program recurrent funding + capital costs. In most cases annual population cost offsets are more than twice the annual value of program recurrent funding + capital costs. There is significant **potential** for net government cost savings from the provision of assistance.

Health and justice 'population cost offsets' are health and justice costs net of Australian general population health and justice costs
'Average life outcomes' per person are calculated as the PV of lifetime differential cost offsets (n=45; i=3)



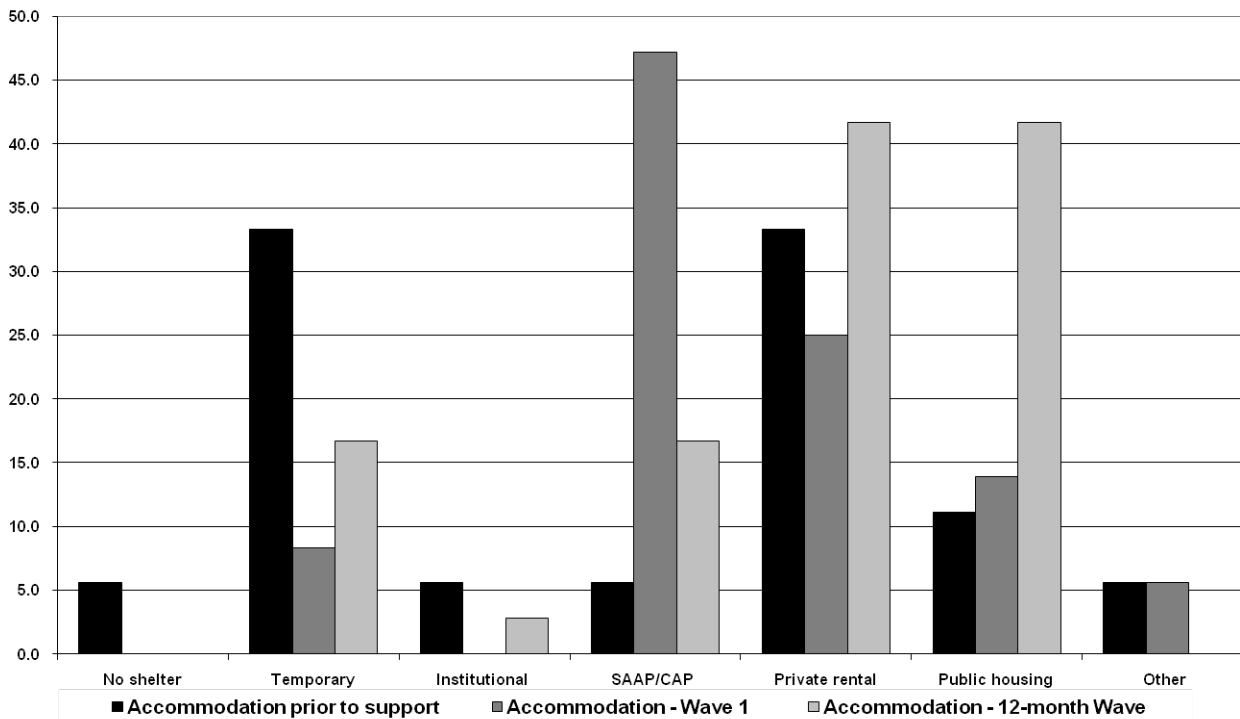
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Outcomes Accommodation/Housing

Transfer from homelessness to housing

Maintenance of housing for those in tenant support programs



Cohort of respondents who completed 12-month survey



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Quality of life

Mean Values	Wave 1 and 3-month/Exit Waves Segment (n=53-55)		Wave 1 and 12-month Waves Segment (n=32-34)		Population norms Australian WHOQOL-BREF
	Wave 1	3-month/Exit Wave	Wave 1	12-month Wave	
Overall quality of life	3.3	3.8	3.3	3.8	4.3
Health satisfaction	3.1	3.1	3.3	3.6	3.6
Physical	60.5	62.0	62.7	62.1	80.0
Psychological	54.0	62.3	59.6	63.4	72.6
Social Relationship	52.7	53.2	57.2	63.0	72.2
Environment	55.2	62.7	56.8	61.8	74.8

Employment rates were low among homeless clients on entry to support. Most respondents had not been employed in the recent past. Some improvement in employment rates over the three month and 12 month time horizons.

Most study respondents who completed the follow-up process experienced no change in their main income position between the beginning of the support period and the follow-up points.

References

Flatau, P., Zaretsky, K., Brady, M., Haigh, Y. and Martin, R. (2008), *The Cost-Effectiveness of Homelessness Programs: A First Assessment, Volume 1 – Main Report*, Australian Housing and Urban Research Institute, Melbourne, AHURI Final Report No.119

Flatau, P.R. and K. Zaretsky (2008), The Economic Evaluation of Homelessness Programs, *The European Journal of Homelessness*, 2, December, 305-320.

Zaretsky, K., Flatau, P. R., and Brady, M. (2008), 'What is the (Net) Cost to Government of Homelessness Programs?', *The Australian Journal of Social Issues*, 43, 2, 231-254.

Follow up national study

Zaretsky, K., Flatau, P., Clear, A., Conroy, E., Burns, L., and Spicer, B. (2013), *The Cost of Homelessness and the Net Benefit of Homelessness Programs: A National Study: Findings from the Baseline Client Survey*, Australian Housing and Urban Research Institute, Melbourne, AHURI Final Report No. 205

Zaretsky, K., and Flatau, P., (2013), *The Cost of Homelessness and the Net Benefit of Homelessness Programs: A National Study*, Australian Housing and Urban Research Institute, Melbourne, AHURI Final Report No. 218



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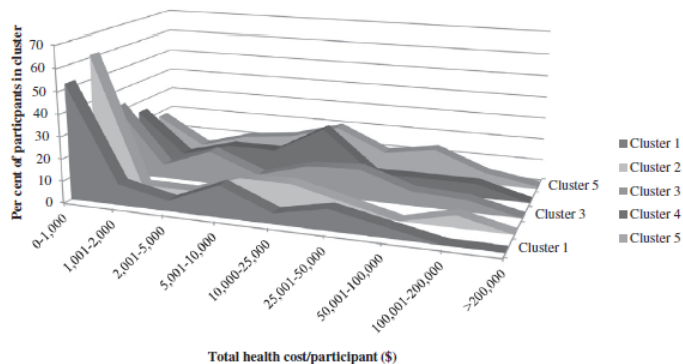


Figure 3. Michael Project study: Distribution of total health cost, by cluster (time spent rough sleeping, health cost excluded as predictor).

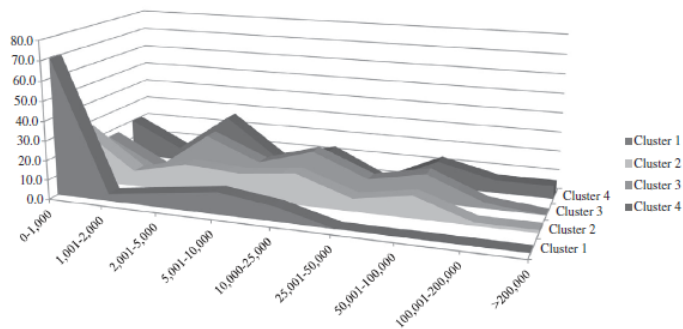


Figure 4. Cost of Homelessness study: Distribution of total health cost, by cluster (time spent rough sleeping, health cost excluded as predictor).

There is high variance in the health cost offsets of homelessness with time spent sleeping rough a significant contributor to this variance



Housing Studies

Routledge
Taylor & Francis Group

ISSN: 0267-3037 (Print) 1466-1810 (Online) Journal homepage: <http://www.tandfonline.com/loi/chos20>

What drives the high health care costs of the homeless?

