50 Lives 50 Homes
A Housing First Response to Ending Homelessness in Perth

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50 LIVES 50 HOMES
A campaign to house and support Perth's most vulnerable homeless people

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THE UNIVERSITY OF WESTERN AUSTRALIA
SEEK WISDOM

We acknowledge and pay respects to the traditional owners of the land, the first people of this country, on which we work and live. We pay our respects to their culture, their Elders past and present and to their emerging leaders.

"From the very beginning of this program, The Sisters of St John of God recognised the value of the collaborative approach of 50 Lives 50 Homes in solving problems of entrenched homelessness. This faith has been repaid in so many ways as timelines were shortened and retention rates increased beyond what we first dreamed were possible. For each person given a long-term home, for every life saved, we say to all involved, thank you. Your dedication and hard work have made this possible. Sisters of St John of God are honoured to be a small part of this significant and successful program."

Sister Isobel Moran, Regional Leader, Sisters of St John of God

Photo I: (L–R) Mark Murphy, Sandy Busio, Sister Columba Howard, Sister Isobel Moran and Anne Russell-Brown from Sisters of St John of God at Ruah's 60th Celebration Event

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ACRONYMS AND ABBREVIATIONS

20 Lives	20 Lives 20 Homes
50 Lives	50 Lives 50 Homes
AAEH	Australian Alliance to End Homelessness
ACES	Adverse Childhood Experiences
AHSS	After-Hours Support Service
AKHS	Armadale Kelmscott Health Service
AOD	Alcohol and other Drugs
BHS	Bentley Health Service
CBD	Central Business District
CSI	Centre for Social Impact
ED	Emergency Department
EMHS	East Metropolitan Health Service
FDV	Family and Domestic Violence
FSH	Fiona Stanley Hospital
GH	Graylands Hospital
GP	General Practitioner
HHC	Homeless Healthcare
HODDS	Homeless Outreach Dual Diagnosis Service
ICU	Intensive Care Unit
ID	Identification or Identity Document
IHPA	Independent Health Pricing Authority
KHS	Kalamunda Health Service
MCOT	Mobile Clinical Outreach Team
MHHPP	Mental Health Homeless Pathway Project
NFP	Non-for-Profit
NPAH	National Partnership on Homelessness
PICYS	Perth Inner City Youth Service
PIE	Psychologically Informed Environments
RKHS	Rockingham Kwinana Health Service
RPH	Royal Perth Hospital
Ruah	Ruah Community Services
SCGH	Sir Charles Gairdner Hospital
SD	Standard Deviation
SHR	Sustainable Health Review
St. Pat's	St. Patrick's Community Support Centre
UK	United Kingdom
US	United States
UWA	University of Western Australia
VI-SPDAT	Vulnerability Index and Service Prioritisation Decision Assistance Tool
WA	Western Australia
WAAEH	WA Alliance to End Homelessness
WACHI	WA Crime Harm Index

EXECUTIVE SUMMARY

The 50 Lives 50 Homes Program

Background

The 50 Lives 50 Homes (50 Lives) program is the first Housing First program in Western Australia (WA), with a second Housing First program 20 Lives 20 Homes having commenced in Fremantle in mid-2019. The 50 Lives program is a collaborative effort, with over 30 participating organisations involved, with Ruah Community Services acting as the Lead agency.

This third evaluation report provides an in-depth examination of housing outcomes and tenancy retention, and reports on changes in hospital use (emergency department, inpatient admissions and ambulance use) and justice system contacts (WA Police Force contacts and court appearances) for those people housed for one year or more and for a smaller cohort of those housed for two years or more. As with all of the 50 Lives evaluation reports, quantitative data is complemented by case studies and insights from clients, lead workers and partnering organisations, as it is the *'people behind the statistics'* the lie at the heart of 50 Lives and its efforts to end homelessness in Perth.

Since the second evaluation report, there has been a number of key policy initiatives and strategic reports at Commonwealth and State level that are of relevance to 50 Lives and serve as an important contextual backdrop to the findings presented in this report.

The 50 Lives Model

This third report explores the key elements of the 50 Lives model, the types of support provided and new initiatives that have been developed as a result of the program to better support vulnerable rough sleepers across Perth. New initiatives include a purposively designed project designed to meet the needs of Aboriginal families experiencing homelessness (Wongee Mia); a

mentoring and social support pilot aimed to help people supported by 50 Lives engage in the community (Re-Engaging in Community); a new database to help learn the names of all people rough sleeping in Perth and their needs (By Name List) and a new WA site for a Housing First model to be adapted from 50 Lives (20 Lives, Fremantle).

The key elements of the 50 Lives Housing First approach that has been developed in WA include:

- Support the most vulnerable rough sleepers in Perth
- Work collaboratively with organisations throughout the sector
- Provide rapid access to housing with no prerequisites
- Provide ongoing, intensive case support
- Provide wrap-around support to maintain tenancies
- Find meaningful use of time and community connections for clients
- Foster innovative solutions and responsives to address needs

Collaboration is a core component of the 50 Lives model with partners spanning the community, housing, health and justice sectors (i.e. homelessness services, housing agencies, health providers and community services). The number of partner organisations involved continues to expand over time.

After Hours Support Service (AHSS)

Foundational to the 50 Lives project has been the commitment to provide wrap-around support,

individualised to client need. Both empirical data and the recounted experiences of clients and staff attest to the significant difference made by the AHSS. The close working relationship between the AHSS, lead workers from all participating partner organisations and Homeless Healthcare has enabled important continuity of care and quick responses to issues as they arise.

The AHSS has supported 176 clients since its inception. The AHSS is able to unravel underlying issues that may arise once housed or may have contributed to homelessness in the first instance and provides assistance in clients' housing, health and psychosocial needs. Additionally, they can support clients who are having issues with anti-social behaviour, relationships with neighbours or difficulty with property standards and help support them to become engaged in activities that align with their interests.

…I wouldn't have survived without them, seriously. Even now just knowing they're there and just touching base with them even though it might be once a month… It's really comforting to know you have someone to call on if things get a bit wobbly. There's no judgement, they're really just there to help and it's really nice. **– 50 Lives Client**

Who is Supported by 50 Lives?

Since 50 Lives commenced up until the 30th of September 2019, a total of 341 individuals have been supported by the program.

The majority (52%) of people supported are male, with an average age of 37 years at program consent (ranging from 16 - 73 years). There is a huge overrepresentation of Aboriginal and Torres Strait Islander peoples in this cohort (38%), which is reflected through other evaluations of homelessness services in Perth.

Eligibility for support through the 50 Lives program is scoring ≥10 on the Vulnerability Index-Service Prioritisation Decision Assistance Tool

(VI-SPDAT), a tool used to assess the current state of vulnerability of people rough sleeping, their future risk of housing instability and risk of premature mortality. Overall, 6% of individuals scored over 15, with one individual scoring a 19 (out of a maximum 20).

Housing Outcomes

Integral to Housing First and to the 50 Lives program is the coupling of housing with wrap-around support. In contrast to many homelessness programs that only have capacity or funding to support people for a defined time period (often 1 year or less), 50 Lives is committed to providing support for individuals for as long as they require, even if they lose their initial housing. Although supporting people to get and remain housed is a key outcome for 50 Lives, the program also recognises that stable housing can enable people to identify and address broader health and psychosocial issues. In turn, supporting clients to address these needs enables tenants to remain housed. In appraising housing outcomes for 50 Lives over four years on, it is important to look not only at metrics pertaining to housing and tenancy sustainment, but also to consider the barriers currently hindering rapid permanent housing.

Time Spent Homeless Before 50 Lives

Prior to completing the VI-SPDAT, people supported by 50 Lives spent an average of over five years homeless (range 3 weeks – 40 years). This equates to a total of 1,721 years or approximately 628,000 days spent homeless for the 340 individuals we had survey data for prior to completing the VI-SPDAT.

Number of People Housed

As at the 30th of September 2019, 341 individuals had consented to be supported by the 50 Lives program. Of these, 162 individuals supported by 50 Lives and their partners/family members have been housed (a total of 237 people) in 186

properties. By the end of Dec 2019, at least an additional eight people had been housed.

Half (50%) of the properties that people housed through 50 Lives were provided by the Housing Authority, with about a quarter (26%) provided Community Housing Providers, with the remaining 24% housed in supported accommodation and private rentals.

Time Taken to House People

The median time to house people was 152 days (~5 months), with a third (33%) housed in less than three months. Challenges to rapidly housing people include people wanting to be housed in specific suburbs, moving out of area and then reengaging, delays in completing paperwork, requiring certain properties (i.e. single bedroom ground floor units) and issues around sector capacity (lacking lead workers). However, one of the greatest challenges to rapidly housing someone is the lack of available of properties. Currently a one-bedroom property on the Priority Housing Waitlist is a ~1.3 year wait.

Sustaining Tenancies

As at 30 September 2019, 132 out of 162 people supported by 50 Lives that had been housed remained housed, for an overall retention of 81.5%. This represents over 88,000 days or approximately 242 years of permanent accommodation provided since the program's inception.

Overall, despite whether people were housed via a 50 Lives allocated property or were housed otherwise, the one, two- and three-year retention rates were 81%, 73% and 71% respectively.

However, when comparing the carefully considered housing allocations via 50 Lives versus housed otherwise, dramatic differences in retention can be observed. The one-year retention rate is 92% compared to 74% and the two-year retention is 87% compared to 64%. Demonstrating the powerful impact of purposeful allocation of housing in terms of desired location and proximity to services can have on the success in sustaining said property.

Rebuilding Lives Once Housed

50 Lives and Housing First more broadly is not just about rapid housing and tenancy retention, but also about engaging people community in meaningful activities and enabling people to have quality lives.

> *It would be nice to get a job by the end of the year... and savings in the bank because I don't have any savings, so I hope for that.* – **50 Lives Client**

Health Outcomes

Health and housing are both fundamental human rights, and it is difficult to achieve one without the other. Homelessness is strongly associated with higher morbidity, reduced life expectancy and greater usage of acute services, and there is a costly revolving door between homelessness and the health system. Poorer health outcomes and barriers to healthcare are particularly pronounced among people who are rough sleeping or who have been long term homeless, hence improving health and wellbeing is a key focus of 50 Lives.

Health Profile

As eligibility for 50 Lives is based on a VI-SPDAT score of ≥10, and poor health is a key determinant of vulnerability, it is no surprise that multiple morbidities and complex health issues are the norm among 50 Lives clients. For this third report we have used five sources of data to present a picture of the health issues and health status of 50 Lives clients.

In addition to high self-reported poor health from the VI-SPDAT including 83% of individuals with a tri-morbidity (i.e. serious health issue, mental health issue and problematic substance use). A total of 282 (82%) of people supported by 50 Lives are also Homeless Healthcare (HHC) patients. For this group, the five most common health conditions currently and historically include depression (56%), anxiety (39%), amphetamine misuse (37%), hepatitis c (32%), and

schizophrenia (26%). Hepatitis C is experienced at a rate 48 times higher than the general Australian population and both amphetamine misuse and schizophrenia are experienced at a rate of 26 times higher.

Mortality

Since the second 50 Lives evaluation report was published, several significant international studies have highlighted the substantial burden of premature death and enormous gaps in life expectancy among people experiencing homelessness. While there is no reliable published Australian literature on morality, for the subsample of 14 people supported by 50 Lives who have passed away since program commencement, our findings are consistent with international literature with an average age of death of 48 years.

It is important to note that that 50 Lives is a program that supports highly vulnerable rough sleepers, many of whom had multiple co-morbidities prior to being housed, hence this mortality data based on a small number of clients is not necessarily representative of broader homeless populations in WA and nationally.

Hospital Utilisation Pre 50 Lives Consent

The over-representation of people experiencing homelessness in ED presentations and hospital admissions is well documented in the literature, and it is no surprise that this is particularly high among 50 Lives clients given poor health and the risk of premature death is factored into the VI-SPDAT scoring that assesses vulnerability. For this Third Report the number of hospital sites administrative data was available for expanded from the four EMHS sites available from Report 2, to include an additional four metropolitan hospital sites (8 sites in total).

A total of 337 people supported by 50 Lives could be matched to hospital records, with 327 having the full data period (96% of people overall). In the three years prior to consenting to 50 Lives, 75% of these individuals presented to the ED on at least one occasion for a total of 3,484 ED presentations. This represents an average of 10.7 presentations per person over the three years, or an equivalent of 3.6 ED presentations per-person-per-year. The majority (66%) of these presentations were to Royal Perth Hospital.

Overall, 66% of people had at least one inpatient admission in the three years prior to consenting to 50 Lives for a total of 1,338 admissions which equated to a total of 7,380 days spent admitted as an inpatient. The average number of inpatient admissions per-person was 4.1 over three years (average of 22.6 days), equating to an average of 1.4 admissions and 7.5 days per-person per-year.

We noted in Report 2 that the figures presented would likely be under-representative of burden as data was only for four hospitals, this report substantiates this prediction with the average ED presentations per person 27% higher, average inpatient admissions per person 37% higher and average days admitted as an inpatient per person 81% higher in this Report.

Aggregate Cost of Hospital Use Pre-Consent

Crude costings based on the aggregate ED and inpatient data and ambulance arrivals for 327 individuals equate to a total of over $19.5 million in health service usage in the three years prior to them consenting to 50 Lives support. This equates to $59.7k per person over the three years or $19.9k per-person per-year.

Changes in Hospital Utilisation Once Housed

For this Report, we were able to match and analyse hospital data for a cohort of 97 people who have been housed for at least one year, and 50 people who have been housed for at least two years.

Overall, fewer people presented to ED in both the one- and two-years post housing period (18% and 21% reduction respectively), and the total number of ED presentations among those housed one and two years also declined (47% and 34% reduction respectively). The most common primary diagnosis per ED presentation in the year before was mental health, which reduced as the primary reason by 20% in the year after housing.

Overall, fewer people were also admitted as an inpatient in the one- and two-years post housing (25% and 17% reduction respectively), and the number of admissions also reduced (46% and 25%). However, the number of days admitted as an inpatient differed for the one- and two-year periods, where a reduction of 37% days was observed in the one-year period, but an increase in days of 3% was observed in the two-year period. This means that in the two-year post housing period, fewer people were admitted on fewer occasions but they were admitted for longer periods of time.

Changes in Cost of Hospital Use Once Housed

For the 97 individuals housed for at least one year with matched hospital data, there was a reduction in hospital and ambulance usage equivalent to $10.1k per person. For the 50 individuals housed for at least two years with matched hospital data, there was a decrease in hospital and ambulance usage equivalent to $466 per person over two years.

Role of Health Sector Collaborators

It is important to note that health is by no means just an 'outcome'. The positive changes in health outcomes observed to date would not be possible without the integral involvement of health organisations within the 50 Lives collaboration, ranging from formal involvement through steering group and working groups, through to direct healthcare provided to many 50 Lives clients. This breadth of health sector collaboration is a hallmark of 50 Lives and does not exist to the same extent in all Housing First programs.

A significant challenge is to identify and support the more hidden group of people who are homeless; those choosing not to use homeless services, or those living outside the areas serviced by homeless services. Given the poor health of people who are homeless however, even those not accessing homelessness services are likely to require healthcare, hence hospitals and mental health services have an important role to play in identifying people who are homeless or at risk of homelessness, and can be a conduit for building trust and connecting them to other support. **- Dr James Hickey, Dual Diagnosis Clinician**

Justice Outcomes

The strong association between homelessness and increased likelihood of contact with the Justice system is well documented, with people experiencing homelessness far more likely than the general population to have been victims of crime, to have committed offences, and to have been imprisoned.

In this third evaluation report, WA Police Force administrative data was matched for 315 (92%) people supported by 50 Lives (as at the end of September 2019), and this data has been used to look at patterns of offending and victimisation in the three years prior to people becoming part of 50 Lives and for the subsample that had been housed; the changes in offending and victimisation one and two years pre/post housing.

Offending Pre 50 Lives Consent

For the 315 that could be matched, 212 people (67%) had a total of 1,561 offences recorded in the three years prior to consenting to 50 Lives. The three most common types of recorded offences were drug related offences (25%), theft (23%) and public order offences (14%), such as begging, loitering or being drunk in a public place. A total of 191 people (61%) received at least one move on order at some time in the three years prior to consent, with a collective total of 2,065 move on orders received during this period. Two-thirds (204 people) had a court appearance during the three years prior to 50 Lives consent, with a total of 1,223 court appearances, the majority (96%) of these were heard in the Magistrates Court.

Aggregate Cost of Offending Pre-Consent

The cost of court appearances and offences committed is estimated at $4.1 million for the 315 individuals that were able to be matched in police data in the three years prior to consenting to 50 Lives. This equates to $13.2k per-person or $4.4k per-person per-year.

Changes in Offending Once Housed

In published Housing First studies, it has been highlighted that once they are housed, participants typically live on very low incomes and in disadvantaged neighbourhoods, increasing the odds of criminal justice interaction. As demonstrated, there was an overall decrease in reported offending once housed, however certain offences did increase. For this report we looked at changes in police interactions for a subset of 104 people housed for at least one year and a subset of 49 people housed for at least two years. For the 104 people housed for at least one year there was a 35% decrease in reported offending with the largest reductions seen in burglary and property offences and public order offences, with an observed increase including family and domestic related offences including breaching restraining orders, theft and fraud. There was an even larger reduction in recorded offences observed (43%) among the 49 people housed for at least two years. In addition to looking at changes in the number of offences committed across the housed 50 Lives cohort, changes in the number of people committing offences is an important barometer of impact. Overall, 59% of people who were housed for at least a year had no offending in the year before they were housed, this increased to 75% of people with no offending in the year after being housed.

For the 104 people housed for at least one year, there was 62% reduction in move on orders received in the year after being housed with a 57% reduction for the 49 people housed for at least two years. Further evidencing the role that long-term housing (with support) could play in reducing police burden for those experiencing homelessness. Additionally, there were statistically significant reductions (p<0.001) in the number of court appearances post housing; with an observed reduction of 68% in the one-year housed group and a 74% reduction in the two years housed group.

While the total number of offences is high, it is important to note that overall, the severity of offences and the degree of harm caused to others for this cohort is overall low. Using the WA Crime Harm Index (WACHI) we have computed crime harm scores for those people in the 50 Lives cohort using offence data. For evaluation purposes, a crime harm index allows harm thresholds to be defined, with the cohort analysed as high, moderate or low harm offenders. Analysis using a harm index lens is relatively new in the field of Criminology and thresholds have not been widely agreed upon. For this study a harm score of 30 was used to define high harm offending. When looking at the three years prior to consenting to 50 Lives, the most common offence categories were drug related offences with WACHI scores between 2-5; theft and stealing with WACHI scores between 3-8, and; public order offences with WACHI scores between 4-5, thus the majority of the offences reported for this cohort are much lower than the threshold. This is the first time to our knowledge that a crime harm index has been applied in a homelessness context, and it provides empirical support for a common contention in the literature, namely that people experiencing homelessness are more likely to be involved in non-violent and less severe crimes.

Changes in Cost of Justice Use Once Housed

For the 104 individuals housed for at least one year with matched WA Police Force data there was reduction in justice contacts equivalent to $1.6k per person. For the 49 individuals housed for at least two years with matched WA Police Force data, there was reduction in justice contacts equivalent to $3.2k per person.

Victimisation Pre 50 Lives Consent

It would be false to define and portray the homeless population as predominantly perpetrators of crime, as homelessness also goes hand in hand with susceptibility to suffering harm and crime at the hands of others. For the 315 people supported by 50 Lives that were matched in WA Police Force records, 201 people (64%) were recorded as victims of crime a total of 749 times in the *three years prior to consent.* The majority of these offences were related to FDV (32%), offences against the person (20%, this includes non-family related assaults and threatening behaviour) and theft (18%).

Changes in Victimisation Once Housed

While it varies by type of offence, the disturbing inverse relationship between being housed and the likelihood of victimisation remains; for the individuals who were *housed for either one or two years*, the number of times they were a victim of crime increased, by 70% in the one year post housing, and by 48% in two years post hosing. Overall for the 104 individuals that were *housed for one year*, an increase was observed for the majority of offence categories, with the largest increase seen in property damage. As the majority of people supported by 50 Lives were rough sleeping prior to being housed, not having property to damage prior to being permanently housed is unsurprising. Additionally, other reasons such as being more confident and supported to report crime could contribute to this increase.

Victimisation and Offending

Finally, there was a large overlap between the number of people who were both an offender and victim of crime (45%). In part this reflects the commonality of risk factors for both offending and victimisation – behavioural responses to childhood abuse and trauma, family conflict, criminal behaviour among peers, substance use and circumstances of homelessness itself are among some of the factors that studies have shown to be antecedents for both offending behaviour and experiences of victimisation.

There are no Housing First evaluations to our knowledge that have enabled the magnitude of the overlap between offending and crime victimisation to be quantified.

> *You have to change the people around you. You have to do it. I still talk to some of them, they phone me and say thing like, "I am so proud of you. I wish I could do that." I say to them, "Look, you can. You just need to get away from the influences".* **– 50 Lives Client**

Summary

Over the past four years, the 50 Lives program and all its participating organisations have made significant headway in housing some of the most vulnerable, chronic rough sleepers in Perth, many of whom have experienced decades of rough sleeping and extensive trauma and adversity. The 50 Lives program recognises the extreme need of the cohort in which it supports, and in prioritising service provision to the most vulnerable individuals, it has avoided the temptation to help the "easiest" clients first, thereby generating more "success stories". The overall results of 50 Lives are therefore impressive with 81% of all housed individuals retaining their tenancy one year after being housed. More broadly, the 50 Lives program has heralded some significant changes to the landscape of homelessness responses in Perth, demonstrating the viability and adaptability of the Housing First approach to the WA context, and the benefits of a collective impact response that has seen homelessness, health, police and community organisations working together to house and support over 240 people to date.

This third evaluation builds on the previous evaluation reports and has provided a more comprehensive look at health service use with the addition of four extra hospital sites and has also provided costings of program delivery. Overall, there was mixed results in health and justice outcome changes pre and post housing. While most people had reduced health usage, there were several people in which this increased

quite substantially, and while most individuals' offending reduced, victimisation often increased after being housed. Highlighting that getting a house does not simply solve homelessness and that ongoing support is indeed required.

This report elucidates some of the critical success factors of 50 Lives to date, and provides recommendations for the future of Housing First in Western Australia. Critical successes include the collaborative nature of the project including the involvement of many organisations outside of the homeless and housing sector, regular feedback and support between and within the organisations/services involved, having a dedicate backbone organisation and afterhours support service, provision and coordination of a continuity of care model that enables individuals to access support as required and promoting choice and self-determination of support and housing.

Key recommendations put forward based on the learnings of this program to date will enable the upscaling of Housing First across WA. These recommendations include learning from

challenges experienced in 50 Lives, building the sectors capacity to do Housing First, matching housing supply to housing demand, providing alternative solutions where Housing First is not suitable or appropriate for individuals, providing trauma-led services, involving peers and individuals with lived experience of homelessness, improving shared data collection systems, involving 'non-homeless' services and advocating for broader systemic change to ending homelessness.

While 50 Lives may not always reflect typical Housing First models (where housing indeed comes first), it does reflect the reality of a housing system under significant pressure and a homelessness sector responding to the needs of their clients to the best of their ability with available resources. The influence of this program on State policy to date reflects the impact that a collaborative approach across the sector can have on the ability to house and support the most vulnerable and complex clients in Perth.

1. BACKGROUND

" Like I wouldn't have survived without them, seriously . . . It's really comforting to know you have someone to call on if things get a bit wobbly. There's no judgement, they're really just there to help and it's really nice. "

- 50 Lives Client

This is the third report evaluating the 50 Lives 50 Homes program (hereafter referred to as 50 Lives). The 50 Lives program is the first Housing First program in Western Australia (WA),[1,2] with a place-based sister program *20 Lives 20 Homes* (hereafter 20 Lives) commencing in Fremantle in mid-2019.

The first evaluation report[1] provided a baseline picture of the homelessness history and vulnerability of people supported by 50 Lives and outlined the collaborative nature and service delivery model of the program and participating organisations involved. The second evaluation report[2] was released in September 2018 and highlighted the work of the After Hours Support Service (AHSS) and explored changes in hospital use and police contacts (as an offender and as a victim) for a subset of people supported by 50 Lives who had been housed for six months or more. This third evaluation report is the most comprehensive to date, and provides a more in-depth examination of housing outcomes and tenancy retention, and reports on changes in hospital use and justice system contacts (police and courts) for those housed for one year or more and for a smaller cohort of those housed for two years or more. As this is a longitudinal evaluation, this report also includes some information on people who have been housed for three years, and this report is able to look at patterns over time in rapidity of housing, tenancy sustainment, AHSS support, health conditions and hospital use, and contacts with police. The key elements of each evaluation report are outlined below (Table 1).

Table 1: Key Elements of the 50 Lives Evaluation Reports

		Report 1	Report 2	Report 3
	Collaborative Approach	✓	✓	
	After Hours Support Service (AHSS)		✓	✓
	The 50 Lives Model – Key Elements			✓
	Self–Report Homeless History	✓	✓	✓
	Time to Housed	✓	✓	✓
	Tenancy Retention Rate			✓
	Self–Report Health and Wellness	✓	✓	✓
	Hospital Usage		✓ x4 hospital sites 6mo, 12mo pre/post housing	✓ x8 hospital sites 1yr, 2yrs pre/post housing
	Primary Health Care Outcomes			✓
	Self–Report Police and Justice	✓	✓	✓
	WA Police Offending and Victimisation		✓ 6mo, 12mo pre/post housing	✓ 1yr, 2yrs pre/post housing
	Crime Harm			✓
	Hospital Use Costs		✓	✓
	Justice Use Costs			✓

As with all of the 50 Lives evaluation reports, data outlined in Table 1 is complemented by case studies and insights from clients, lead workers and participating organisations, as it is the *'people behind the statistics'* the lie at the heart of 50 Lives and its efforts to end homelessness in Perth.

Since the second evaluation report, there has been a number of key policy initiatives and strategic reports at Commonwealth and State level that are of relevance to 50 Lives and serve as an important contextual backdrop to the findings presented in this report. This chapter therefore provides a summary of this policy context and outlines the evaluation methodology and structure of the report.

1.1. Current Policy Context Relevant to 50 Lives

1.1.1. National Policy Context

Productivity Commission Mental Health Draft Report (released October 2019)

In late 2018 the Productivity Commission commenced a public inquiry to examine how people with (or at risk of) mental ill-health can be empowered to have life purpose and meaning, and how they can contribute to the lives of others. The draft report[3] was released for public comment in October 2019. As noted in the issues paper[4] that preceded the draft report:

> *Despite a plethora of past reviews and inquiries into mental health in Australia, and positive reforms in services and their delivery, many people are still not getting the support they need to maintain good mental health or recover from episodes of mental ill-health.[4, p.1]*

The fact that many people do not receive the mental health support required is particularly salient to homelessness, with mental illness both a determinant and consequence of homelessness, and the two often compounding each other.[5,6]

The Productivity Commission draft report places a strong emphasis on the critical influence of housing on mental health (see adjacent box) and devotes a whole chapter to housing and homelessness (Chapter 15, volume 1). In describing what 'successful intervention' around homelessness and mental health requires, the Commission identifies several elements that align strongly with the existing 50 Lives model:

- Housing is a fundamental contributor to preventing poor mental health and promoting recovery for people with mental illness.
- Many people with mental illness live in unsuitable housing situations that negatively affect their lives or limit their opportunity for recovery and management of their mental illness.
- Some people with mental illness require support to find and maintain stable housing in the community.

Excerpt from Productivity Commission Draft Report[3 p.541]

- The report calls for *additional homelessness services for people with severe mental illness who are persistently homeless, should follow a Housing First approach* — rapid access to long-term housing and mental health supports that are not conditional on participants becoming housing ready or engaging with support services.[3 p.33] Throughout the report there are 34 mentions of Housing First and it is noted that there was strong support for this approach in public submissions received. Additionally, the UWA research team was contacted by the Commission regarding the inclusion of 50 Lives evaluation findings in this report, and the demonstrated reductions in hospital use and associated health system savings are cited.[3 p.586]

- *Prioritising housing and homeless service support for people with severe and complex mental illness, who are persistently homeless*.[3 p.76] Many 50 Lives clients have complex mental health issues, and supporting these individuals to get appropriate housing is a key focus of the Rough Sleepers Working Group.

- *Initiatives that can prevent people with mental illness from losing their home, such as expanding tenancy support services, should be developed.*[3 p.75] This is particularly pertinent to 50 Lives given the majority of people supported have mental health issues, and many have experienced trauma. Much of the work of AHSS and the lead workers is around tenancy sustainment, and as shown later in this report, access to ongoing support is particularly important as mental health recovery is rarely a linear trajectory.

- *Homelessness services that are well coordinated with mental health and other services (such as drug and alcohol or family and domestic violence services) are more effective at supporting people who are homeless.*[3 p.583] Coordination across organisations and sectors is a key aspect of the collective impact model underpinning 50 Lives, with clients supported by >50 different services from >30 organisations. This coordination is even more critical for people with severe and complex mental illness.

Throughout the draft Productivity Commission report, the need to view mental health as more than a health sector issue is emphasised. This includes recognition of the fact that homelessness and unsuitable housing among people experiencing mental health issues results in increased expenditure in the health sector.[3 p.31] This is evident in WA data from our prior evaluations of 50 Lives[2] and Homeless Healthcare[7], where mental health accounted for substantial ED presentations and unplanned hospital admissions in the three years prior to people being housed, but this decreased significantly among those housed for 12 months or more.

Australian Alliance to End Homelessness (AAEH)

The AAEH was established to champion the needs of people experiencing, or at risk of homelessness with the overarching goal to both prevent and end homelessness across Australia. The AAEH advocates for the use of evidence-based responses and the imperative to ensure that everyone has access to safe, stable and secure housing and the services required to avoid returning to homelessness. Through the membership of participating 50 Lives organisations in the WA Alliance to End Homelessness (WAAEH) and into the national alliance, learnings from 50 Lives have contributed to the formulation of the AAEH roadmap and priority agenda.[8] The roadmap notes that:

> *Rapid re-housing and Housing First need to become 'business as usual' responses to ensure the experience of homelessness is rare, brief and non-recurring.*[8p.1]

And as noted by the Executive Officer of the WAAEH, 50 Lives has been pivotal in laying the foundation for upscaling Housing First within Western Australia:

> *The 50 Lives collective impact has laid the foundation for the development of the Housing First approach with WA. The Western Australian Alliance to End Homelessness has 5 key strategies to end homelessness with Housing First being a key component. The 50 Lives collaborative has provided the foundation for developing WA's Housing First strategy utilising the learnings and experience of the collaborative and also provided the platform to bring the sector together. The collaborative has placed WA in a strong position to progress the Housing First initiative informing both the Alliance and State Government strategies. With the Government's commitment to implementing Housing First - 50 Lives will be instrumental to informing the way forward.* - **John Berger, Executive Officer, WA Alliance to End Homelessness**

Homelessness in Australian Capital Cities Report (Council of Capital City Lord Mayors, 2019)

In September 2019, the Council of Capital City Lord Mayors released a report calling for the Federal Government to work with states and territories to address homelessness and to help fund and deliver more

social and affordable housing within Australia's capital cities.[9] Several of the recommendations of the report resonate with gaps and challenges observed over the course of 50 Lives, including the need for:

- the development of a long-term and integrated National Housing and Homelessness Strategy, based on a Housing First approach;

- funding for additional social and affordable housing units in inner cities, and;

- a review of welfare and Centrelink policies, in particular Proof of Identity practices, to reduce housing stress and homelessness and barriers to social security access for vulnerable people.

This report notes that *"all levels of government have a role in assisting and supporting Australians experiencing homelessness"*,[9p.6] and marks a continuing shift to more proactive efforts by local governments to address homelessness in a growing number of Australian cities and other local government areas.

1.1.2. Western Australia Policy Context

Sustainable Health Review (2019)

The WA Sustainable Health Review (SHR) was instigated in mid-2017 to set future directions for a more financially sustainable and patient-centred health system across the state.[10] The final SHR report released in April 2019, acknowledged the disproportionately poor health of people experiencing homelessness, and the challenges of ensuring appropriate health care for this population:

… in WA, there are significant challenges in improving the health and wellbeing outcomes for people experiencing homelessness. Homeless people experience a disproportionately high rate of chronic health conditions, which can often be left undiagnosed and untreated for long periods of time. This often results in a reliance on acute health services, supporting the need for increased focus on partnership with other government agencies and community organisations.[10 p.82]

The Review notes the need for government and community organisations to partner in addressing this, and the existing collaboration between 50 Lives (and its range of participating organisations), the RPH Homeless Team and Homeless Healthcare is a good example of this. With a sharp focus on prevention and reducing demand on the strained hospital system, the SHR also notes that:

… when people have complex health needs they are more at-risk, often ending up in emergency departments because they cannot get the care and other social support they need in the community.[10 p.81]

Additionally, recommendation 13 of the SHR specifically relates to the implementation of models of care in the community for groups of people with complex conditions who are frequent presenters to hospital. This is highly applicable to 50 Lives, given the high level of hospital use and multi-morbidity discussed in Chapter 5. The strong emphasis on wrap around support in 50 Lives, and the breadth of partners contributing to the provision of this is a positive example of this SHR recommendation in action, and in this report, we look at how this can contribute to improved health outcomes. One of the implementation priorities within Recommendation 13 of the SHR is for a:

system-wide approach to identifying and supporting people who are frequent users of health services including emergency and outpatient services to improve pathways of care and reduce presentations.[10 p.16]

There is potential for the *By Name List (*see 2.9.4 for details) to facilitate this by capturing data on people being discharged from hospital into homelessness, highlighting the benefit of having RPH as a partner.

Western Australia's 10 Year Strategy on Homelessness

The *All Paths Lead to a Home,* WA 10-Year Strategy (2020-2030)[11] was developed in response to the requirement for all Australian states and territories to have a homelessness strategy as part of the National Housing and Homelessness Agreement that came into effect in July 2018. Many of the participating organisations affiliated with 50 Lives had the opportunity to have input to the consultation process that formed part of the strategy development process, as did people with a lived experience of homelessness. Of significance, the strategy advocates for a Housing First approach to ending homelessness in WA, and includes a synopsis of 50 Lives and its evaluation findings in support of this:

> *This [50 Lives] evaluation provides a basis for investment and expansion by articulating what has been achieved, what works and what can be improved.[11p.32]*
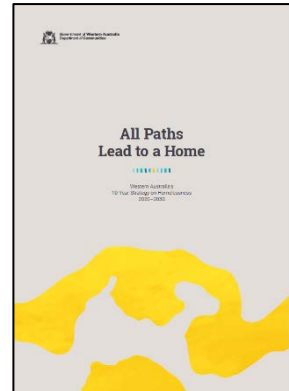
A Housing First response that couples permanent housing with flexible and tailored supports is in fact described as *"as a key foundation of the system change needed to end chronic homelessness."[11p.32]*

The Strategy has outlined four key outcomes of focus, all of which have strong relevance to 50 Lives:

- *Improving Aboriginal wellbeing.* This is extremely pertinent to 50 Lives, with Aboriginal people making up 38% of people supported through the program, and more broadly, homelessness enormously over-represented among Aboriginal people in WA.[12] As discussed in the next chapter of this report, one of the significant 50 Lives innovations (Wongee Mia) has been developed with elders to develop more culturally applicable ways of housing and supporting Aboriginal people and their families.

- *Providing safe, secure and stable homes.* This second priority area resonates with the core philosophy of Housing First and the 50 Lives program.[1,11] As noted in the Strategy, 50 Lives has demonstrated the viability and effectiveness of adapting a Housing First approach to the WA context, and learnings from 50 Lives and its evaluation is invaluable for scaling this up. The emphasis on housing that is safe and secure in the Strategy is critical, as this has salient implications for where people are housed, the types of housing provided, and the need for access to support to help people feel secure in their homes.

- *Preventing homelessness.* The priority focus of 50 Lives is on rough sleepers, many of whom have been homeless for years and even decades, hence prevention in this context is primarily around preventing a return to homelessness, and providing substantial wraparound support to tenants that have been identified as being at risk of losing their tenancy.[1,11] More broadly however, 50 Lives is yielding compelling insights into the complex and often harrowing factors that have preceded homelessness – many of these point to pathways for earlier intervention and prevention.

- *Strengthening and coordinating our responses and impact.* Coordination within the homelessness sector and with organisations in other sectors (such as health and social services) is a central tenet of 50 Lives, and learnings from its implementation of a collective impact partnership model are salient. As reflected in many of the case studies within this third evaluation report, multiple people and agencies are typically involved in any one client's journey out of homelessness.

City of Perth Homelessness Framework

The City of Perth identified back in 2017 the need for a coherent strategy for homelessness services and to address homelessness within the inner city, including the identification and resolving of duplication and gaps in services.[13] The City's Homelessness Framework Committee comprises key stakeholders from within the homelessness sector and sectors working with people experiencing homelessness, including not-for-profit, government and non-government organisations.[11,13] Within the framework released, 50 Lives is mentioned as requiring consistent and effective resources available to support the wrap-around support provided through the model.[13p.22]

There's plenty more to do, but the goal is very clear: shifting the focus from managing homelessness, to ending it in our city. [13p.4]**– John Carey MLA, Co-Chair City Homeless Framework Committee**

1.2.   Who is this Report About?

This evaluation report is based on people supported up until the 30th of September 2019 to align with available administrative police and health data. The research team acknowledges that the 50 Lives program has housed and supported many more people since this date. As at September 2019, 341 vulnerable rough sleepers from across Perth have been supported by the 50 Lives program. Of these, 241 were still actively provided support as at the 30 September 2019 through either case management by their lead worker or AHSS (Figure 1). The types of support provided by the 50 Lives program will be discussed throughout Chapter 2.
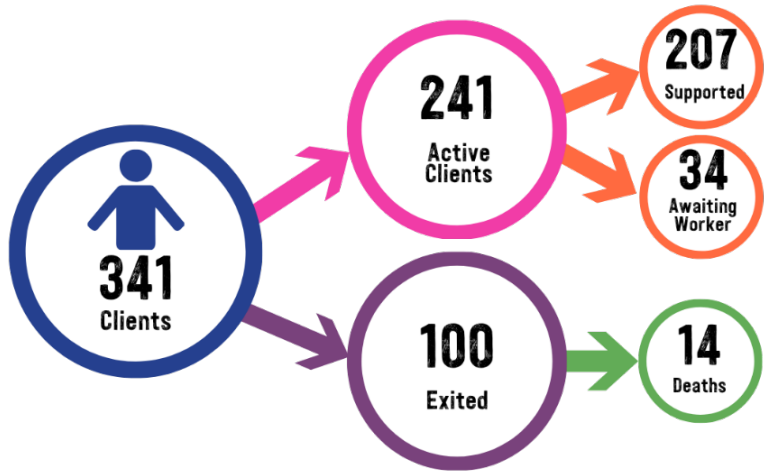
Figure 1: Status of 50 Lives Clients as at 30 September 2019

Overall, the majority of 50 Lives clients were male, but in contrast to other homelessness support services where males tend to be substantially overrepresented,[14] 45% of people supported by 50 Lives were women (Table 2). Aboriginal and Torres Strait Islander people are substantially overrepresented, with 38% of 50 Lives clients identifying as Aboriginal, compared with the 2.8% of the general Australian population.[15] The average age of 50 Lives clients at first consent was 37 years, with client ages ranging from 16 to 73 years.

Table 2: 50 Lives Client Demographics

	Total N(%)
Individuals Supported (as at Sept 2019)	341
Gender	
Male	178 (52%)
Female	154 (45%)
Trans/Inter Sex	7 (2%)
Declined	2 (1%)
Age (at time of first consent)	
Mean age	37
Range	16 – 73
Aboriginal and/or Torres Strait Islander	
Yes	130 (38%)
No	201 (59%)
CALD	10 (3%)

1.3. Evaluation Methodology

The 50 Lives project is multifaceted, as is its evaluation. The independent evaluation being undertaken by UWA is longitudinal, and this is the third evaluation report looking at progress and outcomes from both a client and overall project perspective. Key outcomes of interest featured in this report include:

- **Number of people supported** by 50 Lives, their demographic profile and homelessness circumstances prior to engagement with the program;

- **Type of support provided** to 50 Lives clients, including support through AHSS;

- **Housing outcomes –** number of people housed, time taken to house, tenancy sustainment;

- **Health outcomes –** nature and prevalence of health issues, changes in hospital use once housed, health issues clients are being treated for;

- **Justice outcomes –** contacts with the justice system prior to engagement with 50 Lives, both as a victim of crime and related to offending, changes in contacts with police and courts among those housed, and;

- **Economic impact –** costs to health system associated with hospital and ambulance use prior to 50 Lives consent, estimated savings to the health system associated with reductions in hospital and ambulance use once housed, costs to the justice system associated with offending and court appearances prior to 50 Lives consent and estimated savings to the justice system associated with reductions in offending and court appearances once housed.

As described in the first[1] and second[2] evaluation reports, the evaluation methodology was designed in consultation with Ruah in response to the projects stated aims and program logic model. A brief overview of the methods and data sources used in this report follows. For more detailed information about the evaluation methodology see Report 2.[2]

The 50 Lives evaluation uses a mixed methods design, drawing on numerous sources of quantitative and qualitative data.

The **quantitative data** sources used in this report and the time periods for which data was available is shown in Table 3. The quantitative data includes background data on all clients from their most-recently completed Vulnerability Index and Service Prioritisation Decision Assistance Tool (VI-SPDAT), as well as service engagement and housing data collated by 50 Lives, and data on AHSS support provided. This data also includes several sources of administrative data which refers to data routinely collected by government organisations and institutions that can be used for research purposes with ethics approval. Health data includes hospital data from eight metropolitan hospitals and primary care data from the Homeless Healthcare (HHC) general practice. Administrative data from WA Police Force has been extracted by the WA Police Force from two systems. Data relating to offences and move on notices have been extracted from the Incident Management System (IMS) and data for Criminal Code Infringement Notices (CCINs) have been extracted from the Non-Traffic Infringement Management Solution (NTIMS) system. For the pre/post hospital changes in Chapter 4.3, it should be noted, that the individuals housed may have been housed in multiple properties during the one and two year period and may have included a short stay in temporary accommodation between moves, but they did not return to homelessness during that the time frame and thus have been treated as continuously housed for analysis purposes.

Table 3: Quantitative Data Sources, Time Periods and Variables

Data Source	Time Period	N^	Variables
VI-SPDAT	13 May 2014 – 23 Aug 2019	340	Self-reported history of housing and homelessness; life events/ experiences that may have contributed to homelessness, self-report health conditions and contacts with justice system.
Administrative Hospital Data^^	1 Jan 2013 – 30 Dec 2019	337	Number and frequency of Emergency Department presentations (and mode of arrival), Inpatient admissions and length of stay, and primary diagnoses.
Administrative Police Data	1 Jan 2008 – 30 Dec 2019	315	Number and frequency of offences, victimisation, sentencing and diversion notices given. Severity of offending (crime harm index).^^^
Homeless Healthcare GP Data	1 Jul 2016 – 30 Dec 2019	282	Proportion of 50 Lives clients seen by HHC, most common health conditions, main reasons for visit to GP/nurse, health issues among those supported by AHSS.
AHSS data (from HHC)	1 Jul 2016 – 30 Dec 2019	176	Number of contacts per quarter, health conditions supported for.
50 Lives Internal Data Collections			
50 Lives Client Data	Quarterly, as at 30 Sept 2019	341	Demographic information; consent, priority listing and housing dates; lead worker/agency; support needed; issues experienced.
Client Satisfaction	Bi-annually (Jul 2017-Jun 2019)	Range 27 - 52	Satisfaction with support provided, housing process and different areas of life, suggestions for program improvement, support provided through AHSS, meaningful use of time, outlook for the future, and managing tenancy.
Worker Satisfaction	Bi-annually (Jul 2017 - Sept 2019)	Range 23 - 47	Perceived involvement in 50 Lives, suggestions for program improvement, satisfaction with different program aspects (referral, AHSS), increased capacity because of 50 Lives.
Tenancy Survey	Quarterly (Jan 2018 to Sept 2019)	Range 58–95	Issues, breaches, terminations and evictions per quarter for individuals that have been housed.