Kaylene Zaretsky, Paul Flatau, Bridget Spicer, Elizabeth Conroy & Lucy Burns

To cite this article: Kaylene Zaretsky, Paul Flatau, Bridget Spicer, Elizabeth Conroy & Lucy Burns (2017) What drives the high health care costs of the homeless?, *Housing Studies*, 32:7, 931-947, DOI: [10.1080/02673037.2017.1280777](https://doi.org/10.1080/02673037.2017.1280777)

To link to this article: <https://doi.org/10.1080/02673037.2017.1280777>



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Table 3. Health service use among homeless youth CYHA Survey respondents and annual costs.

Health services	Mean number of incidents per person/year	Mean cost per person/year	Median cost per person/year	Percentage of total health cost
GP consultations	6.58	\$294	\$134	3.5%
Medical specialist consultation	3.17	\$230	\$0	2.7%
Nurse or allied health professional consultation	2.23	\$199	\$0	2.3%
Night in hospital	2.45	\$3,952	\$0	46.5%
Night in mental health facility	2.16	\$1,745	\$0	20.5%
Night in drug and alcohol detoxification/rehabilitation centre	1.67	\$614	\$0	7.2%
Emergency/casualty department	1.08	\$620	\$0	7.3%
Outpatient or day clinic visit	1.11	\$154	\$0	1.8%
Ambulance services	0.82	\$639	\$0	7.5%
Dental services	0.95	\$58	\$0	0.7%
Total health cost		\$8505	\$1173	100.0%
Total health costs				
Mean	\$8505			
25th percentile	\$179			
50th percentile (median)	\$1173			
75th percentile	\$6336			
SD deviation	\$28,594			
Minimum	\$0			
Maximum	\$387,884			
Young homeless people with non-zero cost (%)	84%			
Geometric mean	\$1915			
SD deviation	\$6.57			

Table 4. Justice service use among homeless youth CYHA Survey respondents and annual costs.

Justice costs	Average number of incidents per person/year	Mean cost per person/year	Median cost per person/year	Percentage of total justice cost
Victim of assault/theft reported to police	0.39	\$891	\$0	9.5%
Stopped/searched by police in street or visit from justice officer	19.19	\$3270	\$0	34.9%
Stopped by police in a vehicle	0.72	\$59	\$0	0.6%
Apprehension/arrest/picked up by police		\$2093	\$0	22.4%
Juvenile (<18):3.62				
Adult (18+):2.02				
Held overnight by police	0.50	\$145	\$0	1.5%
Appearance in court	1.43	\$1489	\$0	15.9%
Night in prison/correctional facility		\$1038	\$0	11.1%
Juvenile (<18):2.16				
Adult (18+):2.77				
Night in remand/detention	1.29	\$377	\$0	4.0%
Total justice cost		\$9363	\$855	100.0%
Total justice cost				
Mean	\$9363			
25th percentile	\$0			
50th percentile (median)	\$855			
75th percentile	\$7378			
SD deviation	\$25,193			
Minimum	\$0			
Maximum	\$214,343			
Young homeless people with non-zero cost (%)	55%			
Geometric mean	\$5842			
SD deviation	\$4.57			

There are significant differences between the adult and youth cohorts in terms of cost offsets – but high variance remains



Housing Studies

ISSN: 0267-3037 (Print) 1466-1810 (Online) Journal homepage: <https://www.tandfonline.com/loi/chos20>



The drivers of high health and justice costs among a cohort young homeless people in Australia

Paul Flatau, Kaylene Zaretsky, Emma Crane, Georgina Carson, Adam Steen, Monica Thielking & David MacKenzie

To cite this article: Paul Flatau, Kaylene Zaretsky, Emma Crane, Georgina Carson, Adam Steen, Monica Thielking & David MacKenzie (2020) The drivers of high health and justice costs among a cohort young homeless people in Australia, *Housing Studies*, 35:4, 648-678, DOI: [10.1080/02673037.2019.1626352](https://doi.org/10.1080/02673037.2019.1626352)

To link to this article: <https://doi.org/10.1080/02673037.2019.1626352>



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What are the health, social and economic benefits of providing public housing and support to formerly homeless people?

authored by
Lisa Wood, Paul Flatau, Kaylene Zaretsky, Sarah Foster, Shannen Vallesi and Darja Miscenko

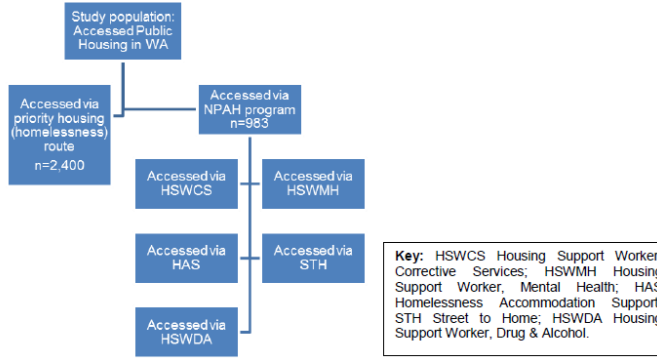
for the
Australian Housing and Urban Research Institute
at The University of Western Australia

July 2016

AHURI Final Report No. 265
ISSN: 1834-7223
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An innovative data linkage of WA person-level health service system records with person-level public housing tenancy records. The analysis focused on five homelessness programs, tracking 983 tenancy support program clients and 2,400 priority housing(homelessness) tenants before and following entry into public housing, analysing the links between housing and support with health outcomes and lower housing costs.

Figure 1: Study population



There are direct calculable government health care cost savings associated with reduced health service use following public housing entry

The change in use across health care services examined from entry to public housing resulted in a combined cost saving of \$16,394,449 or \$4,846 per person per year, across all people in the sample for a single year. When priority housing (homelessness) tenants are excluded from the analysis and only those supported by an NPAH tenancy support program are looked at, the change per person is a much higher \$13,273 per person per year. This large cost offset relates predominantly to the Health Service Worker Mental Health program, where the offsets amounted to \$84,135 per person per year.

Linked administrative data analyses have supported the self-report results on cost offsets: High but varying cost offsets



Chronic Homelessness in Melbourne: Third-Year Outcomes of Journey to Social Inclusion Phase 2 Study Participants

Findings from the Journey To Social Inclusion research study





HOUSING FIRST WRAP-AROUND SUPPORT MODELS

It works but work very hard at it.

Very high rates of entry to permanent housing and high rates of tenancy sustainability (with engaged support workers)

Employment, social relationships and loneliness remain key targets for support post entry to housing

The MISHA project

Mission Australia's **Michael's Intensive Supported Housing Accord (MISHA) project** was an innovative homeless program funded by a private donor that provided men experiencing chronic homelessness in the Parramatta area of Sydney with immediate access to long-term, stable accommodation while supporting them to build the lives they would like to live.

How we helped



What difference it made

Sustained housing

On entry, our participants were chronically homeless.

After 2 years with MISHA:

89% were still in secure housing

Substance use disorder

The drop in substance use disorders was particularly dramatic:

37% Before MISHA → **7%** After 2 years

Mental health disorders

Were halved

I'm still kicking myself. Every time I'm waking up in the morning I go, ok, is this real? (Client aged 59)

Yeah, it's me little kingdom compared to where I've sort of come from. (Client aged 38)

What it saves

Health, justice and welfare cost to Government per person per year

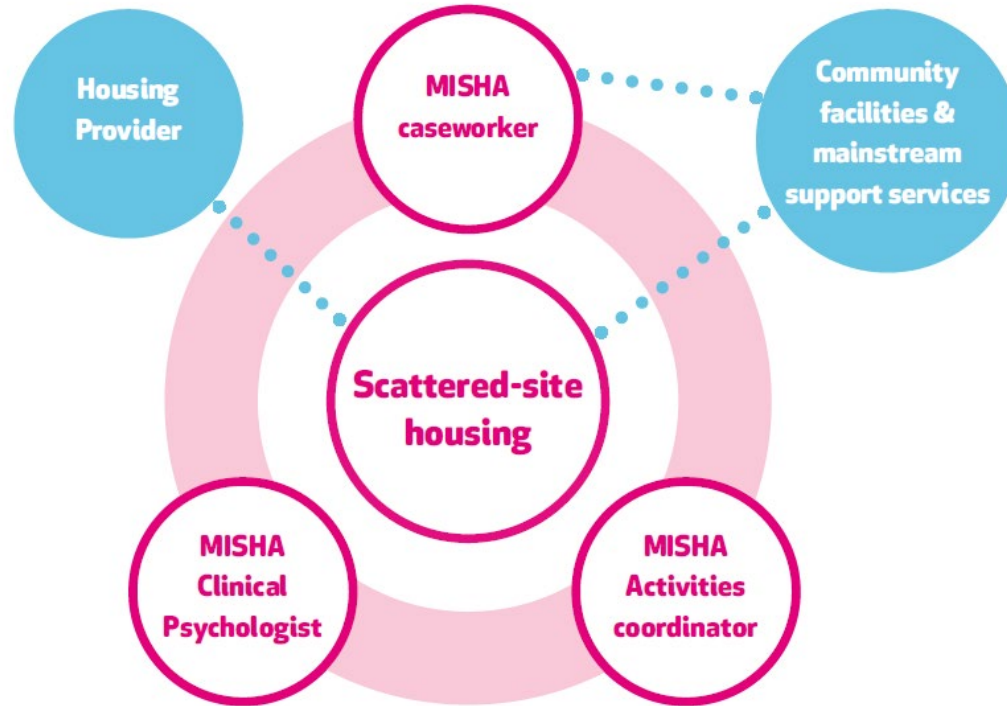
Before MISHA **\$32,254** → After 2 years **\$24,251**

That's a saving to government of **\$8,002**

per person per year



MISHA Model



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MISHA Evaluation Framework

Quantitative	Sample	Timing		
Longitudinal survey	Clients	<u>Baseline</u> December 2010 – October 2011		
		<u>6 months post-baseline</u> June 2011 – December 2012		
		<u>12 months post baseline</u> December 2011 – November 2012		
		<u>18 months post-baseline</u> June 2012 – June 2013		
		<u>24 months post-baseline</u> December 2012 – October 2013		
		MISHA administrative data	Clients	December 2010 – October 2013
		Qualitative	Sample	Timing
In-depth interview	MISHA Staff	February 2012		
In-depth interview	Clients	August 2012		
Focus group	MISHA Staff	September 2012		
Tenancy case studies	MISHA staff & Housing workers	February 2013 – August 2013		



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Non-Linear Recovery

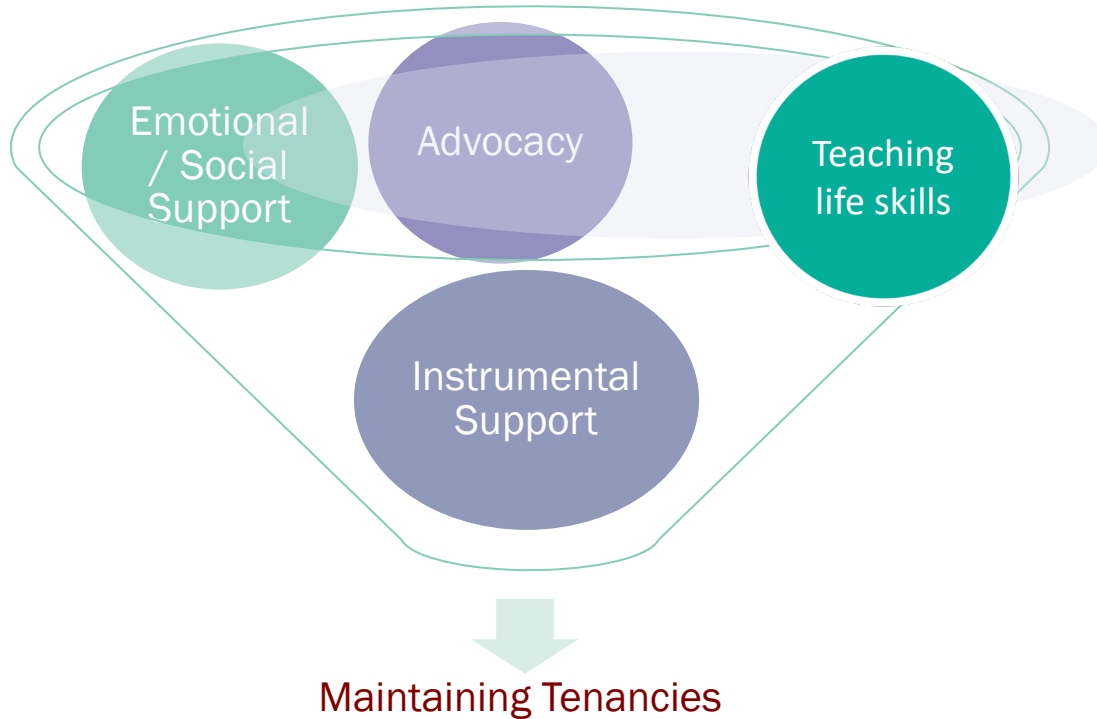


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The Many Roles of Caseworkers



Tenancy Issues in one year



17 participants had rental arrears

11 instances of property damage

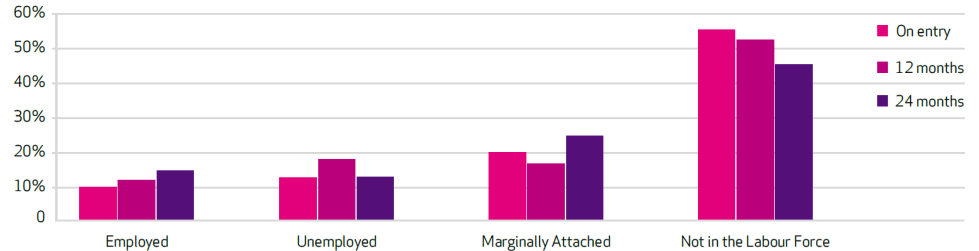
25 antisocial behaviour notifications

6 Consumer, Trading and Tenancy tribunal notifications

Social Isolation and Loneliness

- An improved increase in access to familial and peer relationships but generally problems with loneliness tended to increase over time housed.
- Even though people may objectively be increasingly socially included, they may still feel lonely inside. This increased loneliness may be linked with the reduced sense of community some participants experienced, and may indicate the need for case workers to concentrate on social belonging.

Income & Employment





Chronic Homelessness in Melbourne:
Third-Year Outcomes of Journey to
Social Inclusion Phase 2 Study Participants

Findings from the Journey To
Social Inclusion research study



HOUSING

- At the end of the program, SHM reported that **82.5% of J2SI participants were housed**.
- The final survey found that **more J2SI participants were housed (62.2%)** than the control group (28.3%).
- **40.5% of J2SI participants felt safe** in their housing “all of the time”. Three times the number at the beginning of the study.