^ Due to the rolling recruitment of clients, lists of clients name as at different time points were sent to each organisation for linkage. N equals the number of people data was available for at the time of linkage/data extraction.

^^ Data from three major teaching hospitals (RPH, FSH, SCGH), Perth's two major mental health hospitals (Bentley, Graylands), along with three other smaller hospitals (AKHS, KHS, RKHS).

^^^ It is pertinent to note that being in the police data system does not equate with having committed an offence or crime as police data includes matters which are never formally charged or progressed to court, and people may have had an offence committed against them (i.e. a victim of crime), but not have committed and offence themselves.

Qualitative data sources include semi-structured in-depth interviews undertaken with a sample of 50 Lives clients and information gathered from interviews and discussions with 50 Lives lead workers and housing workers from numerous agencies working within the 50 Lives collaborative, the AHSS team, and staff from HHC and RPH Homeless Team. Feedback and vignettes from a range of participating organisations and other stakeholders in the homelessness, health and justice sector were also included in this report, as well as qualitative responses from Client and Worker Satisfaction surveys. The case studies used throughout the report draw on a mix of quantitative and qualitative data to contextualise client experiences and outcomes. The names used in case studies are pseudonyms and identifying information has been excluded.

Evaluations of Housing First interventions internationally have demonstrated positive outcomes overall in relation to tenancy sustainment,[16-19] with a growing number providing evidence of reduced hospital use and fewer interactions with the justice system among Housing First participants.[20] However, as noted in a 2015 review of Housing First interventions, very few have looked at participant, housing or health outcomes beyond a two to three year period.[19] To our knowledge, this 50 Lives evaluation is the most comprehensive and long-term evaluation of a Housing First initiative in Australia. The Brisbane 500 Lives campaign and the MISHA project in Sydney were both three-year programs, and neither evaluations had access to administrative health or police data nor followed up tenancy retention beyond the three-year mark. This UWA evaluation of 50 Lives commenced mid-2016, and in 2019 additional funding was provided by Lotterywest to continue the 50 Lives evaluation for an additional two years (up until mid-2021). This makes 50 Lives one of the only programs we are aware nationally or internationally to have a longitudinal evaluation that extends to five years after program commencement.

1.3.1.   Cost Offset Methodology

For this third report, healthcare costs have been estimated using Independent Health Pricing Authority (IHPA) Round 21 national public sector estimated average costs for WA hospitals for ED presentations and inpatient admissions.[21] Costs of psychiatric admissions are based on AIHW Mental Health Services in Australia 2019 Report estimates.[22] The cost of ambulance use is estimated from the Report on Government Services.[23] The cost of justice related incidents are estimated for court appearances and offences perpetrated. The cost of court appearances is calculated by court type (2016-17), as the real net recurrent expenditure divided by number of finalisations and number of appearances per finalisation.[24] There is no equivalent current costing data available in the public realm for the police data unfortunately, but we have been able to apply cost estimates to offending. The police cost of individual types of offences is not available. We use the WA Police Force cost of response to, and investigation of offences, including preparing evidence and prosecution files and briefs (2011-12)[25] adjusted to 2016-17 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator (index),[26] as the best publicly available estimate. See Table 4 for the sources of health service and justice sector costs.

Table 4 : Health Service and Justice Sector Cost Sources

Type of Utilisation	Cost	Source
ED Presentation	$838/presentation	Independent Hospital Pricing Authority. National Hospital Cost Data Collection Cost Report: Round 21 Financial Year 2016-17. [21]
Inpatient Admission	$2,909/night	
Psychiatric Inpt. Admission	$1,475/night	Australian Institute of Health Welfare. Mental health services in Australia. [22]
Ambulance	$828/incident	ROGS (2018) Volume E, Tables 11A.2 and 11A.10[23]
Offence	$2,480/offence	WA Police Annual Report 2011-12,[25] and ROGS (2018), Volume E, Chapter 10, Table 10A.72.[26]
Children's court	$136/appearance	ROGS (2018) Volume C, Tables 7A.12, 7A.5 and 7A.21.[24]
District court	$4,230/appearance	
Magistrates court	$240/appearance	
Supreme court	$7,940/appearance	

1.3.2. Ethics Approval

Approval to conduct this evaluation was granted by the UWA Human Research Ethics Committee on 20 January 2017 (ref: RA/4/1/8813), by RPH Human Research Ethics Committee on 26 May 2017 (RGS0000000075), and by WA Police on 21 June 2017. An amendment to the RPH Human Research Ethics Committee to add four additional hospital sites was approved on 27 June 2019. Governance approval was obtained for all sites.

1.4. Structure of this Report

Following on from this chapter, *Chapter 2* discusses the key elements of the 50 Lives model and how these compare to other Housing First models internationally. *Chapter 3* explores client housing outcomes and the support provided to sustain tenancies. *Chapters 4 and 5* which provide a comprehensive overview of health service usage and justice contacts in the one- and two-year period before and after housing. Finally, in *Chapter 6* we draw brief conclusions from the findings presented in this third report and discuss some challenges and recommendations going forward.

A campaign to house and support Perth's most vulnerable homeless people

2. THE 50 LIVES 50 HOMES MODEL

❝ *It's amazing though because the team is so supportive, just like 50 Lives 50 Homes staff and the working groups and things like that. It's just this wealth of knowledge from everybody.* ❞

- 50 Lives Participating Organisation

This chapter explores the key elements of the 50 Lives model, the types of support provided and new initiatives that have been developed as a result of the program to better support vulnerable rough sleepers across Perth.

2.1. Origins of the 50 Lives Model

The 50 Lives program, led by Ruah, is the first project based on the Housing First model to be undertaken in WA. The central tenet of Housing First is the provision of rapid access to housing (without precondition) coupled with supports needed to keep people housed.[27-29] Housing First approaches to ending homelessness are based on the underlying concept that people need access to stable housing **before** other psychosocial and health issues can be addressed.[30] The Housing First model has expanded in recent decades and has been utilised across the US, Canada, Europe and New Zealand.[27] The core principles of Housing First approaches are described in a report on the implementation of Housing First in Europe and are summarised in Figure 2 below.[27] These core principles closely align with the philosophy of the original Housing First models developed in the US in the early 1990s.[27] Housing First principles for Australia have recently been developed and endorsed by Homelessness Australia and bring together elements of both versions.

Housing is a Human Right	Choice and Control for Service Users	Separation of Housing and Treatment	Recovery Orientation
Harm Reduction	Active Engagement without Coercion	Person-Centred Planning	Flexible Support for as Long as Required

Figure 2: Core Principles of Housing First

Adapted from Housing First in Europe: An Overview of Implementation, Strategy, and Fidelity[27]

There are substantial variations in how Housing First approaches operate in practice, reflecting differences in social, cultural and political contexts and varying logistical challenges.[31] Examples of Housing First programs in Australia include (but are not limited to), the 500 Lives Project in Brisbane,[32] MISHA,[33] the Inner City Integrated Services coalition (ICIS) in inner-Sydney,[34] and the 50 Lives program in Perth. The uptake and implementation of Housing First in Australia has been hampered by substantial shortages in affordable housing stock.[35] This has been a substantial challenge for the 50 Lives program's ability to rapidly house people, with some individuals waiting over a year for permanent housing and receiving support prior to permanent housing.

Housing First programs in Australia have, to date, been funded by non-for-profit (NFP) organisations, with short-term funding linked to pilot projects.[2,35-37] There are aspects of the 50 Lives program that rely on the

continued support of NFP organisations and philanthropy, however as part of the new 10 Year State Strategy, the State government has committed dedicated funding for Housing First over the next five years[38] which will play a substantial role in enabling the model to be up scaled across WA.

2.2. Key Elements of the 50 Lives Program

Figure 3 outlines the key elements of the 50 Lives Housing First approach that has been developed in WA. These elements will be discussed in throughout this chapter, with the subsection they are located in noted on the left.

2.3 Support the most vulnerable rough sleepers in Perth

2.4 Work collaboratively with organisations throughout the sector

2.5 Provide rapid access to housing with no prerequisites

2.6 Provide ongoing, intensive case support

2.7 Provide wrap-around support to maintain tenancies

2.8 Find meaningful use of time and community connections for clients

2.9 Foster innovative solutions and responsives to address needs

Figure 3: Key Elements of the 50 Lives Model

2.3. Support the Most Vulnerable

Whilst most Housing First initiatives focus on housing people who are experiencing long term primary homelessness (e.g. sleeping rough or in crisis accommodation), a core feature of the 50 Lives model is to identify, support and house the most vulnerable rough sleepers in Perth. In other words, given there is a substantial shortage of appropriate housing and case management capacity, 50 Lives from the outset has used a standardised tool (the VI-SPDAT[39]) to prioritise people based on their relative vulnerability and needs. In essence this is barometer of the urgency of 'getting someone off the street'.

2.3.1. Vulnerability of 50 Lives Clients

The VI-SPDAT[39] is a standardised tool used internationally and around Australia to capture the current state of vulnerability, future risk of housing instability and heightened risk of premature mortality if that person continues to live on the streets.[40] It covers broad domains of vulnerability and wellbeing including self-reported information on homelessness and housing, health and wellbeing, contact with the justice system

and experiences of trauma. A score of ≥10 on the VI-SPDAT is used by 50 Lives as an indicative screening and triage tool for gauging the vulnerability for people who are rough sleeping.

All potential 50 Lives clients have completed a VI-SPDAT prior to being enrolled in the program and those with a score ≥10, indicating extreme vulnerability, are automatically eligible for 50 Lives. The vast majority of the 341 clients to date (96%) scored ≥10 on the VI-SPDAT (Figure 4), with the average score of 12.2 (range from 3 to 19). It should be noted, that for the 4% that scored under 10, there was evidence they did not have the capacity to answer the survey, but if they did they would have scored ≥10 (see Box 1 for an example).
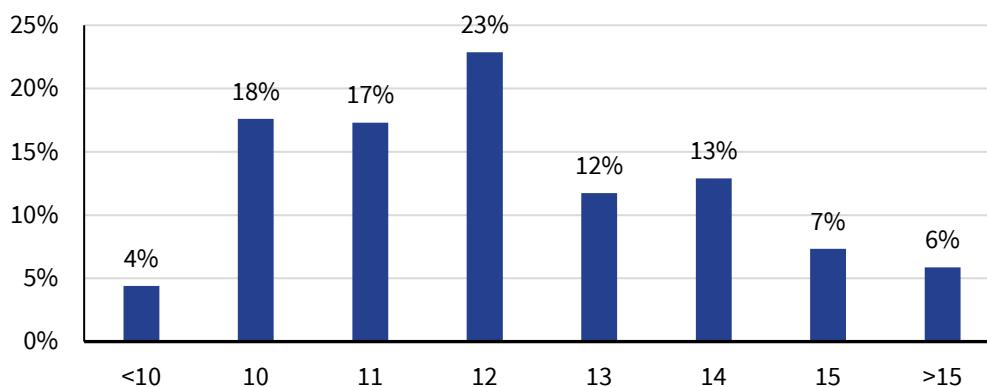
Figure 4: Range of VI–SPDAT Scores

Note: Scores for Individual and Family Head of Household surveys have been combined

The relative vulnerability of people eligible for 50 Lives is mirrored in comments from organisations with a long history of working in the homelessness sector:

> *Generally, 50 Lives clients are a little bit more chaotic. They're a lot more in crisis. Not to say that the other clients that I work with aren't… but generally they are very vulnerable people.* **– 50 Lives Participating Organisation**

It is important to note that while a VI-SPDAT score of ≥>10 is used as a guide for 50 Lives eligibility, in some instances other factors are taken into account. For example, there have been people accepted into 50 Lives who were not able to answer VI-SPDAT questions or struggle with interpreting question meaning due to cognitive or memory impairment from a brain injury. In these instances, organisations or health professionals working with such individuals can make the case for their inclusion in 50 Lives. This is illustrated in Box 1:

Box I: Advocating for People With Low VI–SPDAT Scores

Darryn is a man in his late forties who had been street homeless for many years, with a long history of schizophrenia yet very few records of psychiatric care. He had presented sporadically to ED with physical health issues but been discharged back to the street each time. In late 2015 he was seen by the HHC Street Health outreach team who observed a large untreated abscess on his back. Initially reluctant to accept treatment, the abscess worsened and he agreed to be admitted to RPH ED, where a psychiatric review was undertaken. As Darryn was in a severe psychosis at the time of VI-SPDAT completion, his score of 3 was a stark mismatch to his level of need, and the RPH Homeless Team and HHC advocated for him to be accepted into 50 Lives, and got him access to much needed intensive mental health care. It emerged that he had a wife and children from who he had become estranged due to his illness. Through 50 Lives he secured a place in supported accommodation for people with chronic mental illness, and has resided there since mid-2016.

How recently a person completed the VI-SPDAT also has a bearing on how well the score reflects their current vulnerability, as time spent homeless and the deterioration of health contributes to a higher score. The recent efforts to complete VI-SPDAT's with patients admitted to Bentley Health Service have acutely highlighted this temporal nature of a VI-SPDAT score:

> *We have patients who did a VI-SPDAT three or four years ago. They have been homeless or cycling in and out of homelessness since then, their mental health has deteriorated, and if we re-did their VI-SPDAT now, I am sure it would be much much higher.* - **Kat Ahlers, Project Manager, MHHPP**

Changes in circumstances can also impact on vulnerability. An example of this was provided by a 50 Lives participating organisation whereby the initial VI-SPDAT score of nine under-represented their current vulnerability:

> *I had young person that scored [originally] a nine and then a lot of things changed for them. So I rang the 50 Lives Coordinator and I just explained that a lot of things had changed and they said, okay, just use the same VI-SPDAT and just change [the fields that have changed]… so I met with the young person and we went through the questions I felt would be different and then I think they scored a 12. So, there is kind of that flexibility. When you're working with vulnerable youth, things can change.* **– 50 Lives Participating Organisation**

Other participating organisations mentioned that the VI-SPDAT score may underestimated someone's vulnerability if the person did not want to answer some of the questions or was reluctant to answer honestly.

> *Yeah - and who's going to do what with this information. So sometimes they don't want to or if they've got kids they may be concerned… if somebody finds out I haven't got my own housing, what's going to happen to my kids? Is DCP going to come take my kids? So they are a little bit cautious.* **– 50 Lives Participating Organisation**

> *Sometimes I do feel though that the young people hold back a bit on the VI-SPDAT, especially when it's around the drug and alcohol.* - **50 Lives Participating Organisation**

The VI-SPDAT has shown to be an extremely useful tool for identifying those who are most vulnerable, and this has helped 50 Lives retain a sharp focus on supporting those with greatest needs. However as discussed above, participating organisations also value the flexibility within the 50 Lives program to be able to advocate for people who may have scored <10 on the VI-SPDAT but are nonetheless extremely vulnerable and in need of support from 50 Lives.

2.3.2. Adverse Life Events and Trauma

There is now a substantial body of evidence showing the impacts of traumatic events in childhood (often referred to as Adverse Childhood Experiences (ACES) on brain development and subsequent emotional and social problems, mental health issues and chronic disease risk in adult life.[41] Not only are ACES highly prevalent among people experiencing homelessness,[42] exposure to multiple traumatic events in childhood is also a strong predictor of homelessness.[43] As articulated by the authors of a recent study of ACES among clients of a homelessness service in Cork, Ireland, a high ACE score also often explains the challenges people experiencing homelessness face in engaging with mainstream services; heightened startled responses, poor decision making skills, aggression, memory problems, and difficultly reading facial and social skills are among common consequences of ACES.[42] While the VI-SPDAT does not constitute an ACES assessment, it is clear from its data and our interviews with clients, lead workers, AHSS and HHC staff that the majority of 50 Lives clients have experienced multiple traumatic events in childhood, further compounded by the trauma of rough sleeping. People experiencing homelessness often have a history of adverse life experiences and trauma[44] and

PTSD is common.[45,46] A number of the questions in the VI-SPDAT provide troubling insight into this, and as observed by Dr Andrew Davies from Homeless Healthcare:

> *The experience of trauma among people who are homeless is almost universal, hence major depression and post-traumatic stress disorder are common.* [47 p231]

Trauma can be both a pathway into, and a consequence of homelessness and further adds to the vulnerability of rough sleeping.[48,49] Drawing on VI-SPDAT data for 50 Lives clients to date provides a sobering picture of adverse life events and trauma triggers (Table 5). Overall, a large majority of both individuals and families had been attacked or been beaten up since they had become homeless (79% and 67% respectively). Nearly all individual and family VI-SPDAT responders reported having experienced some type of trauma (including emotional, physical, psychological, sexual or other) that they did not receive support for (84% and 93% respectively). The majority of family respondents either currently or in the past six months had had children removed from their care (57% to other family members and 74% to protective services). The extreme vulnerability of VI-SPDAT respondents is evident across all of the domains measured by the VI-SPDAT.

Table 5: Self-Report Adverse Life Events

N (%)	Individuals (n= 298)^	Families (n=42)^^
Been attacked or beaten since becoming homeless	234 (79%)	28 (67%)
Threatened to, or tried to self-harm / harm others	217 (74%)	31 (74%)
Legal stuff going on that may result in prison or fines	142 (48%)	24 (57%)
Been forced / stood over to do things against will	168 (57%)	16 (38%)
Undertaken risky behaviour (e.g. needle sharing, unprotected sex, selling drugs etc.)	167 (57%)	9 (21%)
Experienced trauma, but not sought help	246 (84%)	39 (93%)
Spent time in institutional care as a child	108 (37%)	–
Separation of children to care of other family members (past 6 months)	–	24 (57%)
Removal of children to child protective services (past 6 months)	–	31 (74%)

^ Note: N's for individual VI-SPDAT responders varied per question due to missing/declined answers. Percentages based on respondents for each question not total N. Attack: n=297, self-harm: n=295, stood over: n=297, risky behaviour: n=295, trauma: n=292, institutional care: n=294.

^^ Note: Family data in this table refers to the individual who responded and anyone in their family.

2.3.3. Duration of Homelessness and Vulnerability to Future Recurrent Homelessness

As 50 Lives works to house and support the most vulnerable rough sleepers in Perth, and given that the longer someone experiences homelessness, the more vulnerable they are (which is often compounded by complex psychosocial factors), it not surprising that people supported by 50 Lives have very extensive homelessness experiences. Prior to completing the VI-

> Psychosocial factors are influences that affect a person psychologically or socially. Including mental health (anxiety, trauma, distress, hopelessness), cognitive responses (satisfaction, self-efficacy, self-esteem, control), and social factors (socio-economic status, education, employment, relationships, isolation).[50]

SPDAT, family responders spent an average of 3 years homeless (range 1 month – 12 years) and individual responders spent an average of 5.3 years homeless (range 3 weeks – 40 years). It should also be noted, that many individuals completed the VI-SPDAT a substantial time prior to 50 Lives (including as far back as 2012), so this average length of homelessness is likely under representative of the actual time this group spent experiencing homelessness. Overall, 120 (36%) of the 50 Lives clients indicated that they had spent at least five years experiencing homelessness prior to completing the survey (see Figure 5). This equates to a total of 1,721 years or approximately 628,000 days spent homeless prior to completing the VI-SPDAT.

Figure 5: Length of Time Spent Homeless Prior to Completion of VI–SPDAT

Note: Family (n=41) and Individual (n=293) responses have been combined for the purpose of this graph. N=6 did not respond to this question.

2.4. Collaborative Approach

Collaboration is a core component of the 50 Lives model with participating organisations spanning the community, housing, health and justice sectors (i.e. homelessness services, housing agencies, health providers and community services) (Appendix 1). There are currently over 30 different participating organisations involved in this collaboration. The 50 Lives collaborative approach stems from the understanding that homelessness is a deeply set, multi-factorial and multi-faceted issue. Ruah operates as the backbone organisation for 50 Lives and facilitates the housing, youth and rough sleeper working groups that bring together organisations with relevant expertise to collaboratively support clients.[2]

The collaboration has a steering group made up of key organisations participating in the project. This group has evolved over time from its early days setting up the project with partnership agreements and structures, holding bi-monthly meetings reviewing the progress of the project. In a review of the function of the steering group at the beginning of 2019, the group chose to move away from the reviewing role to take on a stronger role in addressing areas of concern. It now holds quarterly meetings which are focused on a key topic informed by a discussion paper analysing the experiences and data coming out of the project with the view to inform the strategic direction to address such issues. Steering group meetings have reviewed use of data, support for long-term housed people and most recently have been looking at how the group can respond collaboratively to opportunities from the launch of the state homeless strategy.

The overarching commitment to collective impact and collaborative ethos underpin every aspect of 50 Lives and are regarded as a key strength of 50 Lives by multiple participating organisations.
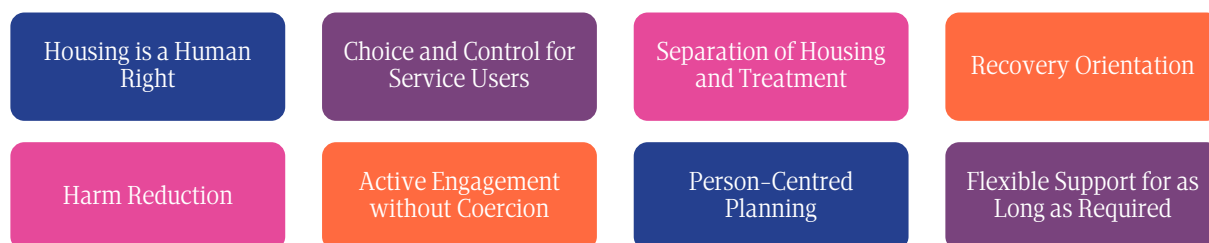
> It's amazing though because the team is so supportive, just like 50 Lives staff and the working groups. It's just this wealth of knowledge from everybody… it's a beautiful platform to learn**. – 50 Lives Participating Organisation**

> . . . it's actually the best meeting I've been to in my life **– Dr James Hickey, Dual Diagnosis Clinician, Homeless Outreach Dual Diagnosis (HODDS)**

One of the 50 Lives participating organisations discussed how the collaborative nature of the working groups enabled them to keep up to date with clients' circumstances.

> *Sitting in the working group was really cool because I was talking to other members of 50 Lives 50 Homes from Tranby, from Royal Perth Hospital and they all knew him and so it was really cool if he hadn't been into the centre for a couple of days they'd say oh yeah, he's been down to Tranby and I would know he's okay.* **– 50 Lives Participating Organisation**

Another 50 Lives participating organisation emphasised the benefits of being able to work with a range of different organisations in order to secure housing and gave the following examples client emphasised the benefits of involving diverse organisations.

> *That was through being able to get the evidence from all angles and having support from all angles. Even getting her housing, we had support letters from myself and letters from mental health services like MCOT. We had support letters from 50 Lives. All together it enabled her to get housing...* **– 50 Lives Participating Organisation**

A perceived key benefit of the Housing Working Group was increased opportunities for communication between lead workers and other support services and regular updates to gauge how clients are managing and any additional support they may require to sustain their tenancy.

> *If they've been any issues, it means that, at the very least, every three months we get an update on, oh my God, there's been some breach notices for that client.* **– 50 Lives Backbone Staff**

The importance of collaboration and strong relationships between organisations enables partners to follow clients' progress and provide timely support to clients experiencing issues with their tenancy.

> *The relationships that work - that myself and other workers have got with individuals within housing organisations. That's what makes a difference and the fact that everybody knows where we're up to. Having the meetings every fortnight gives you an opportunity to discuss the ones that are having issues. The ones that are going okay, they get left to themselves sort of thing. So there's not time wasted going down a list - oh, this client, this client, this client…* - **50 Lives Participating Organisation**

A 50 Lives partner discussed the importance of working collaboratively with other organisations in 50 Lives to support clients to maintain their tenancies in the longer term and help to reduce homelessness in WA.

> *Community Housing Limited are no strangers to challenging and complex tenancies. We work really hard with all the players and especially service providers knowing that we all share the goal of wanting to create an environment that helps to create a long term, safe and secure home for our tenants. Being able to access tenants from the 50 Lives program allows us to know we are doing the best we can in playing an active role in reducing homelessness in WA.* **–James Butterworth, WA State Manager Community Housing Ltd**

The participating organisations involved in 50 Lives are continuously expanding. The Mental Health Homeless Pathways Project (MHHPP) is an example of a service that is actively involved in 50 Lives and is engaging clients in 50 Lives who had previously 'fallen through the cracks' (Box 2).

Box 2: Mental Health Homeless Pathways Project Collaboration with 50 Lives

The MHHPP commenced at Bentley Mental Health in May 2019, with the aim of improving services to patients experiencing homelessness within the East Metropolitan Health Service (EMHS).

A key focus of the project in its first five months of operation, has been improving the accuracy with which homelessness among patients are identified, and the training of 106 clinicians to use the VI-SPDAT (across Service 3 of EMHS). Of the 238 patients screened by the MHHPP with the VI-SPDAT between May 2019 and January 2020, 74% of patients scored ≥10, indicating high vulnerability. Data for a subset of 51 individuals shows on average, they were homeless for 3.2 years prior to completing the VI-SPDAT, with 12 people homeless for more than five years.

Through the work of the MHHPP, 31 complex mental health patients have become clients of 50 Lives, 10 housed directly through 50 Lives to date, and several others in transitional accommodation awaiting public housing. This included two patients with inpatient length of stay of over 200 days and two more with length of stay of over 100 days.

There are another 38 patients eligible for 50 Lives support when lead worker capacity is available.

Since the program's inception, worker satisfaction in relation to the working groups and the support and information that is shared between the participating organisations has been consistently high (Figure 6).
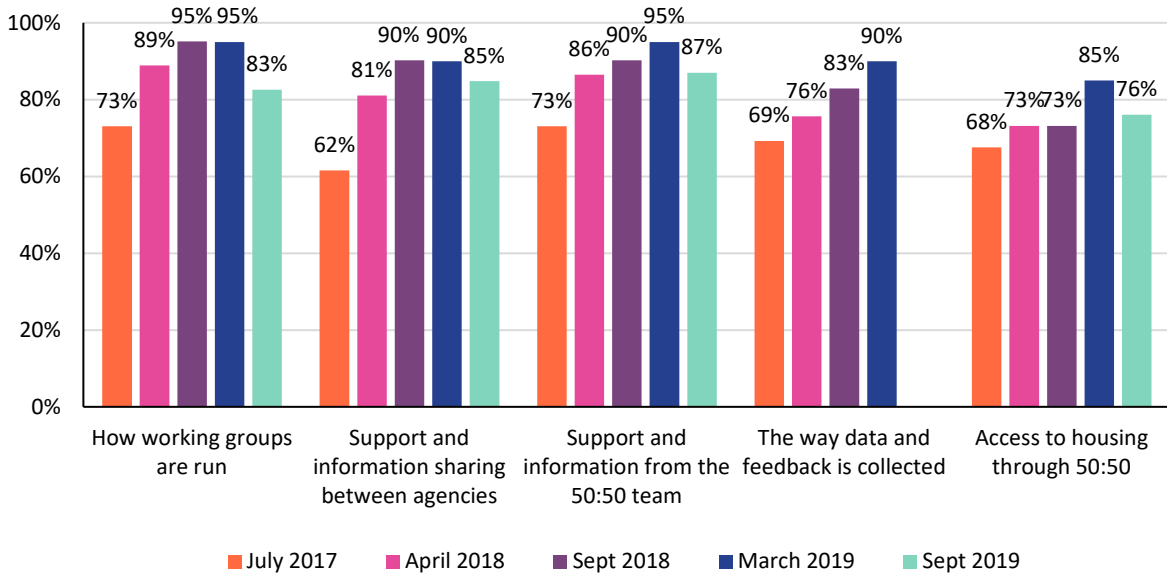
Figure 6: Percentage of Worker Satisfaction Survey Respondents Satisfied with Aspects of 50 Lives

Note: Number of Worker Satisfaction respondents July 2017 n=26, April 2018 n=37, September 2018 n=41, March 2019 n=20, September 2019 n=46. The question regarding data was not asked in Sept 2019 and thus is not presented in the above figure.

When workers were asked if they felt if they were a seamless part of the 50 Lives program, or if it was a burden on their time, there has been a shift over time. In mid-2017, two-thirds of respondents (65%) saw themselves as an equal partner (integrated) or that the collaboration was highly beneficial for clients (coordinated), this increased to 91% of responders in early-2019 (Figure 7).

… if we genuinely want to support the most vulnerable people, you can't do that alone. You need to do that in collaboration. People need that cross-agency, inter-agency, wrap-around support. **– 50 Lives Backbone Staff**

> **Integrated** - see myself and my organisation as equal partners in a collaborative effort
>
> **Coordinated** - opportunity to work together with other services intentionally on an agreed plan for benefit of clients
>
> **Cooperative -** useful opportunity to exchange information and resources
>
> **Chore -** additional burden and responsibility required by your manager

Legend: ■ July 2017 ■ April 2018 ■ Sept 2018 ■ March 2019

Figure 7: Workers Description of Relationship with 50 Lives

Note: Number of Worker Satisfaction survey respondents July 2017 n=26, April 2018 n=37, September 2018 n=44, March 2019 n=23.

2.5. Rapid Housing with No Prerequisites

Traditional models of homelessness support services have focused on preparing individuals for their own independent housing. Under this approach, independent housing is provided if people have completed specified pre-requisites and usually requires transitions between varying levels of support and transitional housing. There has also been assumptions that once someone is placed in housing that they no longer require support. In contrast, a core feature of Housing First (and reflected through 50 Lives) are attempts to house people as quickly as possible and then provide ongoing wrap-around support to assist them to maintain their tenancy and address any underlying health and psychosocial issues. As stressed by one 50 Lives participating organisation, when people are supported under a Housing First model it is important to provide wrap-around support as they adjust to housing.

> *… people have to start somewhere and if it's been a long time since they've been in housing it takes time. If they've never had a house, it takes time to develop the skills that are necessary and it takes support from agencies.* **– 50 Lives Participating Organisation**

The number of 50 Lives clients housed to date, tenancy retention and length of time to housing are discussed in detail in Chapter 3.

2.6. Intensive Case Support

A core feature of Housing First interventions around the world is the imperative to provide comprehensive wraparound support, recognising that housing alone is not in of and itself 'the solution' for people who have been homeless for long periods, and who have multiple social, health and financial challenges, often

underscored by trauma. A distinctive feature of 50 Lives is that case management is not provided via a single agency, but rather through the collaborating partners and their case managers, these are referred to as an individual's '*lead worker*'. In fact, for someone to become a client of 50 Lives, there needs to be an agency that provides a lead worker for that client. As at the 30th of September 2019, there were 26 agencies that were lead workers for 180 of the 50 Lives clients, with a further 22 clients nominated as their own lead worker (i.e. originally had a lead worker and their life has stabilised enough that they no longer need a dedicated worker, but have not exited from the program). The agencies that supported most clients are Ruah, St Patrick's and Perth Inner City Youth Service (35%, 11% and 7% respectively). At this date there were 34 clients waiting for a lead worker (i.e. previously had a lead worker and lost their worker due to service time limits or disengagement or were their own lead worker for a period and now require additional support). The support of lead workers is complimented by support and follow up provided by the AHSS, and there is ongoing communication between lead workers and AHSS.

Several participating organisations commented that the diversity of organisations involved in 50 Lives enabled them to ensure clients were supported with their individual needs and concerns. Some organisations are able to provide more intensive case management for clients whilst others support clients with specific issues, for example, alcohol and other drug problems and specialised mental health services. The case load for individual lead workers can vary, and it is pertinent to note that the majority of lead workers are also case managing clients outside of 50 Lives.

> So we've all got our own turf so to speak but if one of the organisations is full or they've got a waitlist, we can't leave people waiting in these sorts of situations because they're so vulnerable so we'll pick up clients for the other organisations if they're full, things like that. **– 50 Lives Participating Organisation**

2.7. Wrap-Around Support

An important characteristic of the 50 Lives Model is the capacity to continue to support clients as they are housed and provide longer-term support to sustain client tenancies. This involves collaborations between clients' lead workers, the AHSS and connecting people to other necessary support services. The AHSS collaborates closely with clients' lead workers to provide additional out-of-hours support for 50 Lives clients.

Underlying Principles of AHSS
- Immediate response to requests for service (no waiting list or appointment process)
- Assertive outreach model (responsibility for engagement on workers not clients)
- High levels of integration with external providers and caseworkers
- Capacity for individuals to become their own lead workers and continue to receive support

The continued wrap-around support and capacity to re-engage in the future if further challenges arise was raised as a key strength of the 50 Lives model by staff, participating organisations and clients.

> I remain a point of contact and I think that's important too that they have somebody that they feel they can come back to if they're having a problem. I had clients who had their tenancies for years but if there's an issue I'm the first one they bring it to because that's who they feel safe with. That's who has fixed things before. That's who's advocated for them. **– 50 Lives Participating Organisation**

So, we have that sense of, we don't actually completely exit people. We always keep an eye out on where they are. They can always come back at any time, there's this wrap-around support. **– 50 Lives Backbone Staff**

Clients discussed the importance of being able to request more assistance if required and how this enabled them to feel more secure in their tenancies and wellbeing.

It's like a safety umbrella. So basically if I had a problem with say security or anything – they just said, just ring us and they'll just come. **– 50 Lives Client**

The 50 Lives model recognises that clients' vulnerability and complex circumstances do not disappear simply because they are housed and supports clients to maintain their housing in the longer-term.

They [might] no longer need a caseworker. But they always still remain on the list. So if, for instance, somebody who no longer requires...case management but then the wheels fall off for a little bit, you can get straight back onto it. **– 50 Lives Backbone Staff**

As discussed below in Section 2.7.2, all people who are part of 50 Lives can get the support of the AHSS if they want, and some opt in and out of this over time, depending on their circumstances and needs. For those who reach a point of feeling they no longer needed regular AHSS support, they can always request that support resume if they are going through a tough time or feel in need of after-hours support.

2.7.1.   Brokerage Funds to Help with Practical Needs

Brokerage funding through 50 Lives provides capacity to respond to client needs and is an important part of maintaining the client centred model. Brokerage can support clients when they are first housed, which can be often overwhelming when they don't have many possessions and are unable to furnish their house. The client below discussed how anxious he was on finding out he was going to be permanently housed as he didn't own any furniture not have the funding to purchase his own:

So when I finally got into this place through the Homeswest, I freaked out because there's this unit but I was in [fully furnished temporary accommodation]. I had the clothes I was standing in and a sleeping bag. My worker said, don't stress, don't freak out – because I was in the unit and I was, oh man what am I going to do, what am I going to do? **– 50 Lives Client**

Brokerage enables 50 Lives clients to access some essential furnishings and white goods when they are housed and assists with the transition to housing. While these are mostly second-hand items, one organisation notes that even second-hand whitegoods are expensive, so access to this funding makes a difference:

But having access to a fridge and $200 worth of vouchers when somebody moves into a property is absolutely brilliant because fridges even second-hand are expensive. You don't know the quality of them when you get them. You don't know whether they're going to last three weeks or three years. So it gives people a good start. I had a young couple who moved into their property and they were able to fill up their fridge with the vouchers. **– 50 Lives Participating Organisation**

The importance of brokerage for 50 Lives clients was emphasised by multiple lead workers and clients. One partner discussed how 50 Lives was able to pay for a client to apply for a birth certificate so their housing application could be progressed.

… so today I've sent off a birth certificate application for a young person. It will be his second birth certificate which 50 Lives are paying for… **– 50 Lives Participating Organisation**

Another participating organisation mentioned that brokerage through 50 Lives enabled them to organise a skip bin to assist a 50 Lives client to pass their property inspection.

> *…the second skip bin wouldn't have been possible without the support from 50 Lives because they provided some brokerage as I had maxed out Street to Home brokerage on him… he was going to definitely lose his tenancy if we didn't do something and that was the only avenue I had. So got the first skip bin, filled that and we hadn't even got inside yet. I was like okay, we're going to need another one...* **–** **50 Lives Participating Organisation**

2.7.2. After Hours Support Service

As part of the 50 Lives program, the AHSS is a collaboration between Ruah and HHC that provides nursing and psychosocial support to 50 Lives clients on evenings and weekends. The service integrates with the case management and tenancy support provided by organisations participating in 50 Lives.

Each AHSS team is made up of staff from both Ruah and HHC with evening teams including Ruah outreach workers and HHC nurses, and dayshifts on weekends and public holidays comprising Ruah outreach workers. The AHSS is a critical element in enabling 50 Lives to sustainably house

Photo 2: AHSS Case Worker and Nurse with Client

and support the most vulnerable rough sleepers by extending the capacity of existing service providers to work with more vulnerable individuals with multiple support needs. AHSS operates across the Perth Metro area, and has been expanded with the commencement of the 20 Lives program to include areas as far south as Cockburn (see Section 3.1.1).

The AHSS provides support in evenings and on weekends has supported 176 clients since its inception. The AHSS and can be booked by a clients' caseworker (from any participating organisation), the person themselves of their housing provider. The AHSS can provide emotional support, assistance with health issues including wound care, proactive visits to address support needs, support for clients who are having issues with anti-social behaviour, relationships with neighbours or difficulty with property standards. The AHSS also supports clients to make meaningful use of time and support them to become engaged in activities that align with their interests. There is regular communication between the AHSS team and lead workers, and as the nurses with AHSS are also part of HHC, this facilitates supporting clients to make and attend medical appointments and get support around their health needs.

The majority of AHSS support is provided by through home visits, although they support clients via phone contact.

Photo 3: Appointment Reminder Left by AHSS when Person not Home

36% PHONE CONTACT

64% HOME VISITS

Figure 8: Proportion of Phone Contact and Home Visits Support Provided by AHSS

The frequency of contact with AHSS varies depending upon client needs, see Figure 9 for examples of clients' patterns of contact with AHSS. While many people have AHSS visit at regularly intervals, they can contact AHSS and request additional visits, or may go through periods of having regular phone contact with AHSS in addition to the face to face visits. Some clients require an ongoing level of support, whilst for others support needs increase following a specific issue or crisis and then return to baseline. Housing can also result in increased needs for some AHSS clients as they transition out of homelessness but the need for this support can decline as they become linked with the community.

> *...people may contact us for an additional visit when they are going through a difficult patch. For example, we have been asked to go see a lady who is feeling very anxious as she has to attend court tomorrow as she has been a victim of domestic violence in the past* **- AHSS Team**

In the example above, the AHSS team spent some time listening to her worries about the court appearance and confirmed that her case worker would be attending as her support. They then spent some time seeing if she had any other things troubling her, including some health issues that she has been seeing HHC GP about, and were able to check in the HHC system the date and location of her next appointment.
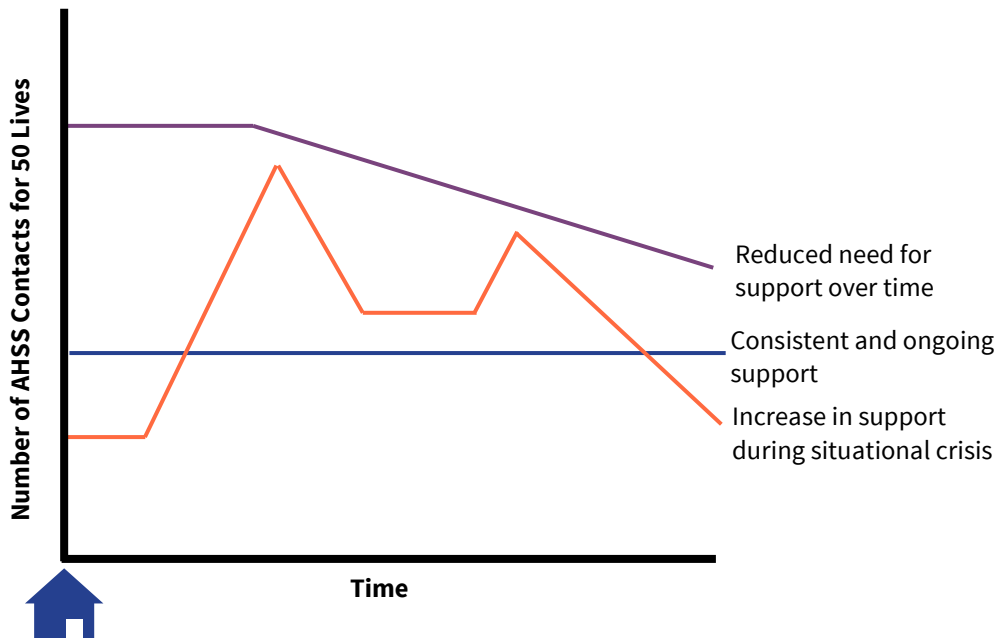
Figure 9: Patterns of AHSS Support for 50 Lives Clients

Note: Diagram is a conceptual model based on observed patterns in data

Photo 4: The AHSS and 50 Lives Backbone Team

Multiple 50 Lives participating organisations discussed the benefits of AHSS in supporting clients and emphasised the importance of AHSS to increase frequency of contact with clients.

> *I've got one client in particular who is very high needs. He's just moved in after being homeless for 40 years - so very long-term homeless gentleman and I try to see him once or twice a week but what we wanted to do was have some service available to him every day so there's that familiar face to pop in, say hello, check in, be there if he needs anything. After-hours has been that.* **– 50 Lives Participating Organisation**

The AHSS also has an important role in responding immediately to any issues a client is having with their tenancy, enabling them to address issues before they escalate and potentially jeopardise clients' housing.

> *For example, on Friday there was an issue with a tenant, antisocial behaviour, and the strata contacted us, so I told the tenancy officer to contact after-hours and let them know and they were going to go out there and see what was going on and how the tenant is.* **– 50 Lives Participating Organisation**

The flexibility of support provided by the AHSS is important to 50 Lives clients, particularly at times when they are in need of additional support.

> *Basically they just pop in, have a chat, sometimes they'd do my bloods or whatever. Just having them on call as a safety net, it's a bonus, especially when you've got no one.* **– 50 Lives Client**

> *They ring every fortnight on a Tuesday and if I want them, they're always there for me, like they're just the best.* **– 50 Lives Client**

Even if people supported by 50 Lives become their own lead worker (i.e. no longer require or feel need for a case worker), they can still engage with AHSS and have access to support, and this provides valuable scaffolding as people progress to greater independence:

> *Like I wouldn't have survived without them, seriously. Even now just knowing they're there and just touching base with them even though it might be once a month, or it might be is reassuring. It's really comforting to know you have someone to call on if things get a bit wobbly. There's no judgement, they're really just there to help and it's really nice. Yeah, more than nice.* **– 50 Lives Client**

The non-judgemental nature of the AHSS team has often been commented on by 50 Lives clients, as illustrated in the example that follows:

> *… the after-hours were really supportive. They're never judgemental, they're really good and they helped me out a lot when I first got my dog so I could go and get my shopping .* **– 50 Lives Client**

In addition to the direct benefits for the people supported by the AHSS, it has also importantly complemented and in some cases extended the capacity of other participating organisations, as illustrated in the example below provided by the Perth Inner City Youth Service (Box 3).

Box 3: Flow on Benefits of AHSS for a Small Youth Service

The Perth Inner City Youth Service (PICYS) supports young people experiencing homelessness, with a particular focus on people who are experiencing mental health issues. The PICYS provides long-term case management and transitional housing for young people aged between 16 and 25.

AHSS has enabled 50 Lives clients supported by PICYS to access support over the weekend when PICYS staff are not available. Prior to AHSS, PICYS staff noted that young people would often contact the service on Friday afternoons (particularly before a long weekend) with crises and asking for support. As a result, staff would often be juggling multiple crisis calls late into Friday and often would carry issues into the weekends.

Since the advent of the AHSS service, PICYS staff noted a significant change in their working pattern at the end of the week. Young people approach the weekend knowing they will not be without support if they need it, so are less likely to have an anxiety-related response requiring urgent assistance. Where crises do occur, the team note that they are able to manage their workload better and deal with the most pressing issue while directing competing issues to the AHSS team to follow up. The staff reflect that this pattern has resulted in improved mental health and wellbeing for both the young people and the staff of the service.

> *I mean, after hours for some young people can really fill that gap of risk when there's lots of risk and we have to close our doors at some point in the day and these young people continue to do what they do. But it really helps to know that there's somebody that they can contact in a crisis, when they're also contemplating the decision that they're going to make to prevent the crisis, which is our number one preference but not always how it goes down. But also for our mental health as well. We're going home on a weekend knowing that these young - particularly vulnerable young people with the suicidal ideation and sometimes drug taking behaviours that are really high risk, have someone that they can call because they're not likely to use conventional services like Lifeline or places like that because they don't know the people on the other end of the phone.* - **PICYS Staff**

Bi-annual surveys are sent out to 50 Lives lead workers to provide feedback on the program. Figure 10 shows the proportion of respondents who reported being satisfied or very satisfied with aspects of AHSS. There has been a consistent high level of satisfaction over the program's duration.
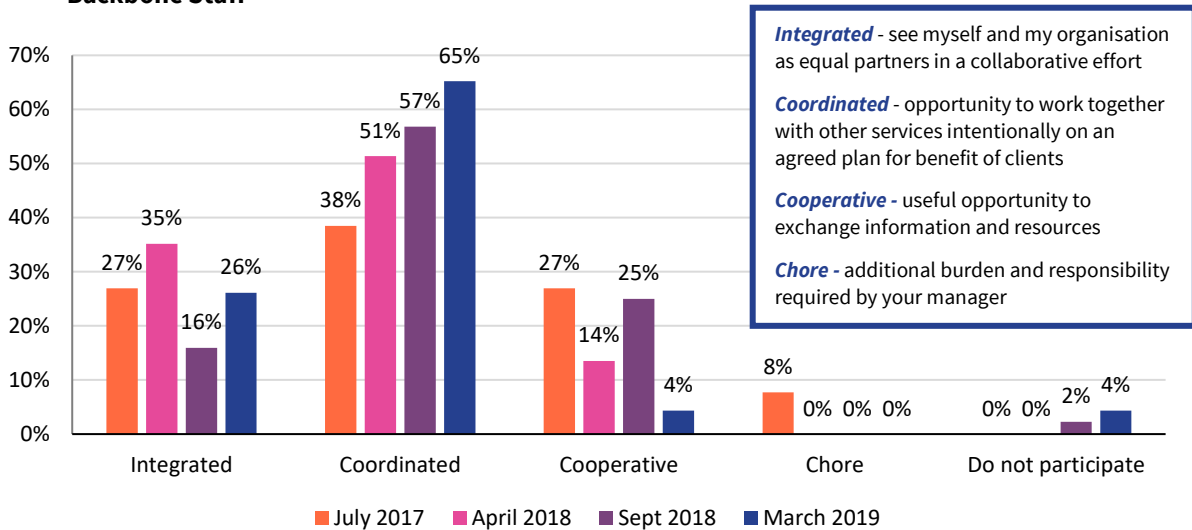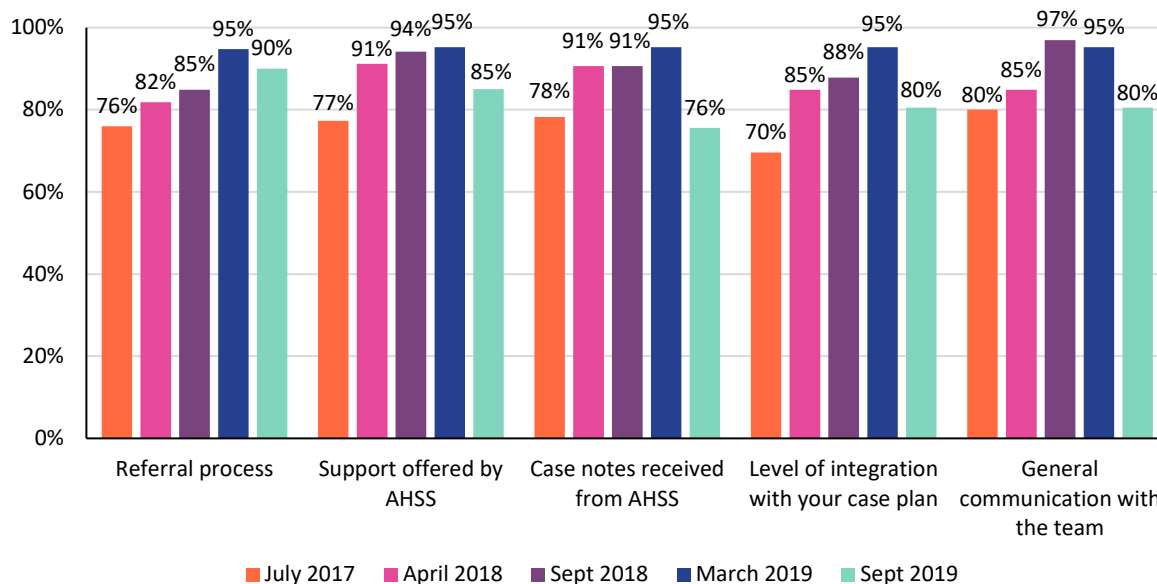
Figure 10: Percentage of Worker Satisfaction Survey Respondents Satisfied with Domains Relating to AHSS

Note: Number of Worker Satisfaction respondents July 2017 n=26, April 2018 n=34, September 2018 n=34, March 2019 n=21, September 2019 n=41.

2.8. Meaningful Use of Time and Community Connection

Paradoxically, social isolation and loneliness can be heightened when people who have experienced long term homelessness are housed, as a consequence of both physical and psychological disconnection from the social networks established whilst homeless. In a UK study, feeling socially isolated once housed contributed to some people choosing to return to rough sleeping.[51] Australian research has shown that people can struggle to re-establish social networks they had prior to becoming homeless.[52] Homelessness can also leave a legacy of perceived marginalisation and stigma, and this, along with financial and other practical barriers can be an impediment to engaging in the community once housed.[52]

These challenges are readily apparent in the lives of many 50 Lives participants who have been housed, and community connectedness and meaningful use of time have been important areas of focus for AHSS, lead workers and 50 Lives more broadly. Given the high prevalence of mental health issues, including depression and anxiety among people within the 50 Lives program, mounting international evidence for the impact of social support and community connectedness on health and wellbeing is particularly salient for 50 Lives.

Meaningful use of time and community engagement once housed is primarily facilitated through the AHSS, to help clients maintain a sense of social connection and community engagement.

> *We try and encourage people to do things that they enjoy. It could be exercise or joining a club… I think that gives them a bit more of a purpose. I'm supporting a young person at the moment who is really struggling with feeling lonely. At the moment we are looking at getting them into boxing or something like that.* **– 50 Lives Participating Organisation**

The vignette in Box 4 describes how a 50 Lives client has been supported to engage with a community running group and the positive impact this had had on her mental health.

Box 4: Community Engagement and Meaningful Use of Time
Amy is a 50 Lives client who has been housed for approximately two years. Her anxiety was making it difficult to engage more with her local community and participate in physical activity, which were two things she wanted to achieve. She has a strong relationship with the GP she sees at HHC, who suggested that she could join 'On My Feet', a running and support group for people who have experienced homelessness, and reassured Amy that they would be able to accommodate her dog during the sessions. Amy has also received support from AHSS to engage in the community and maintain her involvement with the program. Amy discussed how involvement with On My Feet has helped her to 'get out of the door' and created social connections.
I was really committed to it and I really enjoyed it so just made myself go and I really loved it and you know you don't want to let your team down and all those people - so many people are helping you. – **"Amy"**
As part of the On My Feet program, she was able to travel to Melbourne to complete a half marathon and now plans to volunteer to mentor future participants.
That On My Feet program really increased my confidence in self-belief and ability to step out a bit more… For me, exercise is so important so really head down, bum up with the on my feet and mentor someone and hopefully be able to do some strength sessions for the group. – **"Amy"**

To date, it has often fallen to the AHSS and lead workers to support people to identify activities that interest them and/or to build confidence to 'try things out'. However, this is not sustainable long term, and ultimately, there is a need to support clients to broaden their networks of social support and ways of meaningfully spending their time within the community.

> *Once a person has been housed in their forever home it is crucial for them to have connection and relationships with others that are not 'paid' to be there such as case managers. Building up relationships with neighbours, community or estranged family members can result in lifelong meaningful connections, friendships and support instead of 'paid, time limited and professional relationships'.* **- Kat Ahlers, Project Manager, MHHPP**

This is further discussed in Section 2.9.3, as 50 Lives has recently embarked on a new initiative in partnership with Uniting Way to pilot a mentoring/buddy program to support people who were formerly homeless to re-engage in the community.

2.8.1. Outcome Star

The Outcomes Star™ is a person-centered case management tool used for goal setting and identifying strengths and areas of difficulty and is used by a number of the 50 Lives participating organisations in which lead workers are employed. To date, Outcomes Star™ has been used by about half of 50 Lives lead workers to track the difference they are making with their clients and measure the client's ability to self-manage. In the third quarter of 2019 Work Summary surveys, 48% of workers reported utilising this tool. Figure 11 shows the 10 domains in the Outcome Star.
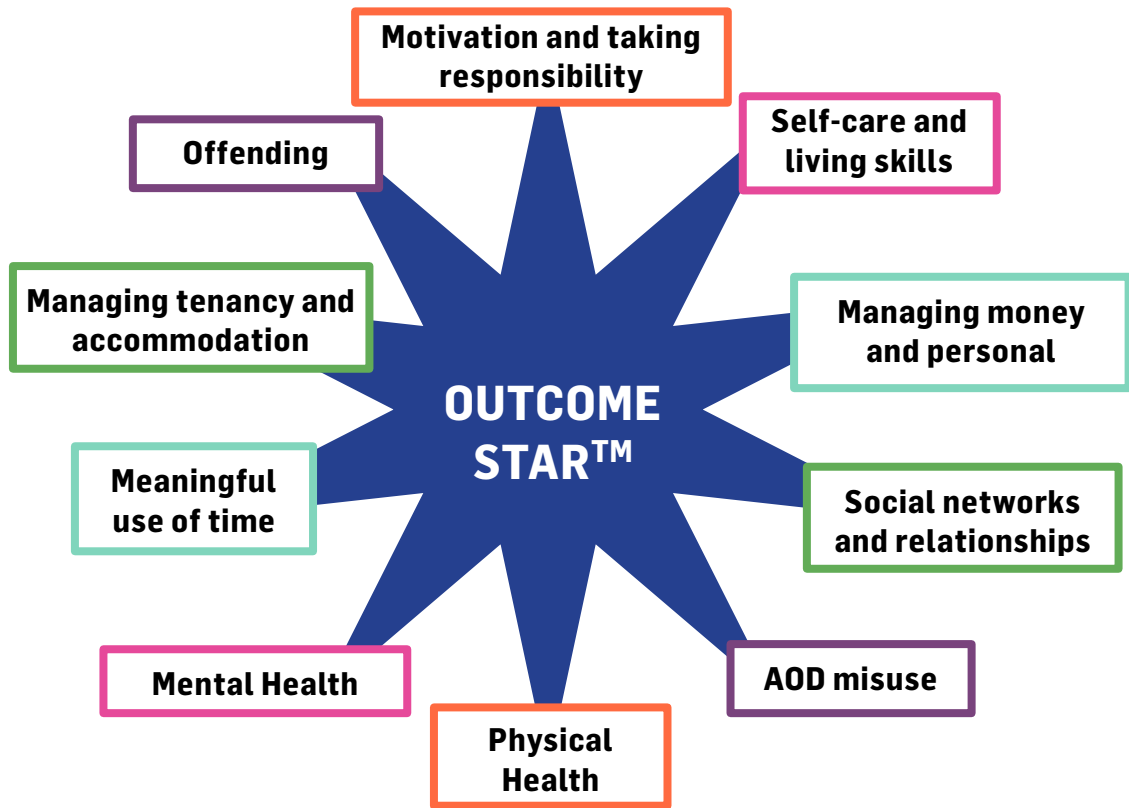
Figure 11: Outcome Star™ Domains

As shown in Figure 12, the domains that clients received the most support in was motivation and taking responsibility (74%), followed by mental health (69%) and managing tenancy and accommodation (64%). This is important in supporting people to manage and sustain their tenancies in the longer term.
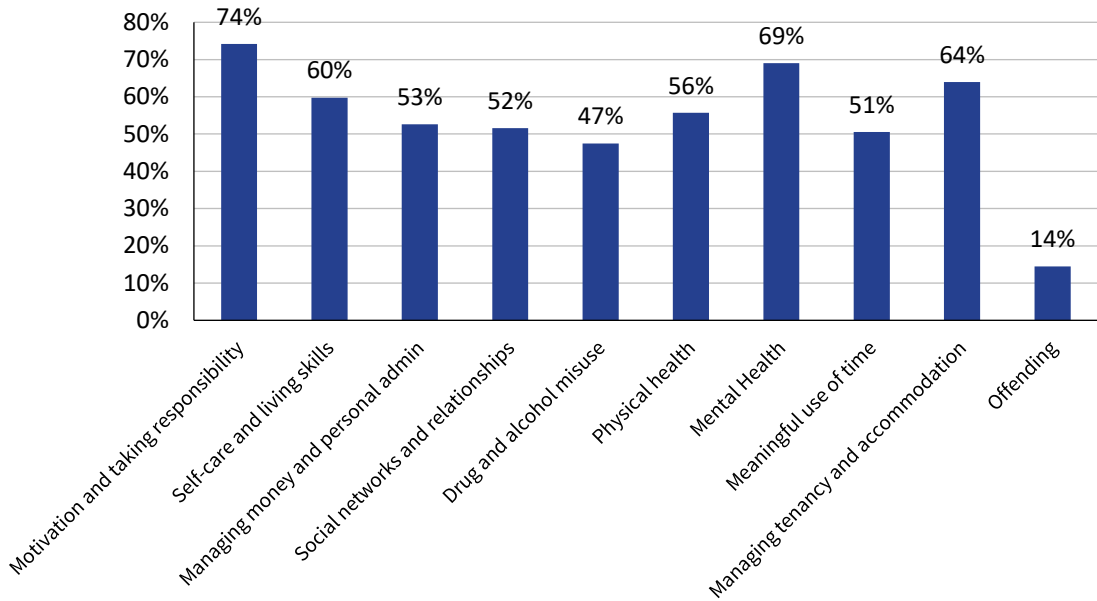
Figure 12: Domains of Support Provided to 50 Lives Clients over the Third Quarter of 2019
Note: 97 responders

2.9. Foster Innovative Initiatives and Adaptive Responses

Since the last 50 Lives evaluation report, there have been a number of innovative initiatives that have further progressed or commenced, and we highlight three of these here. These serve to illustrate how the 50 Lives program is by no means static, and that adaptions and innovations to address gaps in the sector can originate from within 50 Lives itself, or from any of its participating organisations, and in all three examples discussed below, the organic way in which such innovations evolve is evident.

2.9.1. Wongee Mia

Wongee Mia is a special initiative by Ruah that was purposively designed to meet the needs of Aboriginal families experiencing homelessness. The program focuses on providing support that acknowledges kinship obligations that often lead to overcrowding and breaches when Aboriginal families are housed through mainstream programs. In late 2017, 50 Lives was successful in securing a grant to fund a caseworker to specifically work with Aboriginal rough sleepers using an alternative model based on feedback from Indigenous organisations. In May 2019, the project expanded to include one more case worker to support the family. This model looks at working with one extended family network to support everyone in the family system with housing and other support needs to take a positive approach to those who are seen as "overcrowding". The caseworker works with one 50 Lives client *"Robby"* and his family to not only ensure his tenancy is not affected, but to address the extended families housing needs as a whole.

The name 'Wongee Mia' was gifted by Robby and his family in memory of his grandmother who advocated for housing for her relatives. Wongee was the name his grandmother was known by, meaning 'strong woman' and Mia means 'home' in the Noongar language.

The key elements of the program are:

- elders lead the program design and set goals

- yarning sessions are client led and family chose time and location for these discussions

- trust and relationship between the family and caseworkers

- caseworkers keeps an appointment free diary – family can approach for assistance at their own discretion

- the connection to 50 Lives and the organisations involved in the collaborative (including housing providers)

- cultural connections of the caseworker

Photo 5: Wongee Mia Caseworker with Fringe World Tickets

Substantial work and advocacy has been undertaken to develop relationships with housing providers to overcome previous issues the family may have had (i.e. previous breaches and evictions). As at the end of December 2019:

- 29 individuals supported through 50 Lives

- 9 public housing priority applications completed

- 10 individuals housed (4 permanent places, 6 temporary)

In addition to the above more tangible outcomes, there is also a body of work being undertaken to involve the family in community events (such as the Perth Fringe Festival).

2.9.2. Fremantle 20 Lives 20 Homes

Background

Fremantle is an urbanised satellite city 18 kilometres from Perth and prides itself on having a strong community identity and sense of community. In the 2016 Census, 330 people in Fremantle area identified as being either homeless or at risk of homelessness.[53] Further data on rough sleeping within the area was collected by St Patrick's Community Support Centre (St Pat's) and Ruah as part of a "Fremantle Registry Week" in 2016.[54] The data collected pointed to long-term homelessness, with an average duration of homelessness greater than five years.

St Pat's has been a participating organisation in the 50 Lives collaboration since it began in 2016. Following a public 'town hall' on homelessness in late 2017, momentum

> **Why a placed-based initiative in Fremantle?**
>
> *Fremantle is a unique community. Historically it was known as an "end of the line" town, with all that this expression implies – a working class port with considerable presence of poverty and social disadvantage. Over the years, it became gentrified, but in a way in which wealth and poverty have co-existed – albeit not always comfortably - in the compact space now referred to as 'Freo'. Surprising though it may be to some, this fact contributes to the strength and richness of the community. Homelessness – and particularly rough sleeping – has long been a challenge for Fremantle. Despite diversity of opinions on the issue, at the end of the day the Fremantle community has come together in common concern to support the effort to end street present homelessness. This builds on a strong culture of local collaboration, particularly amongst non-government and government agencies in the area working to resolve wicked social issues such as homelessness. This has provided us with a strong and exciting foundation from which to build the work of 20 Lives 20 Homes Fremantle. – Michael Piu, CEO St Patrick's Community Support Centre*

began to grow in Fremantle for a local place-based response to homelessness. St Pat's, the City of Fremantle, community organisations with a footprint in the Fremantle area, and Ruah worked together to develop this place-based extension of the 50 Lives program, known as 20 Lives 20 Homes (20 Lives) Fremantle program.

The 50 Lives program has always included Fremantle within its catchment area, and a number of people have been housed in Fremantle and surrounding suburbs over the last few years, but the 20 Lives initiative enables a more locally place-based adaption, and is also trialling some different approaches to case management and wider sourcing of housing stock so as to be able to house people more rapidly, with the pilot of a rental subsidy scheme administered by Foundation Housing and funded by the Department of Communities.

The aims set forth for 20 Lives in its original proposal are to:

- Sustainably house and support very vulnerable homeless people using a Housing First Model.

- Leverage existing collective impact model to harness existing supports and services.

- Connect new tenants to community in a place-based model

- Draw on the strong community culture of Fremantle

The WA 10-year State Strategy on homelessness makes explicit mention of 20 Lives, noting that it is the first-place based trial of the 50 Lives model in WA:

> The 20 Lives initiative demonstrates what can be achieved when governments and the private and community services sectors work together to make a difference for people experiencing homelessness.[11] p.35

The involvement and support of the City of Fremantle has been central to the establishment of 20 Lives, and this engagement and support from the local government council is seen as an important ingredient for other towns and areas wanting to roll-out a placed-based derivative of 50 Lives.

> Homelessness is a complex social challenge that requires a coordinated effort from all levels to address. It's great to see state and local government, the community sector and the private sector all come together as part of this important project that aims to demonstrate how together we can solve and not just manage homelessness. The City of Fremantle is proud to be supporting an initiative that is proven to make a huge difference to the lives of some of the most vulnerable people in our community. **- Dr Brad Pettitt, Mayor of Fremantle**

20 Lives Oversight Structure and Staffing

In addition to the support of the overarching 50 Lives Steering Group and backbone team, the local partners involved in 20 Lives have formed a 20 Lives working group. The first working group meeting took place in November 2019. The 20 Lives team comprises two dedicated outreach support workers employed through St Pat's, and a part-time project officer employed by Ruah. All 20 Lives clients can have access to the existing AHSS team and 20 Lives has capacity to fund additional AHSS shifts if required, and to expand the geographical area the AHSS covers, opening up potential options to house people (with AHSS support) further south of Fremantle and as far as the City of Cockburn.

As with 50 Lives, people supported by 20 Lives can be housed through a range of housing providers, including Housing Authority and community housing. However, one of the innovations being trialled in 20 Lives is a rental subsidy scheme, led by Foundation Housing. Variations of rental supplements have been used in several Housing First initiatives in other countries[55,56] as a way of tapping into private rental options to reduce the time people spent waiting for appropriate housing. Foundation Housing's role in 20 Lives is to bring in and manage new housing stock supply, sourcing private owners through print and social media. As most people in 50 Lives are on Newstart or disability support, there are very few private rental options that are affordable[57] hence 20 Lives has the

Photo 6: Some of the 20 Lives Team

capacity to provide a rental subsidy to assist people housed in private rentals. Additionally, strategies are being put in place to encourage private owners to be involved, such as 12-24 months guaranteed rent on their properties. Potential private owners making rental properties available to 20 Lives are also made aware that that tenants will have access to tailored wraparound support from the 20 Lives team and the AHSS.

Progress to Date

The 20 Lives program is currently supporting 14 individuals, who are receiving case management and intensive support from St Pat's. The majority (79%) of 20 Lives clients identify as Aboriginal or Torres Strait Islander people. The age of 20 Lives clients varied from 33-56 years, with between 2-17 years spent homeless prior to receiving support. Three clients are in long-term lodging as their residence of choice, four clients are in transitional accommodation, two individuals have moved into private rentals through the rental subsidy scheme and one individual has moved into a Department of Communities property. Three clients are receiving support from the AHSS.

2.9.3. Re-Engaging in Community

Background

Re-engaging in Community is a new pilot program funded by a Lotterywest grant initiated through a collaboration between 50 Lives and United Way. Commencing in early 2020, it aims to provide 50 Lives and other key homeless service clients' with volunteer mentoring and social support to help them engage in the community, get involved in activities they enjoy and develop strong social networks. The initiative draws on evidence from an innovative program in Frome, UK has demonstrated a reduction in ED attendances among people formerly socially isolated due to health and psychosocial issues.[58]

The Re-engaging in Community concept originated as a collaboration between 50 Lives and United Way WA and has involved a number of 50 Lives clients in the co-design of the model from the outset. In the initial co-design workshop held in October 2018, barriers and enablers to community participation were identified, and 50 Lives clients had opportunity to describe the type of support and mentor qualities they would want. Key themes and client responses from the co-design workshop are summarised below:

- **Barriers to participating in community and social activities:** cost, don't want to do it alone, stigma, lack of transport
- **Important characteristics for mentors:** non-judgmental, share similar interests, have a lived experience to ignite hope for recovery, empathetic, keep confidentiality
- **Types of support required:** consistent face-to-face contact, system navigation, relationship support
- **Example activities to participate in:** outdoors based activities (walking, bike riding), recreational and sports-based activities (bowling, darts, fishing, art), human connections (men's shed, shared meals, church) and activities that give sense of purpose (volunteering).

What the Program will Involve?

The key aims of the Re-engaging in Community program are to:

- support participants to engage in the community and develop social networks
- develop pathways for social engagements and activities
- support enhanced physical and mental health.

The pilot will be of a two-year duration and will be independently evaluated by UWA. As it has only recently received funding, the establishment of a steering group and further co-design with 50 Lives clients will take place in the first half of 2020. The program aims to support 120 clients, each of whom will be matched with a mentor who will support them as they engage in the community. Mentors will work alongside the participating 50 Lives and other services clients to identify social, recreational, sporting or hobby related activities that they would like to try, with the mentor then providing encouraging and support tailored to the needs and preferences of the client. United Way will work with other organisations such as BeFriend to train potential mentors/buddies, and match these with 50 Lives and other clients. As noted by the CEO of United Way, the project has potential to yield social and wellbeing benefits, not only for the 50 Lives clients, but also for the volunteer mentors involved:

> *We're delighted to have received funding to work on this project with 50 Lives to help foster community connectedness and reduce social isolation for people who have formerly been homeless. The greatest excitement for me is two-hold: firstly this project really recognises the absolute importance that social engagement plays in the overall health and happiness of every individual, plus the volunteer matching allows for benefit to both parties. It brings a sense of belonging and purpose to both participants and volunteers, doubling the positive impact.* - **Kath Snell, Chief Executive Officer, United Way WA**

2.9.4. By Name List

In early 2019, the Australian Alliance to End Homelessness brought key representatives from capital cities around Australia to co-invest in learning about, and developing, the 'Advance to Zero' approach.[59] Representatives from Perth, Melbourne, Adelaide and Brisbane all participated in a two-day Action Lab in Perth in February 2019, followed by a second Action Lab in August 2019, where they were joined by a Sydney team.

Advance to Zero is an approach to achieving 'functional zero' for rough sleepers in a city or

Photo 7: Perth By Name List Workshop Participants

town area using a combination of quality real-time data and service coordination.[60] Functional zero is achieved where there are enough services, housing and crisis beds for everyone who needs them, or when there are more people housed each month than becoming homeless. As a result, homelessness is rare and for those that experience it, it is short-lived and one-off.

One of the key tools used to achieve functional zero is the 'By-Name List'. The By Name List records up to date information about the number of people experiencing homelessness in the community, and tracks their movement in and out of homelessness. By knowing people by name and what they are experiencing, plans to end their homelessness can be made. Tracking the inflow and outflow of homelessness in a community allows for the identification and addressing of system bottlenecks, with the overall aim of improving sector responses for better outcomes.

The key purposes of the By Name List are:

- Seek housing and support solutions for individual people and families experiencing rough sleeping and chronic homelessness.

- Inform service collaboration and development to improve how the system works to end rough sleeping and chronic homelessness.

- Produce data which can be used as an advocacy tool with the aim of ending homelessness (i.e. achieving functional zero).

The 50 Lives data recording has begun transitioning to using the By Name List as a key tool for prioritising most vulnerable and understanding effectiveness of work and will undertake the day to day management of the List as the project is rolled out in early 2020. The introduction of the List also means that data is captured on all rough sleepers across Perth (not just those scoring ≥10 on the VI-SPDAT) to drive effective service provision for everyone, with the overarching goal of ending homelessness.

The By Name List has been well received with stakeholders commenting on the positive difference it will make for people, with one youth worker noting:

> *…this seems like an approach that could actually make a difference for the young people who have always slipped through the cracks.* **– 50 Lives Participating Organisation**

2.10. How the 50 Lives Program has Evolved over Time

As a pilot program which has expanded substantially since inception, there has been changes to the 50 Lives model over time. Many of these changes have been perceived by staff and participating organisations as positive, overcoming some of the initial barriers and enhancing the capacity of 50 Lives to meet client needs. The most positive changes included the shifting the coordination of the AHSS underneath the 50 Lives coordinator enabling more consistency across the service.

Other participating organisations commented that over time the relationships between partners have strengthened and have thus are better able to support people in the program. Not only this, but as new organisations and services have become part of 50 Lives they add expertise and fresh perspectives enhancing the model.

The engagement with individual clients and sharing of knowledge between participating organisations has been emphasised as key benefit of the 50 Lives model however some staff members noted that it could be challenging to maintain this approach as the 50 Lives program and the number of clients continues to expand.

> *It's almost like actually what we've done is we've put a safety net in, so that if people get in trouble, we're got something that can respond. It is harder, I think, as you scale up, to start going, well, how are we going to keep knowing everyone by name? How are we going to keep on top of everything?* **– 50 Lives Backbone Staff**

3. HOUSING OUTCOMES

> " *I've been homeless ever since I was 15... Before 50 Lives I didn't really think I'd be that lucky to get a house. I thought I'd be on the streets forever.* "
>
> *- 50 Lives Client*

A dual focus of the Housing First approach is rapid housing and supporting people to sustain their tenancy. As the name implies, housing is provided first, not delayed until people are 'housing ready'.[30] As such, people are often being housed with issues that may require substantial support, including addictions, financial and legal issues and a myriad of mental and physical health conditions. Integral to Housing First and to the 50 Lives program is thus the coupling of housing with wrap-around support. In contrast to many homelessness programs that only have capacity or funding to support people for a defined time period (often 1 year or less), 50 Lives is committed to providing support for individuals for as long as they require, even if they lose their initial housing. Although supporting people to get and remain housed is a key outcome for 50 Lives, the program also recognises that stable housing can enable people to identify and address broader health and psychosocial issues. In turn, supporting clients to address these needs enables tenants to remain housed.

In appraising housing outcomes for 50 Lives over four years on, it is important to look not only at metrics pertaining to housing and tenancy sustainment, but also to consider the barriers currently hindering rapid permanent housing. This is an increasingly vexed issue for 50 Lives and the WA homelessness sector, with more and more people being identified as highly vulnerable and in need of rapid housing, but a number of entrenched impediments to rapid housing remain. As will be discussed later in this chapter, the significant shortage of social and affordable housing in WA (and indeed Australia) has clearly impacted on the time it takes to house people who are part of 50 Lives, and for each individual waiting for permanent housing, there are a raft of implications the longer it takes. Housing supply is however not the only factor, and this and other barriers to rapid housing will be discussed. The data presented in this chapter relates to housing outcomes for people who were part of 50 Lives (whether housed or waiting housing as at 30 September 2019). This enables alignment with the police and health data able to be obtained.

3.1.   Number of People Housed to Date

As at 30 September 2019, 341 individuals had consented to be supported by the 50 Lives program. Of these, 162 individuals and their families have been housed (a total of 237 people) in 186 properties (Figure 13).

162 Clients Housed

- **109** Housed in first tenancy
- **15** Transferred tenancy
- **8** Rehoused & sustained
- **2** Rehoused & exited
- **28** Exited tenancy

30 Sept 2019
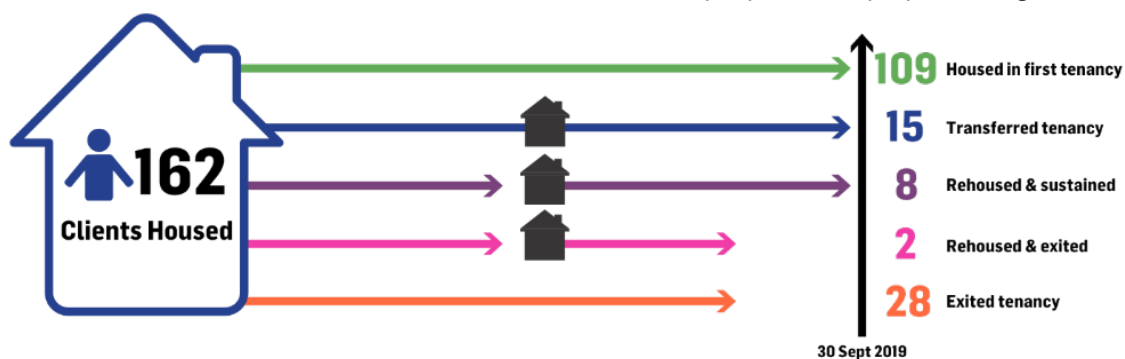
Figure 13: Number of People Housed by 50 Lives as at 30 September 2019

As at the September 30, 132 of the 162 people assisted into permanent housing remained in their properties (Figure 13). During the last quarter of 2019 (1 Oct – 31 Dec), there were an additional 11 people housed.

Over the duration of the 50 Lives program, there is on average double the number of people who consent to the program each quarter (average 21 people) compared to the number housed per quarter (average 10 people) (See Appendix 2). This places substantial pressure on the supply of housing needed to support those seeking assistance through the program. While the number of placements each month over the duration of 50 Lives has been maintained, the number of people on the list and seeking housing has increased. As at the 30 Sept 2019, there were 111 people connected to the program who were not permanently housed.

3.1.1.   Location of Housing Provided

To date, people supported by 50 Lives have been housed across over 70 suburbs in Perth, with the majority located within 10kms of the Perth CBD (Figure 14). Where possible, the location of the housing for 50 Lives clients is carefully selected through the need to ensure clients can successfully integrate into the community and live in reasonable proximity to relevant services. Factors taken into consideration are discussed later in this chapter.

Ideally people are housed in areas that fall within the AHSS catchment. As a home visiting service, having a defined catchment is necessary as the more dispersed people are, the fewer people can be seen in any one shift. The catchment area for the AHSS has expanded over time, as noted by the 50 Lives Manager:

Originally AHSS was able to support people in housing within a 15km distance around Perth and within a 5km area around Fremantle. It has been since extended down to Armadale and up to Midland. With Fremantle 20 Lives commencing AHSS will be able to support people in housing as far south as Cockburn. The significant gap however for metropolitan Perth in terms of after-hours support is the north-west corridor towards and around Joondalup. - **Leah Watkins, 50 Lives Manager**
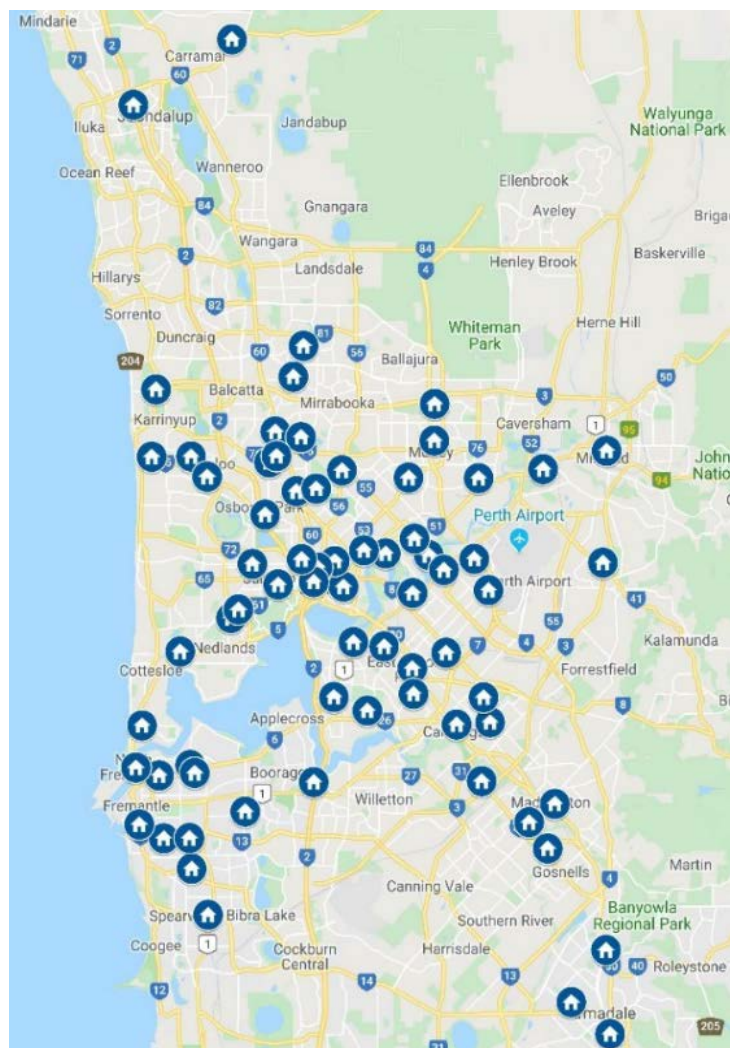
Figure 14: Areas Around Perth Where People Have Been Housed

3.1.2. Housing Providers

Of the 186 properties that have been accessed as at the 30 September 2019, the majority were provided by the Housing Authority (50%), with about a quarter (26%) provided by community housing providers (Foundation Housing, Access Housing and Community Housing Ltd.) (Figure 15). The other 24% includes people who have been supported to move into private rental accommodation, and in supportive accommodation, including supportive mental health accommodation and aged care services, that best meets their individual needs.
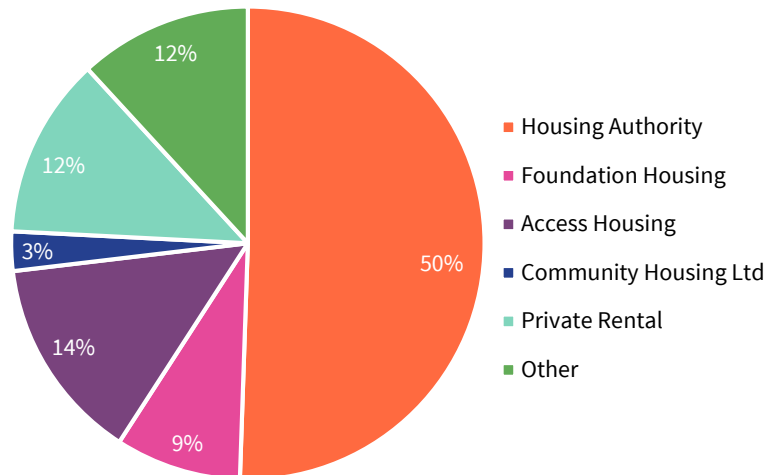
Figure 15: Housing Providers for 50 Lives Clients Tenancies

Note: Based on 186 tenancies, including transfers.

Where suitable housing isn't available to meet a person's needs, there have been instances of providers going out of their ways to accommodate people and their current circumstance (Box 5). One example of this is the Way Home program, a partnership between Access Housing and the Sisters of St John of God.

Box 5: The Way Home Program
Way Home is an affordable housing program for women and their children who have experienced homelessness. The program aims to provide direct access to secure, long term housing for women and their children. Wherever possible, Way Home properties were purchased with a view to a particular family's needs, rather than housing clients in existing tenancies available to the housing provider. Two of the properties purchased through the Way Home program, house people supported by 50 Lives, and housing was specifically chosen to fall within the AHSS catchment area.
As an example of selecting a property to meet unique client needs, the Way Home program was able to purchase a six-bedroom house for a woman who was a single mother with 11 dependent children who had been in a FDV situation. She had been homeless for more than five years, and when in a women's refuge, there was not the space for all her children to be with her. Her children were dispersed living with different family members, including tenting in bushland at one point. Finding a large enough house that would enable the mother and all her children to live together was a challenge, and the refuge had exhausted all options prior to the solution found by the Way Home program. A house was found that had six bedrooms and a layout that suited family needs, including an outdoor area for children to play. The Way Home Program made sure that their house was located within the AHSS catchment and this extra support has been useful in building trust and rapport.

Note: This case study has been adapted with permission from the Way Home program report (Jan–June 2018) Access Housing

There have also been a few instances of individuals choosing lodging housing to be there "forever home" which enables client autonomy over where they will live and alternative solution to shortages in other types of properties (Box 6).

Box 6: Lodging Accommodation

Background

Reg is an Indigenous male in his mid-fifties. He has spent over 20 years rough sleeping and has a long history of alcohol misuse coupled with PTSD and social isolation. Reg was placed in foster care as a child. He was traumatised by the loss of his parents compounded by being placed in a culturally unaware household. During his stay in the foster home he endured many years of mental trauma. He stated that the impact of mental abuse has left him feeling vulnerable and not "belonging" anywhere. Reg has been incarcerated many times over the past 20 years and being homeless has now exacerbated his mental health.

Support Provided

Reg scored 10 on the VI-SPDAT making him eligible for the 20 Lives program. With the assistance of his support workers, he attended the assessment appointment with St Pat's and was placed in a Lodging House* (this is his choice of accommodation). Reg has been street present for a very long time and has stated that he had several reasons for choosing this type of accommodation, including;

- the availability of support from the Head Lodger (e.g. if he locks himself out)

- being in a small community of lodgers where he has constant contact and interaction with others (e.g. sharing their daily life and meals, connection to community)

- having one bill to pay which includes low cost rent and living expenses enabling him to have money to spend on other activities he enjoys while not having to manage numerous bills.

The 20 Lives lead workers also assisted Reg to move into his accommodation including transport and sourcing bedding, providing brokerage funding to assist Reg to establish the tenancy and then assisted him to apply for Commonwealth rent assistance through Centrelink. The lead workers developed strategies with Reg to sustain his *licence to occupy*** in the lodging house and to reduce his anxiety, as well as assistance with attending his follow up medical appointments and counselling for his alcohol misuse.

Current Situation

Reg has chosen long term lodging as his residence of choice. He currently has a 12-month licence to occupy which he sustains through modelling appropriate behaviour and self-care. He has successfully and independently maintained his residency for over five months with no issues. Reg is successfully attending to activities of daily living including using public transport, budgeting, maintaining residency and cooking meals. Reg has safe and secure accommodation, which has allowed him to start healing slowly. Reg continues to receive case managed support through the St Pat's 20 Lives program and will continue to be reviewed by health professionals ensuring he receives appropriate medical support as well as sourcing culturally appropriate trauma counselling.

Reg stated he is "…*feeling happy and content especially having a roof over my head and a bed to sleep in*".

---

* Boarding or Lodging Houses provide accommodation for people who are generally unable to access other private rental accommodation or social housing. This may be due to an inability to afford rental costs, a lack of references, a preference for shared accommodation or a need for additional support services.

**Licence to occupy – An agreement between a landlord and resident for a resident to occupy premises but does not give the resident a proprietary interest in the land therefore the resident cannot exclude others, including the landlord, from the premises. A landlord can terminate a licence agreement at any time, subject to the terms of the licence.

3.2. Time Taken to House People

Of the 162 first-time tenancies, 137 were housed after they completed the 50 Lives housing application form. On average it took 30 weeks for 50 Lives clients to be housed, however if you look at the median time to house due to the wide range in times taken, it took 22 weeks for 50 Lives to be housed (Table 6). Overall 86% of clients were housed in less than a year, with a third (33%) housed in less than three months (Figure 16). The average waiting time has been calculated based on the housing form completion date and not the consent date as it is more reflective of active engagement and support in the program (example: one client signed consent two years prior to completing her forms and receiving support from the program, the consent allowed for her circumstance to be discussed in working groups but is not reflective of support).

Table 6: Time Taken to House People

| | After 50 Lives Housing Form^ (n= 137) | | |
	Days	Weeks	Months
Average time	207	30	7
Median time	152	22	5
Range	0 – 1,107	0 - 158	0 – 36 (3 years)

^ The 50 Lives housing form is a comprehensive document that outlines an individual's housing preferences, including family that will also be staying at the property, preferred location, any medical or other risk factors that may affect the tenancy (i.e. trauma, physical disability, history of FDV), who they are receiving support from (and what they need support with such as bills), if they have already completed their Public Housing priority listing and an Independent Living Skills Assessment form.

There were three individuals that it took longer than two years to house. For two of these individuals, they were housed in lodging accommodation after five months and 1.5 years of completing their housing form. Both spent a year housed in lodging accommodation and after many discussions with their lead workers they decided they would both permanently stay in lodging. Thus, the time to housed for these two individuals is calculated based on the date they decided they would permanently remain in lodging and not the date they first moved in. For the other person, they disengaged with the program and then moved over east for an extended period of time but were shortly housed after returning back to Perth and reengaging with the program. These individuals' circumstances inflate the overall average of time to house and this is why we have also provided the median time to house to more accurately reflect the usual time taken to house someone.
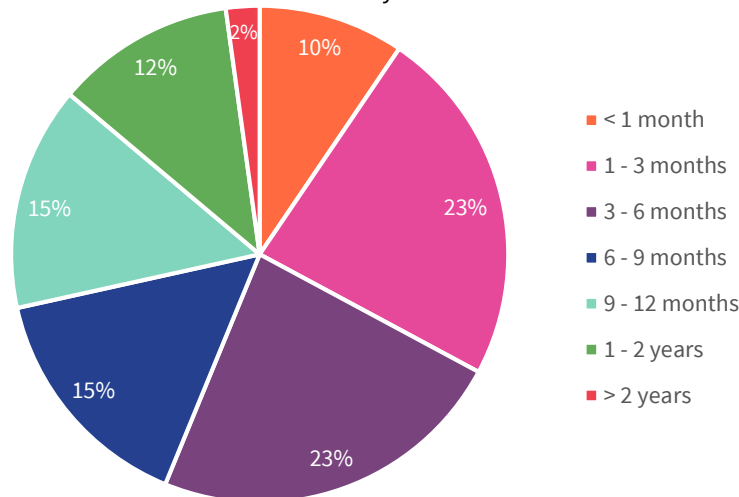
Figure 16: Time Taken To House 50 Lives Clients After Completion of Housing Application

Note: this graph depicts first tenancies only, and those who were housed after completion of the 50 Lives Housing Application (n=137)

3.2.1.   Time Currently Unhoused Individuals Have Waited

It should be noted that there a myriad of reasons why there are delays to rapidly housing people in Perth including the lack of available appropriate tenancies which will be discussed in depth in Section 3.3. While overall 50 Lives has been able to house 71% of people quicker than the average priority wait list time of ~9 months (36 weeks), and 93% of people quicker than the wait time for a one bedroom property which has a wait time of 69 weeks, it should be noted that there are numerous of unhoused individuals that have been waiting longer than this time. Of the 179 individuals who are yet to be housed, 101 remain supported by a 50 Lives participating organisation and had completed their housing application form as at the 30 September 2019. For these 101 individuals that are waiting to be housed, they have waited an average of 51 weeks (median 36 weeks), with 47% waiting longer than nine months to be housed (Figure 17). However, as discussed later on in this chapter, 85% of unhoused 50 Lives clients are waiting for one-bedroom properties, which have a priority housing wait time of 69 weeks (~1.3 years), so are still being housed at a quicker rate than elsewise possible.