HEALTH AND WELLBEING

- Self-reported depression, anxiety and stress **reduced for J2SI participants**.
- J2SI participants reported a **reduction in illicit substance use** from 86.5% at the start of the program, compared to 64.9% at the end of the program.
- **Nights spent in drug and alcohol rehabilitation decreased** from an average of 10.73 nights (in the 12 months prior to the baseline) to 3.62 nights (in the 12 months prior to the final survey).



SOCIAL AND ECONOMIC PARTICIPATION

- **More J2SI participants reported participating in the labour force** (employed or looking for work) than the control group.
- J2SI participants reported that they were **stopped by police an average of 2.38 times** (in the 12 months prior to the final survey) compared to 5.75 times for the control group.

J2SI PROGRAM YEAR 3 OUTCOMES



For every \$1 invested in the J2SI program, \$1.84 is returned in **health and justice cost savings** compared to the control group.



Mean **health services costs** (in the 12 months prior to the final survey) **were lower** for J2SI participants (\$20,656) than the control group (\$26,738).



Mean **justice service costs** (in the 12 months prior to the final survey) **were lower** for J2SI participants (\$5,515) than the control group (\$7,386).

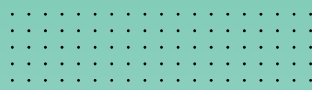
Whittaker, E., Swift, W., Flatau, P., Dobbins, T., Schollar-Root, O., and Burns, L., (2015), A place to call home: Study protocol for a longitudinal, mixed methods evaluation of two housing first adaptations in Sydney, Australia, **BMC Public Health**, 15:342 doi:10.1186/s12889-015-1700-y.

Whittaker, E., Flatau, P. R., Swift, W., Dobbins, T. A., & Burns, L. (2016), Associations of housing first configuration and crime and social connectedness among persons with chronic homelessness histories, **Psychiatric Services**, October 2016, 67(10)



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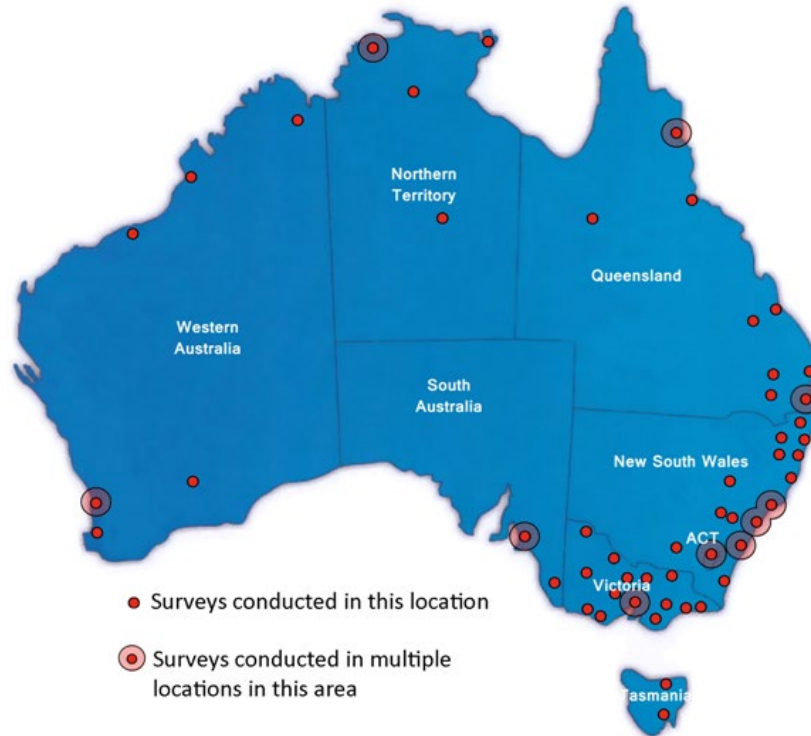




INTER-GENERATIONAL HOMELESSNESS AND EARLY ONSET HOMELESSNESS

High rates of inter-generational and early onset homelessness as children and young people requires an increased investment in child and youth homelessness programs which consider the many journeys followed

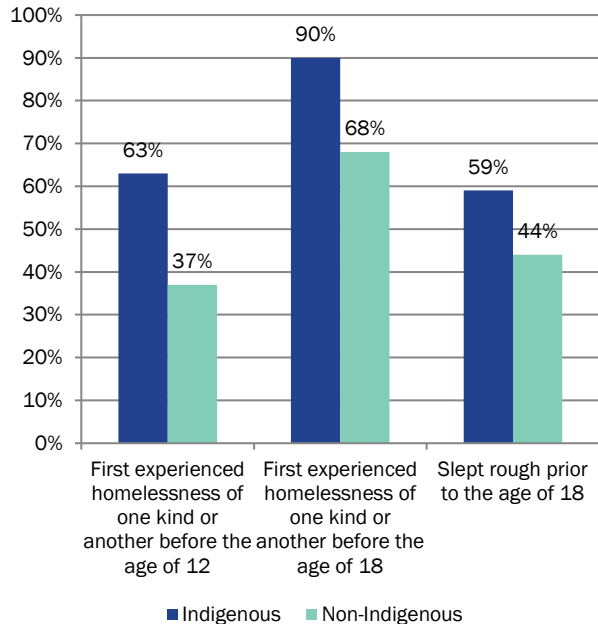
Intergenerational homelessness study



Intergenerational and early onset homelessness

2010 AHURI Intergenerational Homeless Survey
 (n=650; 20% Indigenous, all regions of Australia, self-report data)

Among current adult homeless people



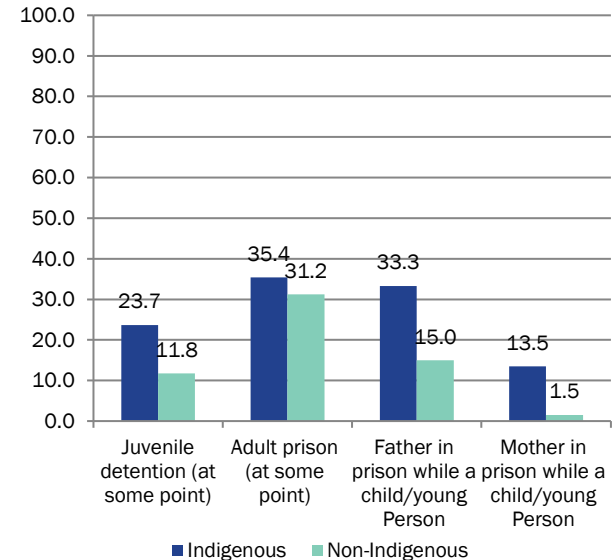
• Intergenerational homelessness

- 50% of current adult homeless had homeless parents (higher Indigenous)

• Key policy/practice flags

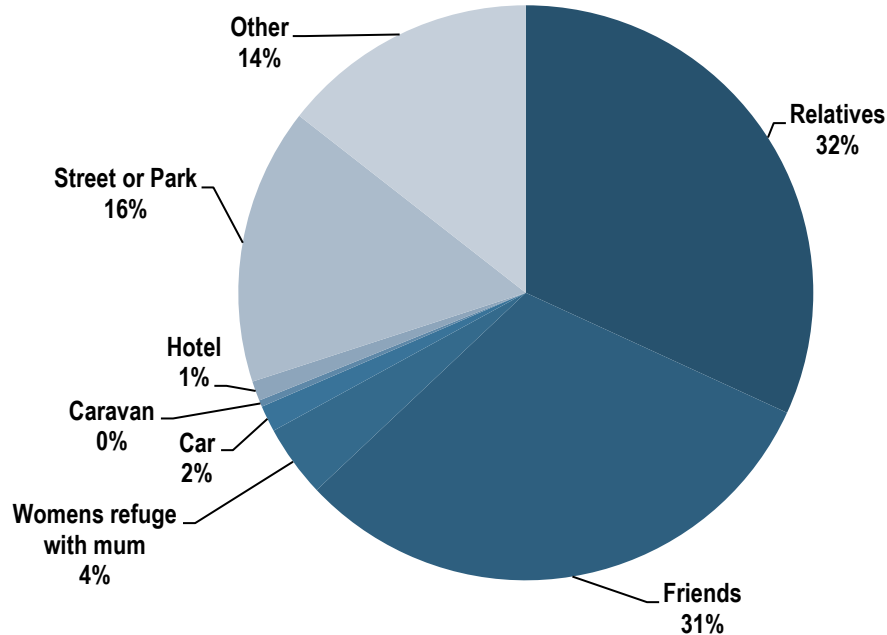
- Half left home due to family/domestic violence while children or teenagers
- 56% ran away from home at some stage
- One quarter had been placed in residential or foster care and overall 60% reported lived with relatives or placed in care
- Problematic alcohol and substance use among fathers and mothers
- Intersection with the justice system