When these individuals are eventually housed, it is expected that this will impact current average and median time-to housed. It should however be noted, that of the 13 people who waited for longer than two years for permanent housing, many have been in interim or temporary accommodation waiting for suitable accommodation to become available. This can range from lodging such as Foundation Housing's Hampton Road Lodging House, to specific mental health supported accommodation such as St Bart's Swan Villas, share housing or other transitional homelessness accommodation. Additionally, at least one of these individuals who waited over two years has been housed between the 30 Sept and the release of this report, with the reason for their long wait due to their desire to be housed in a very specific suburb; the partners involved in 50 Lives take every effort to make sure an individual's housing needs are met to ensure that a person is not being set up for unsuccessful tenancy.
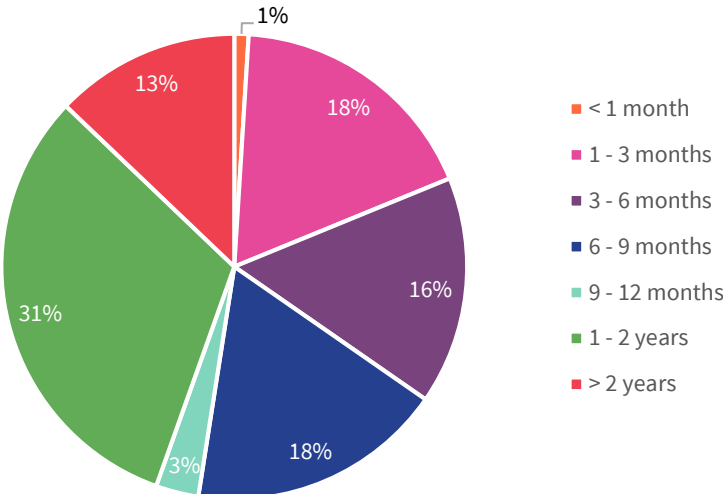
Figure 17: Time Unhoused Clients Have Been Waiting For Permanent Housing

Note: this graph depicts only individuals who were currently supported by 50 Lives as at the 30th September 2019 and those who completed the 50 Lives Housing Application (n=101)

3.3.   Challenges in Housing People Rapidly

Whilst rapid housing is a core principle and aspiration of Housing First approaches, in reality there can often be impediments to this, particularly for people with high vulnerability and complex needs. Factors affecting the time it has taken to house people range from the availability of appropriate properties that suit a person's needs, the paper-work processes required, and day to day challenges people continue to face while they remain homeless (such as phones or ID being stolen). The 50 Lives staff and stakeholders have thus sometimes described the approach as *'Housing First-ish'*- while the intention remains to rapidly house people, this is not always possible, and supporting people to 'not slip back through the cracks' whilst they await housing has thus become an important consideration for 50 Lives and its affiliated participating organisations. Given the embedding of a Housing First response to homelessness set forth in the new WA Homelessness Strategy,[61] there are important insights and implications to be gained from the challenges to rapid 'Housing First' experienced by 50 Lives to date, as outlined in the remainder of this subsection of this evaluation report.

From the 50 Lives evaluation data and our discussions with many stakeholders, staff and people housed or awaiting housing through 50 Lives, we have grouped the challenges to rapid housing into four key categories, as shown in Figure 18.

3.3.1   Processes and logistics associated with completing housing applications

3.3.2   Systematic barriers - including demand for social housing in WA and magnitude of public housing waiting lists

3.3.3   Availibity of housing that meets specific individualised needs

3.3.4   Homelessness sector capacity and funding issues
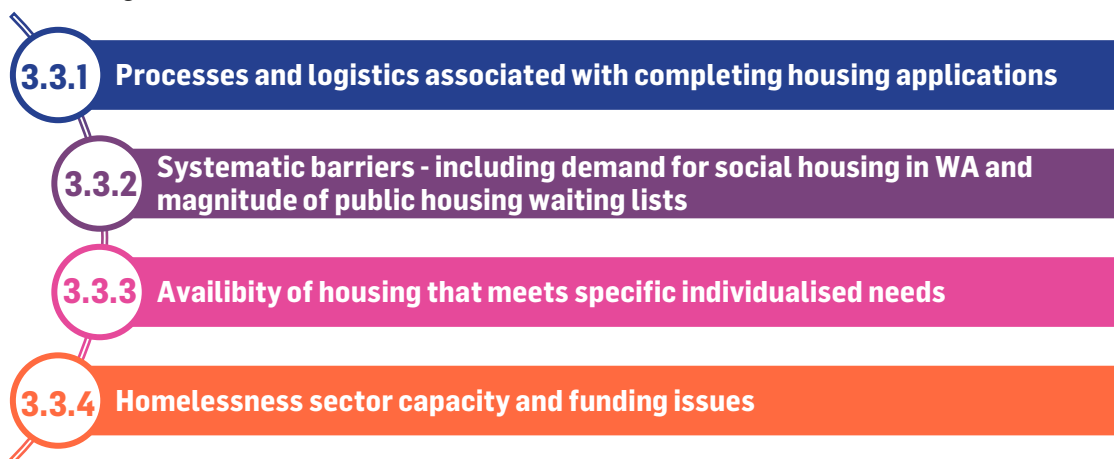
Figure 18: Key Factors that Impede the Speed People are Housed

3.3.1.   Processes and Logistics Associated with Completing Housing Applications

The process undertaken is different for each person supported by 50 Lives, but the typical process would be that they 1) consent for participation in the 50 Lives program, 2) complete their 50 Lives housing application form, 3) complete their Department of Communities priorty housing application form, and then 4) be permanently housed (Figure 19).

Consent to 50 Lives → 50 Lives Housing App → Priority Listed → Housed
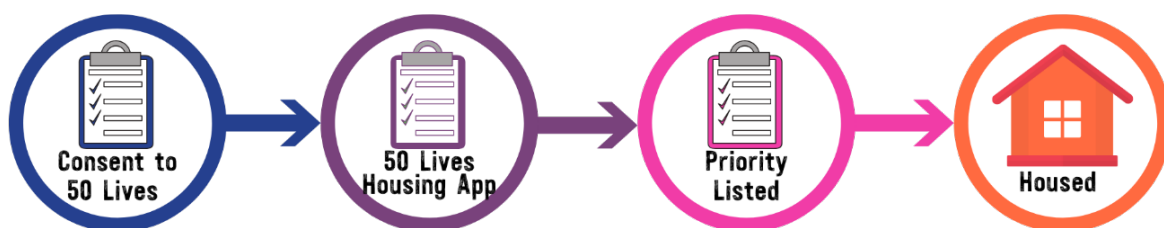
Figure 19: 50 Lives Process for Housing

In some instances, all four steps occur on the same date, for others however, there may be long delays between providing initial consent to support and completing paperwork. Completing necessary paperwork for clients' housing applications is a key step to even getting on a waitlist but can present multiple challenges (see Appendix 3 for example). Over half (52%) of 50 Lives clients were supported to complete their housing applications on the same day they consented to support from 50 Lives, however 73 clients (24%) took more than one month to complete the 50 Lives housing application form. Of the 111 clients that are unhoused but still supported, the majority (60%) have not completed their priority waiting list paperwork. As both public and community housing placements are made directly off the priority list, delays in completing this paperwork has substantial impact on the ability for people to be rapidly housed.

Of the individuals who completed their priority listing, about a third completed this paperwork before consenting to 50 Lives, with 17 individuals completing their forms over a year prior to 50 Lives. For some individuals with an old priority listing date, active advocacy wasn't undertaken until they had completed the 50 Lives housing form.

The reasons for delay in housing application completion vary from individual to individual but are ironically often associated with the very circumstances of rough sleeping. To be accepted onto waitlists for housing multiple forms of identification, including birth certificates and documents showing use of identify in the community, are needed and this can be a substantial challenge for many people who are homeless. While people remain on the street or in precarious accommodation, their lives are often chaotic and day to day survival predominates, hence contacting people about housing application appointments and attendance at these has been a common challenge identified by the 50 Lives team and lead workers from participating organisations. Some people also have past debts that need to be resolved before an application can be finalised.

Over the duration of the program, 50 Lives has continued to look and advocate for ways to streamline the housing application processes, and there have been some positive developments in this regard. One example of this is how the housing application can now be done over phone rather than actual appointment. 50 Lives is able to provide brokerage funding so that the people they support can obtain birth certificates. 50 Lives has an arrangement with the WA Registry of Birth, Deaths and Marriages who will provide birth certificates with less than the usually required identification where a person's identity has been verified by 50 Lives.

The figures presented in this report are based on the first date of consent and first time any forms were completed. This fails to take into account the number of individuals who have exited support from 50 Lives and then re-entered at a later date. Reasons for exit and re-entry includes, but are not limited to extended prison sentences, returning to country or moving interstate and then returning to Perth and family reunifications and breakdowns.

3.3.2. Systematic Barriers

Waitlist for Public Housing

In WA, the Department of Communities manages over 36,000 public housing dwellings for more than 64,000 people on low incomes.[62] As of 31st December 2019 in WA there were 9,391 current applications on the Public Housing Wait List with 15,804 people waiting to be housed.[63]

There are two different lists the standard and the priority waiting list:

a) **Standard waitlist**– open to Australian citizens or permanent residents residing in WA and meet current eligibility, typically people on the list are not homeless, nor at risk of homelessness.[62,64] The average waiting time on the standard waitlist for 2019 was 103 weeks (note this **includes** people on the priority waitlist who are typically housed much quicker, hence impacting the overall average wait time).

b) **Priority waitlist-** for those with an urgent housing need (for example, homelessness that is impacting on medical conditions, or needing to leave current accommodation due to family and domestic violence).[65] In 2019, the average waiting time for the priority waitlist was 38 weeks. However, the waiting time varies according to demand, with waiting times for different zones within the Perth metropolitan area shown in Figure 20.

The wait time also varies for different types of accommodation, reflecting some stark differences in the demand for and availability of different types of housing stock. For instance, nationally and in WA, there is increasing demand for single person dwellings, but this is not reflected in the mix of available public housing.[66,67] In WA, people seeking one bedroom housing options experiencing the longest average wait time of 178 weeks (~3.5 years) on the standard waitlist and 69 weeks (~1.3 years) for those who are on the priority waitlist (Table 7). It should however be noted that the data presented in this table for average wait time to housing on the 'standard waitlist' includes people from the priority list who as noted earlier, are typically housed much quicker.

NORTH METROPOLITAN REGION

S: 116 weeks
P: 49 weeks

Perth

SOUTH EAST METROPOLITAN REGION

S: 84 weeks
P: 24 weeks

SOUTH METROPOLITAN REGION

S: 99 weeks
P: 36 weeks

Figure 20: Average Public Housing Wait Time by Zone

Note: "S" is standard wait time and "P" is priority wait time

Based on our calculations this means that the standard wait time on its own would be equivalent of 476 weeks or over nine years for single people looking for a one-bedroom apartment. Given that 60% of unhoused 50 Lives clients have not completed their priority wait list forms, and that 80% are requiring single bedroom houses, it needs to become a priority for lead workers to complete this immediately. More important than this though would be the simplification of the priority application process so that workers are able to more easily get their clients priority listed so that delays in paperwork do not delay their ability to access social housing.

Table 7: Average Time to be Housed for those on the Public Housing Waitlist in WA

	Dwelling Type	Average Weeks to Housing^	
		Standard Wait List (Including Priority)	Priority Only
Singles	1 Bedroom	178	69
	2 Bedrooms	171	64
Seniors	1 Bedroom	79	27
	2 Bedrooms	78	23
Family	2 Bedrooms	116	38
	3 Bedrooms	74	21
	4 Bedrooms	80	26
	5 Bedrooms	102	35
	+6 Bedrooms	45	40
Total		103	38

^Data from: Western Australian Government, Department of Communities[68]

Shortage of Other Affordable Accommodation Options

Despite growth in WA's private rental sector, the majority of properties remain unaffordable for people on low incomes. Anglicare have stated in their national rental affordability snapshot that on the day they conducted their snapshot, 23 March 2019, there were 69,485 properties Australia wide available for rent.[57] After aggregating the national figures by income type, only 4% of the properties were affordable for households on government income support payments, and for households on minimum wage 26% of the properties would be affordable, displaying the challenge of finding suitable private rental accommodation for those on limited income.[57] According to the snapshot over 40% of Australians worry that if their circumstances change, they could become homeless.[57]

3.3.3. Availability of Housing That Meets Individualised Needs

Suitability of the type and location of housing are crucial factors contributing to the likelihood of tenancy sustainment over time, hence considerable work is done by the rough sleepers working group, lead workers and the 50 Lives backbone team to try to find the most suitable housing option on a case by case basis. In reviewing the variability in how rapidly people have been able be housed since 50 Lives began, the availability of options that meet a person's needs often explains the time taken to secure them permanent housing. Considerations that have been taken into account in finding suitable housing are summarised in Figure 21.

Figure 21: Considerations for Choosing Suitable Housing

Housing Type, Size and Configuration

Delays to obtaining suitable housing have often related to specific property requirements, such as being for single person occupancy, or located on a ground floor due to disability. Of the people currently 50 Lives clients but still awaiting housing, single bedroom properties are the greatest shortage. As shown in Figure 22, of the 105 waiting for housing as of 30 September 2019, 85% require one-bedroom properties followed by two and four bedroom houses. Furthermore, many of people need low-density or ground floor properties because of their physical and mental health issues. For both public housing standard and priority waitlists, single bedroom units have the longest average wait time (178 and 69 weeks respectively).
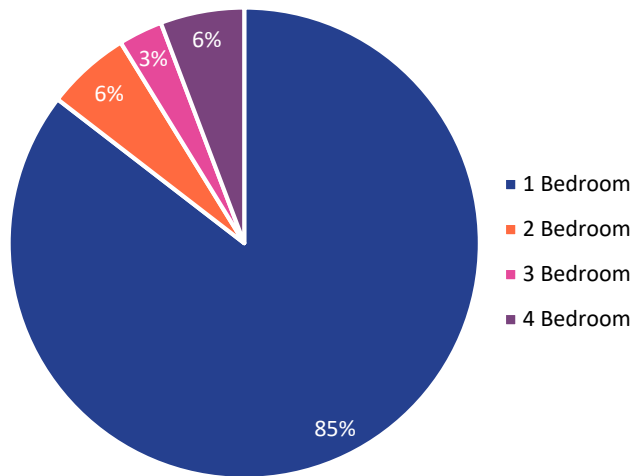
Figure 22: Types of Housing Required for Individuals Connected to 50 Lives but Not Currently Housed

Note: Data only available up to 30 September 2019 (n=105)

In Perth, the single person dwelling options available through public housing are often in apartment blocks of flats, and this type of higher density living in close proximity to others can often be problematic, as observed by the AHSS team:

> *The type of housing makes a massive difference… some of our clients can get impacted by antisocial behaviours that might happen in apartment blocks and find they can't separate themselves from the other neighbours. Everyone is in each other's business. Whereas, when people get housed in individual free-standing units, they feel like there's more space, they can get to do things that they like, be it gardening or having a space to set up an area for painting. One of the people we see regularly, he's in a small one-bed unit where he doesn't have space but he likes fixing up bikes and he ends up using the kitchen as the workshop, and there's just bike parts everywhere, but if he was housed in somewhere where he's got space and a shed where he can work from, it would be better.* **– AHSS Team**

Proximity to Essential Services and Amenities

Residential proximity to shops, parks and schools within walking distance, essential health services, and public transport is important in all neighbourhoods and congruent with urban design policies that support sense of community.[69] These are particularly important for people in social housing,[69] who have less disposable income or means of independent transport. The physical and social environment of a

neighbourhood can have a significant impact on physical and mental wellbeing,[69,70] as is reflected in comments from people housed through 50 Lives and the AHSS team:

> *Having that park there was great… for the first six months my body just went to sleep from being manic… So it just made it so easy. I could just walk up there any time of the day.* **– 50 Lives Client**

> *I think it's very healthy to have a park, especially if you're in a small apartment. To go to a park, it's really good for the mental health. Sitting and staring at four walls is not pleasant for a lot of people* **– AHSS Team**

Walkable or public transport access to shops and other amenity is also important. One individual noted for example how convenient it was being in the CAT bus zone,[71] and how this allowed him to get to the shops and to the library for free.

> *Get on the bus, it's free…I just jump on the bus and come into town. I'll either go to Woolworths or I'll go to Coles and come in here to the library.* **– 50 Lives Client**

When people are housed they are adjusting to so many changes, even little things like being able to get basic groceries easily can make a difference:

> *…when things are close by it makes it easier for people to access basic things like groceries. It'd be silly to expect the person to function at an optimal level where they can't access the basics, their grocery stuff, or they have to travel, and need money to get somewhere* **– AHSS Team**

Location of Housing

In addition to being in close proximity to services, the actual suburb of housing can be of significance to the person being housed. For one individual supported by 50 Lives, they wanted to be housed in a specific suburb so they could be housed near family, and as a result waited for three years for social housing to become available in this neighbourhood. It is important that people have this autonomy and choice over where they live, as failure to do so may impede their ability to sustain their tenancy. This is congruent with Housing First principles of choice and control for service users.[27]

Several 50 Lives staff discussed the importance of selecting an appropriate location when housing clients. The importance of the environment and surrounding community can, in some cases, have a negative impact on a clients' capacity to move on from their previously homeless way of life.

> *So what you find is that a lot of housing is around near the CBD area, which sometimes works to the disadvantage of the clients because they'll still be in contact and in close proximity to people who are still out on the streets and sleeping rough, and then they'll feel the need to help their friends and then start bringing them over, staying over, and then that ends up ruining their tenancy…* **– AHSS Team**

Trauma Informed Considerations re Suitable Housing

Experiences of trauma are sadly common in the life trajectories of people experiencing homelessness[46] and among 50 Lives clients, multiple and cumulative trauma is pervasive (See Section 2.3.2). Among the 282 people who have been seen by HHC, 18% have been diagnosed with PTSD, and this is likely a substantial underestimate, as undiagnosed PTSD can underlie other psychiatric diagnoses such as personality disorders. Experiences of trauma have a number of implications for the location and type of housing that is suitable:

> *For people who have PTSD, the sound of sirens and flashing lights (such as if living near a hospital with an Emergency Department) can be very triggering, and heighten agitation, stress and poor sleep. Social*

anxiety is also seen among some of our patients, and communal living does not work well for them. **– Dr Andrew Davies, Medical Director, HHC**

As observed by 50 Lives staff, for some people it can be detrimental to their mental wellbeing and stress to be housed in a flat or other high-density accommodation in close proximity to other residents:

The common one that I've noticed that is really difficult to come by is the one bedroom/one bathroom type places. So I've got a lot of clients who want to live on their own. They've had enough of being in share houses and those sorts of situations because you know with mental health issues or whatever complex things they've got going on, that can make it really difficult to live with other people. So for them to be on their own and have their own place is a really important thing to them. **– 50 Lives Backbone Staff**

For one individual with anger issues, he stated how medication doesn't really work for him, instead he finds meditation a much more useful strategy to control his anger, unfortunately however his current tenancy is small and does not have a backyard:

Well I'm actually trying to get a transfer from this place into a bigger house because I need a backyard. It's doing my head in not having a backyard or anything…I can't meditate here because there's not enough environment or nature around. **– 50 Lives Client**

Pet–Friendly

With nearly two-thirds (61%) of Australians owning a pet,[72] and the benefits and companionship role that pets provide,[73] it's not surprising that finding pet-friendly properties is of importance to a number of people supported through 50 Lives. As observed in a recently published review of the literature on homelessness and companion animals, a pet can buffer against some of the hardships associated with homelessness,[74] and can help to stress and social isolation. It can, however, limit rental housing options (where not allowed) and people's attachment to their pet can mean that shelter or housing options are turned down.[74]

For one 50 Lives client, being able to have a dog has been her lifeline, thus it was of vital importance finding a property that had enough space for the dog and that was close enough to a dog park. Additionally, the role that AHSS played in supporting her when she first got her dog:

Yeah, After-Hours did heaps for me when I first got my dog… They'd mind him so I could to the shops... Like I wouldn't have survived without them, seriously. **– 50 Lives Client**

Photo 8: 50 Lives Client and her Dog,

In WA, public housing permits pet ownership (with the exception of certain dog breeds), however cats and dogs are not allowed in flats or apartments without separate yards.[75] Private rentals often do not allow pets,[76] and where they do there is often an additional bond to pay (pet bond); this is a further barrier for people exiting homelessness who wish to explore private rental options.

3.3.4. Homelessness Sector Capacity and Funding Issues

An ongoing challenge since 50 Lives began has been that the demand for both housing and lead workers exceeds supply. Case management is provided by lead workers based in participating organisations, with each person needing to have a lead worker (and affiliated agency) to commence as a 50 Lives client. The availability of lead workers to take on new clients is in turn based on their existing caseloads and funding for such case management within their respective organisations. Thus, whilst a VI-SPDAT score of ≥10 means that someone is eligible for 50 Lives, they cannot commence until they have a lead worker.

To illustrate, in the first six months of 2019, there were 45 people who completed a VI-SPDAT and scored ≥10, but who couldn't become part of the program until they had a lead worker. This is particularly challenging where the organisation identifying people rough sleeping and administering the VI-SPDAT is in the health sector, and do not have case workers who can be assigned to support people, and relies on other organisations in the homelessness sector being able to take new clients on:

> *At Bentley Mental Health Service, 62% of the patients who have completed the VI-SPDAT with the Mental Health Homeless Pathways Project in the last six months have had a score of 10+. This means that they are eligible for 50 Lives, but unfortunately, they do not have lead workers, and so are left drifting without the support they need (including the application and consent process for 50 Lives and for priority housing which lead workers typically assist with) due to the extreme shortage of case managers in the community.*
> - **Kat Ahlers, Project Manager, MHHPP**

This lack of capacity for casework support is not unique to 50 Lives and is a broader issue for the homelessness and social services sector. Many of the organisations where 50 Lives lead workers are based have maximum caseloads for staff, and funding constraints in the sector in turn impact on this. In *Street to Home* programs for example, the typical case load is around 10-12 people at any one time, and for other programs in Perth where people who have experienced homelessness are being case managed, the case load tends to range between 10-15. In the last six months there have also been some changes in the sector in terms of organisations doing this type of case management work.

> *Unitingcare West has previously had more capacity for lead workers to support 50 Lives clients, but with the rollout of the By Name List in Perth, they are now focusing more on the essential outreach element required to effectively implement this.* **- Leah Watkins, 50 Lives Manager**

In addition to people awaiting a lead worker to become a 50 Lives client, there are existing clients who are awaiting a new lead worker. All of these 34 individuals had a lead worker when commencing with 50 Lives, with a number of reasons why this is no longer the case. In some instances, they may have reached a point where no longer needed the more intense support of a lead worker, but then circumstances have changed. Others may have disengaged with the original organisation providing the lead worker, or the lead worker support was attached to a particular accommodation setting they were accommodated at the time (such as The Beacon). Or they may have reached the maximum support period for the service they were being funded and support through and thus were exited (i.e. if a service has a maximum support period of six months or one year).

Over the course of 50 Lives, there has been an observed increase in the number of people awaiting a lead worker. As noted by the 50 Lives program manager:

> *The awaiting a lead worker list previously sat between 5-8 people at any one time, but since the last 50 Lives evaluation report this has substantially increased. This is partly because of more people being on the list in general as the program expands, but also reflects that there are perhaps fewer organisations with lead worker capacity. Additionally, people have now been on the program for up to 3-4 years and homeless*

services generally have a one-year support period so people have needed to find new caseworkers. Sometimes this isn't possible, or the case management doesn't stick because non-homeless services are less adept as assertive engagement techniques. **- Leah Watkins, 50 Lives Manager**

Going forward, there is merit in exploring scope to expand the involvement of 'non-homeless' services to take lead worker roles for 50 Lives clients. This could be particularly suitable for clients have been housed for longer periods and require, for example, targeted mental health support rather than support from a homelessness service per se.

3.4. What Happens While People are Waiting for Housing?

Given the Housing First ethos that emphasises that people should be housed rapidly, without first having to spend time in transitional or interim accommodation, the challenges being faced in achieving this in practice for all of the people still awaiting housing through 50 Lives does create a practical and at times philosophical tension. Getting people off the street as quickly as possible is also imperative, and so in reality some people have spent time in crisis or short-term accommodation during their wait for permanent housing. This is not ideal, but preferable to languishing on the street, particularly if someone has chronic health conditions that are worsened the longer time spent sleeping rough. As articulated by Dr Stafford;

While housing first is almost always the best option for chronically homeless individuals, in reality this is not always available due to the chronic lack of long-term housing and support options to make this possible. Transitional housing with its inbuilt supports can be used to bring some people off the streets while working to access longer term solutions. However, we also see that the communal living conditions and expense of transitional housing don't suit many of the most marginalised and isolated and they end up back on the streets again. Hence the imperative always is to get them into their own permanent housing as quickly as possible. **– Dr Amanda Stafford, Clinical Lead, RPH Homeless Team**

Box 7 provides an example of this for a patient who had escalating ED presentations at RPH.

Box 7: Impact of Interim Accommodation

Background

Liam is a man in his fifties who had been cycling in and out of homeless for at least four years. He has a history of trauma, and health issues include schizophrenia, methamphetamine use, asthma and complex diabetes. His poorly managed diabetes led to an escalation in hospital use, with 15 presentations to ED, and 19 days as an impatient between March 2018 and Feb 2019. Liam consented to be part of 50 Lives in June 2018 but needed a single bedroom unit, which are in scarce supply. Having had his ID stolen also hindered his housing application process. Liam's hospital records indicate that he was advised to use his insulin four times a day and to store this in a fridge – an impossibility when living on the street, where his medications were also often stolen.

Support Provided Prior to Permanent Housing

Due to his worsening health and recurrent hospital presentations, in early 2019 the RPH Homeless Team arranged for a seven-night short-term respite stay in short term crisis accommodation for people rough sleeping and assisted him to secure a place transitional accommodation and linked him to support services. While in transitional accommodation he was able to see a HHC GP regularly, and was engaged in treatment for his diabetes and methamphetamine use. In April 2019 his name came up on the Priority List and was housed by the Housing Authority.

For some who have been sleeping rough and always on the move, even interim accommodation can provide greater stability while they wait for a permanent housing option:

> *Now I've got a house I feel safe. I can finally call something home. We got told it's not a forever home… It's transitional. But for now, having that stability, and that safety net feels really good* - **50 Lives Client**

3.5. Sustaining Tenancies

Supporting people to sustain their tenancies long term is a key focus of 50 Lives. It is well documented that people who have experienced homelessness may remain at-risk of returning to homelessness years after they are housed,[77,78] and a limitation of many programs is that support for people to obtain or sustain tenancies is of a fixed and often short-term duration (e.g. 6- 12 months is a common period of support).[79] The risk of tenancy loss is understandably higher among people who have lived for many years on the street, and where trauma, mental illness and fractured social supports are pervasive. The high vulnerability of 50 Lives clients thus necessitates long-term, wrap-around and collaborative support. It is recognised within 50 Lives that the need for support varies widely from person to person, and can vary over time, as the journey out of homelessness is rarely linear.

As at 30 September 2019, 132 out of the 162 clients that have been housed since program commencement remained in their house (overall retention of 81.5%). On average at that point in time people had been housed for 1.5 years, however there is wide variation in the length of time housed at the individual level, with the shortest tenancy only 13 days long for a person who sadly passed away shortly after being housed, through to the longest tenancy that lasted 4.5 years before the person was unfortunately evicted.

It is important to note that the aggregated retention rate also includes data for some people who have only very recently been housed and thus does not necessarily represent one's ability to sustain a tenancy (for example if a person was housed on the 29 Sept, they technically have only been housed one day but would count as a successful, sustained tenancy on the 30 Sept). Variations in tenancy retention are discussed further in section 3.5.1.

Overall, across all people housed through 50 Lives to date, there is an aggregated 88,000 days (~242 years) spent in permanent accommodation since the program's inception. If all 132 people remained housed until the end of January, it estimated that over 100,000 days in permanent housing would have been provided.

3.5.1. Tenancy Retention

Retention rates have been produced using the Kaplan-Meier survival function (i.e. time "surviving" in tenancy after being housed) in SPSS. This function shows the likelihood of an event (exiting a tenancy) occurring at a certain point in time, for example, how likely is someone to exit their tenancy by one year.

Of the 187 total tenancies, 14 were transfers into properties on the same day (due to Public Housing transfers, the property becoming suddenly inappropriate (due to fire) and moving to higher supportive accommodation), thus the below estimates have been calculated on the 173 total and "non-continuous" tenancies. Deaths have been censored (i.e. not counted as an exit, but the time between date housed and date died is counted), therefore only formal exits such as eviction, property abandonment or prison are counted as not sustaining their tenancy (i.e. *"not surviving"*). There was lots of consideration on whether to present retention per tenancy or per person. It was decided that per tenancy would be presented for the purposes of this report, where direct property transfers were counted as one property.

Overall, accounting for censored events (deaths and alternative accommodation), 50 Lives clients had an 81% retention rate at one year, a 73% retention rate at two years and a 71% retention rate at three years (Table 8).

Table 8: Six Monthly Retention Rate per Each 50 Lives Tenancy

Time Point	Retention Rate	Conditional Retention
Six Months	91%	N/A
One Year	81%	89%
One and a Half Years	78%	96%
Two Years	73%	93%
Two and a Half Years	71%	97%
Three Years	71%	100%^

Note: There were no exits between 2.5 and 3 years and thus the conditional retention is 100%, further data is required for longer-term conditional retention to be accurately reported.

Additionally, conditional retention rates were calculated using the Kaplan-Meier function and dividing the *survival* at one milestone with the *survival* at another milestone. For example, if you keep your tenancy for six months, there is an 89% chance you will also be housed for one year; if you keep your tenancy for 18 months there is a 93% chance that you will remain housed at two years.

From the survival graph (Figure 23), three key periods where property exits most often occurred can be seen in the orange circles. The three key periods are: ***Between 5 – 6 months*** there is an influx of evictions and abandonments. Overall 17% of all housing exits (over a three-year period) occur in this one-month period. This suggests that as an individual approaches being housed for six months they become highly vulnerable to losing their property, this may be because Housing Authority offer an initial six month tenancy agreement and if individuals have had strikes there have been instances of property abandonments as they don't believe their lease will be renewed. ***Between 8 – 12 months*** there is another influx of housing exits 36% of events occurring in this four-month window. ***Between 20 – 24 months*** another influx of exits occurs. Housing appears to stabilise around the two-year mark.
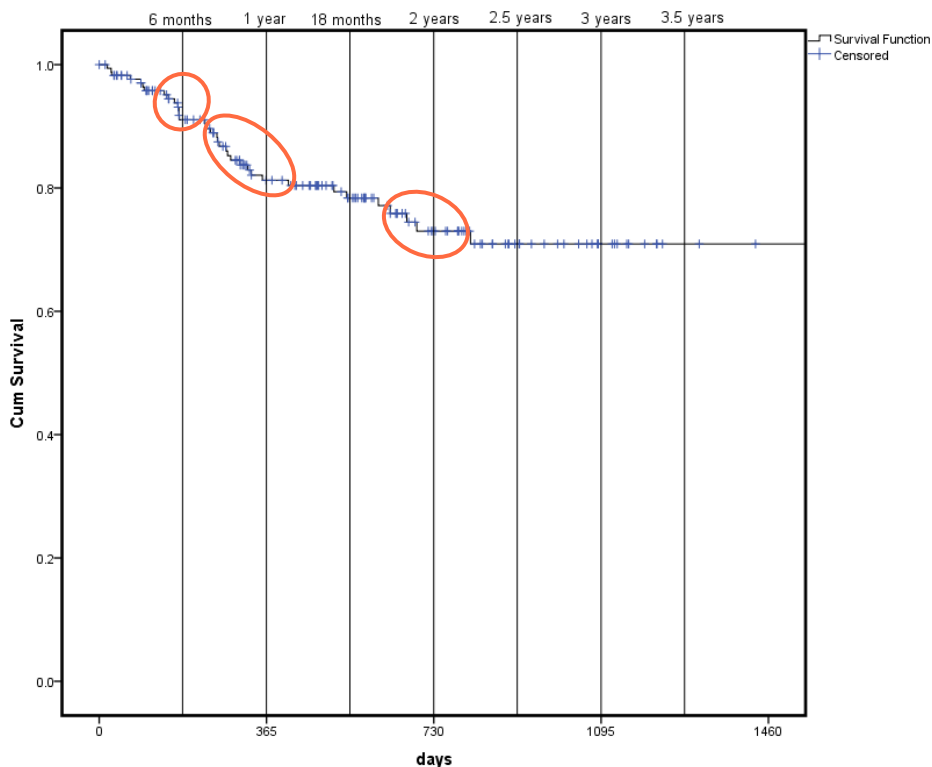
Figure 23: Sustainment of Tenancies Over Time

Further investigation will be done in a future evaluation report to explore whether the duration of support (lead worker and affiliated organisation) received is associated with the likelihood of tenancy sustainment over time. However, anecdotally from service providers support often drops off after people are housed (i.e. no longer eligible for "homeless" support), and this support can be the make or break of a tenancy continuing:

> *…the longer that someone is housed the more likely that support will drop away… programmatic support such as NPAH or other case management is often determined to be 3 to 12 months depending on the program funding- this doesn't reflect the needs of tenants… If and when someone is reconnected with support at critical times of their tenancy can be detrimental in determining whether they stay housed or become homeless* **- Housing Provider**

Comparing 50 Lives Allocated Properties to Other Types of Housing

Those housed and supported through the program fall into two groups:

- those whose housing was allocated through the 50 Lives working group and (**50 Lives allocated**)

- those who received housing otherwise (**housed otherwise**)

An early decision was made in the program that if people were able to secure housing otherwise, they would not be exited from the program, but supported to maintain that house. **50 Lives allocated** properties use more of a "best fit" approach with specific consideration given to needs and preferences of the person. In comparison someone **housed otherwise** may simply be given the next available property in their zone of choice if housed through the priority list (for both Department of Communities and community housing providers). *Housing otherwise*, does however, also include people who are housed in private rentals, aged care or long-term supported accommodation which may have some more subtle consideration of choice and suitability.

When comparing the carefully considered placements of the **50 Lives Allocated** versus **Housed Otherwise**, dramatic differences in retention can be observed (Table 9, Figure 24). The one-year retention rate for 50 Lives allocated is 92% compared to 74% and the two-year retention is 87% compared to 64%. These observed differences further reinforce that the purposeful allocation of housing to meet client needs can have a significant effect on the success in sustaining said property.

Table 9: Six Monthly Retention Rate Comparing 50 Lives and Other Housing Types

Time Point	50 Lives Allocated	Housed Otherwise
Six Months	100%	86%
One Year	92%	74%
One and a Half Years	90%	71%
Two Years	87%	64%
Two and a Half Years	87%	60%
Three Years	87%	60%

Comparing further the retention rate among those allocated housing through the working group and 50 Lives directly, and those allocated housing through other means (e.g. directly via priority list) it can be seen that the biggest drop for both groups in retention are observed between six months and one year (Figure 24).
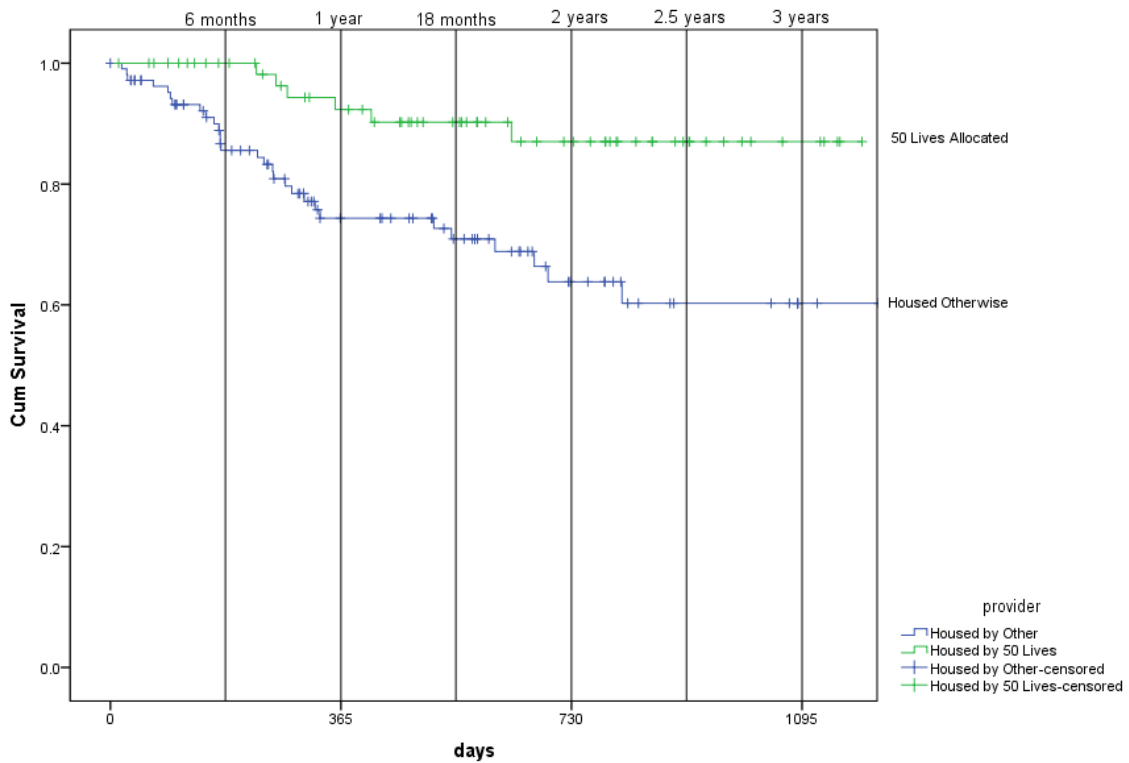
Figure 24: Comparing Sustainment of Tenancies between those Housed by 50 Lives and by Other Means

3.5.2. Individualised Support

Individualised support through the AHSS and lead workers was central to assisting 50 Lives clients to maintain their tenancies. For 50 Lives clients who had been housed, the majority have at least fortnightly contact with the AHSS, with 9% of clients supported by AHSS more frequently than once per week (Figure 25).
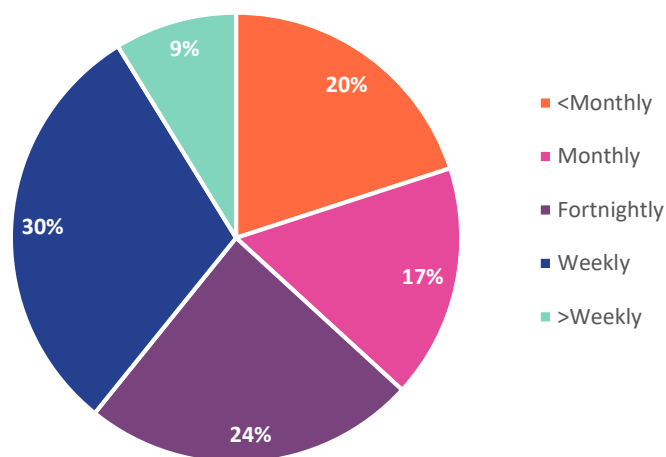
Figure 25: Frequency of Support from the AHSS for Housed 50 Lives Clients

The reality is that some individuals will need support over a long period of time. While this support may not be required continuously, the benefit of AHSS is that they can be engaged at any point to *"make sure someone is always watching out for them"*. Especially given that support services slowly dwindle away over time due to requirements to exit clients after a specified period. In the case of the individual who was evicted after 4.5 years, it highlights that people remain vulnerable and at risk of termination even after extended periods. The difference that 50 Lives can make is that they can circle back in and provide this support at any time through the AHSS to help prevent termination and get people back on track.

> *A unique aspect of the service is that if people do need assistance in the future they can have an immediate soft re-entry into the project without the need to redo any assessment or join a waitlist. This is provided because of the high levels of trauma and relapse in the cohort and that this soft re-entry can provide immediate support to prevent further decline through either a brief intervention or assistance to connect people to further support should need it.* **– AHSS Team**

Photo 9: AHSS Team Supporting Individual in their Home

3.5.3. Transferring to More Suitable Accommodation

Under current policy, tenants are ineligible for transfers if they have breaches of their tenancy agreement or the Residential Tenancies Act during the year prior to the transfer request. This includes having no debt, having maintained acceptable property standards and having no substantiated complaints of disruptive behaviour. As a result, transfers can only be used to move stable tenants who have a change in circumstances. Tenancies can break down due to a multitude of issues, including poor relationships with neighbours or poor soundproofing; resulting in a breach and thus rendering them ineligible for transfer.

Transfers, however, are a useful tool in improving the likelihood of tenancy success and rehousing someone in a different situation to avoid a return to homelessness. During the course of the 50 Lives program, through the relationships established between housing providers in the housing working groups have enabled flexibility in approaches to transferring tenants.

A number of different reasons were recorded for the 50 Lives people who were transferred, including safety concerns due to threatening neighbours, needing larger properties due to family reunification and issues with property standards. The proximity to noise or triggering sounds can also be problematic for people with PTSD, and as illustrated in the case study below, led to one person's transfer. As Box 8 also shows, location and surrounding environment of where they are housed can make a considerable difference to a person's wellbeing and their adjustment to being housed.

Box 8: Client Transferred to More Suitable Accommodation

Background

Ron is a man in his mid-forties who had been rough sleeping for at least four years prior to contact with 50 Lives. He has chronic pain and has battled alcohol dependency for a long time. While in temporary shared accommodation in 2015 Ron witnessed a very traumatic event resulting in severe PTSD, with terrible flashbacks, nightmares, and disrupted sleep. As a patient of HHC, Ron was getting support to address his alcohol dependency, but his ongoing homelessness and moving between backpackers and other temporary accommodation was exacerbating his depression, anxiety and PTSD.

Role of 50 Lives

Ron was put into contact with 50 Lives through HHC in early 2016. He was housed in August 2016, and whilst initially very pleased about this, the location and surrounding environment led to exacerbation of his PTSD. As noted by one of his GPs:

> *His first housing was near a busy intersection, with the noise of ambulance and police sirens and frequent flashing lights from nearby speed cameras, all of which exacerbated his PTSD. Loud noises and lights are triggers for PTSD and he had heightened hypervigilance and jumpiness. Associated poor sleep also had a negative impact on his mental health.* – Homeless Healthcare GP

While in this accommodation, there were also incidents with neighbours that also made Ron feel unsafe, and he said he would often lie awake most of the night unable to sleep. These issues and his PTSD coupled with feeling lonely and socially isolated led to a worsening of his depression and periods of suicidal ideation, resulting in hospitalisation on two occasions.

In early 2018 a housing transfer was requested but unfortunately was initially declined. His HHC GP reiterated to his lead worker how traumatising the proximity to noise, sirens and lights was for his PTSD, and advocacy led to a successful transfer to more suitable accommodation in a much quieter location in August 2018.

Current Situation

In his second tenancy, Ron has felt much more settled now he is away from the PTSD triggers. He has a backyard which he enjoys doing the gardening and is proud of his success in propagating frangipanis and other plants and is keen to have a vegetable patch. He has reconnected with his parents and when he expressed a desire to learn to cook healthy food, his mum is assisting with this. Ron has been receiving trauma counselling and has transferred to a GP closer to his new location. A recent diabetes diagnosis has prompted a goal to lose weight in 2020, with the AHSS team supporting him to do this.

Photo 10: Frangipani Gifted to Research Team from 50 Lives Client

3.5.4. Averting Loss of Tenancy

While there has unfortunately been a number of evictions since the commencement of the 50 Lives program, the majority of these have occurred in the group of individuals placed off the priority list or by other means (such as sourcing their own private rental) rather than those placed through the 50 Lives allocated properties. This results from a combination of factors including:

- Efforts made by the housing working group to ensure a best fit between person and house.
- The closer working relationships with providers through the housing working group who have grown to rely on the program to support people to resolve issues in preference to moving to formal breach/eviction processes.
- The lower tolerance of private landlords for tenancy issues and their lack of experience using support services to help address these.

One housing provider reflected on the massive difference the working relationships through the program have made in being able to accommodate clients. Box 9 outlines how AHSS and the lead worker were instrumental in preventing this person's eviction.

Box 9: 50 Lives Role in Preventing Eviction

Dane is a 50 Lives client in his late twenties, who had a history of anxiety, autism and unstable accommodation with periods rough sleeping before engaging with 50 Lives. He was housed in mid-2018 but initially struggled to adapt to housing, often wasn't present for rental inspections and within three months of being housed had received a breach notice for inadequate property standards.

His lead worker and AHSS worked intensively to support Dane to maintain his property and provided social support. The AHSS helped Dane with budgeting skills and his lead worker accompanied the housing provider during inspections so they could follow up on necessary actions. The AHSS also provided education on property maintenance and cleaning.

The housing provider commented on how valuable the 50 Lives lead worker and AHSS were in supporting Dane and helping him to maintain his tenancy and prevent further breaches.

> . . . the last inspection we both went out there and he did an inspection. He did everything we asked for. That was really good because he was - he's got great support and they've tried to do everything with him so that was really good. – **Housing Provider**

Avoiding tenancy loss is a priority for 50 Lives, quarterly feedback from housing provider's helps to identify any issues housed 50 Lives clients are experiencing so that additional support can be provided where required. Results from these surveys indicate that most housed individuals do not have any tenancy issues and for those who do, few require formal action to be taken (i.e. if a tenant has rent arrears, a payment plan can be put in place). From the tenancy surveys issues relating to payment of bills and rent, property standards and behaviour are recorded in order to monitor risk and potentially avert client eviction.

Issues with Bills and Rent

Figure 26 shows there were 16 termination notices[i] and one eviction as a result of bills and rent payment over the two-year period. Over the entire period, there was an average of 70% of tenancies that had no issues relating to rent and bills, an average of 21% had issues but no formal actions were taken, with the remaining 9% of tenancies receiving formal actions (breaches, eviction).
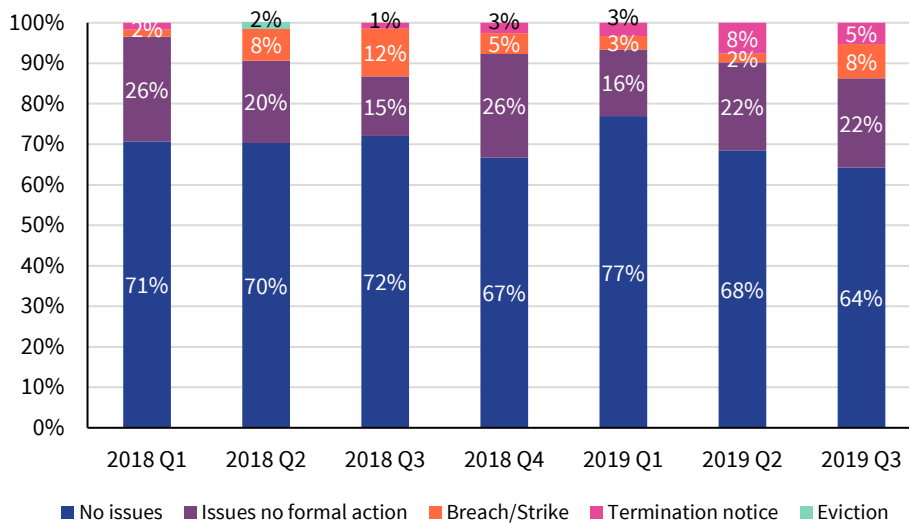
Figure 26: Proportion of Housed Client with Issues Relating to Bills and Rent Payments

Property Standards

Property standards include keeping the property clean and undamaged as well as maintaining the garden and yard. This is defined by the Housing Authority Rental Policy Manual as *"Internal of the property free from rubbish, wall and doors undamaged with no holes, premises and fixtures clean. Yards – grass cut, gardens maintained and free of rubbish."*[80p51]

As shown in Figure 27, there was only four termination notices and one eviction as a result of behavioural issues over the two year period. Over the entire period, there was an average of 84% of tenancies that had no issues relating to property standards, an average of 11% had issues but no formal actions were taken, with the remaining 5% of tenancies receiving formal actions (breaches, eviction).

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[i] Note: Termination notices do not always result in eviction if issues are resolved
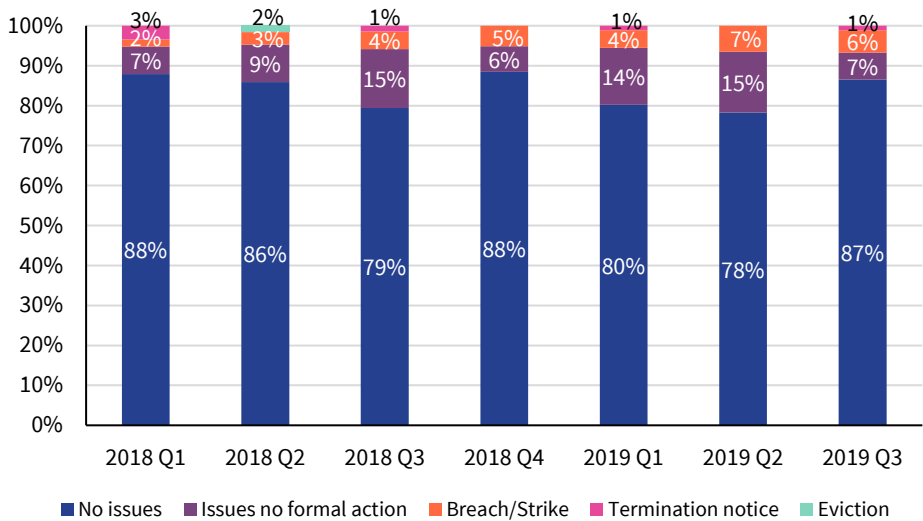
Figure 27: Number of Housed Client with Issues Relating to Property Standards

Disruptive Behavior

Disruptive Behaviour is outlined by the Housing Authority's Disruptive Behaviour Management policy and includes excessive or ongoing noise, threats, intimidation, offensive behaviour or assault, trespass, and noise and disturbance from domestic arguments.[80]

As shown in Figure 28, there was only three termination notices and one eviction as a result of behavioural issues over the two year period. Over the entire period, there was an average of 83% of tenancies that had no issues relating to property standards, an average of 12% had issues but no formal actions were taken, with the remaining 5% of tenancies receiving formal actions (breaches, eviction).
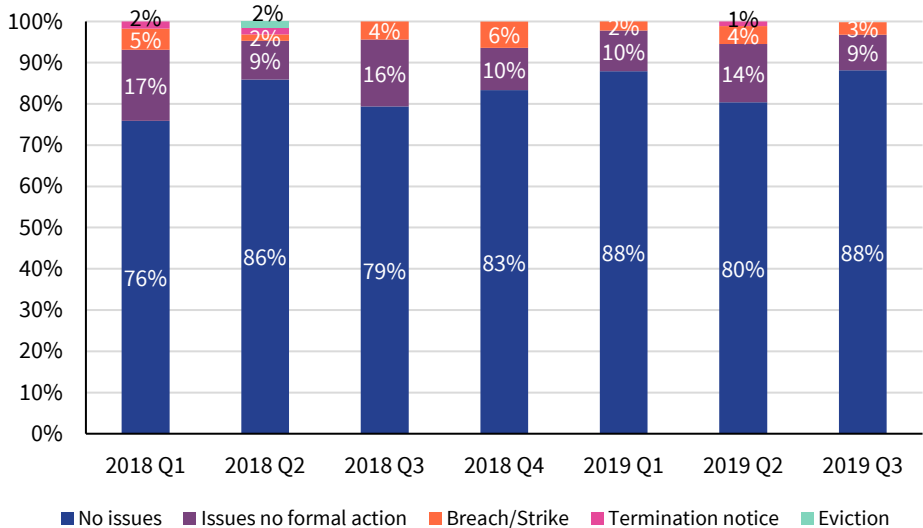
Figure 28: Number of Housed Client with Issues Relating to Disruptive Behaviour

3.5.5. Rehousing Those Who Lose Properties

For some individuals they have long and complex histories of unstable housing and rough sleeping. While it would be ideal that every person housed is able to sustain their tenancies, the reality is that some people's initial housing may not work out. The lead workers, the person and the 50 Lives backbone team works hard to try and find alternative permanent housing if the first property becomes at risk. Failing that, alternative sources of accommodation are accessed where possible.

For one person supported by 50 Lives, they have been supported into numerous permanent and transitional placements over the duration of support from 50 Lives (Figure 29). While not all journeys out of homelessness are this complex, it is important to acknowledge that not all placements go from rough sleeping to permanently housed.
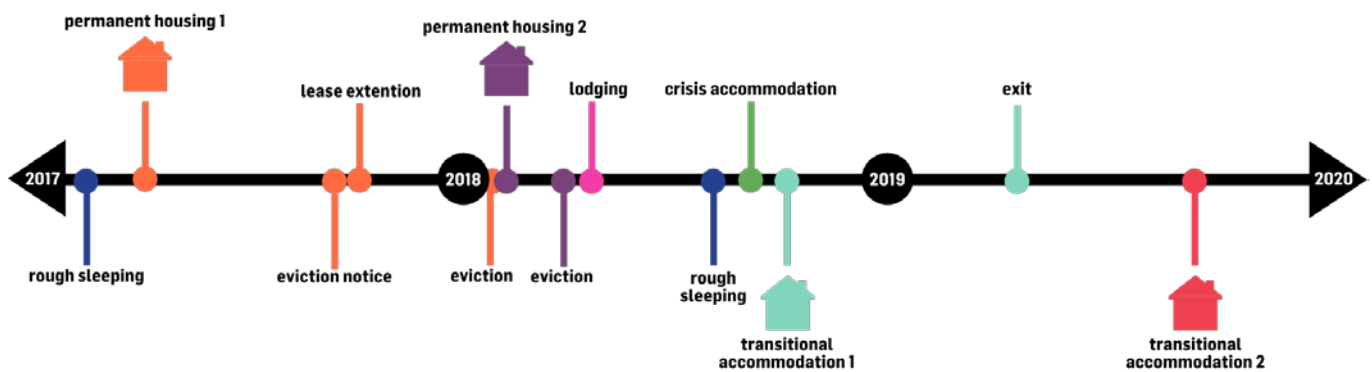
Figure 29: One 50 Lives Client's Housing and Homelessness Journey

Note: Exact dates of rough sleeping and transitional housing not available, approximates used to demonstrate journey only

Overall 25 individuals have been rehoused by 50 Lives, the majority of these have been direct property transfers due to changes in circumstances (i.e. needing additional support and requiring aged care) or the tenancy becoming inappropriate (i.e. safety concerns from neighbours). For the remainder some were evicted or lost their tenancy while in prison but have since been rehoused.

3.5.6. Challenges Once Housed

Housing is an important step to enabling people to improve their physical and mental wellbeing but is not a 'simple fix' and many of the health and psychosocial issues experienced during homelessness persist after individuals are housed. Housing also presents a raft of additional challenges, including obligations around property maintenance, isolation from previous social networks and the need to develop new relationships in the community. The AHSS hosted a workshop at Kings Park for 50 Lives clients at various stages of housing to discuss challenges and possible during the transition to housing. To date, this has been a one-off workshop due to funding constraints, but there are plans to run them again throughout 2020. The key challenges identified by clients in the workshop are listed below in Figure 30. A client noted that the workshop had helped them to feel they were not alone on their housing journey:

> *Listening to other peoples stories validated the same feelings I had when transitioning to a home. It was a great idea to chat and discuss how to move forward.* **– 50 Lives Client**
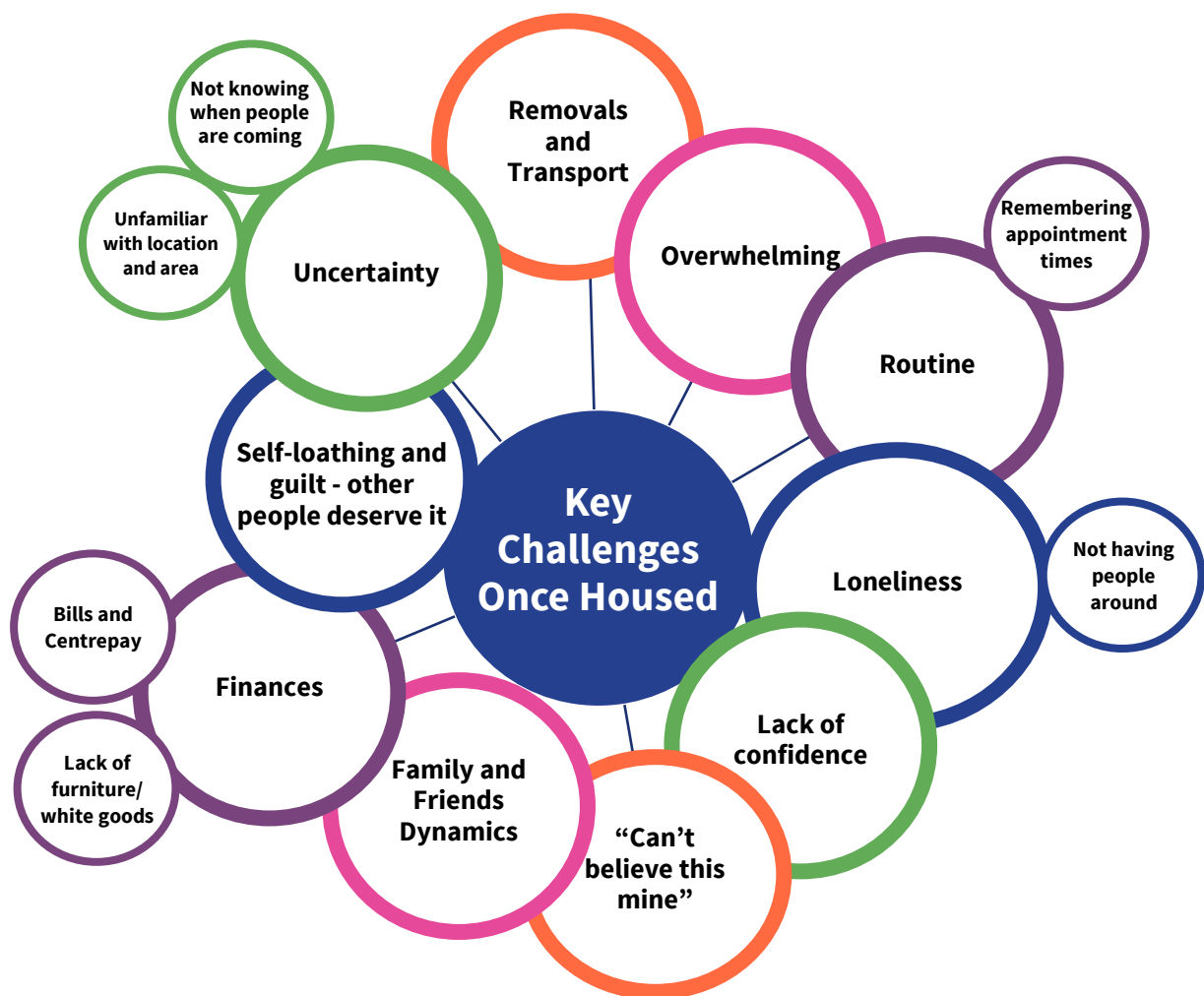
Figure 30: Key Challenges 50 Lives Clients Experiences Once Housed

Note: This diagram has been drafted based on challenges identified as part of an AHSS BBQ workshop held in April 2019

Other People Staying in Home

The AHSS team is often able to support clients in situations where their tenancy may be at risk. A 50 Lives partner commented that support from the AHSS enabled their client to manage a situation where other people were staying at their property, this was especially distressing for the client as they had an imminent rental inspection and felt their tenancy was at risk.

> *This person became particularly distressed about it because they thought they were going to lose their housing. They had a rent inspection the next day or something. So it was the perfect storm - and the 50 Lives backbone and the after-hours team were absolutely instrumental in resolving that situation. They went around there with the young person the night before the rent inspection, because that was when it was all coming to a head, and spoke with these people that were in the house. . .explained the situation, supported the young person and essentially, they moved on. So, yeah, but without them, that young person wouldn't have been able to manage that on their own.* **– 50 Lives Participating Organisation**

Participating organisations also reported that their clients often felt an obligation to share their housing with friends and family members who were not housed, and this led to situations where clients' tenancies were at risk.

> *But they're also not wanting to get their family member kicked out of their house so they don't want to do something and say oh yeah, well I stay here because I haven't got any other options . . . Yep and it's going to be the same if you've been street present. That feeling of obligation to look after each other. You've been a family unit on the streets so…***– 50 Lives Participating Organisation**

Some partners mentioned that their clients can often lack the confidence to tell other people they don't want them to stay in their house and that some clients have attempted to avoid this issue by not telling friends and family where they live.

> *Yeah and if they feel that they're ready, able to manage the tenancy. So, there could be numerous reasons to why maybe they don't feel confident enough to say no to family and let the family know where they live. That's quite a lot of things that have happened in our transition to accommodation, is that they've kind of learnt, okay I'm not going to let this person know where I live.* **– 50 Lives Participating Organisation**

Adapting to Housing

Participating organisations also discussed how clients could struggle to adapt to housing after long periods of homelessness. Isolation and loneliness were particular challenges for 50 Lives clients.

> *So the first young person I mentioned has been housed for I guess over two years. It took him a long time, it took him about a month and a half to get into the property, but that was purely because that was him; that was his transition into going from a street community to living on his own…***– 50 Lives Participating Organisation**

Loneliness and social isolation are also barrier to clients remaining housed. Meaningful use of time and community engagement once housed is a key focus of 50 Lives, to help clients maintain a sense of purpose and social connection.

> *Yeah. Try and encourage things that they enjoy doing. It could be exercise or joining some form of club. Or trying to give them something that's meaningful and yeah - so, I think that gives them a bit more of a purpose. Find that that helps a lot. Yeah, I've got a young person at the moment, who is on 50 Lives, that is really struggling with feeling lonely. We've kind of explored some things that they can do and they want to get into maybe boxing or something like that.* **– 50 Lives Participating Organisation**

Other participating organisations discussed how it can take time to support clients to build the skills required to maintain a tenancy successfully.

> *They've got to start somewhere and if it's been a long time since they've been in housing it takes time. If they've never had a house, it takes time to develop the skills that are necessary and it takes support from agencies***– 50 Lives Participating Organisation**

It can take multiple attempts for clients to sustain tenancies however, some partners stressed the need to continue to support clients and build skills through each tenancy.

> *Yeah. He abandoned two properties, one with another program. Just signed up and then left. Took his swag to the house. Didn't even get his furniture in there. He then was offered a property through 50 Lives through a community housing organisation. But instead moved in with his girlfriend that then went belly-up and then he found himself back on the street.* **– 50 Lives Participating Organisation**

A 50 Lives client discussed how he continued to visit the Ruah drop in centre once he was housed so that he could attend art classes and get food when he was running short of money.

> *I was at Ruah today because they have art on Thursdays. So I go there and draw. There's a lady she's in her 70s or something but she's a cool old bat. She just comes in and does her thing. I go there sometimes when I'm at the end of my pay week or if I'm desperate and I've had a bill week or I've got to pay rent – plus the meds and all that. I think, f**k. So I just go to Ruah and I'll pick up a loaf of bread and have a feed while I'm there. ᵢᵢ* **– 50 Lives Client**

A number of the themes above are reflected through Box 10, where one person supported by 50 Lives with a long history of homelessness struggled to adapt to having his own house and as a result in the beginning spent very little time at the property.

Box 10: Challenges in Adapting to Housing

Prior to being supported by Street to Home and 50 Lives to get housed in early 2016, he spent 17 years rough sleeping. When Warren was first offered a house, he conveyed to HHC that he was *"nervous about the idea of living in a house"* and when he initially moved in spent very little time there, Warren being *"too used to street life"*. He did nonetheless acknowledge that it was good to have somewhere safe and warm to sleep, and over time began to spend more time at his unit. Warren finds the loneliness and boredom of being in a place of his own difficult, and often visits drop in centres and his old haunts for company.

Financial Barriers/Debts

Financial issues are a substantial barrier to sustaining tenancies. Existing debts and the burden of repayments can negatively impact clients' capacity to pay rent and afford basic necessities.

> *It's just it's a common thing amongst the people that I work with where they've got debts that they're repaying. They've got medications that are expensive, you add the rent to that and then they've got $40 left at the end of a fortnight to pay for their phone, their food, any other bills that come through. It's just not possible.* **– 50 Lives Backbone Staff**

A 50 Lives Staff member discussed how government payments clients received were not enough to cover both rent and adequate food.

> *Reaching out for financial aid and food hampers and things like that it can only be done so many times. Like in the end I think it would really be on the government to just up people's rent assistance and things like that so that they can afford to buy their own food and not rely on Vinnies every month.* **– 50 Lives Backbone Staff**

Financial issues can also impact clients' capacity to engage in hobbies once they are housed, one person supported by 50 Lives discussed how they couldn't afford gardening or painting supplies.

ᵢᵢ Note: Ruah Centre no longer provides food, it has moved to a planned response hub since this client interview was undertaken.

It's hard. Especially, yeah because even things like oh well I might try and do something, a bit of gardening so potting mix or I might get a bit of canvas and do some shell and rock paintings as a gift. You just can't, you know. – **50 Lives Client**

Box 11 describes how the housing provider took numerous steps such as organising payment plans to assist with a person's debt to prevent eviction.

Box 11: The Impact of Debt and Arrears
People supported by 50 Lives often face financial challenges and debts can pose substantial challenges to obtaining housing and maintaining tenancies. One 50 Lives client has substantial debts and liabilities relating to property damage. They have also accumulated rent arrears as they struggled financially to pay rent and provide food for their 11 children. The response of housing service providers can make a substantial difference to clients' capacity to maintain their tenancy when faced with financial barriers. For this client, the provider negotiated a payment plan so that arrears and liability costs could be repaid gradually, at a rate affordable to the client. They also advocated for the tenant to enable them to obtain emergency relief and provided vouchers for essential goods.

3.6. Rebuilding Lives After Being Housed

The 50 Lives program and Housing First more broadly is not just about rapid housing and tenancy retention, but also about engaging people community in meaningful activities and enabling people to have quality lives (as discussed in section 2.8). Indeed, the philanthropic foundation funders of 50 Lives identified community engagement as a key outcome of the program. How this occurs in practice, however, varies considerably from individual to individual, and is rarely attributable to a single 'intervention':

- For both lead workers and the AHSS, community engagement and meaningful use of time are valued outcomes that help to guide interactions with people within 50 Lives. This can range from gentle questions and conversation about how people are spending their time, through to suggesting of assisting people to try out community based activates or groups (such as BeFriend, Men's shed, walking groups etc.), through to taking people out to do things in the community (fishing, shopping, walk in the park);

- When the day to day need to survive on the streets is removed, many people supported by 50 Lives are more able to think about the future and what they might want to be doing. Re-connecting with family, addressing health issues, and avoiding boredom are common themes seen in interviews with 50 Lives clients, AHSS team members and lead workers. Getting a job or completing further education/training to get a job are goals for some clients, but for others, particularly those struggling with the legacy of trauma and anxiety, the goals may start at simply working towards getting out of the house;

- Other organisations and professionals working with people in the 50 Lives program are also very cognisant of the important role that social connection and sense of purpose plays in people's lives, and in their recovery if they are contending with mental health issues. Homeless Healthcare GPs for example, see many of the people supported by 50 Lives, and as a primary care practice with a strong focus on the social determinants of health, the social dimension of health is a key element of both GP appointments and nurse led discussions through AHSS. Encouraging patients to forge social connections (and to overcome anxieties around this) or to get involved in activities of interest to

them, is a common theme in visits with clients. Importantly, through the synergies of HHC nurses being part of the AHSS team, where patients are anxious or dealing with setbacks relating to community engagement or finding social support, there can be a dual response between the GP and the AHSS team.

As the program evolves there are an increasing array of examples of this occurring in the lives of people who have been housed. In this report we illustrate this with three case studies below to convey how individual the experience of adjustment to being housed and recovery is and how engagement in meaningful activities enables this process.

Getting paid employment is not an option for many people who have permanent disabilities or complex health issues that prevent this, but for others, this is an important personal goal and area that they have sought support from their lead worker, AHSS and via other programs. Box 12 demonstrates how Access Housing engaged an individual in their *Creating Choices* program to support him to feel more 'job ready' before getting back into the workforce.

Box 12: Access Housing Creating Choices Program

Background

Hugh is a male in his mid-fifties who completed a VI-SPDAT (score of 12) while at St Barts in early 2017 – at the time that he had been homeless for more than three years and estimated that he had changed addresses 40 times over that period. When asked what he needed to feel safe and well, he said *"stable accommodation, employment and drug free"*. He struggles with depression and anxiety, and had a two decade history of methamphetamine use. Hugh moved to another State for a while, and when came back to Perth was again street homeless. He became part of 50 Lives in mid-2018, began to get support from AHSS and spent a couple of months in transitional accommodation at St Barts while waiting for permanent housing. As with many people in 50 Lives, this was associated with some anxiety, noting to AHSS that he was worried about not having furniture, moving to a new area and not knowing anyone. Hugh was housed through Access Housing in August 2018. In a poignant comment to the AHSS team, Hugh disclosed that he always felt scared as a child and that he feels safe for the first time in his life in his new unit.

Support Provided

Once housed, Hugh was keen to recommence work again (previously working in areas of transportation and maintenance), but continued to struggle with anxiety, depression, social isolation and boredom. With a long history of drug addiction, strategies to avoid relapse are often discussed as part of his weekly AHSS visits. Hugh's lead worker encouraged him to get involved in the *Access Housing Creating Choices* program. The aim of this program is to remove barriers and assist tenants to enter or re-enter the workforce, or access education, training and volunteering opportunities. More broadly, the program seeks to help improve social inclusion and wellbeing for participants. Elements of the Creating Choices program include identifying existing skills and interests, building self-confidence, career guidance and supporting tenants with resumes, job applications and interview preparation.[81] Hugh indicates feeling more job ready since being involved in this program, and also expressed interest in local volunteering. He has very recently commenced a part-time job, noting to AHSS that he was *"enjoying being back at work, and is getting on well with boss and other workers"*.

There are a number of people in 50 Lives who once in stable accommodation have been able to undertake education and training that will enable them to work in jobs where they can draw on their own lived experiences and support others who are struggling with addiction and/or homelessness. An example of this is shown in Box 13.

Box 13: Engaging in Training

Ross is a male in his thirties who has a long history of homelessness including sleeping in bush camps and long history of prison since his late teens. Ross consented to 50 Lives in mid 2017 and his family have been in transitional accommodation for the past year while they await permanent housing.

Ross is currently undertaking his Certificate III in Community Services, and when asked what he hoped for in the coming year he would like to be permanently housed and to be working as a peer worker:

Well, that's what I was hoping, yeah, that we're housed. It would be nice to get a job by the end of the year... and savings in the bank because I don't have any savings, so I hope for that. – **"Ross"**

Housing has flow on effects for the families supported by 50 Lives clients. Box 14 below outlines how a property provided through the Way Home project, enabled her children to have substantially increased attendance at school.

Box 14: Ripple Effect of Housing and Support for Children

Homelessness for a family is understandably an enormous barrier to a child's education and schooling. For Maisie, who had been homeless for five years as a consequence of family and domestic violence, getting housed as part of the Access Housing Way Home project enabled her to have all of her children back living with her. Due to the transient circumstances of the family, school attendance had been very low for the children (ranging from pre-primary to high school age) and they did not have well established routines around school attendance. The Way Home supported her to enrol the children in local schools and referred the children to the Access Housing Creating Choices Scholarship Program that can provide funding for school uniforms and supplies. Prior attendance rates at school had been low for this large family, but this improved drastically.

Providing the family with housing stability and the opportunity for routine increased school attendance by 30% from the previous year, and the children have received awards for varied achievement including one child participating in the school spelling bee. Strategies have been put in place to engage the three older children in alternate training pathways at the local high school). After two years of being housed through Way Home, the children have all been re enrolled in school for 2020. Of particular note is that they have all been supported during transitions in their schooling i.e. when moving from primary to secondary school – a transition which can be particularly characterised by the risk of educational disengagement for young people at risk. – **Manager Tenant Support & Capacity Building, Access Housing**

Note: This case study has been adapted with permission from the Way Home program reports (2018), Access Housing

3.7. Home Versus Housed

During interviews with a number of 50 Lives clients for this third evaluation report, we asked the point at which (if at all) they stopped feeling "homeless". The different responses received highlighted how it can vary considerably from person to person as to when they feel that they have transitioned from homelessness to living in their own 'home'. For one person who had been in his current property for close to a year at the time of interview (but housed >3 years in total) simply having a roof over his head meant that he immediately felt he was home:

> *Awesome. Absolutely awesome. I love it… You've got your own slot, you just walk down the hallway, open the door, lock it, see you later… Oh yeah man. Totally a man cave. It's just me all over, like the real me* **– 50 Lives Client**

For another person (also housed for >3 years), although grateful and happy to have their house, they felt their accommodation didn't become a home until their mental health was improved. This point happened over around two years after first being housed.

> *It took me ages to feel like it was home and because my health wasn't right. . .So and I'd get really annoyed with myself because I was so grateful and so happy, but I couldn't find my mojo to make it home. . . Yeah. So I guess probably once they got my medication better, it's been this year.* **– 50 Lives Client**

Photo 11: 50 Lives Client's Courtyard that they are Building with AHSS Support

4. HEALTH OUTCOMES

"One of the gentlemen I support through 50 Lives was homeless for 40 years... now every time I see him, he shows me his muscles because he's doing better since he was housed – he's eating healthier – he's doing sit ups...

– 50 Lives Lead Worker

Health and housing are both fundamental human rights, and it is difficult to achieve one without the other. Homelessness is strongly associated with higher morbidity, reduced life expectancy and greater usage of acute services, and there is a costly revolving door between homelessness and the health system.[7] Poorer health outcomes and barriers to healthcare are particularly pronounced among people who are rough sleeping or who have been long term homeless,[47,82] hence improving health and wellbeing is a key focus of 50 Lives.

This chapter is divided into five sections. The first (4.1) looks at the health profile of people supported by 50 Lives, including the most prevalent health conditions from different data sources. This is the first evaluation report to also include mortality data for those clients who are now deceased. The second section (4.2) looks at hospital usage in the three years prior to consenting to 50 Lives, with the third section (4.3) examines changes in hospital use (ED presentations and inpatient admissions) pre/post housing; these two sections draw on data from an expanded number of Perth hospital sites that were included for analysis in the second 50 Lives evaluation report and also provide the costs associated with hospital and ambulance use. The fourth section (4.4) of this chapter looks at how access to primary healthcare support contributes to reduced hospital use through treatment and support for chronic health issues. The chapter concludes (4.5) with a summing up of the various ways in which health services are involved with 50 Lives, as this adds explanatory context to changes in health outcomes observed and reinforces the immense value of health partnerships within the 50 Lives collaboration.

4.1. Health Profile of 50 Lives Clients

As eligibility for 50 Lives is based on a VI-SPDAT score of ≥10, and poor health is a key determinant of vulnerability, it is no surprise that multiple morbidities and complex health issues are the norm among 50 Lives clients. Five sources of data have been used to present a picture of the health issues and health status of 50 Lives clients prior to becoming part of the 50 Lives project;

- **Self-report** VI-SPDAT health data for 340 of the 50 Lives clients;

- **Primary care** data from HHC Care GP data for a subset of 282 (83%) 50 Lives clients who have been seen by this GP practice and/or by the AHSS;

- **Hospital administrative** data for a subset of 327 (96%) people, relating to reasons for hospital presentation for those clients who attended one of the eight metropolitan Perth hospitals for which we have evaluation data;

- **Mortality data** for the 14 individuals that have passed away since the program's inception; and

- **Homeless Healthcare GP and nurse clinical notes** for case studies.

4.1.1.   Self–Reported Health Conditions

This section presents self-reported health data from the VI-SPDAT. It should be noted that this data does not always identify all health issues experienced, and anecdotal evidence suggests this is particularly true for Aboriginal respondents and for people who are currently experiencing psychoses. There are two versions of the VI-SPDAT used in Perth: the individual and the family survey. The individual survey captures data relating only to the person responding to the survey, with the family survey answered by the head of household but responding in respect to the circumstances of all family members, thus we have presented this data separately. Overall there were 298 individual respondents and 42 family respondents. It should be noted that some surveys were completed as far back as 2014, and thus may underrepresent the true myriad of health conditions experienced by people supported by 50 Lives.

For people supported by 50 Lives, there was high self-reported prevalence of many health conditions. The highest prevalence's are observable for dental issues (69% individual, 81% family), brain injury (51% individual, 50% family) and asthma (47% individual, 74% family) (Table 10). As discussed later in this section, these are experienced at much higher rates than the general Australian population.

Table 10: Self –Reported Health Conditions

n(%)^	Individuals (n=298)^^	Families (n=42)^^^
Heart disease	96 (33%)	18 (43%)
Kidney disease	29 (10%)	5 (12%)
Liver disease	76 (26%)	4 (10%)
Heat stroke	124 (42%)	19 (45%)
Emphysema/COPD	36 (12%)	6 (15%)
Diabetes	46 (15%)	13 (31%)
Asthma	138 (47%)	31 (74%)
Cancer	29 (10%)	5 (12%)
Hepatitis C	83 (28%)	6 (14%)
Brain injury/Head trauma	151 (51%)	21 (50%)
Dental	203 (69%)	34 (81%)
Epilepsy	35 (12%)	6 (14%)

^   Note: Number of respondents varied between each condition, percentages calculated on respondents for each condition not total N.

^^ Note for Individuals: Heart n=294, Kidney n=296, Liver n=295, Heat Stroke n=297, Emphysema n=296, Diabetes n=297, Asthma n=296, Cancer n=297, Hep C n=295, Head Injury n=295, Dental n=295, Epilepsy n=294,

^^^Note for Families: Emphysema n=41.

People experiencing homelessness are likely to have multiple complex health conditions.[6] As shown in Table 11, this was observed in the VI-SPDAT data with an abundance of 50 Lives clients reporting a dual diagnosis of (mental health and substance use issues), and tri-morbidity (substance abuse, mental health and physical health issues). Given the eligibility criteria for the 50 Lives program is scoring ≥10 on the VI-SPDAT (indicating high vulnerability), and that having these conditions/combination of conditions contributes to the overall vulnerability score, it is not surprising that these are reported at such high rates for the 50 Lives cohort. Nevertheless, this still demonstrates the inconceivable poor health and complexity of the people supported by 50 Lives, especially when 83% and 76% of individuals and families (respectively) are reporting experiencing tri-morbidity (Table 11).

Table 11: Self-Report Mental Health, Dual Diagnosis and Tri-Morbidity

n(%)	Individuals (n=298)	Families (n=42)
Serious health issue	258 (87%)	37 (88%)
Mental health issue	296 (99%)	41 (98%)
Problematic substance use issue (illegal, prescribed, alcohol)	286 (96%)	37 (88%)
Dual diagnosis (mental health and problematic substance use)	285 (96%)	37 (88%)
Tri-morbidity (serious health & mental health issue and problematic substance use)	248 (83%)	32 (76%)

Note: See Appendix 4 for VI-SPDAT items used to calculate figures in this table.

4.1.2. Homeless Healthcare Data on Health Conditions

As the majority (82%) of the 50 Lives clients have had contact with Homeless Healthcare (either as a GP clinic patient or via AHSS nurses), this third evaluation report has been able to incorporate data for this subgroup on the most prevalent health conditions. As shown below, 282 people within 50 Lives have had contact with HHC, and 176 of these have been supported by AHSS (Figure 31). While many are both HHC patients and clients supported by AHSS, some have only ever received support from HHC nurses via AHSS and of these, some do not have a regular GP, highlighting the value of nurses being a central part of the AHSS service.

341
50 Lives Clients

282
HHC Patients

176
AHSS Clients
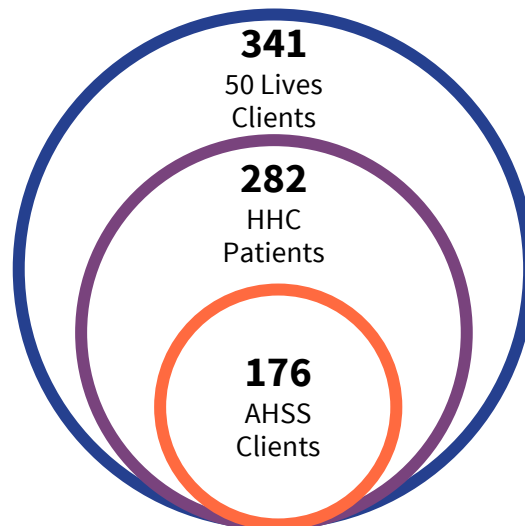
Figure 31: Number of 50 Lives Clients that are HHC and AHSS Patients

Most Common Diagnoses for People Accessing Homeless Healthcare

Figure 32 illustrates the most common health conditions currently and historically experienced by 50 Lives clients that are also HHC patients. The prevalence of psychiatric conditions is particularly high, including depression (56%), anxiety (39%) and schizophrenia (26%). Health issues relating to AOD use are also really common including amphetamine misuse (37%), alcohol dependency (25%) and benzodiazepine dependencies (18%).
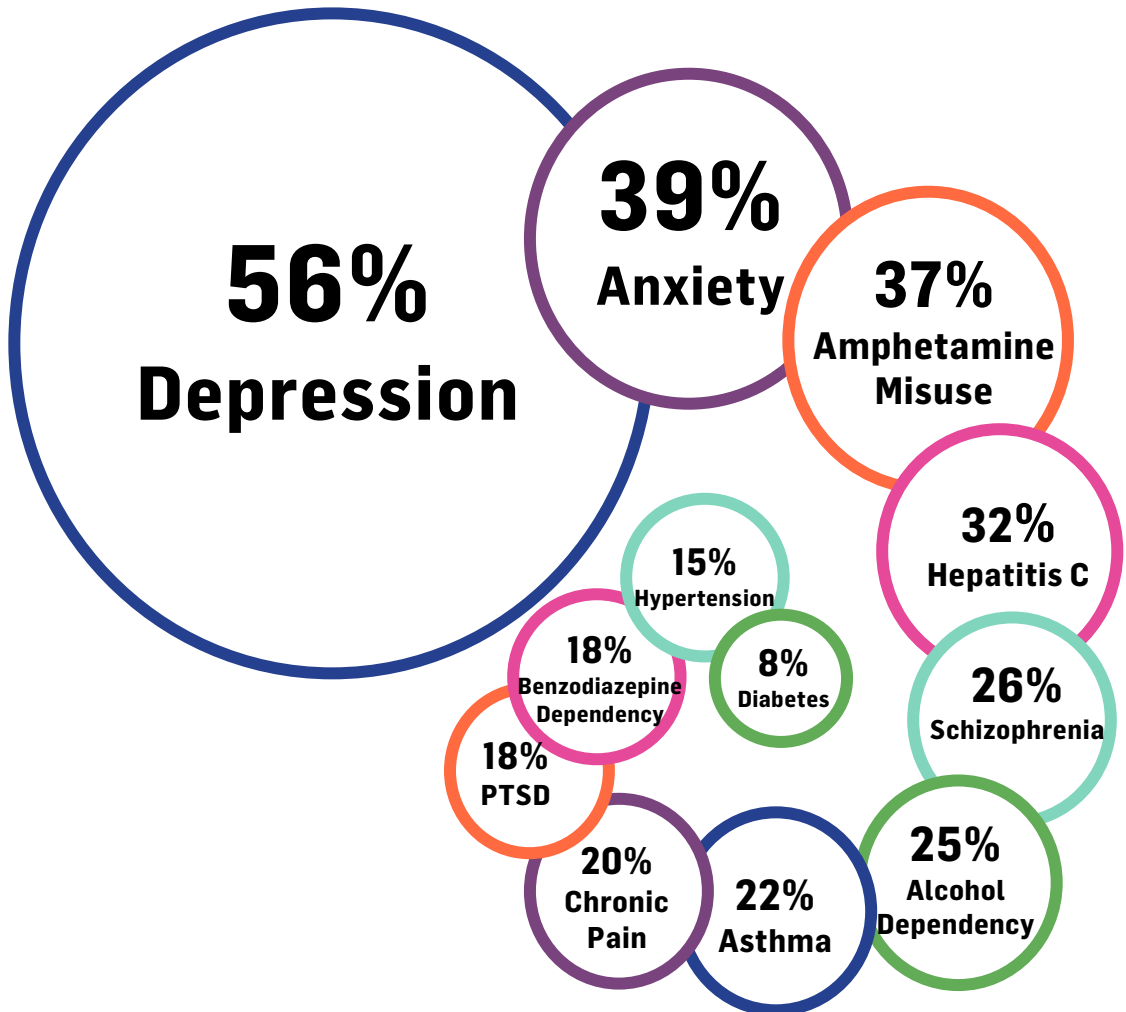
Figure 32: Most Common Health Conditions Ever Diagnosed for 50 Lives Clients Accessing HHC

Note: Circle size representative of relative proportion. Data based on the 282 HHC patients.

Even looking at these prevalence figures in isolation there are alarmingly high, and this becomes more pronounced when compared to the general population (as shown in Table 12). For example, people supported by 50 Lives experience Hepatitis C at a rate 46 times higher than the general Australian population and Schizophrenia at a rate of 26 times higher. This is particularly pertinent to note as schizophrenia has been found to be a significant predictor of longer inpatient stays in numerous studies,[83,84] and as shown later in this chapter, accounts for some of the very lengthy hospital admissions of people in the three years prior to 50 Lives.

Table 12: Prevalence of Health Conditions in the General Population in Comparison with 50 Lives HHC Patients

	% General Population	% 50 Lives HHC Patients	Times Higher than General Population
Alcohol dependence	2% [85]	25%	12.5 x higher
Amphetamine misuse^	1.4% [86]	37%	26 x higher
Anxiety	13% [87]	39%	3 x higher
Asthma	11.2% [88]	22%	2 x higher
Benzodiazepine dependency^	1.6% [89]	18%	18 x higher
Chronic pain	13% [90]	20%	1.5 x higher
Depression	10% [87]	56%	6 x higher
Diabetes (Type 2)	4.1% [91]	8%	2 x higher
Hepatitis C	0.7% [92]	32%	46 x higher
PTSD	2% [93]	18%	9 x higher
Schizophrenia	1% [94]	26%	26 x higher

^ The references for Amphetamine and Benzodiazepine are for use in the last 12 months, rather than dependency

Note: These differences have **not** been adjusted for age, gender or Aboriginality.

Main Health Reasons for GP or Nurse Visits at HHC

As the preceding data diagnosed conditions can refer to health conditions that are current or previously diagnosed, the recorded 'reason for visit' in the HHC data provides more insight into health issues that people are being supported to address. In GP appointments, nurse-led clinics and AHSS home visits, the main reason for visit is always recorded in *Best Practice,* and up to three reasons can be entered. The most commonly recorded reasons for people supported by 50 Lives who have had contact with HHC since mid-2016 are shown below (Box 15).

Box 15: Top 10 Recorded Reasons for Visit (GP, Nurse Clinic or AHSS) for 50 Lives Clients	
1. Alcohol dependence	6. Benzodiazepine dependence
2. Depression	7. Depression/Anxiety
3. Schizophrenia	8. Amphetamine dependency
4. Anxiety	9. Hepatitis C
5. Chronic pain	10. Bipolar 1 disorder

In the data for people seen by AHSS nurses, depression is the most commonly recorded reason for visit (76% of people seen by AHSS have had depression as a recorded reason for visit), and in the Ruah AHSS data, mental health has consistently been the most common health issue associated with AHSS visits. In the first half of 2019 for example, there were 1,026 instances of mental health support provided by nursing staff within the AHSS teams, across a cohort of 72 clients seen in this period. From the beginning of 2019, the team has also been recording AOD issues when this is a reason for visit, and in that same six-month period, this was one of the main reasons for visit on 462 occasions. Instances of support from AHSS often encompasses an intertwined mix of psychosocial, health and other support, hence the benefit of each AHSS team shift being staffed by both nurses from HHC and Ruah case workers.