Among current adult homeless people



Intergenerational and early onset homelessness

The predominant first time exit point for children and young people when there is violence in the family home is relatives and friends



Leaving Home Due Parental/Carer Conflict First Occasion Destination



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Cost of Youth Homelessness Study

Self Harm and Suicide

CYHA Respondents were asked to reflect on the last six months of their life and identify whether they had 1) harmed themselves without the intention of killing themselves (such as scratching, cutting, burning), or 2) whether they had attempted suicide or deliberately hurt themselves in a way that may have potentially harmed or killed them.

The incidence of reported self-harm and attempted suicide is extremely high among homeless youth particularly among young women.

One in five (20%) homeless young women had attempted suicide in the past six months compared to around one in ten (12%) young men. More than one in four (28%) of young homeless women engaged in non-suicidal self-injury behaviours compared with 17% of young men.

Just over half (55%) of homeless youth who had attempted suicide in the past six months had not received any counselling or professional support for this.

For those who had attempted suicide in the past six months and had received support for this, 59% reported that the counselling or support helped them to either stop having or cope effectively with suicidal thoughts.

Out of Home Care

Cost of Youth Homelessness Study

- Nearly two out three (63%) of the homeless young people reported that they had been placed in some form of out-of-home care by the time they turned 18 years of age.
- Most (63%) had been in residential care at some point, nearly half (45%) in kinship care and about one third (33%) had been in foster care.



Very strong connection between out-of-home care and youth homelessness.



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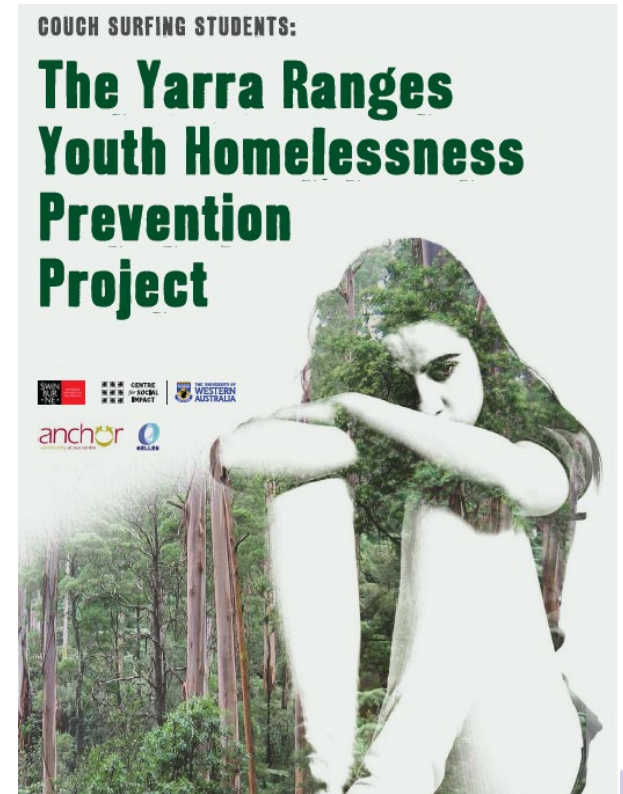
Couch surfing and school

Seventy-one percent of young people reported that they first left their home due to a conflict either with parents (including step parents) or siblings (including step siblings). The conflict caused 70% to leave on their own accord, while 15% reported that they were 'kicked out'.

“Staying at peoples houses that aren’t your normal house – friend, family etc. Jumping from place to place and avoiding your permanent home or to avoid living on the street”

Many children and young people who become homeless do so while still at school and often seek to stay in school.

Teachers and school counsellors/psychologists not always aware of the homelessness being experienced and school staff may not be connected to homelessness services (and vice versa)



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COHORTS

Women sleeping rough

Family and domestic violence

Veterans

Refugees and asylum seekers

Northern Australia



Women sleeping rough experience elevated rates of physical and mental health conditions, substance abuse issues, domestic violence and interactions with the justice system relative to both the general population and women experiencing other forms of homelessness (such as couch surfing or supported accommodation) and men sleeping rough. The findings from this research provides an evidence base for an urgent comprehensive public health, housing, justice and social support response to the situation of women sleeping rough in Australia.

CATEGORIES, SUBCATEGORIES AND EXAMPLES OF SAFETY AND WELLBEING NEEDS FOR WOMEN SLEEPING ROUGH.

CATEGORY	SUBCATEGORY	EXAMPLES FROM DATA
PHYSIOLOGICAL NEEDS	Food/water	"Better foods. dietary foods." "roof over head, place to live, enough to eat" "a roof over my head a house in which i can be warm and cook food. being able to be off the streets"
	Warmth	"Food, House and warmer clothes." "some place warm"
	Rest	"A bed, Secluded room of my own." "Stable accommodation food and sleep"
SAFETY NEEDS	Physical health	"Housing; Job; Medical attention" "more money, affordable health care"
	Mental health	"Reduce anxiety, a home, healthcare" "house help with childhood abuse" "A secure home + To be linked in with mental health"
	Drug & alcohol	"Help with getting a house. Detox." "accommodation, get off grog"
	Security	"stable housing, a door i can lock grief counselling" "Safety in own home" "stable accommodation away from current partner"
	Shelter	"my own place, sometimes i get scared laying on the street and its cold." "House, where my family doesn't know where i am" "Roof over my head.Storage and Accommodation.Food Regularly"
	Stay out of trouble	"Staying off the streets; staying away from bad people" "Stop hanging around the wrong people"
	Stability/routine	"A home & Stability" "routine, somewhere safe to be" "support and a space stable home environment"
	Resources	"Shelter, food, money" "accommodation , financial stability" "Have my own place, back on Centrelink payments."
BELONGINGNESS	Friends & Family	"protection, family, money, love, housing." "Stable accommodation or right company, good friends" "A home, seeing family."
	Children in care	"Home to make me feel safe and to get my daughter back" "A house where you can have family - get my son back" "File to be cleared; Kids back from DOCS; Secure home."
	Social support	"house good friends encouragement" "Good support network stable affordable housing"
ESTEEM NEEDS	Employment	"house, children, job" "Full time work and housing - access to agencies" "house, job, family" "a stable home, consistency, work and help to get back on my feet"
	Achievement	"Somewhere to live - further education" "House, education job"



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Supporting Women and Children at risk of Experiencing Family and Domestic Violence:

HOLISTIC CROSS-PROGRAM QUANTITATIVE ANALYSIS OF THE IMPACT OF ZONTA HOUSE

Purpose

This CSI UWA impact analysis involved an innovative cross-program quantitative analysis, linking and cleaning of multiple datasets, and synthesising outcomes from each Zonta House program to *provide an assessment of the overall impact of Zonta House on women experiencing or at risk of experiencing FDV*. The high levels of engagement across program types and referrals to complementary and wraparound supports reflect the broad range of needs of women experiencing or at risk of experiencing FDV.