4.1.3. Hospital Administrative Data Health Profile

For the subset of 327 people supported by 50 Lives that were linked to hospital administrative data, the most common primary diagnoses associated with an ED presentation and an inpatient admission in the three years prior to consenting to 50 Lives are shown below (Figure 33, Figure 34). As can be observed for both ED and inpatient primary diagnoses, there were a large proportion related to AOD use and mental health.
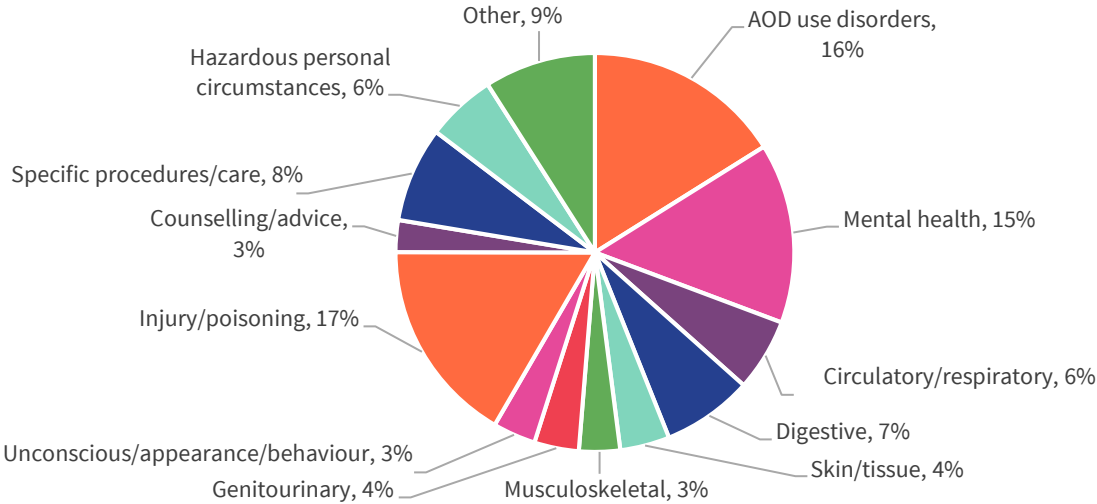
Figure 33: Primary Diagnosis Per ED Presentation in the Three Years Prior to 50 Lives Consent

Note: This graph is based on the primary diagnosis for 3,484 ED presentations
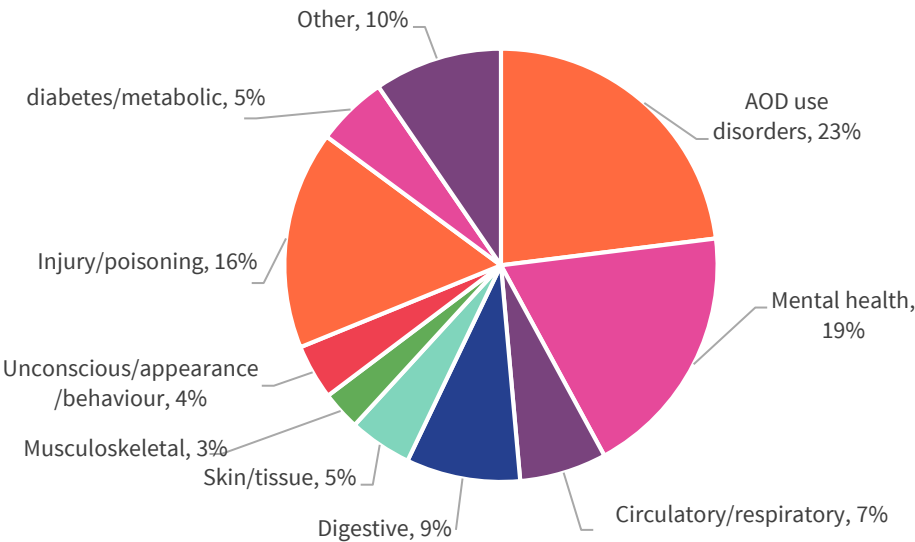
Figure 34: Primary Inpatient Admission Diagnosis in the Three Years Prior to 50 Lives Consent

Note: This graph is based on the primary diagnosis of 1,338 inpatient admissions

4.1.4. Mortality

Since the second 50 Lives evaluation report was published, several significant international studies have highlighted the substantial burden of premature death and enormous gaps in life expectancy among people experiencing homelessness. In data released recently by the Office of National Statistics (UK), there were 726 deaths of people who were homeless recorded in 2018 for England and Wales, with a mean age at death of 45 years for males and 43 years for females.[95] In another study by Aldridge and colleagues based on the analysis of hospital records for 3,882 for patients experiencing homelessness, the median age of death of 51.6 years, and one in three deaths were attributable to conditions that could have been prevented or treated.[96]

There is no comparably reliable published Australian data on mortality and life expectancy among people experiencing homelessness, but our recent analysis of data from HHC for a cohort of 134 patients who have died, revealed an average age of death of 46.8 years[97] compared to an average age of death of 82.5 years in the general Australian population.[98]

Overall, 14 people who were part of 50 Lives have died since the project commenced, with an average age of death of 48 years (Table 13). It is important to note that that 50 Lives is a program that supports highly vulnerable rough sleepers, many of whom had multiple co-morbidities prior to being housed, hence this mortality data based on a small number of clients is not necessarily representative of broader homeless populations in WA and nationally.

Table 13: Deaths Among 50 Lives Clients as at September 2019

	N(%)
Average age (range)	48 (33 – 67 years)
Gender	
Male	9 (64%)
Female	3 (36%)
Housed at time of death	5 (42%)

Five of the individuals who passed away were living in permanent housing accessed through 50 Lives at the time of their deaths, with two in palliative care (see case study in Box 16).

Box 16: Palliative Care Case Study

Stan was housed by 50 Lives in mid-2017 when in his early fifties. He had a long history of PTSD after witnessing an accidental shooting and had become estranged from his family. Stan coped for many years with his PTSD and depression through dependency on alcohol, and this was exacerbated when he began rough sleeping. Stan saw a HHC GP regularly and commenced treatment for PTSD, depression, alcohol cravings and Hepatitis C. He was diagnosed with cancer of the liver after being housed and passed away in mid-2019. He passed away peacefully in palliative care with a view of the river.

Whilst it is sobering to note that some 50 Lives clients only spent a short amount in their homes before passing away (between 13 days – 2.5 years), being housed provided far greater dignity, safety and comfort than is experienced by many people who die while still homeless.[96] The following short case study in Box 17 illustrates this.

Box 17: Impact of Housing when Clients Pass Away

Gwen was only in her late forties when she died from lung cancer. She was diagnosed after a bout of pneumonia which failed to improve. She had had a troubled life and been homeless for six years prior to engagement with 50 Lives. Gwen was housed in mid-2016 and was housed for four months before she passed away.

> *Even though she only lived for four months after being housed, it was still a good outcome as at least she didn't die on the streets. She had a home when she passed away, and it meant a lot to her, she was so proud of her home* – **Homeless Healthcare GP**

Premature Aging

In addition to premature mortality, accelerated aging is also a consequence of long-term homelessness.[99] In a recent US study, the prevalence of 'geriatric' conditions amongst people living in homeless shelters were comparable with housed people 20 years older in age.[99] Earlier onset of chronic disease conditions and cognitive decline is also common in homeless populations, as illustrated in Box 18.

Box 18: Premature Aging

Warren spent 17 years rough sleeping prior to being housed through 50 Lives in early 2016. These many years of homelessness have taken its toll on his health, and he is one of many patients seen by Homeless Healthcare who has prematurely aged beyond his chronological age of 55.

> *This patient had a stroke in his early 50s which is not a normal occurrence. Living on the street he has suffered numerous head injuries and this coupled with his alcohol use has led to significant cognitive impairment* – **Homeless Healthcare GP**

4.1.5. Overall Health of People Supported By 50 Lives

Triangulating the range of health data sources we now have for this 50 Lives evaluation, it is clear that on any measure, there are enormous health disparities compared with the general population. Most people have multiple health conditions (both physical health and mental health), in some instances preceding homelessness, but often resulting or exacerbated by the adversity of homelessness itself. In the next section, we look at hospital use prior to 50 Lives and changes in this for those housed for one year or more.

Photo 12: RPH Homeless Team with Patient

4.2. Hospital Utilisation

The over-representation of people experiencing homelessness in Emergency Department (ED) presentations and unplanned hospital admissions is well documented in the literature, and it is no surprise that this is particularly high among 50 Lives clients given poor health and the risk of premature death is factored into the VI-SPDAT scoring that assesses vulnerability. This section firstly looks at the cumulative burden of hospital use for the entire 50 Lives cohort that could be matched in hospital records (n=327, 96%) prior to housing, and then examines changes in hospital use for those housed (n= 97 one year, n=50 two years).

It should be highlighted that in this third report we have data from eight Perth metropolitan hospitals compared to the four EMHS hospitals in Report 2[2] (see Table 14), hence we have been able to more comprehensively capture the extent of hospital use.

Table 14: Hospital Sites in Report 2 and Report 3 Analysis

Report 2	Report 3
• Armadale Kelmscott Health Service (AKHS) • Bentley Health Service (BHS) • Kalamunda Health Service (KHS) • Royal Perth Hospital (RPH)	Report 2 sites **PLUS** the following: • Fiona Stanley Hospital (FSH) • Graylands Hospital (GH) • Sir Charles Gairdner Hospital (SCGH) • Rockingham Kwinana Health Service (RKHS)

4.2.1. Pre-50 Lives ED Presentations

A total of 337 (99%) people supported by 50 Lives could be matched to hospital records, with 327 (96%) of these individuals having three years of hospital data available prior to their 50 Lives consent date and thus have been included in the following analysis. In the three years prior to consenting to 50 Lives, 75% of these individuals presented to the ED on at least one occasion. Cumulatively for these three years, there was a total of 3,484 ED presentations for this cohort. This represents an average of 10.7 presentations per person over the three years prior to consent, or an equivalent of 3.6 ED presentations per-person-per-year (Table 15). The largest proportion of ED presentations was in the year directly before consenting to 50 Lives, where nearly half of presentations occurred (n=1,696, 49%). This trend suggests that acute health care usage increases the longer someone is rough sleeping, and that in the absence of intervention, this trajectory could continue upwards or alternatively that these individuals were engaged in a service when they were at their most vulnerable/crisis point, which would be reflective of the VI-SPDAT's ability to assess for vulnerability.

Table 15: ED Presentations for all Clients Prior to 50 Lives

n=327	Three Years Prior	Two Years Prior	One Year Prior	Total
Total people (%)^	161 (49%)	184 (56%)	210 (64%)	245 (75%)
Total presentations	869	919	1,696	3,484
Mean ^	2.7	2.8	5.2	10.7
Range	0–67	0–31	0–95	0–181

^ Percent and Mean of total group (n=327), including individuals who did not present to the ED in this period.

As predicted in Report 2,[2] the majority (66%) of ED presentations by people sleeping rough in Perth occur at Perth's inner city hospital RPH that is located within close proximity to where many rough sleepers and the support services they use are located. However, expansion of ethics approval has enabled the inclusion of data from other major public hospitals in Perth. This provides a more accurate account of the true number of

ED presentations amassed by this group prior to 50 Lives and following. As can be seen in Figure 35, in the three years prior to consenting to 50 Lives, in addition to ED presentations at RPH, there were a large number of ED presentations at both SCGH (14%) and FSH (12%).
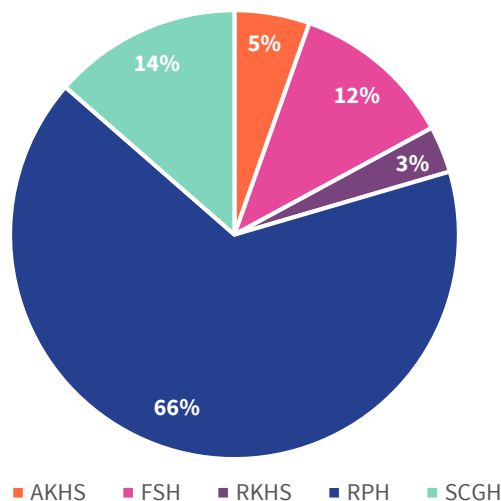
Figure 35: Percent of ED Presentations Per Hospital Site– Three Years Pre 50 Lives Consent

4.2.2. Pre–50 Lives Inpatient Admissions

Overall, 66% of individuals supported by 50 Lives had an inpatient admission in the three years prior to consenting to 50 Lives. For these clients, there were 1,338 individual inpatient admissions totalling 7,380 days admitted in the three years prior to consenting to 50 Lives. Similar to the upward trend observed over time with the ED presentation data, the majority of these admissions occurred in the year directly prior to consent (n=653 admissions, 49%). This highlights the compounding of vulnerability over time. As shown in Table 16, the average number of inpatient admissions was 4.1 over three years (average of 22.1 days) per-person, equating to an average of 1.4 admissions and 7.5 days per-person per-year. The cumulative number of inpatient days per client varied markedly, with one client for example hospitalised for nearly the entire year (322 days) prior to consenting to 50 Lives. Of the 7,380 days spent admitted as an inpatient, 57% were psychiatric-related (n=4,210).

Table 16: Inpatient Admissions and Days for all Clients Prior to 50 Lives

N=327	Three Years Prior	Two Years Prior	One Year Prior	Total
Inpatient Admissions				
Total people (%)^	111 (34%)	135 (41%)	165 (50%)	217 (66%)
Total admissions	322	363	653	1,338
Mean^	1.0	1.1	2.0	4.1
Range	0–29	0–15	0–40	0–84
Days Admitted				
Total days	1,883	1,839	3,658	7,380
Mean^	5.8	5.6	11.2	22.6
Range	0–177	0–159	0–322	0–322

^ Percent and Mean of total group (n=327). Inpatient days calculated per person, not per admission.

Note: inpatient admissions relating to renal/dialysis admissions and chemotherapy have been excluded in the above figures.

The majority (64%) of days admitted as an inpatient occur in the EMHS catchment area hospitals (RPH 37%, AKHS 5%, BHS 21%, KHS 0.01%), but as seen in Figure 36, the expansion of data from other metro hospitals in this third evaluation report shows that this cohort also had a large number of inpatient days in North Metropolitan Health Service hospitals (SCGH 19% and Graylands Hospital 7%), and a further 10% of inpatient days were spent in South Metropolitan Area Health Service hospitals (FSH 9% and Rockingham hospital 1%).
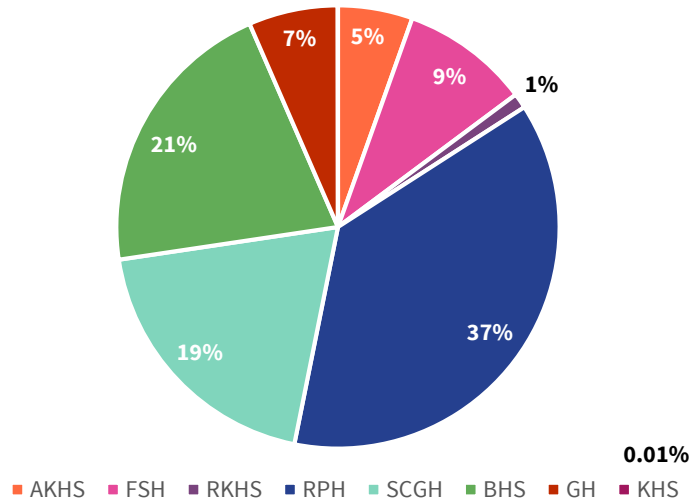
Figure 36: Percent of Days Admitted Per Hospital Site– Three Years Pre 50 Lives Consent

4.2.3. Hospital Utilisation Associated Costs

Crude costings based on the aggregate ED and inpatient data and ambulance arrivals to ED for 327 individuals equate to a total of over $19.5 million in health service usage in the three years prior to them consenting to 50 Lives support. This equates to $59.7k per person over the three years or $19.9k per-person per-year (Table 17). In Report 2,[2] we estimated costs per person per year at approximately $13.5k, the inclusion of additional hospitals and distinction between inpatient and psychiatric admissions enable a more accurate prediction of aggregate health costs, however it should still be noted that these do not include Midland or Joondalup hospitals and do not account for more costly admissions such as an ICU admission. While less conservative than our previous reports, it is likely an underestimate of cost but nevertheless illustrates the enormous preventable cost burden associated with prolonged rough sleeping.

Table 17: Aggregate Health Service Usage in the Three Years Prior to 50 Lives Consent and Associated Costs

	Presentations / Days / Arrivals	Unit Price^	Aggregate Cost	Cost Per Person (n=327)	Cost Per Person Per Year
ED Presentation	3,484	$838	$2,919,592	$8,928	$2,976
Inpatient Admittance (day)	3,170	$2,909	$9,221,530	$28,200	$9,400
Psychiatric Inpt. Admittance (day)	4,210	$1,475	$6,209,750	$18,990	$6,330
Ambulance Arrivals	1,403	$828	$1,161,684	$3,553	$1,184
Total			**$19,512,556**	**$59,671**	**$19,890**

*Costs based on the latest Independent Hospital Pricing Authority (Round 21) figures for the 2016–17 financial year for WA.[21] Average psychiatric admission is based on AIHW Mental Health services in Australia 2019 report.[22] Costs for ambulance based on Report on Government Services (2018), Part E for 2016–17[23]

As shown in Table 15 and Table 16, in the three years prior to consenting to 50 Lives, the volume of ED presentations and inpatient admissions for this cohort of 327 clients constitutes a sizeable burden on the health system. We noted in 50 Lives Evaluation Report 2[2] that the figures presented would likely be under-representative of this burden as data was only for four hospitals, and this hypothesis has been substantiated with the more comprehensive hospital data made available for this third report. Thus the average number of ED presentations per 50 Lives client in the three years prior to program consent was under-reported in Report 2 (as 8.4 presentations per-person), and has been calculated as 10.7 ED presentations per-person here in Report 3 (27% higher). Similarly, the average number of inpatient admissions per person has increased from 3.0 inpatient admissions in Report 2, to 4.1 admissions here in Report 3 (37% higher), while the average number of days admitted as an inpatient per person increased from 12.5 for the cohort examined in Report 2, to 22.6 days per person on average in Report 3 (81% higher). While some of this increase may be reflective of the larger cohort in this report and thus potential inclusion of individuals that may, in general, have much higher use than the previous cohort, this does not account for the extra 29% of ED Presentations (Figure 35) from other non-EMHS sites and extra 36% of days admitted (Figure 36) from non-EMHS sites.

4.3.   Changes in Hospital Usage Once Housed

In the second 50 Lives evaluation report (September 2018), changes in hospital use was examined for a cohort of 68 people who had been housed for at least six months and 44 people housed for at least one year.[2] In this report, we were able to match and analyse hospital data for a cohort of 97 people who have been housed for at least one year, and 50 people who have been housed for at least two years.

The changes in ED presentations, inpatient admissions and the associated diagnoses are presented below.

4.3.1.   Changes in ED Presentations Once Housed

Overall, fewer people supported by 50 Lives presented to an ED in both the one- and two-years post housing period, with the total number of ED presentations among those housed one and two years also declining.

For the clients who had been **housed at least one year** (n=97), there was 18% reduction in the number of individuals presenting to an ED, and a 47% reduction in the total number of presentations. This represents an average reduction of 2.9 presentations per person in the year before housing compared to the year after being housed (Table 18). The total people with zero presentations increased from 32 to 44.

For clients that had been **housed at least two years** (n=50) there was 21% in the number of individuals presenting to an ED, and a 34% reduction in the total number of presentations. This represents an average reduction of 2.2 presentations per person in the two years before housing compared to the two years after being housed (Table 18). The total people with zero presentations increased from 12 to 20.

Table 18: ED Presentations One and Two Years Pre/Post Housing

	One Year (n=97)			Two Years (n=50)		
	Pre	Post	% Change	Pre	Post	% Change
Total people (%)^	65 (67%)	53 (55%)	–18%	38 (76%)	30 (60%)	–21%
Total presentations	592	314	–47%	332	220	–34%
Mean (SD)	6.1	3.2	–2.9	6.6	4.4	–2.2
Range	0 – 86	0 – 60		0 – 31	0 – 34	

^ Percentage and mean is of total housed group for period (one year, n=97; two years, n=50).

When you break it down at the individual level for those housed for one and two years, the majority (46% and 58% respectively) had fewer ED presentations, with only a small number (19% and 16%) of individuals going to ED more often in the period once they were housed (Figure 37). Note, the 'no change' group mostly includes individuals that had zero presentations pre and post housing.

Change After One Year Housed   **Change After Two Years Housed**
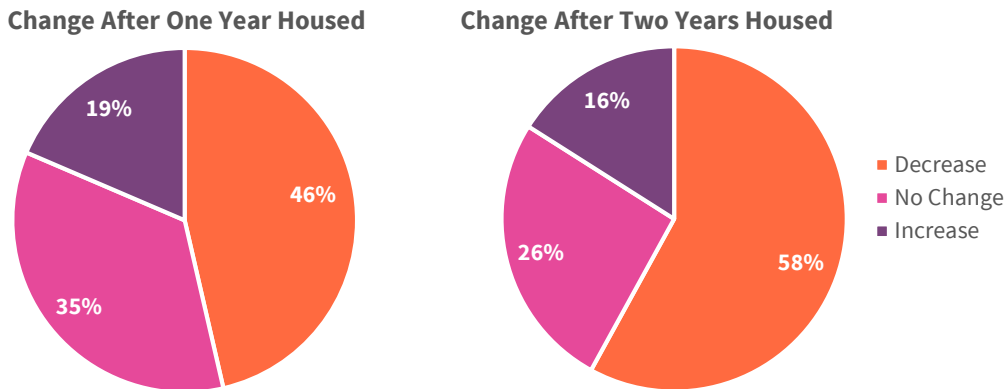
Figure 37: Percentage of People with Changes in ED Presentations Pre/Post Housing

Box 19 demonstrates the way in which critical role that housing through 50 Lives coupled with targeted person-centred healthcare can lead to a substantial reduction in hospital usage and improved wellbeing.

Box 19: Decreased ED Presentations Associated with Healthcare Support and Housing

Background

Ben is a man in his thirties who sustained severe brain damage after being hit by a motorbike as a pedestrian in 2005. He spent an extended period in hospital rehabilitation, and as a result of his injuries, lost his job, and his long-term relationship ended. Since the accident, he has struggled with emotional regulation, executive function and impulsivity, which are consistent with personality changes observable in people with frontal lobe damage. This led to difficulties in maintaining stable accommodation, resulting in homelessness. Ben's mental health has suffered while homeless, and he has other conditions, including diabetes, and was struggling to even meet the cost of his medications.

50 Lives Support

Ben was connected to 50 Lives in August 2019 and received public housing in October 2019. Support received from the HODDS dual diagnosis service assisted him through this period and once housed.

Hospital Utilisation and Cost*

Between May 2018 and September 2019, Ben had 42 ED presentations and 12 days of inpatient admission resulting in a cost of $70,104 to the health system. Since September, he has had no further presentations or admissions to hospitals in WA.

Current Situation

Ben remains housed and is maintaining his property. He has contact with AHSS 1-2 times per week, continues to receive mental health support from HODDS, and is interested in looking for employment.

The combination of attending to Ben's mental health and housing crises concurrently has been instrumental in stabilising his presentation. In the past, the lack of attention to one element has undermined action to help the other. He's growing vegetables in his courtyard and budgeting for bills now... this would have been inconceivable six months ago. **- Dr James Hickey, Dual Diagnosis Clinician**

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*Independent Hospital Pricing Authority. National Hospital Cost Data Collection, Public Hospitals Cost Report, Round 21. 2019. WA hospital average ED presentation $838 and inpatient stay $2,909.[21]

4.3.2. Changes in ED Re-Presentation Rates Once Housed

People experiencing homelessness often cycle between hospitals and rough sleeping with repeated presentations to the ED.[100] The frequency with which people re-present to hospital is a commonly used quality measure in Australian Hospitals,[101] and the 50 Lives evaluation provides a unique opportunity to look at the role that housing and wrap around support can play in stemming the revolving door between hospital discharge and re-presentation. Re-presenting to hospital within 7 days and 28 days are the most commonly used metrics, and these were computed for the housed 50 Lives clients.

For people **housed for at least one year,** re-presentations to the ED within seven days of ED discharge reduced by 75% (Table 19). The proportion who re-presented to ED within a 28-day period decreased by two thirds (66%).

For people **housed for at least two years,** there was 8% increase in the number of ED representations within seven days, with the majority of these representations resulting in admission (Table 19), but a decrease of 45% for representations within 28-days.

Table 19: ED Re-Presentations Pre/Post Housing After Release from Hospital

N(%)^	One Year			Two Years		
	Pre	Post	% Change	Pre	Post	% Change
Within 7 days	52	13	–75%	12	13	+8%
Resulting in re-admission	22	4	–82%	5	8	+60%
Within 28 days	91	31	–66%	42	23	–45%
Resulting in re-admission	29	10	–66%	16	8	–50%

^ % of total discharge

4.3.3. Changes in ED Diagnoses Once Housed

In the **one year prior** to being housed, the most common primary diagnosis per ED presentations was for mental health, followed by injury and poisoning and AOD use disorders, all of which decreased in the one-year post housing (20%, 32% and 28% respectively). In the **two years prior** to being housed, the most common primary diagnosis for an ED presentation was Injury/poisoning, followed by mental health and digestive issues, all of which decreased in the two years post housing (47%, 3% and 50% respectively) (Table 20).

Table 20: Top Five ED Diagnoses One and Two Years Pre/Post Housing

Diagnosis Category	One Year			Two Years		
	Pre	Post	% Change	Pre	Post	% Change
Mental Health	88	70	–20%	59	57	–3%
Injury/Poisoning	81	55	–32%	62	33	–47%
AOD Use Disorders	68	49	–28%	28	7	–75%
Circulatory/Respiratory	53	24	–55%	29	17	–41%
Digestive	41	20	–51%	38	19	–50%

Figure 38 shows the overall pre and post housing primary ED diagnosis for the one-year pre/post housing period, as can be seen there were decreases in all primary diagnoses except for genitourinary and post-op complications which both slightly increased.
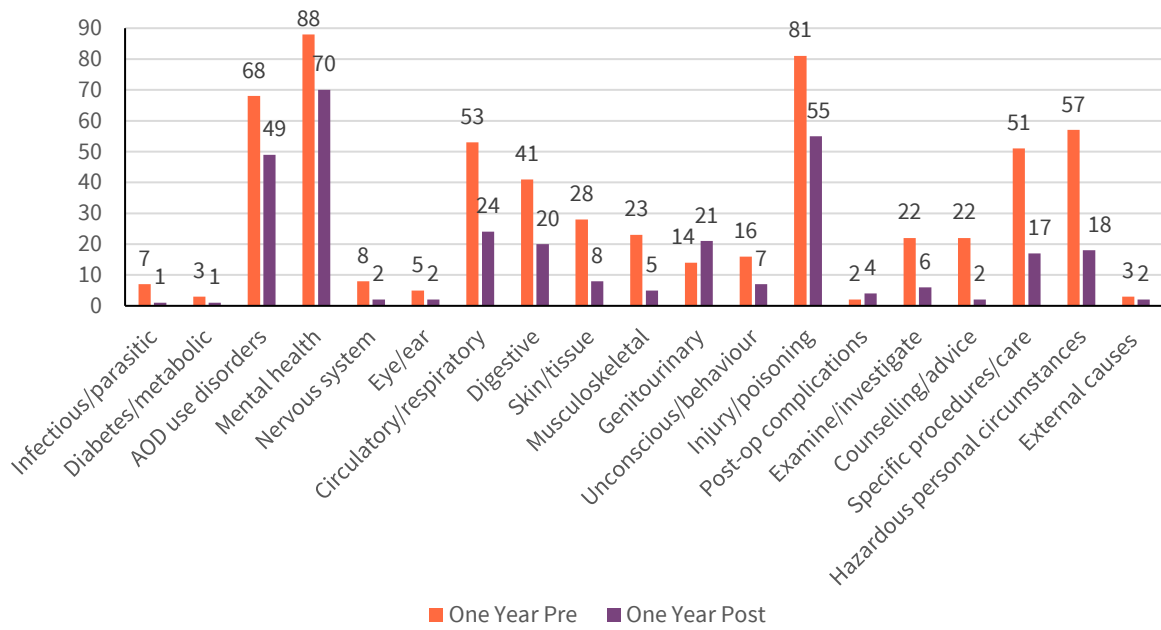
Figure 38: Number of Primary Diagnosis for ED Presentations Pre and Post One Year Housed

Photo 13: RPH Homeless Team with Patient

4.3.4. Changes in Inpatient Admissions and Days Once Housed

As with the changes in ED presentations, changes to inpatient admissions were looked at firstly, for the subgroup of clients housed for at least one year and secondly, for those housed two years or more.

Amongst individuals **housed for at least one year** (n=97), there was a reduction both in the number of people being admitted to hospital (25%), and a decline in the total number of inpatient admissions following housing (46%), for a total reduction of 37% days spent admitted (Table 21). There was a reduction in average of 1.0 admissions per person. The total people with zero admissions increased from 49 to 61.

Amongst individuals **housed for at least two years** (n=50), the number admitted as an inpatient in the post-housing period reduced by 17%, and the total number of inpatient admissions reduced by 25%. However, there was a small overall increase (3%) in the total number of days spent as an inpatient across the group (Table 21). The total people with zero admissions increased from 21 to 26.

Table 21: Hospital Inpatient Admissions Pre and Post Housing

	One Year (n=97)			Two Years (n=50)		
	Pre	Post	% Change	Pre	Post	% Change
Inpatient Admissions						
Total people (%)^	48 (49%)	36 (37%)	–25%	29 (58%)	24 (48%)	–17%
Total admissions	209	112	–46%	128	96	–25%
Mean (SD)^	2.1	1.1	–1.0	2.6	1.9	–0.7
Range	0–22	0–16		0–12	0–16	
Days Admitted						
Total days	985	624	–37%	668	686	+3%
Mean (SD)^	10.1	6.4	–3.7	13.4	13.7	+0.3
Range	0–146	0–151		0–147	0–161	

^ Percentage and mean is of total housed group for period (one year, n=97; two years, n=50). Mean days calculated per person, not per admission.

Note: Admissions with a primary diagnosis code for dialysis, chronic kidney disease and chemotherapy were considered to be "pseudo" admissions and excluded from the analyses.

When you break it down at the individual level for those housed for one and two years, the majority (both 36%) had a reduction in the number of inpatient days admitted, with a smaller number (22% and 30%) of individuals having an increase in the period once they were housed (Figure 39). Note, 'no change' also includes individuals that had no admissions in either period.

Change After On Year Housed

Change After Two Years Housed

Decrease
No Change
Increase
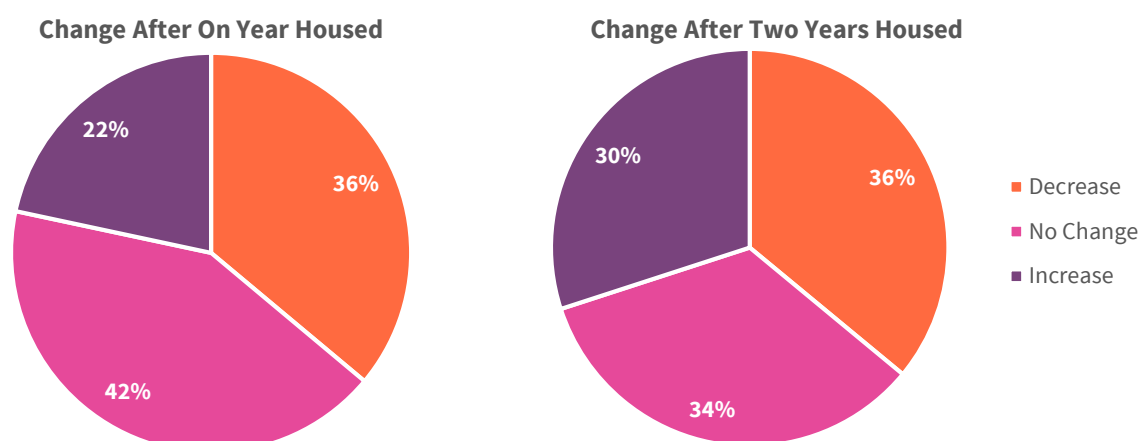
Figure 39: Percentage of People with Changes in Days Admitted as an Inpatient Pre/Post Housing

A challenge for people while they are sleeping rough is that a lot of specialist appointment confirmations are sent out via mail, obviously not having a mailing address poses a particular challenge to this and as reflected by one lead worker her client kept missing his appointment. Having an address may mean that people are actually able to now attend much-needed hospital appointments and thus may result in higher hospital attendance once housed.

> *One of the guys I case manage is finally getting support though… While he was rough sleeping and couch surfing obviously he had no mailing address - a lot of the hospitals send the referrals out by mail so he just kept missing referrals and there's a surgery that he really does need and he just kept missing the referral letters and as a result missing the appointment date for the surgery…* **- 50 Lives Participating Organisation**

4.3.5. Changes in Hospital Utilisation Associated Costs

Having safe stable housing is in and of itself a protective factor for health, and through the AHSS and connecting of 50 Lives clients to a GP and other services, underlying medical and psychosocial issues can also be addressed. However housing is not an instant panacea for people with complex health and psychosocial needs, and in some studies, initial health service use has increased following housing as previously undiagnosed or untreated issues are addressed.[102] Other Housing First initiatives have demonstrated reductions in the use of acute health services longer term.[103-108] For this evaluation, we found decreases of overall health service use at one year and two years post housing. We have also included the costs of ambulance arrivals as a means of a wider cost borne to the health system.

For the **one-year pre/post housing period**, there were observed reductions in ED presentations, ambulance arrivals and both inpatient and psychiatric-related inpatient admissions. This equates to an overall reduction of service usage with an associated cost of approximately $975k or $10.1k per-person for the 97 individuals we were able to match in administrative health data in the year after compared to the year before housing (Table 22). Even with the additional hospital sites added here, this dollar figure is quite similar to the number presented in Report 2[2] of a $9.2k cost reduction per person. While larger decreases in incidents at the per-person level were observed in this report, we previously did not include ambulance arrivals, and we did not separate out psychiatric and non-psychiatric admissions (a psychiatric stay is about half the cost of a non-psychiatric stay). As a cumulative result of these differences in method and included data, the total dollar figures have evened out between reports.

For the **two-year pre/post housing period**, for the group of 50 people in this cohort, there was a much smaller decrease in overall health usage cost due to an observed increase in the number of aggregate inpatient days, which negated the cost reductions associated with fewer ED presentations, ambulance arrivals and psychiatric inpatient days. Hence the overall pre/post change in observed hospital use costs equated to a decrease of $23.3k or $466 per person over two years ($233 per person, per year). While there was a decrease in inpatient days for the majority of this group, some individuals had lengthier inpatient admissions than in their pre-housing days, with one individual alone having 144 more inpatient days in the post-housing period. Due to the smaller sample (n=50) for the two-year housed group, these longer stays have much more of an impact on overall cost. From the available data, a decisive explanation for this is not possible. It may be that it is explained by the smaller number of people in the 'two year' group, or by higher hospital use by a few with already deteriorating health conditions that no amount of housing or support can reverse. Severe and persistent mental health conditions for example are more prevalent in the 50 Lives cohort than the general population, and in the case of at least three 50 Lives participants, planned longer term mental health admissions after housing have been an important part of their recovery journey. Housing First evaluations have observed that hospital and healthcare use can actually increase in the first two years of being housed, as stability enables people to begin to seek treatment for previously undiagnosed health conditions.

Table 22: Change in Cost Associated with Changes in Health Service Usage for those Housed for One and Two Years

	Change in Presentations / Days^	Unit Price*	Change in Aggregate Cost	Change in Cost Per Person
One year pre/post (n=97)				
Change in ED Presentations	– 278 Presentations	$838 per presentation	–$232,964	–$2,402
Change in Inpatient Days	– 86 days	$2,909 per day admitted	–$250,174	–$2,579
Change in Psychiatric Days	– 275 days	$1,475 per day admitted	–$405,625	–$4,182
Change in Ambulance Arrivals	–104 arrivals	$828 per arrival	– $86,112	– $888
TOTAL			–$974,875	–$10,050 per person
Two years pre/post (n=50)				
Change in ED Presentations	– 112 Presentations	$838 per presentation	–$93,856	–$1,877
Change in Inpatient Days	+ 74 days	$2,909 per day admitted	+$215,266	+$4,305
Change in Psychiatric Days	– 56 days	$1,475 per day admitted	–$82,600	–$1,652
Change in Ambulance Arrivals	–75 arrivals	$828 per arrival	– $62,100	– $1,242
TOTAL			– $23,290	– $466 per person

^ Cost per person change for the 97 people who had been housed for one year or more and for the 50 people housed for two years or more

*Costs based on the latest Independent Hospital Pricing Authority (Round 21) figures for the 2016-17 financial year for WA.[21] Average psychiatric admission is based on AIHW Mental Health services in Australia 2019 report.[22] Costs for ambulance based on Report on Government Services (2018), Part E for 2016-17[23]

Photo 14: Patient Being Treated by RPH Homeless Team

4.4. Primary Healthcare Support to Address Health Needs

Anyone supported through 50 Lives can choose to see a HHC GP and/or attend clinics run by HHC at various drop-in centres. Individuals of course can choose to see any GP, but through this evaluation we have GP data for the 83% of people who have had some contact with HHC since 50 Lives began. As the nurses involved in AHSS are part of HHC, this provides valuable synergies for 50 Lives clients, as illustrated in the following example provided by a nurse:

> …she said she was anxious about a health issue and so we let her GP know. As we see her weekly through AHSS we can check on how her health is going and encourage her to go to one of the HHC clinics. At the start of an AHSS shift, we can check to see if there any notes about health concerns that have been made by a GP or HHC nurse and can then follow up about this during the home visit. – **AHSS Team**

One of the many ways that HHC has been able to support 50 Lives clients is to undertake a Chronic Disease or Mental Health Care Plan with them. This is often not possible when people do not have a regular GP and are still in survival mode living while rough sleeping. Mental Health Care Plans and Chronic Disease Management Plans are implemented by GPs, in consultation with their patients, to better manage mental health issues and chronic conditions. Under a mental health care plan people can access Medicare rebates for ten sessions with some mental health professionals.[109] Chronic disease management plans outlined strategies to manage ongoing conditions (e.g. conditions that have been present for six months or longer such as diabetes, musculoskeletal conditions or cancer) and can enable people to access Medicare rebates for appointments related to the management of the condition.[110] People supported by 50 Lives who saw HHC had 266 contacts related to chronic disease management plans from July 2016 to the end of December 2019. In this period there were 55 contacts related to mental health care plans.

> While people remain homeless, they are often in survival mode and it is really difficult to address the chronic medical problems that characterise the health of people who are rough sleeping in Perth. Most of the chronic conditions we see in people experiencing homelessness are best managed by General Practice, and when people are stably housed, this is much more feasible. Once housed, health starts to improve just from basic things like sleep and regular meals and not having to worry about where you are going to sleep each night. It is then easier for people to tackle other issues with the support of our GPs and nurses, such as mental wellbeing, reducing drug or alcohol use, addressing chronic pain or stabilising diabetes - **Dr Andrew Davies, HHC**

Box 20, outlines the critical role that housing can have in managing chronic health conditions and Box 21 outlines this for chronic mental health.

Box 20: Managing a Chronic Condition Once Housed
Liam is man in his fifties who cycled in and out of homelessness for four years and suffers from multiple morbidities including diabetes and methamphetamine abuse. To manage his diabetes, he requires insulin injections multiple times a day and the medication requires refrigeration. This was not feasible when living on the street, and he also had his medication stolen on multiple occasions. His untreated diabetes led to a recurrent cycle of ED presentations. In June 2018 Liam consented to 50 Lives, and a HHC nurse commented *"it's imperative Liam is rapidly housed or he will not be able to comply with his treatment"*. In January 2019 he was placed in transitional housing before being housed in early 2019. His diabetes improved dramatically since being housed due to medication compliance and healthier diet. He has also ceased his methamphetamine use and quit smoking

Box 21: Managing a Chronic Mental Health Condition Once Housed

Patrick is a male in his late fifties who was housed through 50 Lives in early 2019. He has experienced considerable childhood trauma. After losing one parent in in a car accident, his other parent began drinking heavily. Patrick experienced physical and verbal abuse, and was eventually kicked out of home. After his parent died, he found schooling difficult and often experienced bulling. Adult life has also not been easy for him, with time spent in prison, a failed marriage, estrangement from his children, and reconstructive surgery required after being assaulted in a park. Patrick has PTSD, anxiety and problematic alcohol use. He admits to struggling to emotionally regulate himself, so sometimes finds himself in conflict situations. Alcohol use has been problematic, but this one of the things he is working hard to address.

Since being housed, he has had a mental health care plan that has enabled him to regularly see a counsellor. He attends all appointments and has once described this as 'life saving'. He is aware that his adverse life experiences will continue to impact his life. With the support of his counsellor and the AHSS, he is working on addressing his alcohol use and attempting to walk away from potential explosive situations. He desperately wants to maintain his property and does not want to return to homelessness.

Photo 15: HHC Treating Patient at Ruah Centre

4.5. The Role of Health Sector Collaborations in 50 Lives

Whilst the primary focus of this chapter has been to describe the health needs of people within 50 Lives and look at changes in hospital use once housed, it is important to note that health is by no means just an 'outcome'. The positive changes in health outcomes observed to date would not be possible without the integral involvement of health organisations within the 50 Lives collaboration, ranging from formal involvement through steering group and working groups, through to direct healthcare provided to many 50 Lives clients, as shown in Figure 40. This breadth of health sector collaboration is a hallmark of 50 Lives, and does not exist to the same extent in all Housing First programs. As noted in 2019 by a GP working with people homeless in Finland for example:

> *…there aren't many people in the health system here focusing on homelessness. I don't know many others at all. Finland is known for its great Housing First outcomes and successes in reducing homelessness, but this can mean that the health needs of this vulnerable group are overlooked* - **GP, Helsinki**

Steering Group Membership

RPH Homeless Team, Homeless Healthcare

Working Group Participation

Rough sleepers WG: Homeless Healthcare, RPH Homeless Team, Bentley Mental Health Service, Cyrenian House, HODDS, MCOT.
Youth WG: Links Youth Mental Health Support Program, HODDS.

Identifying Rough Sleepers Eligible for 50 Lives

HHC, RPH Homeless Team and Bentley Mental Health Service have staff trained in administering the VI-SPDAT

Nursing Support Through AHSS

AHSS team includes a HHC nurse working alongside a Ruah case worker

Access to GPs and Primary Healthcare

Whilst 50 Lives clients can see any GP of their own choosing, they all have access to HHC GPs and clinics – 83% of 50 Lives clients have been seen by HHC (GPs and nurses)

Information Sharing to Support Client Health and Wellbeing

Through the 50 Lives collaborations, there is considerable information sharing in working groups and outside of these to assist with support of clients around health needs.

Connecting Clients to Other Health Services as Required

Health services collaborating with 50 Lives are able to facilitate referrals to: Mental Health and AOD services, allied health (e.g. physiotherapy, occupational therapy), assist clients to access hospital occupational therapy cognitive and life skills assessments (that can play critical role in identifying support needed to remain housed)

50 Lives Support for Clients to Attend Health Appointments

50 Lives lead workers and AHSS play important role in improving client attendance at outpatient and community health service appointments.

Figure 40: Health Sector Involvement

Four of the ways in which collaborations between health organisations and 50 Lives are making a difference are discussed on the following pages.