Services

<p>SUPPORTED REFUGE ACCOMMODATION</p> <p>ZONTA HOUSE OFFERS 24/7 REFUGE ACCOMMODATION FOR UP TO SEVENTEEN WOMEN OVER 18, WHO CURRENTLY DO NOT HAVE CHILDREN IN THEIR CARE.</p>	<p>SUPPORTED TRANSITIONAL ACCOMMODATION</p> <p>ZONTA HOUSE HAS 27 SHORT, MEDIUM TRANSITIONAL AND LONG-TERM BEDS.</p>	<p>SUPPORT WITHIN REFUGE</p> <p>SUPPORT WITHIN REFUGE IS ABLE TO FACILITATE AND PROVIDE INTEGRATED AND COORDINATED SERVICES RELATING TO ADD, FGV AND MENTAL HEALTH SUPPORT WITHIN REFUGE.</p>
<p>POSITIVE PATHWAYS TO SAFETY FOR WOMEN AND THEIR CHILDREN</p> <p>SPECIALIST PROGRAM THAT PROVIDES FREE TAILORED WORKSHOPS FOR WOMEN IN THE COMMUNITY AIMED AT DECREASING THE IMPACT AND BREAKING THE CYCLE OF FDV BY FOCUSING ON A WOMAN'S RECOVERY, SAFETY, AND WELLBEING.</p>	<p>FUTURE EMPLOYMENT CONNECTIONS</p> <p>PROGRAM PROVIDES TAILORED AND COMPREHENSIVE EMPLOYMENT AND TRAINING SUPPORT FOR WOMEN WHO HAVE EXPERIENCED FDV WITH THE OVERALL GOAL OF ECONOMIC INDEPENDENCE.</p>	<p>SAFER PATHWAYS FOR WOMEN AND CHILDREN</p> <p>SPECIALIST SUPPORT TO WOMEN WHO ARE DEPARTMENT OF COMMUNITIES HOUSING AUTHORITY TENANTS IN THE SOUTHEAST METROPOLITAN AREA WHO ARE RESIDING SEPARATELY FROM THEIR PERPETRATORS AS WELL AS WITH WOMEN WHO ARE RESIDING WITH PERPETRATORS.</p>
<p>ZONTA HOUSE FDV MOBILE OUTREACH</p> <p>SPECIALIST SUPPORT TO WOMEN IN THE SOUTH-EAST CORRIDOR OF PERTH WHO ARE RESIDING SEPARATELY FROM THEIR PERPETRATORS AS WELL AS WITH WOMEN WHO ARE RESIDING WITH PERPETRATORS.</p>	<p>ADULT JUSTICE ACCOMMODATION, REINTEGRATION AND PARENTING</p> <p>PROVISION OF A 4-BED ACCOMMODATION SERVICE, A REINTEGRATION OFFICER WHO PROVIDES INTENSIVE CASE MANAGEMENT SUPPORT, AND A PARENTING COUNSELLOR TO WOMEN EXITING PRISON WHO HAVE EXPERIENCED FAMILY AND DOMESTIC VIOLENCE.</p>	<p>EMPOWERMENT THROUGH EDUCATION</p> <p>INCREASE AWARENESS AND IMPROVE RESPONSES TO DOMESTIC VIOLENCE THROUGH PRIMARY INTERVENTION, EARLY INTERVENTION AND CRISIS RESPONSE.</p>

Supporting Women and Children at risk of Experiencing Family and Domestic Violence:

HOLISTIC CROSS-PROGRAM QUANTITATIVE ANALYSIS OF THE IMPACT OF ZONTA HOUSE

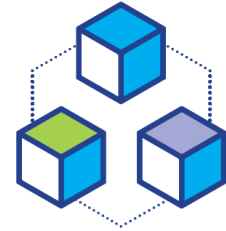
Data

INTEGRATED ANALYSES OF DATA

As with many community agencies, Zonta House manages a number of programs and uses different platforms to capture data. Zonta House's internally and externally housed quantitative data collections, when linked, enable us to go deeper and build a cross-program holistic understanding of the impact of Zonta House.

IMPACT ANALYSIS:

- OPERATIONALISATION OF ZONTA HOUSE'S PROGRAM LOGICS (WHICH DETAIL THE RELATIONSHIPS BETWEEN RESOURCES, ACTIVITIES, OUTPUTS AND OUTCOMES) THROUGH MAPPING CLIENT OUTCOMES TO MEASURES AND DATA COLLECTIONS
- EXTRACTION OF DATA FROM SHIP AND PENELOPE, DATA CLEANING AND DATA LINKAGE
- VALIDITY AND RELIABILITY ASSESSMENT OF THE INNOVATIVE ZONTA HOUSE LIFE MATRIX TOOL
- CLIENT OUTCOMES AND IMPACT ANALYSIS.



Results

ANALYSIS OF IMPACT

Analysis of outcomes in the following 5 key areas indicate the wraparound support, complementary programs, and referral pathways offered by Zonta House are helping to secure a sustainable, safe future for women.



INCREASED INDEPENDENCE

- INCREASED INDEPENDENCE IN THE FORM OF THEIR OWN INCOME SOURCES
- INCREASED CONFIDENCE AND CAPACITY IN TERMS OF JOB SEEKING AND EMPLOYMENT



SAFE ACCOMMODATION

- BETWEEN 2015 AND 2020, ZONTA HOUSE PROVIDED OVER 500 WOMEN (AND THEIR CHILDREN) WITH SAFE CRISIS OR TRANSITIONAL ACCOMMODATION
- MANY OF THESE WOMEN ENGAGED WITH MULTIPLE OTHER SERVICES WITHIN ZONTA HOUSE AND WERE ALSO REFERRED TO OTHER SERVICES



IMPROVED WELLBEING

- WOMEN COMPLETING ZONTA HOUSE PROGRAMS REPORT:
- SIGNIFICANT DECREASES IN DEPRESSION, ANXIETY AND STRESS
 - SIGNIFICANT POSITIVE INCREASES IN THE LIFE MATRIX DOMAINS - PHYSICAL HEALTH, MENTAL HEALTH, EMOTIONAL WELLBEING, SOCIAL WELLBEING AND COMMUNITY/ CULTURAL INVOLVEMENT