4.5.1.   Collaboration at the Coalface to Support Clients

The mutual benefits to the health sector and to 50 Lives of these partnerships are captured in the following observations from the RPH Homeless Team Clinical Lead:

> *The RPH Homeless Team and 50 Lives have always been quite closely entwined so people from Royal Perth including myself, a caseworker and one of social workers have often attended the 50 Lives working group meetings which is a discussion of particular clients, what's happening with them what's not happening with them and a way of getting ideas and help from the number of community organisations that are sitting around the table. It's very much reciprocal; for example I can bring up in the working group meeting somebody who is at RPH who is really challenging us and we don't seem to have any answers or solutions to and find out what is out there that may be able to help them in terms of programs to help with accommodation and support for example. I may be able to find people who have been lost from the system who need more medical care and I can get people to find them for me, or to bring them to important outpatient appointments or procedures, etc.*
>
> *But then, the 50 Lives group is also able to call on me to do things that they can't do such as, to smooth the way of patients who they are sending from the community into the hospital, so people truly understand why the patient's there. And to be able to settle and comfort patients who are worried about being in hospital because they're seeing the homeless team…. It's really about talking to each other, meeting each other and being flexible about whatever the person needs. – **Dr Amanda Stafford, RPH Homeless Team***

Another example of health and 50 Lives collaboration in action comes from the Homeless Outreach Dual Diagnosis Service (HODDS) that commenced in February 2019 as part of HHC and which works now with a number of 50 Lives clients who have a dual diagnosis (i.e. they have both problematic AOD use and mental health concerns):

> *The HODDS clinician regularly attends the 50 Lives youth working group meeting. This is an opportunity for sharing ideas around supporting young people either at risk of homelessness or recently homed. There have been some referrals of young people for direct HODDS support as a result of these meetings, and more broadly, the working group has provided an opportunity for HODDS to provide consultation and support to youth workers around assisting clients with mental health needs. -* **Melanie Werner, Registered Nurse, HODDS**

4.5.2.   Identifying Rough Sleepers Eligible for 50 Lives

In any city there are people sleeping rough who are not currently engaged with homelessness services, some may have been in the past but have disengaged from this, whilst there are others who have opted not to seek support or have 'fallen through the cracks' for other reasons. With the high acuity of health issues among people sleeping rough, hospitals and street outreach health services are thus well placed to identify people that may be highly vulnerable and potentially eligible for 50 Lives.

> *A significant challenge is to identify and support the more hidden group of people who are homeless; those choosing not to use homeless services, or those living outside the areas serviced by homeless services. Given the poor health of people who are homeless however, even those not accessing homelessness services are likely to require healthcare, hence hospitals and mental health services have an important role to play in identifying people who are homeless or at risk of homelessness, and can be a conduit for building trust and connecting them to other support.* **- Dr James Hickey, Dual Diagnosis Clinician, HODDS**

Training health professionals and frontline health services to administer the VI-SPDAT can facilitate this, and since the last evaluation report, there has been a broadening of organisations and people using the VI-SPDAT in Perth.

The use of the VI-SPDAT at both RPH and Bentley has identified many people with high vulnerability that may otherwise have remained undetected and homeless on the streets. This is powerfully illustrated in the number of patients experiencing homelessness being identified by Bentley Mental Health following commencement of the Mental Health Homeless Pathways Project (MHHPP) in May (See Box 22).

> Contacts with the hospital can often be the portal through which the road to housing and recovery begins.[111]

Box 22: Identification of Vulnerable People who have Slipped Through the Cracks

Background

Pam is an Aboriginal female in her early forties who has been sleeping in a park for many years. She originates from a central Australian community but has been permanently banned due to traditional law. She has a history of trauma and suffers from multiple chronic health conditions including alcohol related end stage liver cirrhosis, anaemia from chronic gastric blood loss, pneumonia and is almost blind from bilateral cataracts. She has heavy daily alcohol intake in response to the traumatic loss of all contact with her family and Country. Pam completed the VI-SPDAT in late 2017 scoring 14, indicating high vulnerability. Her health is steadily deteriorating and she is often brought to ED by ambulance with alcohol intoxication, abdominal pain and injuries from assaults.

In 2019, Pam had 90 ED presentations and 44 admissions to ED observation or inpatient wards (total 80 days admitted) at a cost to the public hospital system of $308,140 in a one-year period. She has had 11 presentations already this year (to Feb 2020). Pam routinely discharges herself from hospital as soon as she is sober so little work on her multiple issues with physical and mental health, social circumstances and AOD issues has occurred. Despite her many visits to ED she has no recorded history with Mental Health Services, nor has she been linked into community mental health support services. As the health system often treats AOD, mental health and physical conditions in silos, and Pam has complex physical health conditions and trauma, she in effect has fallen through the cracks in both health and homelessness systems. Her drinking also makes finding suitable accommodation difficult. As noted by the Clinical Lead of the RPH Homeless Team:

> *While she did have public housing for a period several years ago, there was no support and it turned into a drinking house and the property got destroyed and she was evicted. This is a problem for subsequent placements. She has no reason to stop drinking due to the loss of family and country. Also there is very little available as accommodation with active substance use.* **- Dr Amanda Stafford**

Current Situation

Pam came to the attention of the *Mental Health Homeless Pathways Project* about six months ago – the Project Coordinator is providing her with case management, processed her application for 50 Lives, and is providing her with support until she can get housed. Pam refuses to stay in hospital for treatment due to her fear of *"Hospital is where you go to die"* and does not want to be in transitional or crisis accommodation. As she noted to her case manager, all she would like is her own one-bedroom, quiet place *"with a chair, a TV and a fridge…"*

^ Average cost of $838 per ED presentation and $2,909 per day admitted in an inpatient unit in WA hospitals based on the IHPA Round 21 figures for the 2016-17 financial year[21]

4.5.3. Support Relating to Health Needs Provided by AHSS

There are a range of benefits of a HHC nurse being part of the AHSS team;

> The combination of nursing and social care is particularly effective for people with complex issues or who have experienced long-term homelessness.[111]

- *prior to an AHSS visit*: the nurse can review health notes to determine history of health needs and to check status of said conditions.

- *during visit:* the nurse can broach with client any health issues known to be of concern (e.g. current level of drug use, healing of an ulcer or wound), assist with areas of health they are wanting to address (e.g. if they want to lose weight, cut down alcohol use, having trouble sleeping), and they can also look up on the HHC system when the next GP appointment is scheduled for.

- *at the end of the AHSS shift*: the nurse will enter notes into HHC database, these can be read by GP and nurses who see the client, follow up with client if they were unsure when their next GP appointment was etc.

Having nurses as part of the AHSS team also provides scope for opportunistic health education and addressing of health issues. As an example:

> *…during an AHSS visit and chatting about his current meth use, the client mentioned that he was keen to try baclofen again to help with his addiction. The nurse said he would mention this to client's GP, and noted the benefits of being able to action something like this immediately when someone indicates they are motivated* - **Research Team (field note 14 Jan 2020)**

The early stages of adjusting to be being housed can be immensely challenging, and many of the client supported by AHSS have multiple health issues that can impact on their wellbeing and capacity to maintain their tenancy (some of these challenges are discussed in Section 3.5.6). Weekly or fortnightly visits from AHSS provides an opportunity to regular check in with people on their health and wellbeing, as shown in Box 23.

Box 23: Support for Health Issues Through AHSS

Background

Craig is a man in his late forties who scored a 12 on the VI-SPDAT and was housed in an apartment block by 50 Lives in March 2017 after nearly four years of intermittent homelessness. He has a traumatic brain injury from a fall and regularly experiences epileptic seizures. Memory impairment resulting from his brain injury is a source of a lot of frustration for Craig, and he often forgets to take his medications, forgets the pin code for his phone, misplaces things like ID and prescriptions, and on one occasion forgot to turn the gas off on the stove and left his unit. He has frequently had to get the locks changed because he has misplaced keys to the unit. Craig is very wary of hospitals and medical treatment, and is reluctant to take this medication, often saying to the AHSS team *"they don't work"*. Over time his seizures have increased in frequency, sometimes requiring a hospital visit. He also suffers from ongoing back pain and has emphysema and COPD and has often spoken with AHSS staff about the associated shortness of breath that *"feels like a plastic bag is wrapped around my lungs"*.

Support Provided

Engaging with Craig about his health, and particularly his seizures is an important focus in the weekly AHSS visits. The AHSS team has established good rapport with him and are frequently encouraging him to persist with his seizure medication, and to maintain regular appointments with the HHC GP. The AHSS and an occupational therapist have assisted him with strategies for remembering things like taking his medication (such as putting a reminder on the milk bottle in fridge).

Health education is also commonly incorporated into AHSS visits. Most often this relates to lifestyle factors that impact on health, such as nutrition, physical activity and hygiene. Congruent with the overall 50 Lives 'client led' ethos, the AHSS team encourages people to identify health issues or goals that they want to work on, and then provides support and encouragement. A recent example of this is shown in Box 24.

Box 24: Addressing Health Behaviours Once Housed

Percy is a man in his mid-fifties who had been homeless for over four years. He was in foster care as a child and has a history of trauma and has diagnosed PTSD. He also has a range of other health issues, including AOD use, hepatitis C, mental illness and an acquired brain injury. Percy consented to 50 Lives in August 2017 and was housed in February 2018. After being housed, Percy was motivated to improve his health and decrease his alcohol consumption. He identified negative influences in his life, such as hanging out with his neighbours and formulated a plan to start making the changes. He started walking which has resulted in some weight loss and is investigating more low-cost exercise options. He has also had dental work done and had a haircut, and his case worker has reported he looks much healthier since he has made these changes.

4.6. Health Impacts of 50 Lives Summary

As demonstrated throughout this chapter, the individuals supported by 50 Lives came into the program with very poor health, and in most cases, tri-morbidity (a combination of physical, mental health and AOD issues). The high level of hospital use among this group in the three years prior to 50 Lives further emphases this. In some of the published international Housing First studies, changes in health outcomes once people have been housed have not been immediate, and may take one to two years to transpire, with new health issues being assessed and treated in the early stages of Housing First support. By contrast, even after only a year of housing some dramatic improvements in health have been observed, reflected not only in reduced presentations to EDs and unplanned hospital admissions, but also in the high level of engagement by 50 Lives clients with primary healthcare support through Homeless Healthcare and nurses involved in the AHSS. As summed up by a homeless-health provider, once people have the stability of a roof over their heads, they are able to address health issues in a way that is not possible when you are trying to survive day to day on the streets. The reductions in hospital use associated with mental health and AOD use are one marker of this, but so too is evidence of people stabilising chronic health conditions such as diabetes, managing for the first time in years chronic pain, now accessing mental health counselling, or being able to work with a nurse to develop their own plan to address lifestyle factors such as reducing their AOD and increasing their physical activity.

Whilst health is always framed as an important outcome of Housing First programs, the critical role that a range of health services in Perth play in the 50 Lives collaboration is somewhat unique. This ranges from supporting these individuals through VI-SPDAT screening, referring to the 50 Lives program from the hospital/health service, locating individuals in these services when the homelessness sector may have lost track of them and providing continuity across health services is one of the critical success factors of the 50 Lives program.

The health harms that we see in people made homeless are driven by social and economic inequality. The health service is picking up the pieces, and by doing that better we can save some lives and mitigate some of the damage. But in the long term we need radical change in housing, education, criminal justice, welfare, and economic policy. Homelessness is a serious healthcare problem, but it is the consequence of political choices.[97]

5. JUSTICE OUTCOMES

" *...if I get bored I might start using drugs again but then I might get in trouble and might go back inside [prison] and I really don't want that* **"**

- 50 Lives Client

The strong association between homelessness and increased likelihood of contact with the Justice system is well documented,[112] with people experiencing homelessness far more likely than the general population to have been victims of crime, to have committed offences, and to have been imprisoned.[96] Ascertaining causality for this inter-relationship is complex, with the origins often lying in early life circumstances, trauma, mental illness and addiction issues.[113] Mounting evidence on the effects of trauma on brain and emotional development highlights the detrimental effect of trauma on people's capacity to feel safe, to assess danger, and to regulate physical and emotional responses to stressors.[42,114] These are all factors that can contribute both to criminal offending and likelihood of victimisation.[112] It is also argued that people experiencing homelessness are often arrested for crimes associated with survival strategies,[20] such as entering private property or petty theft.[115,116] Indeed, the very nature of sleeping rough in the public realm renders people vulnerable to crime victimisation and police and security attention.

A number of published Housing First evaluations have looked at justice outcomes and have generally reported a reduction in contacts with the justice system after people are housed.[2,103,117-119] However, the findings are not consistent, and some studies have reported no difference in justice contacts, or even an increase.[20,120] This discrepancy in findings may be partially explained by differences in follow-up periods and the data used to quantify justice contacts, which ranges from incarceration (jail time), arrests, police contact and court appearances. There are also temporal complexities associated with justice system data; Ly and Latimer (2015)[20] for instance note that people may have been incarcerated for crimes committed prior to their entry in Housing First programs, and that longer follow-up periods are required to obtain more definite results.

In this third evaluation report, WA Police Force administrative data was matched for 315 (92%) people supported by 50 Lives (as at the end of September 2019), an additional 146 people since the second evaluation report.[2] This data has been used to look at patterns of offending and victimisation in the three years prior to people consenting to becoming part of 50 Lives. The chapter then goes on to look at changes in the number and types of offences (committed or a victim of) in the one and two years pre/post being permanently housed (for the 104 people housed for one year or more and for the 49 housed for two years or more). It should be noted, that just because 315 were able to be matched, this does not mean that all 315 have offending or victimisation data. Police data includes matters which are never formally charged or progressed to court, and people may have had an offence committed against them (i.e. a victim of crime), but not have perpetrated crime themselves. The data sources and methods are described in Chapter 1 as part of the overall evaluation methodology.

The chapter discusses offending data first followed by victimisation, and then looks at how these actually co-occur for many people in 50 Lives, congruent with other studies of homeless populations. Case studies and vignettes have been used in this chapter to illustrate the complexity of factors that contribute to frequent contacts with the justice system.

5.1. Offending

5.1.1. Justice Contacts Prior to Consenting to 50 Lives

Offences

For the 315 people supported by 50 Lives that could be matched in WA Police Force records, 212 people (67%) had a recorded offence (or offences) in the three years prior to consenting to 50 Lives. The number and main types of offences are shown in Table 23. As reflected in this data, the annual number of offences for this cohort of 212 people nearly doubled over the three-year period, increasing from 347 offences three years prior to joining 50 Lives, to a total of 634 offences recorded by WA Police Force in the year prior to 50 Lives consent. Collectively over the three-year period, these 212 individuals committed 1,561 offences.

Table 23: Number of Offences in the Three Years Prior to Consenting to 50 Lives

Offence Group n(%)	Three Years Prior	Two Years Prior	One Year Prior	Total
Burglary / Break and Enter	12 (3%)	11 (2%)	25 (34%)	48 (3%)
Drug Related Offences	79 (20%)	127 (23%)	184 (29%)	390 (25%)
Family and Domestic Violence Related Offences[iii]	27 (7%)	27 (5%)	26 (4%)	80 (5%)
Fraud / Deception	23 (6%)	35 (6%)	19 (3%)	77 (5%)
Miscellaneous Offences	3 (1%)	0 (0%)	1 (0%)	4 (0%)
Offences Against the Person	34 (9%)	36 (7%)	42 (7%)	112 (7%)
Offences Against Justice Procedures	42 (11%)	26 (5%)	29 (5%)	97 (6%)
Property Damage	19 (5%)	38 (7%)	39 (6%)	96 (6%)
Public Order Offences	60 (15%)	77 (14%)	77 (12%)	214 (14%)
Sexual Assault and Related Offences	3 (1%)	2 (0%)	2 (0%)	7 (0%)
Theft / Stealing	72 (19%)	125 (23%)	156 (25%)	353 (23%)
Traffic / Vehicle Regulatory Offences	3 (1%)	17 (3%)	4 (1%)	24 (1%)
Weapons Offences	10 (3%)	19 (3%)	30 (5%)	59 (4%)
Total	387	540	634	1,561

The three most common types of recorded offences in the three years prior to 50 Lives consent were drug related offences (25%), theft (23%) and public order offences (14%), such as begging, loitering or being drunk in a public place. As 50 Lives evolves it is increasingly clear that the very circumstances of rough sleeping, and the life trajectories that have led to homelessness, are implicated in the types of offending observed. Drug related offences for example were the most common in the three years prior to 50 Lives, mirroring the high level of addiction and drug use seen among the 50 Lives cohort overall (Chapter 4) and in homeless populations across Australia[54] and internationally.[6,121] The pervasiveness of trauma in the lives of people who have been rough sleeping, and the common use of alcohol and drugs as a coping mechanisms can unfortunately contribute to drug and alcohol related offences.[112] This is reflected in the case study in Box 25.

[iii] WA Police Force record Family as a circumstance rather than as an offence as it is not specifically legislated. This FDV and Related Offences category includes breaches of Family Violence Restraining Orders and common assault, serious assault, possessing a weapon to cause fear and threatening behavior where Family was recorded as a circumstance of the offence.

Theft was the second most common offence amongst the 50 Lives cohort, and whilst homelessness does not of course legitimise the illegality of thieving, there is recognition in the literature that struggling to meet basic needs when homeless can drive people to 'crime of necessity or survival' (e.g. the theft of food and shoplifting).[122, 123] Public order offences were the third most common type of offence and again the circumstances of sleeping rough contribute to this - loitering, sleeping, or urinating in a public place are case in point as those of us living in the comfort of our own homes are at very low risk of ever committing such offences.[124,125]

Box 25: Drug Use and Offending Intertwined

Background

Gavin is an Aboriginal man who scored 18 on the VI-SPDAT in early 2016 reflecting extreme vulnerability, with only 6% of people in 50 Lives having a score >15. He had a troubled childhood, with a long history of depression and a suicide attempt in his late teens associated with major loss. His VI-SPDAT indicates that his trauma has not been addressed, that he was taken to hospital against his will for his mental health, has had frequent contacts with police, spent time in prison and has multiple health issues.

Gavin has a history of drug dealing and polysubstance use and developed drug induced psychosis, but in the year prior to becoming part of 50 Lives, had been seeing HHC who are supporting him to tackle his drug dependencies. Prior to being housed in mid-2017, he and his partner were moving frequently between different hostels and boarding houses.

Contacts with the Justice System

Between late 2008 and early 2018 Gavin was charged with 40 offences, many for drug possession, but also for stealing, assault and fraud. He has also been a victim of nine reported offences since 2011, including assault and burglary.

Whilst there has been a significant drop in offending since being housed, he was charged with offences on several occasions in the first year housed. Gavin's case illustrates how hard it can be to leave one's past way of life behind. Financial debts and pressures early on when housed meant that he and his partner were often relying on food parcels. The temptation to return to drug dealing so as to have some money was a tension in his relationship with his partner. However, he also noted that he was looking forward to when would be able to *"spend money like "real people" on things other than drugs"*.

Move On Orders

The WA Police Force offence data used in the preceding section does not include move on orders which are another common reason why people who are rough sleeping come into contact with police. These aren't offences as such, but are notices that police in WA and Australia can issue to move people on from particular areas, ostensibly on the grounds that it will prevent offending. While in WA, it is not illegal to beg or sleep rough in

> *The key here is that people who occupy public spaces (because they lack private ones), and whose poverty is highly visible, are subject to extra attention by the criminal justice system not so much for what they do, but for who they are and where they are.[126p.7]*

a public space (rough sleeping offences were repealed in 2004),[127] police are often called upon by retailers and others to 'move people on', and the visible presence of people sleeping in shop doorways, on pavements and in other public places in Perth has been the source of considerable media and public discourse since the second 50 Lives evaluation report.[128]

In WA, police are able to issue 'move on orders'[127,129] in a range of circumstances where it is suspected that an individual is in the process of committing an offence, or is about to commit an offence in a public place. An order can be active for a maximum of 24 hours. Among the circumstances that may justify a move on order being issued are '*committing any breach of the peace*' and '*hindering, obstructing or preventing any lawful activity that is being, or is about to be, carried out by another person*'.[129] The wording of the law allows broad interpretation, meaning that move on orders can be issued in circumstances where no actual offence has been committed. In the absence of an offence, officers may rely on the presence or appearance of a particular person in forming 'reasonable suspicion' that an offence may occur, or that a breach of the peace or hindrance of lawful activity by another is occurring. While a move on order is not an offence itself, not complying with it is brings a maximum penalty of a $12,000 fine or 12 months imprisonment.[129] Continued non-payment of a fine can eventually result in a custodial sentence, and this is of particular relevance to people experiencing homelessness who may have few material resources to pay a fine.[130]

In a paper our research team had published in a 2019 special issue of Parity on the criminalisation of homelessness in Australia, analysis of WA Police Force data for a cohort of 2,792 people homeless or previously homeless in Perth showed that 42% had received a move on order, amassing a total of 14,240 notices over a four year period between 2011-2015.[128] In the analysis of police data for this 50 Lives report, 191 people (61%) had at least one move on order at some time in the three years prior to consenting to 50 Lives, with a collective total of more than 2,000 move on orders in this three year period. The recorded statutory reasons for which these orders were issued are shown in Table 24, with the majority (83%) relating to Statute F of having "*just committed or is committing an offence.*" As noted earlier, the interpretation of these laws is broad and often comes down to being in the wrong place, at the wrong time.

Table 24: Move on Orders in the Three Years Prior to Consenting to 50 Lives

Statute n(%)	Three Years Prior	Two Years Prior	One Year Prior	Total
a – doing an act that involves the use of violence against a person	10 (2%)	8 (1%)	8 (1%)	26 (1%)
b – about to do an act likely to involve the use of violence	3 (1%)	0 (0%)	1 (0%)	4 (0%)
c – is committing any other breach of the peace	44 (7%)	50 (7%)	71 (9%)	165 (8%)
d – is hindering/obstructing/preventing any lawful activity	5 (1%)	3 (0%)	10 (1%)	18 (1%)
e – intends to commit an offence	55 (9%)	39 (6%)	39 (5%)	133 (6%)
f – has just committed or is committing an offence	474 (80%)	573 (85%)	672 (84%)	1,719 (83%)
Total	591	673	801	2,065

In a broader sample of 1,705 people experiencing homelessness who were sent to police and were matched across databases, Robby (described in Box 26 below) received the highest number of move-on orders issued in the last 12 years (nearly double the amount of the next highest person).The volume of move on orders accumulated while homeless by some people in the 50 Lives program is staggering, and the futility of repeatedly issuing notices when there are so few affordable accommodation options that people sleeping rough can 'move on to' is highlighted in Box 26.

Box 26: Move on Orders

Background

Robby is a male in his late thirties, who has been subject to trauma and abuse, subsequently attributing to an extensive history of substance dependency and run-ins with the justice system.

Move On Orders and Breaches

Throughout 2008 – 2019 (the period of data available from WA Police Force), Robby received a total of 737 move-on orders. Before being permanently housed, he received on average 70 move on orders per year. After securing housing in late 2017, he continued to receive orders, averaging 23 per year. During the 12 years, he has been moved on from 24 different suburbs throughout the city — the majority (93%) of orders were issued within Perth and Northbridge area.

Robby is still banned from a lot of areas around Perth, he has a huge pile of orders on his table at home (gesturing a pile approximately 10cm high). – **Robby's Uncle**

During the 12-year period, Robby had 41 court appearances specifically relating to failing to obey a Police order, as reflected above, while receiving a move on order is not a criminal offence, failing to obey the order is. On 39 of these occasions Robby was fined, while we do not have the data relating to the penalty received, if he were to receive the maximum penalty of $12,000, he would have been fined $468,000 for failure to comply with the move on orders (approximately $40,000 a year).

Current Situation

Robby has continued to receive move on orders (even into December 2019), while it is at a much lower rate in comparison to before he was housed, he is still moved on approximately every 2.5 weeks. As noted by his 50 Lives lead worker:

Due to Robby's nature he is very vulnerable and often targeted by family and street mob. Robby is aware that his family abuse his weaknesses by offering him alcohol and drugs, so they have a right to be on his property. He has tried many different strategies to lure them away from his property and still keep good with the neighbours. However, he is not always successful in moving family on. While Robby is aware that his family's behaviour places his tenancy at risk, he still likes his family to be around him. When Robby is in their company, he is subjected to the elements of drugs, alcohol and substance use. Robby enjoys the attention and tends to become verbally loud and obnoxious when spending time with family, which brings attention to himself by the local Police. Robby is known to them and is quickly seen as a person of interest. Robby's behaviour in the community places himself at risk for the Police to move him on from the area. **– Robby's Lead Worker**

Photo 16: Prosecution Notice to Move on

Court Appearances

Whilst policing and corrective services account for around 90% of the expenditure in Australia on justice services,[133] the costs associated with the court system are nonetheless also substantial. In the 2018/2019 WA Department of Justice annual report, the cost of courts and tribunal services alone was $496 million.[134] Beyond the economic cost of the court system, there is also a substantial human cost, and people who are homeless are exceedingly vulnerable to this, with enormous financial impediments to legal representation and/or paying fines or court costs, and limited support networks.[122]

For the 315 people that could be matched in the police data, 65% (204 people) had at least one court appearance at some time in the three years prior to 50 Lives consent, with a total of 1,223 court appearances across the three year period (see Table 25). The vast majority of appearances were in the Magistrates court (96%) - as reflected in the box to the right, the magistrates court processes a wide range of criminal and civil offences.

Supreme court – the state's highest court. Processes matters involving armed robbery, severe breaches of commonwealth drug enforcement laws, wilful murder and murder.[131]

District court – serious criminal offences including sexual assaults, serious assaults, serious fraud and commercial, burglary and drug offences.[131]

Magistrates court – deals with adults, aged 18 or over, who appear in court after being charged with a criminal offence. The court also deals with civil matters for claims of debt or damages up to set amounts, issuing VROs and applying for extraordinary licences.[131,132]

Children's court – varying offences relating to people between the ages of 10 -17.[131]

Table 25: Court Appearances in the Three Years Prior to Consenting to 50 Lives

Court n(%)	Three Years Prior	Two Years Prior	One Year Prior	Total
Children's Court	10 (2%)	19 (4%)	14 (4%)	43 (4%)
District Court	0 (0%)	1 (0%)	0 (0%)	1 (0%)
Magistrates	395 (98%)	406 (95%)	377 (96%)	1,178 (96%)
Supreme Court	0 (0%)	1 (0%)	0 (0%)	1 (0%)
Total	**405**	**427**	**391**	**1,223**

Harm of Reported Offences

While the total number of offences is high, it is important to note that overall, the severity of offences and the degree of harm caused to others for this cohort is low. This is not to diminish the illegality of offences, but the theft of food, or not paying for a train ticket, or trespassing to find somewhere to sleep contrasts starkly with murder, running a drug cartel or systemic corruption.

There is growing recognition in the criminology literature that traditional crime statistics (such as the aggregate number of offences committed), doesn't provide a full picture of the magnitude of 'harm' to others, public safety and society.[135] An alternative approach first used in Canada and the UK is the concept of a weighted harm[135] or crime severity index,[136] that seeks to classify each crime type according to how harmful it is, relative to all other crimes.[135] To illustrate, the more violent a crime (mass

All crimes are not created equal. Counting them as if they are fosters distortion of risk assessments, resource allocation, and accountability. - Sherman et al (2016)[135] p 171

murder, homicide, rape) the higher the harm score, whilst non-violent offences (such as shoplifting) would attract a lower harm score.[135] In Western Australia, the WA Crime Harm Index (WACHI) was developed in 2018 by House and Neyroud,[137] and looked at court penalty data (duration of prison sentence) for first-time offenders as a means of capturing the relative harm associated with 102 of the most common offences. The final WACHI was based on 88 types of offences, with murder having the longest median prison sentence, hence the highest harm score, followed by manslaughter and aggregated sexual penetration as the next two highest harm scores. The lowest end of the harm score spectrum comprised offences that typically have no or minimal prison sentences comparatively, such as speeding or driving an unlicensed vehicle.[137] Of particular relevance to 50 Lives, the types of offences more commonly committed prior to 50 Lives typically fall at the lower end of the harm score spectrum, such as street drinking, possessing illicit drugs or drug paraphernalia, stealing, and possessing or receiving stolen property. [137]

With permission from WA Police Force, we have been able to compute crime harm scores for those people in the 50 Lives cohort with offence data. Currently the work in this space is quite novel, and thus there hasn't been an agreed upon threshold of what constitutes high or low harm. For the purposes of this report we are basing *"low harm"* off the works of Lauria et al[138] and a forthcoming paper by House et al[139] who have found a prior custodial sentence of 30 days or more was considered to be an important risk factor. Therefore, a WACHI score of 30 or less is considered as low harm for the purposes of this report. It should be noted this can be interpreted in two ways:

- *Harm per offence* – for example: threatening disorderly behaviour has WACHI of 35, thus it is a high harm offence.

- *Harm per person* – for example: x3 assaults in the three-year period, which have a WACHI of 8, thus this person would be a low-harm reoffender with a score of 24 over three years.

When looking at the three years prior to consenting to 50 Lives (Table 23), the most common offence categories were drug related offences which have WACHI scores between 2-5 depending on the type of drug in possession; theft and stealing which have WACHI scores between 3-8 depending on if they stole or received the property and the type of property, and; public order offences which have WACHI scores between 4-5. These three categories accounted for nearly two-thirds (61%) of all offences in the three-year period before 50 Lives. This is the first time to our knowledge that a crime harm index has been applied in a homelessness context, and it provides empirical support for a common contention in the literature, namely that people experiencing homelessness are more likely to be involved in non-violent and less severe crimes, often property related[122] or what has been described as survivalist crime.[140] Moreover, in comparing pre and post housing crime harm scores (in the next section), it is evident that whilst some offending is still occurring, it is overall of a diminishing harm level. As commented by Sherman et al (2016), *"Not all crimes are equal, even if number of offences does not decrease the severity of these offences should be taken into account"*.[135p.171]

5.1.2. Justice System Associated Costs

The cost of justice related incidents is estimated for court appearances and offences committed for the 315 individuals that were able to be matched in police data (Table 26). Although typically not as high as health costs, the higher incidence of justice contacts experienced by people who are homeless compared with the wider community represents a considerable cost burden. Over the three years prior to consenting to the 50 Lives program, recorded offences for participants are estimated to have cost police a total of $3.8 million, or around $4k per-person per-year.

The cost of court appearances, although not as high is also substantial at an estimated cost of $300k over the three years prior to 50 Lives consent. The majority of people supported by 50 Lives did not have a court

appearance, therefore once the total is divided between the group, this only work out as approximately $300 per-person per-year.

Table 26: Aggregate Justice Associated Costs in the Three Years Prior to Consenting to 50 Lives

	Offences / Court Appearances	Unit Price^	Aggregate Cost	Cost Per Person (n=315)	Cost Per Person Per Year
Offences	1,561	$2,481	$3,872,841	$12,295	$4,098
Children's Court	43	$136	$5,848	$19	$6
District Court	1	$4,230	$4,230	$13	$4
Magistrates	1,178	$240	$282,720	$898	$299
Supreme Court	1	$7,940	$7,940	$24	$8
Total			**$4,173,579**	**$13,249**	**$4,416**

^ Offence costs based on WA Police Annual Report 2011-12,[25] and Report on Government Services (2018), Chapter 10.[26] Court costs based on Report on Government Services (2018), Chapter 7 for 2016-17.[24]

5.1.3. Changes in Justice Contacts Once Housed

As noted in the introduction to this Chapter, while a number of Housing First studies have reported overall reductions in offending after people are housed, this has not always been the case. As articulated by Leclair et al,[120] the risks of re-offending is associated with a host of factors in addition to housing stability. In published studies to date for example, many Housing First participants once housed, still live on very low incomes and in disadvantaged neighbourhoods, which increases the odds of criminal justice interaction.[120] Offender risk assessment/management and offender rehabilitation strategies are also typically not specifically targeted in Housing First programs as a primary focus.[120]

In the second 50 Lives evaluation report, there were observed reductions in offences overall among those housed for six months or more, but the sample size was small (n=68) and the follow up period was only for between six months and one year post housing. In this third report there is a larger cohort of people (n=104) have been housed for at least one year and the longer follow-up period has enabled a more detailed examination of the longer term impacts of housing for people (n=49) who have been housed for two or more years. There were observed decreases in the number of court appearances, move-on orders and recorded offences once clients were housed (Table 27).

Table 27: Changes in Justice Contacts One and Two Years Pre/Post Housing

	One Year (n=104)			Two Years (n=49)		
	Pre	Post	Change	Pre	Post	Change
Aggregate offences (as offender)	164	106	–35%	126	72	–43%
Aggregate court appearances	116	37	–68%	129	33	–74%
Aggregate move-on orders	208	80	–62%	183	78	–57%

Changes in Recorded Offences Overall

Overall for the 104 individuals that there was **one year pre/post housing** data available, there was a 35% decrease in offending (this is similar to the findings in report 2,[2] where there was a 31% decrease in recorded offences for the 46 people who were housed for one year at that time point). There was an even larger reduction in offences observed (43%) among the 49 people with **two years pre/post housing** data available (Figure 41).
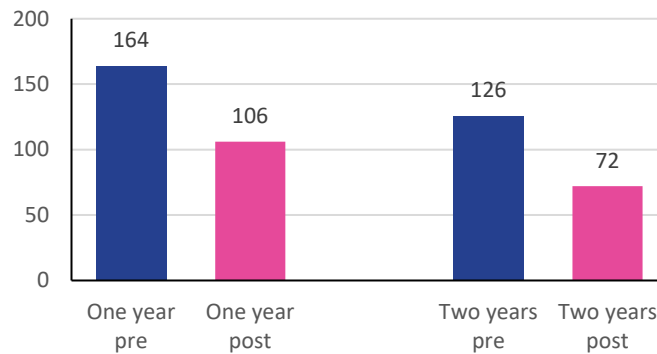
Figure 4l: Changes in Total Offences One and Two Years Pre/Post Housing

Data was broken down to look at changes across the most common offence categories (Table 28). For the 104 individuals with *one year pre/post housing* data, the number of offences reduced in most categories, with the largest reductions seen in burglary and property offences (both 100% reduction) and public order offences (95% reduction). However, there were a number of offences with an observed increase including FDV (800% increase, however half of this was related to breaches of VRO's), theft (23% increase) and fraud (22% increase). For the 49 individuals that there was *two years pre/post housing* data available, the largest reductions were seen also seen in burglary and property offences (both 100% reductions), followed by weapons offences (86% reduction) and public order offences (73% reduction). An increase in offending was only observed for two offence categories; FDV (700% increase) and theft (3% increase).

Table 28: Changes in Offending One and Two Years Pre/Post Housing

	One Year (n=104)			Two Years (n=49)		
	Pre	Post	Change	Pre	Post	Change
Burglary / Break and Enter	5	0	−100%	3	0	−100%
Drug Related Offences	66	35	−47%	45	17	−62%
Family and Domestic Violence Related Offences	1	9	+800%	1	8	+700%
Fraud / Deception	9	11	+22%	7	4	−43%
Miscellaneous Offences	1	0	−100%	0	0	0%
Offences Against the Person	10	4	−60%	7	2	−71%
Offences Against Justice Procedures	8	2	−75%	3	1	−67%
Property Damage	4	0	−100%	3	0	−100%
Public Order Offences	21	1	−95%	15	4	−73%
Sexual Assault and Related Offences	1	0	−100%	1	0	−100%
Theft / Stealing	30	37	+23%	32	33	+3%
Traffic / Vehicle Regulatory Offences	3	3	0%	2	2	0%
Weapons Offences	5	4	−20%	7	1	−86%
Total Offences	164	106	−35%	126	72	−43%
Average Offences Per Person (SD)	1.6 (3.0)	1.0 (2.6)	−0.6 (2.9)	2.6 (4.0)	1.5 (2.6)	−1.1 (3.5)*
Range in Offences Per Person	0–18	0–16		0–20	0–10	

* $p < 0.05$

Changes in Recorded Offences Per Person

In addition to looking at changes in the number of offences committed across the housed 50 Lives cohort, changes in the number of people committing offences is an important barometer of impact. Overall, 59% of people who were ***housed for at least a year*** had no offending in the year before they were housed, this increased to 75% of people with no offending in the year after being housed (a 28% increase in number of people with no recorded offending). Compared to the year before being housed, at the individual level, 29% of people had fewer recorded offences, 56% remained the same, with the remaining 15% of individuals having a higher number of offences recorded in the year after housing (Figure 42). In the year before, the number of offences per person ranged from 0-18, with an average of 1.6 offences per person, reducing to an average of one offence per person in the year after housing (Table 28).

For the individuals who were ***housed for at least two years***, nearly half (47%) of people had no recorded offences in the two years prior to housing, and this increased to nearly two thirds (65%) having no recorded offence in the two years after being housed (in other words, a 38% increase in number of people with no recorded offences). At the individual level, 35% of individuals had fewer offences, 49% of had no change in the number of recorded offences, and the remaining 16% of individuals had a greater number of recorded offences in the two years post-housing (Figure 42). In the two years before housing, the number of offences per person ranged from 0-20, with an average of 1.3 offences per person per year. There was a notable change in these measures in the two years after housing, with a per person range of 0-10 offences, and an average of 0.7 offences per person per year (Table 28).
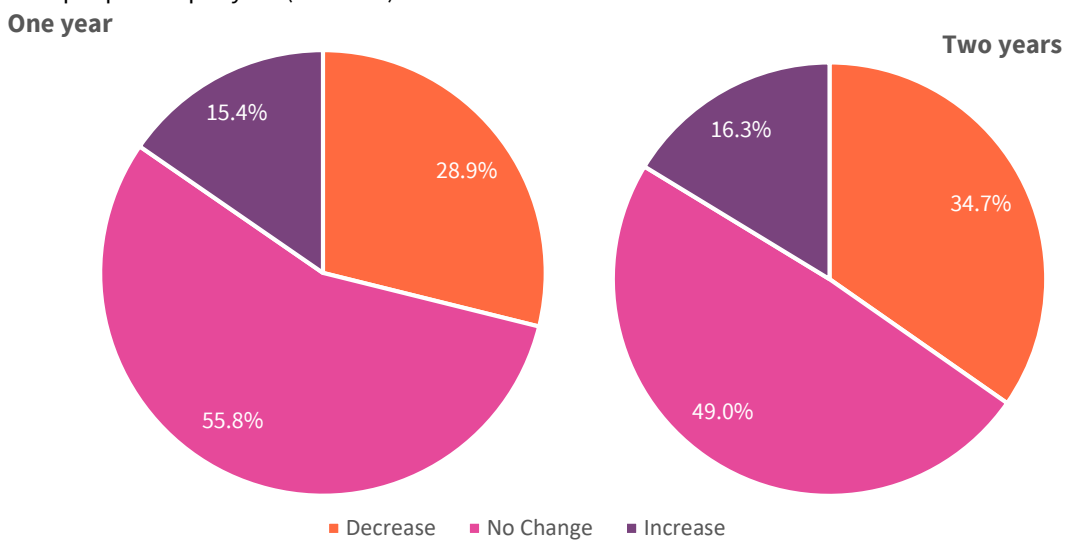
Figure 42: Percentage Change Per Person in Number of Offences Committed One and Two Years Pre/Post Housing

Changes in Move on Orders

For the 104 people ***housed for at least one year***, there had been 208 move on orders issued in the year prior to housing; this reduced by 62% to 80 move on orders in the year after being housed. For the 49 people ***housed for at least two years***, there were 183 move on orders issued in the two years prior to housing; this reduced by 57% to 78 in the two years after (Table 29, Figure 43). The decreases in both these periods were statistically significant. These substantial decrease in move on orders are not only beneficial at the individual level, but to WA Police Force as it bears the police resource time and administrative burden of issuing move on orders. Other potential cost savings accrue to the courts that deal with the administrative burden associated with breaches relating to move on orders.

Table 29: Changes in Move on Orders in the One and Two Years Pre/Post Housing

	One Year (n=104)			Two Years (n=49)		
	Pre	Post	Change	Pre	Post	Change
Total Move on Orders	208	80	–62%	183	78	–57%
Average (SD)	2.0 (4.8)	0.8 (3.2)	–1.2 (2.9)**	3.8 (7.9)	1.6 (7.3)	–2.1 (4.9)*
Range	0–34	0–27		0–45	0–51	

*p<0.01, **p<0.001
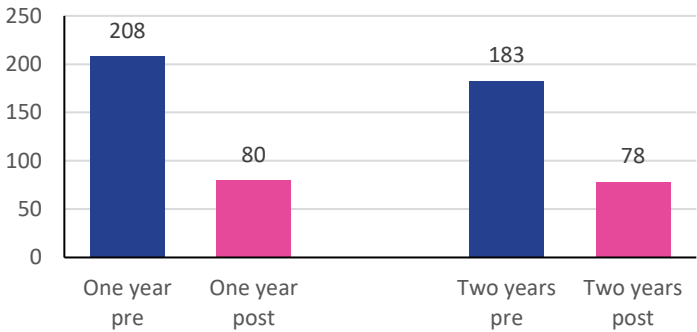
Figure 43: Changes in Total Move on Orders Received One and Two Years Pre/Post Housing

For those ***housed at least one year,*** at the individual level, there was an increase in the number of people with no recorded move on orders (from 59 people prior to housing to 85 people with no move on orders in the year after housing. In total, 38% of individuals had a reduction in the number of move on orders received and only 7% of people had a recorded increase in move on orders in the year after they were housed compared to the year before housing. The number of people with >5 move on orders in a year decreased from 11 to 3 in the year post housing (Figure 44).
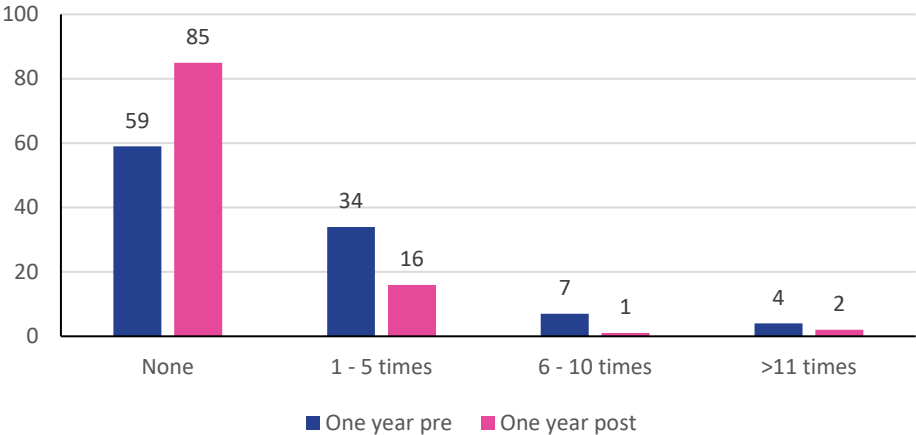
Figure 44: Number of Times Per Person Moved On One Year Pre/Post Housing
Note: For the 104 individuals housed for one year or more.

For those ***two years or more,*** at the individual level, 49% of individuals had a decrease in the number of move on orders received, 43% had no change, with the remaining 8% of people having an increase in move on orders in the two years after they were housed compared to the two years prior to housing. Overall, the number of

people with no move orders received increased from 19 to 37 people post housing and the number of people with >5 move on orders decreased from 9 to 3 (Figure 45).
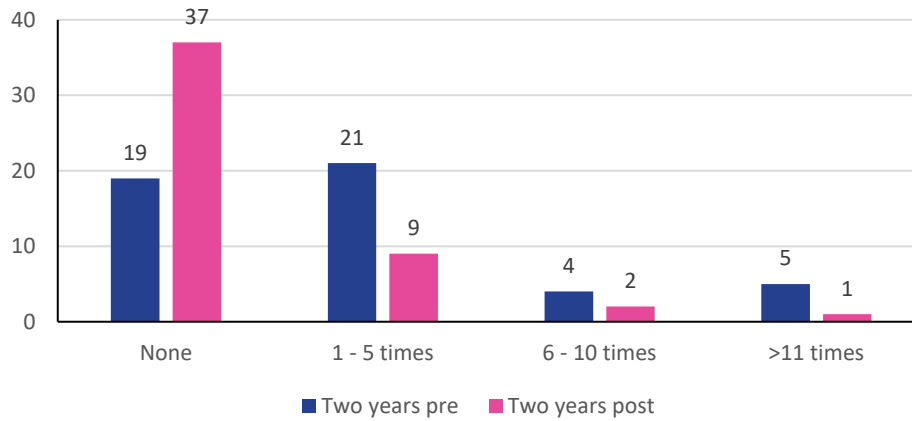
Figure 45: Number of Times Per Person Moved On Two Years Pre/Post Housing

Note: For the 49 individuals housed for two years or more.