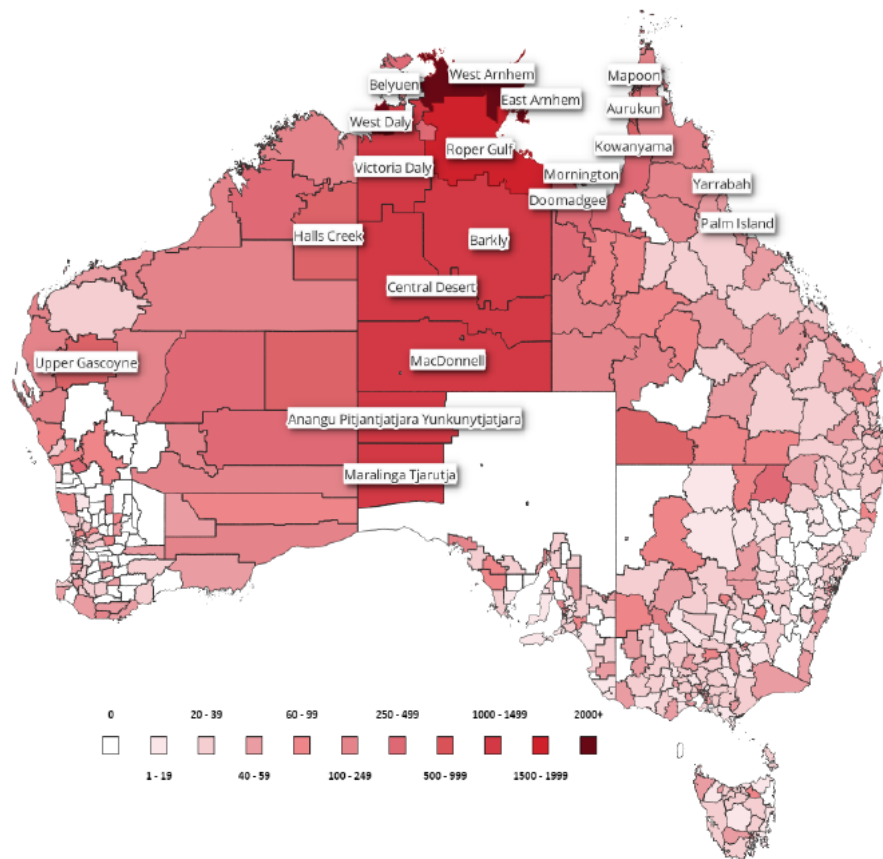
BETTER FAMILY RELATIONSHIPS

- POSITIVE CHANGE IN THE SCORES FOR THE PARENTING AND CHILDREN DOMAIN OF THE LIFE MATRIX



BREAKING THE CYCLE OF FDV

- MOST WOMEN ONLY ACCESSED CRISIS OR TRANSITIONAL ACCOMMODATION ONCE
- HIGH RATES OF ENGAGEMENT ACROSS ZONTA HOUSE PROGRAMS AND REFERRAL TO SERVICES TO SUPPORT WOMEN'S RECOVERY FROM FDV INCLUDING LEGAL SERVICES

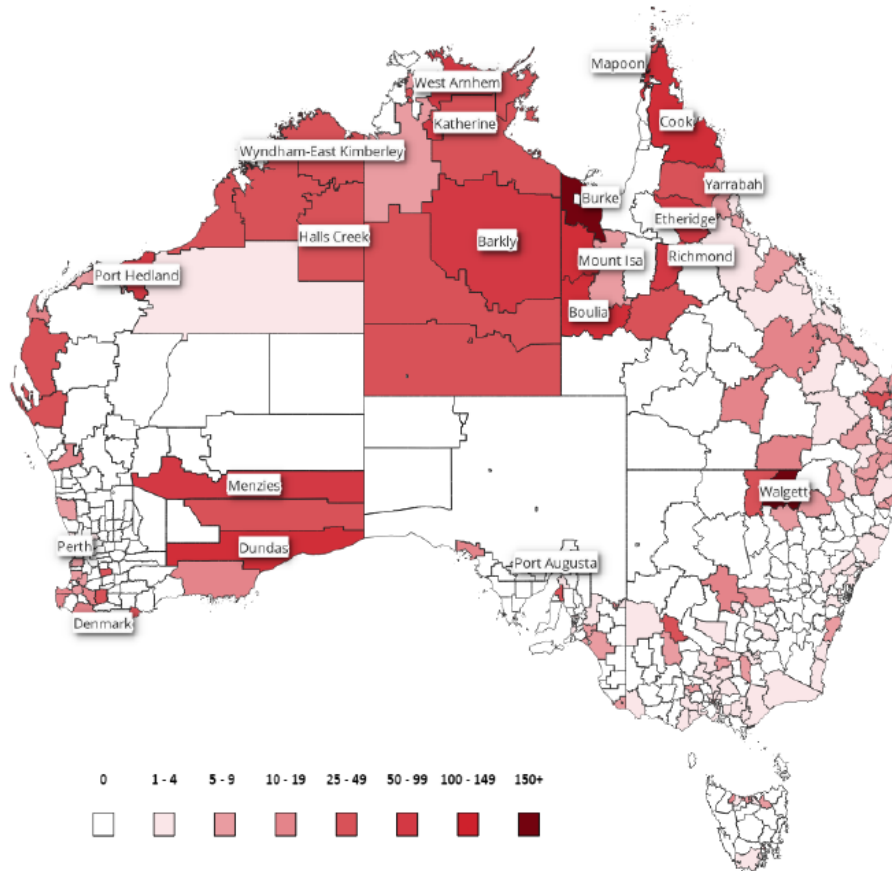


AUSTRALIA

Homelessness Rate (persons per 10,000) by Local Government Area (LGA), Australia

Table 1: Homelessness Rates (per 10,000 persons) by LGA, 20 Highest Rates, AUS

LGA Name	State / Territory	Homelessness Rate (per 10,000 persons)	Homeless Persons (n)
East Arnhem	Northern Territory	2,844	2,872
West Daly	Northern Territory	2,747	941
West Arnhem	Northern Territory	2,217	1,593
Doomadgee	Queensland	1,895	272
Roper Gulf	Northern Territory	1,795	1,336
Yarrabah	Queensland	1,443	375
MacDonnell	Northern Territory	1,413	930
Victoria Daly	Northern Territory	1,374	443
Maralinga Tjarutja	South Australia	1,373	14
Barkly	Northern Territory	1,268	913
Mapoon	Queensland	1,267	56
Central Desert	Northern Territory	1,244	513
Anangu Pitjantjatjara Yankunytjatjara	South Australia	1,167	298
Belyuen	Northern Territory	1,152	19
Aurukun	Queensland	973	110
Kowanyama	Queensland	839	93
Halls Creek	Western Australia	807	326
Upper Gascoyne	Western Australia	778	14
Mornington	Queensland	716	76
Palm Island	Queensland	642	140



AUSTRALIA

Rough Sleeping Rate (persons per 10,000) by Local Government Area (LGA), Australia

Table 2: Rough Sleeping Rates (per 10,000 persons) by LGA, 20 Highest Rates, AUS

LGA Name	State / Territory	Rough Sleeping Rate (per 10,000 persons)	Rough Sleepers (n)
Yarrabah	Queensland	200	52
Walgett	New South Wales	184	103
Burke	Queensland	163	7
Mapoon	Queensland	136	6
Cook	Queensland	132	61
Perth	Western Australia	121	360
Denmark	Western Australia	111	72
Boullia	Queensland	106	5
Dundas	Western Australia	100	7
Mount Isa	Queensland	100	192
Menzies	Western Australia	88	5
Etheridge	Queensland	69	5
West Arnhem	Northern Territory	67	48
Katherine	Northern Territory	66	71
Barkly	Northern Territory	57	41
Port Hedland	Western Australia	53	88
Richmond	Queensland	52	4
Port Augusta	South Australia	51	74
Wyndham-East Kimberley	Western Australia	46	37
Halls Creek	Western Australia	42	17




ENDING HOMELESSNESS IN WA AND AUSTRALIA

The importance of a national homelessness plan which addresses the structural and ‘individual’ determinants of homelessness, developing broad movements and strong monitoring and evaluation framework



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The Western Australian Strategy to End Homelessness

Together we can make a difference
A whole of society response

A 10-YEAR PLAN TO END HOMELESSNESS IN WESTERN AUSTRALIA

2018-2028

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Government of **Western Australia**
Department of **Communities**



Homelessness in Western Australia:

A review of the research and statistical evidence



Report prepared for the Department of Communities by
The Centre for Social Impact, The University of Western Australia

Lisette Kaleveld, Ami Seivwright, Emily Box, Zoe Callis and Paul Flatau









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Key Actions


Shared, effective and consistent community measurement systems

1. Develop an outcomes measurement framework for homelessness in Western Australia based around the Homelessness Strategy's targets. Ensure that data collection systems are in place to operationalise targets set and measure annually progress against the 10-year targets. Create a shared dashboard that is publically available.
2. Investigate ways to better utilise the WA SHS collection for assessment of homelessness outcomes and evaluation.
3. Encourage the greater use of the VI-SPDAT instrument around Western Australia. Augment the VI-SPDAT to meet its current deficiencies and encourage and train all agencies to use the tool alongside the judgement of professional practice.

Outcomes Framework, Dashboard and Data Dictionary



#EndHomelessnessWA



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The Western Australian Alliance to End Homelessness Outcomes Measurement and Evaluation Framework

Ending Homelessness in Western Australia: A Complexity Science Approach to Measurement, Evaluation and Accountability

— 2020


Version 2.0



#EndHomelessnessWA

The Western Australian Alliance to End Homelessness Outcomes Measurement Framework: Dashboard

Version 2.0
February 2020

Paul Flatau, Catherine Beck, Jacob Baran, Ami Senarath, Ali Rallinger-Sakha, Zoe Collis - Centre for Social Impact University of Western Australia





#EndHomelessnessWA

The Western Australian Alliance to End Homelessness Outcomes Measurement Framework: Data Dictionary

Version 2.0
February 2020

Paul Flatau, Ami Senarath, Ali Rallinger-Sakha, Catherine Beck, Oliver Gill, Luke Thomas and Jacob Baran - Centre for Social Impact University of Western Australia



The Parts and Domains of the Framework



#EndHomelessnessWA

PART 4



SERVICES SECTOR

Young people are able to access services that prevent entry into homelessness or facilitate an exit from homelessness

Adults are able to access services that prevent entry into homelessness or facilitate exit from homelessness



PART 1

GOAL

Ending Homelessness in Western Australia

LIVED EXPERIENCE VOICE

HOMELESSNESS OUTCOMES

Chronic homelessness is ended

Homelessness is decreased

Child homelessness is ended

Homelessness in older age is ended

People who have experienced homelessness have safe, decent and sustainable housing

Adults do not leave institutional care into homelessness

Homeless and formerly homeless individuals have social and economic connections that facilitate improved wellbeing

Aboriginal homelessness rates are no greater than non-Aboriginal homelessness rates

Homeless and formerly homeless individuals have their health, mental health, and drug and alcohol issues addressed

PART 3



COLLABORATION

Continuum of care

Partnerships police and hospitals

Strategic decision making processes

Shared goals

Multiple place-based collaborations

Data sharing, data aggregation and other forms of information exchange

Standardised assessment of client needs

Communities of learning

Communities of learning that support local evidence agendas as well as creating transferable learning



REPRESENTATION AND ADVOCACY

Media and public discourse

Government policy relating to homelessness

Cooperation across a sector toward ending homelessness

Connections between network members and influential government officials

Formal participation in organisations that are targets of influence

PART 2



INDIVIDUAL DRIVERS

Western Australians are not engaging in problematic substance misuse

Western Australians have strong physical and mental health

Family and domestic violence in WA is reduced

Western Australians have positive social and economic wellbeing

Young people in Western Australia achieve positive life outcomes

Western Australians live in safe, decent and affordable housing



STRUCTURAL FACTORS

There are enough dwellings in Western Australia that are accessible and affordable

Dwellings in Western Australia are safe, decent and meet the needs of families

State Government policy and funding is used to facilitate the development of protective factors against homelessness in WA



RESOURCES

Diversity of funding mechanisms

Monetary funding for the provision of homelessness services

Funding that enables homelessness programs to no longer restrict themselves to being crisis-oriented and time limited

Supply of social and affordable housing

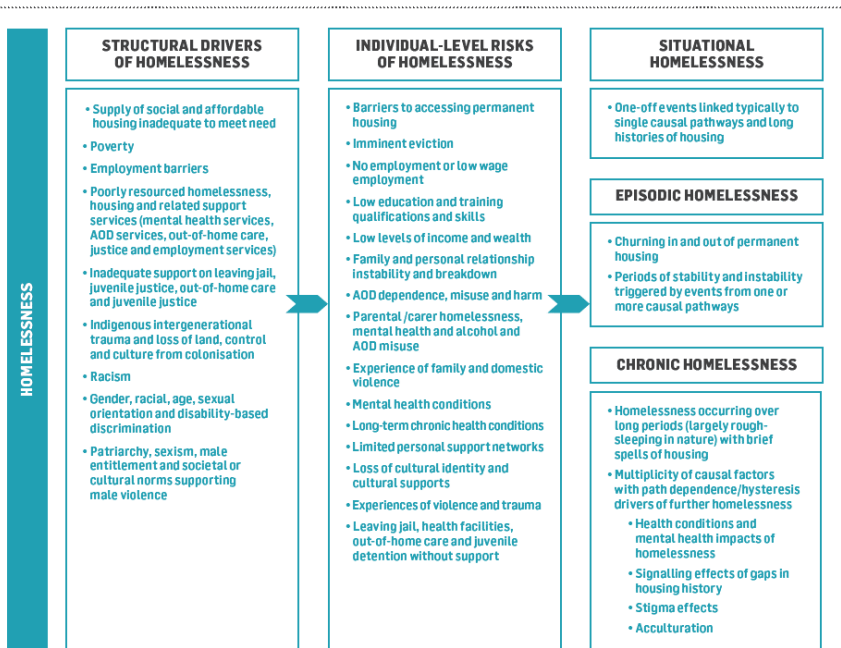


ENDING HOMELESSNESS IN AUSTRALIA

An evidence and policy deep dive



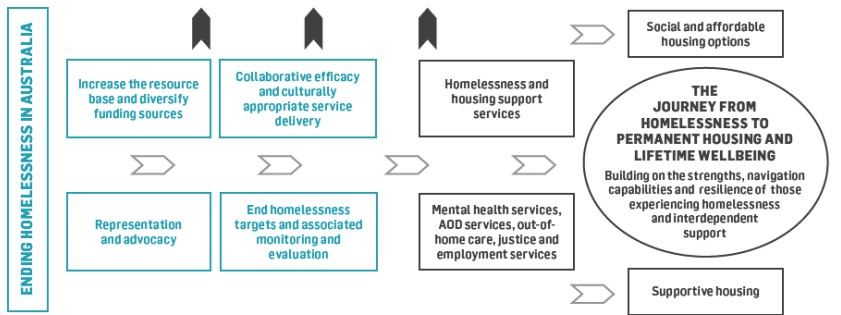
Figure 1 – Ending Homelessness in Australia Model



Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. (2021). *Ending homelessness in Australia: An evidence and policy deep dive*. Perth: Centre for Social Impact

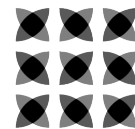
Building on the history of homelessness policy and practice and the evidence base built up from our analysis of the Australian Advance to Zero data over the last decade, we identify five key actions to end homelessness in Australia:

1. Leadership and proactivity at the Australian Government level and a national end homelessness strategy applying across the states and territories.
2. An increase in the supply of social and affordable housing directed to an end homelessness goal.
3. Comprehensive application of Housing First programs linked to wrap-around support for those entering permanent housing with long histories of homelessness and high health and other needs.
4. Targeted prevention and early intervention programs to turn off the tap of entry into homelessness which address the underlying drivers of homelessness.
5. Supportive systems and programs which build the enablers of an end homelessness program: advocacy, commitment, and resource flow to ending homelessness; effective service integration; culturally safe and appropriate service delivery including expansion of Aboriginal and Torres Strait Islander-led and controlled services to help address high rates of homelessness in their communities; and improving data quality, evaluation and research around ending homelessness in Australia.



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