Move on orders are what police call a 'detected' interaction i.e. they are only recorded because a police officer is there in the first place. Rarely is a move on order issued following a call for service from the public. Therefore, housing someone physically removes them from the area where orders are issued, in this instance housing is somewhat acting as permanent "move on order".

Changes in Court Appearances

As there can be substantial gaps in time between committing an offence, being charged and appearing in court, comparing court appearance data before and after an individual's housing date inevitably has some limitations. As noted by noted by one 50 Lives client recently, the *"past catches up with you"* when speaking about a court case pending for an offence committed prior to 50 Lives and becoming sober (alcohol and drug use having been implicated in a lot of his offending). Nonetheless, the court appearance data shows a substantial decrease in court appearances among those housed for one year or more.

For the ***individuals housed for one year*** there was an overall reduction of 68% in court appearances in the one year pre housing compared to the one year post housed date (Table 30), with the average court appearances per person significantly reducing from 1.1 to 0.3 per person. For the ***individuals housed for two year*** there was an overall reduction of 74% in court appearances in the two years pre compared to the two years post housed date, with the average court appearances per person significantly reducing from 2.6 to 0.7 per person.

Table 30: Changes in Court Appearances in the One and Two Years Pre/Post Housing

	One Year (n=104)			Two Years (n=49)		
	Pre	**Post**	**Change**	**Pre**	**Post**	**Change**
Children's Court	3 (3%)	0 (0%)	–100%	0 (0%)	0 (0%)	–
Magistrates	113 (97%)	37 (100%)	–67%	129 (100%)	33 (100%)	–74%
Total Court Appearances	**116**	**37**	**–68%**	**129**	**33**	**–74%**
Average (SD)	1.1	0.3	–0.8 (1.9)*	2.6	0.7	–2.0 (3.2)*
Range	0–10	0–6		0–14	0–4	

* p<0.001

Overall for the ***individuals housed one year*** 38% of people had a reduction in number of court appearances the year after being housed, with 51% having no change in the number of times they appeared in court. For a small proportion of people (10%) they had an increase in the number of court appearances in the year after compared to the year before housed. For the ***individuals housed two years*** 59% of individuals had a decrease in the number of times they attended court, with 35% having no changes and only 6% having an increase in the two years after being housed compared to the two years before (Figure 46).
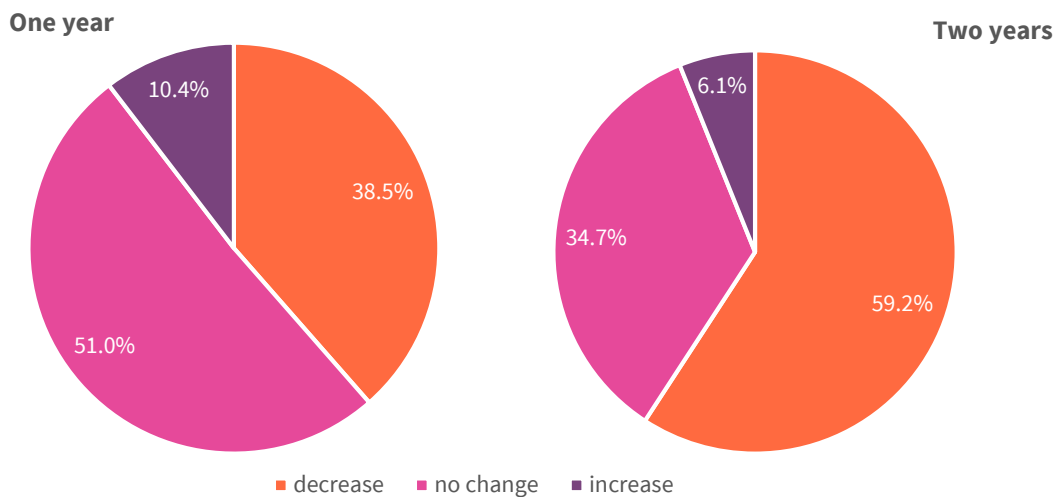
Figure 46: Percentage Change Per Person in Number of Court Appearances One and Two Years Pre/Post Housing

Changes in Harm of Reported Offences

As described in Section 5.1.1, while the total number of offences is high, it is important to note that overall, the severity of offences and the degree of harm caused to others for this cohort is overall low and once housed, are increases in the number of people with *zero* harm.

At the offence level, all offences in the ***one-year pre/post housed*** were lower than 30, with 96% lower than 10 in the year before, and 98% lower than 10 in the year post. An offence such as "possess an illicit drug with intent" has a score of 10.[137]

At the person level, in the ***group housed for one year*** 93% had a low harm score <30 (the equivalent of '*wounding*'), with 59% of people have a harm score of zero, this increased to 94% of people having a low harm score in the year post housing and 75% of people having a zero score. In the ***group housed for two years*** 86% of people had an overall harm score <30 indicating low harm, this increased to 90% in the two years post housing and 47% had a score of zero in the two years pre housing, increasing to 65% of people with zero in the two years post.

5.1.4. Changes in Justice System Associated Costs

The literature finds that Housing First programs generally show reductions in criminal justice system contacts for program participants with associated savings to the system.[103,117-119] However, the change in reoffending is associated with a range of program specific factors, such as emphasis on offender rehabilitation strategies[120] and the location and configuration of housing[141,142] and how this affects the odds of criminal justice interaction.

In addition, some justice contacts, especially court appearances and incarceration, may relate to offending which occurred prior to entering support.[20]

Table 31 reports the estimated savings to the justice system associated with the observed reduction in offending and court appearances for people supported by 50 Lives who were housed for one or two years. For the 104 people **housed one year or more**, total cost reductions are estimated at $162k, which equates to a reduction of $1.6k per-person. The majority of this is attributable to reduced offending, with a total savings of $144k or $1.4k per-person.

For the 49 people who were **housed two year or more**, total reductions are estimated at $157k equating to a reduction of $3.2k per-person over a two-year period ($1.6k per person per year). The majority of this is attributable to reduced offending, with a total reduction of $134k or $2.7k per-person over the two years, with the other $500 related to court costs (Table 31).

Comparison of the savings for people housed for one and two years shows that while for offences the two-year savings for those housed for two years is approximately double the savings estimated for those housed for one year. In contrast, for court appearances, two-year savings per person for those housed for two years is more than double the one-year savings for those housed for one year.

Table 31: Change in Cost Associated with Changes in Justice Service Contacts for those Housed for One and Two Years

	Change in Offences / Appearances ^	Unit Price*	Change in Aggregate Cost	Change in Cost Per Person
One year pre/post (n=104)				
Change in Offences committed	– 58 offences	$2,480 per offence	$143,840	–$1,383/person
Change in Court appearances			–$18,648	–$179/person
Children's court	–3 Appearances	$136 per appearance	*–$408*	
Magistrates court	–76 Appearances	$240 per appearance	*–$18,240*	
TOTAL			**–$162,488**	**–$1,562 per person^**
Two years pre/post (n=49)				
Change in Offences committed	– 54 offences	$2,480 per offence	–$133,920	–$2,733/person
Change in Court appearances			–$23,040	–$470/person
Children's court	–0 Appearances	$136 per appearance	*0*	
Magistrates court	–96 Appearances	$240 per appearance	*–$23,040*	
TOTAL			**–$156,960**	**–$3,203 per person^^**

^ Cost per person change for the 104 people who had been housed for one year or more and for the 49 people housed for two years or more

*Costs based on Report on Government Services (2018), Chapter 7 for 2016-17.

5.2. Victimisation

It would be false to define and portray people experiencing homelessness as predominantly perpetrators of crime, as homelessness also goes hand in hand with susceptibility to suffering harm and crime at the hands of others. A recent review of evidence on street crime victimisation and homelessness,[143] identifies a number of salient factors (see Box 27) that contribute to the high rates of victimisation observed in studies of homeless populations. And as noted by Ellsworth (2019), individuals *"spend large amounts of time on the streets, in both daylight and the darkness of night, inherently enhances risk of exposure to interpersonal crime"* As well as greater vulnerability to predation and likelihood of being a victim of crime, the authors also note that people rough sleeping will have diminished capacity to endure the traumatic effects of having been victimised.[143]

Box 27: Factors Contributing to Experiencing Crime Victimisation when Homeless

- Visibility in locales where crime often more concentrated (e.g. inner-city areas)
- Restricted in ability to avoid areas of crime or contact with potential offenders
- Mental health issues and trauma
- Reluctance to report crime and/or distrust of law enforcement
- Poor health, premature aging and immobility impeding capacity to defend oneself
- Intoxication and inebriation

5.2.1. Victimisation Prior to Consenting to 50 Lives

For the 315 people supported by 50 Lives that could be matched in WA Police Force records, 201 people (64%) appear in the WA Police Force system as a victim of crime in the three years prior to consent. The number and main types of victimisation in the three years prior to consenting to 50 Lives are shown in Table 32. As reflected in this data, the total number of offences committed against the person remained relatively consistent across the three years (ranging 239 – 266 per year). Collectively over the three-year period, these 201 individuals were victimised 749 times. It should be noted however, that this only includes crimes that were reported to police and may underrepresent the total vulnerability of these individuals as anecdotal evidence suggests that many people experiencing homelessness may not report being a victim (due to fear or lack of access to phone/internet).

The majority of crimes that people supported by 50 Lives were victims of, were related to FDV (32%), offences against the person (20%, this includes non-family related assaults and threatening behaviour) and having their belongings stolen (18%) (see Table 32). It should be noted that the FDV variable uses the same definition as per the footnote attached to Table 23.

Table 32: Number Offences as a Victim in the Three Years Prior to Consenting to 50 Lives

Offence Group	Three Years Prior	Two Years Prior	One Year Prior	Total
Burglary/Break and Enter	32 (13%)	25 (10%)	16 (6%)	73 (10%)
Family and Domestic Violence Related Offences	63 (26%)	73 (30%)	103 (39%)	239 (32%)
Fraud / Deception	10 (4%)	6 (2%)	6 (2%)	22 (3%)
Offences against the person	43 (18%)	48 (20%)	57 (21%)	148 (20%)
Offences Against Justice Procedures	15 (6%)	13 (5%)	10 (4%)	38 (5%)
Property Damage	28 (12%)	20 (8%)	18 (7%)	66 (9%)
Public Order Offences	3 (1%)	1 (0%)	0 (0%)	4 (0%)
Sexual Assault and Related Offences	6 (2%)	5 (2%)	11 (4%)	22 (3%)
Theft / Stealing	37 (15%)	53 (22%)	44 (16%)	134 (18%)
Traffic / Vehicle Regulatory Offences	1 (0%)	0 (0%)	0 (0%)	1 (0%)
Weapons Offences	1 (0%)	0 (0%)	1 (0%)	2 (0%)
Total	**239**	**244**	**266**	**749**

5.2.2. Changes in Victimisation Once Housed

While the vulnerability of people who are homeless to crime victimisation is well documented, and there are some published evaluations of Housing First interventions that have looked at criminal justice interactions, as noted in a 2020 Canadian paper, there is a dearth of published studies that have looked specifically at the impact of Housing First on victimisation outcomes.[144] In the second 50 Lives evaluation report, we used police data on offences against people in 50 Lives housed for at least six months to test the initial hypothesis that the likelihood of being a victim of crime would decrease once people were housed.[2] The sample size at the time was small (n=67 housed six months) but the data suggested that this was not actually the case, and that the relationship between housing and victimisation is in fact far more complex and nuanced.

In this third report, we have victimisation data for a larger cohort of people who have been housed for one year or more (n=104) and have explored changes in victimisation and the types of crime committed against those housed in greater depth. While it varies by type of offence (see Table 33), the disturbing inverse relationship between being housed and the likelihood of having reported offences against you to police remains. For the individuals who have been housed for either one or two years, there were observed increases in the number of times they were a victim of crime, with a 70% increase in the number of offences committed against them in the one year post housing, and a 48% increase in two years post housing (Figure 47, Table 33).
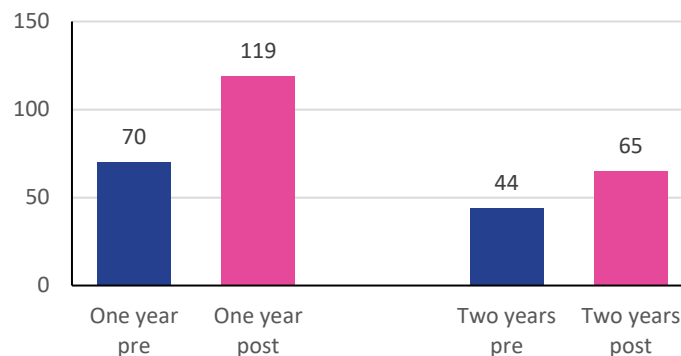
Figure 47: Changes in Total Victimisation One and Two Years Pre/Post Housing

Breaking down changes in victimisation to broad categories for the one and two years pre and post housing there are a number of changes observed. Overall for the 104 individuals that had been **housed for one year**, for the majority of categories an increase can be observed, with the largest increase seen in property damage (a 550% increase), given that the majority of people supported by 50 Lives were rough sleeping prior to being housed and thus not having property to damage prior to being permanently housed this is unsurprising. What is interesting in this data is the fact that fraud and deception increase by 200% in the year post-housing compared to the year before, reiterating just how vulnerable these individuals remain once housed. While FDV related victimisation increased against the person once housed (33% increase), other types of violence decreased, including sexual assault (83% reduction) and offences against the person (24%).

For the 49 individuals that has been **housed for two years**, there was a 48% increase in victimisation in the two years after being housed (Table 33). There were a number of types of offences where no change was

observed pre/post two years housing (fraud, offences against the person, sexual assault, weapons). Overall there were a number of types of crime against the person that increased after being housed including property damage (250% increase), FDV (117% increase), burglary (67% increase) and theft (15% increase).

Table 33: Number of Offences as Victim One and Two Years Pre/Post Housing

Offence Category	One Year (n= 104)			Two Years (n= 49)		
	Pre	Post	Change	Pre	Post	Change
Burglary/Break and Enter	0	18	+100%	6	10	+67%
Family and Domestic Violence Related Offences	18	24	+33%	6	13	+117%
Fraud/Deception	3	9	+200%	2	2	0%
Offences against the person	17	13	–24%	10	10	0%
Offences Against Justice Procedures	4	9	+125%	1	0	–100%
Property Damage	4	26	+550%	4	14	+250%
Public Order Offences	0	0	0%	1	0	–100%
Sexual Assault and Related Offences	6	1	–83%	1	1	0%
Theft/Stealing	17	19	+12%	13	15	+15%
Weapons Offences	1	0	–100%	0	0	0%
Total	70	119	+70%	44	65	+48%
Average Times a Victim Per Person (SD)	0.8 (1.7)	1.1 (1.9)	0.3 (1.9)	0.7 (1.4)	1.3 (1.9)	0.7 (2.3)
Range in Victimisation Per Person	0–14	0–9		0–7	0–8	

Overall, 38% of people who were *housed for at least a year* were victims of crime in the year before they were housed, this increased to 43% of people in the year after being housed. At the individual level, 21% of people decreased the number of times they were victimised, 48% remained the same, with the remaining 31% of individuals increasing the number of times they were a victim in the year after compared to the year before housing (Figure 48). In the year before, the number of times being a victim of crime per person ranged from 0-14, with an average of 0.8 times per person, this compares to a range of 0-9 times per person, with an average of 1.1 per person in the year after housing (Table 33).

For the individuals who were *housed for at least two years*, 29% of people were victims of crime in the two years prior to housing, increasing to 51% of people in the two years after housing. At the individual level, 12% were less likely to be a victim, 49% remained the same, with the remaining 39% of individuals increasing the number of times they were a victim in the two years after compared to the two years before housing (Figure 48). In the two years before, the number of times being a victim of crime per person ranged from 0-7, with an average of 0.7 times per person, this compares to a range of 0-8 times per person, with an average of 1.3 per person in the two years after housing (Table 33).

One year
21.2%
30.8%
48.1%

Two years
12.2%
38.8%
49.0%

■ Decrease   ■ No Change   ■ Increase
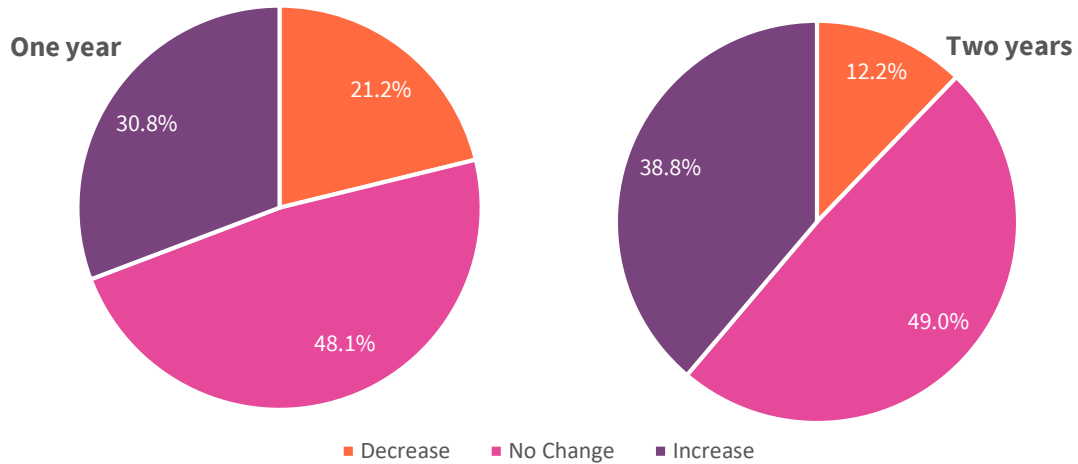
Figure 48: Percentage Change Per Person in Number Times Victimised One and Two Years Pre/Post Housing

The following case study (Box 28) illustrates how people supported by 50 Lives can still remain vulnerable to being a victim of crime once housed.

Box 28: Victimisation Increasing After Being Housed
Craig was housed in in 2017 in an apartment block after experiencing homelessness for four years. He has been a victim of crime on numerous occasions, including being assaulted at a train station, and has had several things stolen from the apartment, including his much loved bike which is his primary mode of transport. On at least two occasions the theft was committed by a "friend", one of whom stole items of sentimental value from his unit as well as cash. On another occasion, a former friend moved into the same accommodation block after release from prison and then stole some of his property, which then led to a physical altercation between the two, as Craig notes: *"my old man taught us that violence was the way, it took me 24 years to learn that it's not"*.
Allowing people to stay at his flat or be there when he is not home has proven problematic, as many of the people he associates with have also experienced homelessness and have issues with addiction, thus opportunistic stealing is not uncommon.
This is a challenge for other peoples supported by 50 Lives also – when you have a home, but have friends or acquaintances who are still homeless, it can be difficult to turn people away. The AHSS is often encouraging Craig and others to set boundaries relating to visitors and people staying over.

There are many reasons why victimisation increases in the period post-housing, some reasons for this increased are proposed in Figure 49.

- Social networks are often homeless or highly vulnerable - may be taken advantage of by "friends**":**
    "He was lonely and feeling socially isolated, and let a friend stay at his unit. But they stole some things, and he felt really let down. Another time he was in hospital and lent his car keys to someone so they could go feed his goldfish. They took the car and some items from his house." **HHC patient notes**
- Family obligations to let them stay in the house – partying and property damage:
    "for those with family or friends who remain homeless, visitors attending their home can be common, and can lead to AOD fueled antisocial behaviour or result in opportunistic stealing of property" **AHSS Team**

VULNERABILITY TO CRIME FROM PEOPLE ASSOCIATE WITH

- Whilst people are often robbed whilst rough sleeping, they inevitably have more belongings that can be stolen once they have been housed:
    "having a place to stay means that he accumulates more items than he would have had when was sleeping in a tree" **AHSS Team**
- The home itself constitutes property that can get damaged - this has been an issue for a number of people who are frequented by visitors who are using AOD.
- Additionally, if they are not used to being housed (and having possessions to protect), they may forget to lock doors and take other precautionary efforts to protect belongings.

MORE POSSESSIONS & PROPERTY THAT CAN BE STOLEN/ DAMAGED

- May be a high density of vulnerable people in the same location:
    "some of the people housed in flats where there are people around them who are using drugs, they are more vulnerable to getting stuff taken" **AHSS Team**
- Physically in one location means they can be found if people are looking for them (e.g. a violent ex-partner, people wanting to stay):
    "They are always coming around here, I have to find another place and I won't tell them where it is" **50 Lives Client**

LOCATION OF HOUSING CAN IMPACT ON LIKELIHOOD OF CRIME VICTIMISATION

- Access to phone and internet to facilitate reporting of crime
- Feel safe and supported to report being a victim of crime to police (e.g. lead workers and AHSS can support and advise):
    "there are probably more reports made from our clients (who are supported to do so) i.e. advice, use of internet, even direct assistance, than the street crowd who might not want to be having contact with police" **AHSS Team**
- More crisis focused when street present and thus may see having their belongings stolen "as one of those things", not a crime to report

MAY BE MORE LIKELY TO REPORT CRIME TO POLICE ONCE HOUSED

Figure 49: Reasons for Increased Victimisation Once Housed

Family and Domestic Violence

Homelessness and FDV strongly intersect, and among women in Australia, FDV is the most common driver of homelessness and precarious housing circumstances.[145] FDV was the most common reason provided by people seeking support from specialist homelessness services in Australia in 2017-2018.[14] Homelessness in turn can render women vulnerable to relationships that may also place them at risk of FDV.[146]

As reflected in Box 29 below, past histories of FDV can be hard to escape and can often lead to cycles of abuse.

Box 29: Impact of FDV

Background

Heidi is a forty-year-old female who grew up in a family environment with a lot of substance use issues and was in the care of her grandparents until they left her in her teens, which caused her a lot of trauma. She has a long history of homelessness, trauma and FDV, has children in care, and has multiple health issues, including epilepsy, alcoholism and an acquired brain injury.

Victimisation

In early 2019, Heidi was rough sleeping and in need of urgent housing as her abusive partner was due to be released from prison shortly. She was housed in by 50 Lives May 2019 and has since struggled with a lot of family visiting and wanting to stay at her place and *'not respecting my unit or things'* but feels she needs them there to protect her from her ex-partner. Heidi's new partner often stays at the house, however he is also abusive, and on a number of occasions Heidi has admitted to AHSS that her bruises were because of this. She was typically reluctant to report her partner's violence to police, but AHSS has kept encouraging and supporting her to do this, and she recently had a VRO taken out against him.

Over a 12-year period (Jan 2008 – Dec 2019), she has 35 separate incidents of reported crime against her (spanning 41 difference offences). Of the 35 reported incidents of victimisation, 77% were FDV related. These include assaults, breaches of VROs, criminal damages, stealing and deprivation of liberty.

5.3. Overlap Between Offending and Victimisation

In homeless populations, the overlap between committing offences and being a victim of crime is well documented.[123] In part this reflects the commonality of risk factors for both offending and victimisation – behavioural responses to childhood abuse and trauma, family conflict, criminal behaviour among peers, substance use and circumstances of homelessness itself are among some of the factors that studies have shown to be antecedents for both offending behaviour and experiences of victimisation.[123] Intertwined mental health issues, drug and alcohol use and trauma can further compound this inter-relationship; in a recent study by Fox et al[112] of arrestees who were experiencing homelessness, having mental health problems increased the likelihood of crime victimisation, and of concern, victimisation was in turn associated with use of drugs and alcohol as a means of coping with trauma, depression and anxiety arising from victimisation.[112]

There are no Housing First evaluations to our knowledge that have had robust data enabling the magnitude of the overlap between offending and crime victimisation to be quantified. Here we have used the police data to examine this, whilst recognising this too has limitations as not all crime is detected or reported (whether offences committed or being a victim of crime). It is nonetheless sobering to see that in the three years prior to consenting to 50 Lives, 86% of people supported by 50 Lives had police contact in the three years prior, and 45% of the cohort had been both a victim and perpetrator of offences in this period (Figure 50).
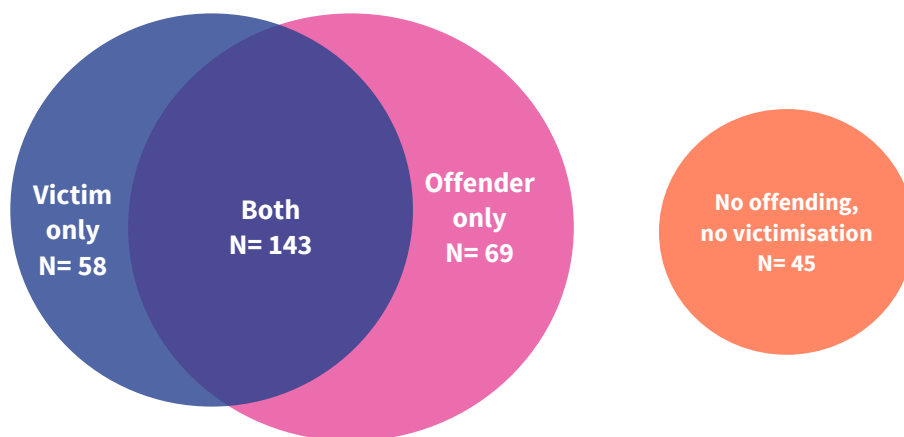
Figure 50: Overlap Between Victims and Offenders in the Three Years Pre 50 Lives Consent

Note: Figure has been created using the 315 people that could be matched in Police records.

Childhood abuse and pervasive trauma is acutely evident in the lives of some of the 50 Lives people with high levels of both offending and victimisation, and while every journey into homelessness is different, turning to drugs as a way of numbing emotional pain and coping with trauma and mental health issues is common. In turn drug use contributes to a vicious cycle of both offending and victimisation, as sadly illustrated in the case study below.

Exposure to adverse childhood experiences, such as abuse and neglect, plays a critical role in subsequent criminal justice involvement (e.g., criminal activities, arrest, incarceration) and repeated victimisation among homeless individuals. [144] *p2*

Box 30: Impact of Traumatic Life Experiences on Subsequent Homelessness and Justice Contacts

Background

Hannah is a female in her early twenties, who has been homeless since she ran away from home at 17. She has a childhood history of extreme and significant trauma. Consequently, Hannah has multiple of mental health issues including depression, PTSD and borderline personality disorder, which are compounded by drug-induced psychosis. Hannah first came into contact with 50 Lives after being supported by Ruah's *Choices Post-Discharge Service*[147] which she connected with when at the Perth Watch House in early 2018.

Justice Contacts

Hannah has an extensive history of contact with the justice system over the last decade, both in offending and as a victim of crime. When she first came into contact with the *Choices Post-Discharge Service,* she had been in custody for breaching a move on order while rough sleeping. Most of Hannah's offending is related to possessing and using illicit substances, however she has breached numerous restraining orders and has been arrested for stealing. She has been a victim of crime (also dating back to her early teens) with multiple assaults and threats of violence experiences, on numerous occasions she has stolen from.

Hannah has said to the AHSS team that she *"is trying to abstain from drugs but it's nearly impossible while homeless, without stable accommodation and a routine."* She has concerns that the longer she remains homeless the more entrenched her drug use is likely to become. Hannah moved into private accommodation in late 2018, but then was in hospital with an infection (relating to injecting drug use) for several weeks, and not long after, the AHSS reported that her property appeared to be abandoned. Her whereabouts remain unknown.

Box 31: Breaking the Cycle of Offending

Background

Ross is a man in his mid-thirties who had spent eight years rough sleeping prior to becoming part of 50 Lives in mid-2017. He had been a very heavy drinker since his teens, and has a significant history of injecting drug use. He and his partner had a number of children that had been taken into care, and getting their children back was a significant motivator to getting clean and into permanent housing.

Offending

Ross cycled between homelessness and prison for many years, and attributes this to his drinking and drug use: *"It was all really because of drinking and bad choices made because of drinking".* Over a period of about a decade he was *"in and out of prison"* (his own words), for periods ranging from a couple of months to 1.5 years. He estimates he spent *"around six and a half years in prison all up".*

Poignantly, Ross says that he found prison to be a stable environment compared to the uncertainty of rough sleeping. Between 2008 - March 2019, WA Police Force data has 30 recorded offences for Ross, mainly relating to stealing, assault and breaches of bail. During the same period he had 29 magistrate court appearances and 28 arrests related to his offending. The estimated justice systems costs over the period for his time in prison, arrests and court appearances are shown below. These are an estimate only and are likely conservative as they do not include things such as police time if required at court appearances.

Type of Justice Contact (2008 –2019)	Unit Cost	Total Cost
Total time in prison 6.5 years (n=2,379 days)	$277/day*	$650,000
Arrest (n=28)	$360/arrest*	$8,640
Court case (Magistrates court, n=29)	$666^	$19,314
TOTAL		**$677,954**

Victimisation

Ross has also been a victim of crime on many occasions, particularly assaults, and has had multiple hospitalisations from stabbings and blunt force trauma. He has ongoing back pain as a result of abdominal damage from a stab wound. WA Police Force data indicates that between mid-2008 and early 2019, there were 17 offences of assault against him. He is one of many examples where addiction, homelessness and frequent contact with the justice system are intertwined. As noted by Ross:

> *For me, addressing my drinking took a long time. I first went into rehab at the age of 17, but didn't stop until after the last time I was in prison two years ago. I knew what needed to be done. We had to get away to a totally different area, move right away.* – **"Ross"**

Current Situation

Whilst he does have an upcoming court case *("the past catches up with you")*, he has been provided with a letter of support from Police identifying the positive changes he has made in his life since the time of the offence. Moving to a totally different area has been an important part of his recovery journey

> *You have to change the people around you. You have to do it. I still talk to some of them, they phone me and say thing like, "I am so proud of you. I wish I could do that." I say to them, "Look, you can. You just need to get away from the influences.* – **"Ross"**

*Cost based on average of 2005/06 ($258)[148] and 2018/19 ($296)[134] cost per day of keeping an adult offender in custody as imprisonments were across this period

#WA Police Force recovery charges of $120/hour suggests total cost $360/arrest[149]

^ Cost per case in magistrates court ($666) for the 2016/2017 period[134]

5.4. Justice Impacts of 50 Lives Summary

One of the underlying hypotheses often put forward for Housing First programs and other interventions to end homelessness, is that there is the potential to reduce contacts with the justice system, with subsequent benefits both to the individual and their own recovery and future quality of life, and to the community, vis a vis reducing the demand on police time and that of courts and the custodial system. As seen in this chapter, and congruent with international and Australian evidence, homelessness frequently intersects with the justice system, both as a part of a complex pathway into homeless and as a consequence of surviving day to day on the streets. Very few other Housing First evaluations have had the access to this type of comprehensive police data for both offending and crime victimisation that has enabled pre and post housing comparisons of statistics relating to committing perpetration and/or being a victim of crime, prior to housing and following. For those who have been housed for one or more years, there were large reductions observed in the number of offences and associated court appearances, and this supports theories around the greater likelihood of crimes of necessity and survival when people are living on the street. Paradoxically and of concern, the data also shows that overall, people in the 50 Lives cohort were more likely to have been a victim of crime in the one- and two- years after being housed. While some of this increase may be related to higher levels of reporting (and confidence and means to do so once housed), it does demonstrate just how vulnerable these individuals remain even once housed. Property theft and family and domestic violence restraint violations were among the types of crime that some people were more often subject to once housed.

The findings of this chapter also add weight to our argument that where people are housed (in terms of the physical and socio-economic neighbourhood environment) can have a significant impact on the extent to which people feel safe and secure within their homes. This seems to apply both to offending (for example where people feel they have been housed nearby to people they know to be using drugs, or where they are able to be frequently visited by people with disruptive behaviours), and to crime victimisation (for example the added vulnerability some people feel when living in flats where theft is more common), adding weight to the importance of careful consideration of vulnerability regarding where people are housed.

7. CONCLUSIONS AND LEARNINGS TO DATE

> ❝ *Access to safe and secure housing is one of the most basic human rights.* ❞
>
> — Australian Human Rights Commission

Western Australia is somewhat at a crossroads in relation to Housing First, to date it has taken the form of a single collaborative collective impact program based in Perth known as 50 Lives (which later expanded into a second project based in Fremantle), but as heralded by the State 10-year Strategy on Homelessness, the intent is to embed a Housing First approach as core to WA efforts to end homelessness. The evolution of the 50 Lives program over the last four years, and its comprehensive evaluation offers rich learnings for the scaling up of Housing First in WA, but also signals key challenges that need to be addressed if this is to be achieved.

The following critical success factors and recommendations are proffered by the research team, drawing on learnings from the evaluation to date and insights provided to us by numerous individuals supported through the 50 Lives program as well as staff from participating organisations. For the purposes of this chapter, we have focused particularly on **critical success factors** that merit consideration by other communities wanting to implement their own Housing First programs in the future, or who may already be in the initial stages of planning and implementing such a program. These are also relevant to actioning the expansion of Housing First as promulgated in the State Strategy. The **recommendations** put forward reflect some of the challenges 50 Lives and the homelessness sector has faced and incorporate learnings from 50 Lives and insights from developments internationally in Housing First and evidence-led responses to homelessness.

6.1.   Critical Success Factors

With 50 Lives now into its fourth year, and many adaptations made over this period, both to the program itself, and to the ever expanding scope of the evaluation, it is timely to reflect on some of the critical success factors that will be particularly relevant to other communities and organisations seeking to adopt a Housing First approach or adaptation of 50 Lives to end homelessness within their own locale.

As reflected in this and the preceding two evaluation reports on the 50 Lives program, there have been a host of factors that have contributed to the program's successes to date. Here we summarise eight factors that will be critical to the scaling up of the Housing First approach in WA, such that is no longer the hallmark of a single program, but becomes a core embedded philosophy and component of the response to ending homelessness in this State (Figure 51).

Collaboration and Collective Impact	Regular Feedback and Support Loops	Backbone Program Support	Invovement of Organisations Beyond the Homeless Sector
Coordination and Continuity of Care	After Hours Support	Support is Not Time Limited	Choice and Self-Determination Over Housing

Figure 51: Critical Success Factors of the WA Housing First Model

6.1.1. Collaboration and an Ethos of Collective Impact

Around the globe, a recurrent catchcry in policies and strategies seeking to end homelessness, is the need for collaboration, both within the homelessness sector, and with organisations and services in other sectors, such as health, justice and welfare. The collective impact ethos and breadth of collaborations involved in 50 Lives stands out as a critical factor underpinning its longevity and effectiveness to date, and over time other organisations from a range of sectors have become involved in a variety of ways.

The adage that the 'sum is greater than its parts' is highly applicable to 50 Lives, and as acknowledged by many of the participating organisations and by a range of external stakeholders, no single organisation alone could have achieved nearly as much within a four-year period. Equally, many of the challenges and problem solving and advocacy to address these has also been collectively shared.

Importantly, the collective efforts that exemplify 50 Lives cut across various levels of the participating organisations, ranging from the critical commitment and participation of CEOs and senior managers of key organisations in the steering group, through to a diverse mix of participants in the working groups, and perhaps of greatest impact from the 50 Lives client perspective, the ongoing commitment, goodwill and problem solving of grass-root workers across a range of organisations and sectors.

In the view of the evaluation team, the collaborative nature of 50 Lives has benefited not only the project and the individuals it supports directly, but has also helped foster growing receptiveness towards the scaling up of a Housing First approach as a key pillar of WA efforts to end homelessness. That 50 Lives has not 'belonged' to a single organisation, and that are so many individuals and organisations involved in its implementation and outcomes is a powerful testimony. The States' 10-year Strategy recognises the formative influence of 50 Lives in shaping an expanded vision for Housing First in WA, and the collaborative and collective impact model that has undergirded 50 Lives is a critical success factor that can be adapted to a range of local community contexts.

6.1.2. Regular Feedback and Support Loops

The 50 Lives working groups, each focussing on particular subgroups and component of the 50 Lives model (rough sleepers, youth, and housing) have been a central element of 50 Lives. The frequency of working group meetings, between fortnightly and monthly, ensures all organisations receive regular information on the circumstances of people supported and can address any issues as they arise. The relationships and collaborations forged through these working groups would not be possible nor nearly as successful if they weren't held as frequently as they are. These meetings are designed to be action and decision-making oriented, therefore the inclusion of the right people with the power to make quick decisions is vital. There is a critical need for these meetings to be planned in advance and chaired, so that participants are able to ensure that the individuals they are most concerned about are able to be discussed in the meeting timeframe. This wouldn't be achievable without the dedicated funding for a "*backbone support team*" who organise, chair and action these meetings.

6.1.3. Backbone Program Support

In collective impact initiatives where there are many organisations and sectors involved, having a dedicated backbone team to facilitate the mechanisms of collaboration and coordination is critical. This is particularly pertinent for the homelessness arena where there is immense goodwill, but individual organisations are resource constrained, and have their own traditional ways of working and core business demands on resources. For 50 Lives, this backbone support has been based within Ruah, with roles ranging from the facilitation of working groups, streamlining of data collection, trouble shooting, delivery of the AHSS and

establishing micro projects to solve common challenges. The importance of securing funding and staffing for backbone support for future Housing First initiatives is vital, as without this focal point and resource, collaboration work struggles to find traction.

The role of a backbone team was identified from the outset of 50 Lives as critical as part of the development of the collective impact methodology as it was recognised that organisations and teams responsible for doing on the groundwork lack the capacity and specialist expertise to undertake the coordination role. It provides organisations collaborating with a single focal point for channelling information, seeking assistance and finding the connections they need to do their work. It also provides specialist expertise in data collection and action learning approaches, assists the collaboration to remain focused on underlying principles and essential administrative support.

6.1.4. Involvement of Organisations Beyond the Homelessness and Housing Sectors

The active involvement of a wide range of organisations and services from sectors outside of homelessness (including health, police, welfare, local government) has also been a critical element of the 50 Lives collaboration from the outset. Importantly, this buy-in has been not just as nominal partners but actioned at both at the steering group or working group level, and through interactions at the coalface. In the Fremantle 20 Lives sister program, local government and police are among other sectors that have played an instrumental role in the instigation of a place-based response to homelessness, and other communities wanting to initiate a Housing First program are encouraged to seek out broad inter-sectoral response from the outset.

The integral involvement of health organisations including a major public hospital in 50 Lives should particularly be highlighted, as while health outcomes are often reported as benefits of Housing First programs, health services are not typically as involved collaboratively at either the strategic or client support level. As noted by Dr Andrew Davies, the founder of Homeless Healthcare, *homelessness is a health issue, and health is a homelessness issue- it is virtually impossible to address one without the other*. Hence the enormous value both to 50 Lives and to raising the profile of homelessness within the WA health system that has arisen from the extensive involvement of health services at both the steering and working group level, and in the provision of frontline healthcare and support of clients.[150]

6.1.5. Coordination and Continuity of Care

Identifying, housing, and supporting the most vulnerable rough sleepers are core tenets of 50 Lives. Invariably this has meant that the program is working with people for whom experiences of trauma are pervasive, and there is an enormous weariness around telling one's story over and over or being continually referred on to different services. A key success factor for 50 Lives has thus been around the coordination and continuity of support for people, whereby the collaborative working groups, and the network of participating organisations are able to action a more joined-up response to client needs than would be possible if each organisation was operating in isolation. Additionally, one of the challenges of more traditional homelessness and tenancy support programs is that a client can become vulnerable to reliance on their given case or support worker. In 50 Lives, people have their own lead worker from one of the participating organisations, but each client also has the opportunity to be supported by the AHSS, where relationships are built between the AHSS team (comprising nurses and case workers) and clients that are not solely based around one individual staff member. Continuity of care is also enhanced by the breadth of partners involved in 50 Lives – when issues arise for a given client, referrals or access to other supports can be facilitated through the network of organisations involved in 50 Lives.

Over the course of the four year evaluation of 50 Lives, many individuals supported by 50 Lives, as well as people within partner organisations have commented on the value of clients feeling that there is a collective of services and people there to support them, and that wherever possible, they are not sucked back into a vortex of having to tell their story to different services over and over again.

6.1.6.   After Hours Support

Averting a return to homelessness or loss of tenancy is a key challenge for all Housing First programs, and vulnerability to this is heightened among people have been rough sleeping for many years and have complex health and psychosocial challenges. In response to this, a key component of the original theory of change that underpinned the 50 Lives program, was the provision of an afterhours wrap around support service that complements and is integrated with the role of case management and nursing care. Dedicated afterhours support (the AHSS) available in the evenings and on weekends has been a core part of 50 Lives since its inception, with funding increased over time to expand its capacity to support people living across a wider spread of suburbs. The pairing of a specialist homelessness nurse and case worker for home visits has enabled both psychosocial and health needs to be supported in evenings and on weekends. Throughout the evaluation, numerous organisations and people housed and supported by 50 Lives have described the AHSS as the single most important factor in enabling people to remain in their homes.

Housing First programs around the world vary as to how wrap around support is provided, and many do not have a comparable dedicated AHSS that all participants can access for as long as they need. The 50 Lives program has been fortunate to have had funding for the AHSS from the WA Primary Health Alliance, and this recognises the vital role that community based health and psychosocial support can play in improving health and wellbeing outcomes among a population group that has high levels of trauma, and for most, co-existing chronic health conditions and mental health or alcohol and drug issues. Additionally, social isolation and loneliness have been common struggles among many housed by 50 Lives, and this underlies much of the work of the AHSS team. For future Housing First initiatives in WA, some form of afterhours support should be considered essential, ideally based on the 50 Lives model where both health and psychosocial needs are able to be met. As articulated in the States 10-year Strategy, a recovery orientation is also a core principle of Housing First, and this is not just the remit of the lead or case workers, but should guide the ethos and delivery of afterhours support.

6.1.7.   Being a Part of 50 Lives is Not Time Limited

Many programs and services in Australia with a remit to support people who are homeless to access housing and/or to retain their tenancies are only funded by government to provide support for a limited time period (for example, one year). The 50 Lives program does not have a time limit or ruling around 'exiting people' and people can remain connected to the project and AHSS indefinitely. Individuals can choose themselves to exit 50 Lives, but are welcome to reach out and re-engage with the program whenever they require.

However, it should be noted that the 50 Lives program does not provide the case management element for individuals itself; this support is provided by lead workers from the various participating organisations. As such, case management is time-limited (and the period can vary between organisations and vary also with the complexity of support needs). For 50 Lives participants who no longer have a dedicated lead worker or case manager, support from the AHSS is continuously available and individuals can opt in and out of receiving support at any time. This flexibility in accessing support has been invaluable as the recovery journey out of long-term homelessness is rarely linear, differing from person to person, and situational crisis often arise even for people housed stably for two years or more. As articulated by one of the people supported by AHSS, that *"just knowing the AHSS is there is a huge anxiety reliever."*

6.1.8. Choice and Self-Determination Relating to Location and Type of Housing

While there are many more factors that have contributed to the successes of the 50 Lives program to date, the final one we would like to highlight in this chapter pertains to the tenacious passion and commitment shown by lead workers, participating organisations and the backbone team to ensure that the individuals they support have choice in relation to where they are housed, and the type of housing that will meet their needs.

As noted in the 10-year State Strategy, choice and self-determination are core principles of the Housing First model. Being able to have choice and some sense of control over your own future is something that many of us can take for granted, but not so for people who have been entrenched in homelessness. Many of the people in 50 Lives and in the homeless population more broadly have extensive histories of trauma, often characterised by disempowerment and experiences where they have been stripped of choice.[151,152] A recovery orientation is also a core Housing First principle, and as observed by Manning and Greenwood (2019), services that enhance feelings of self-determination can play a critical role in recovery, particularly for individuals experiencing homelessness whose choice is often heavily restricted by their lived experiences as well as their living situations.[152]

While the limited availability of housing stock does impact on the choices available, an enormous amount of work has gone into supporting people to get housing that meets their needs, whether it is being in an area near family, preferences to live alone or among others, or proximity to local amenity or psychosocial supports. The positive impact on choice is reflected through the findings in Section 3.5, whereby individuals who were housed through the 50 Lives process (i.e. where choice was given over housing options) were much more likely to sustain their tenancies at the one year mark (92%), compared to individuals who were housed otherwise (74% one year retention).

6.2. Recommendations Going Forward

The following recommendations are based upon learnings from the 50 Lives evaluation over the past four years and seek to build upon the successes of 50 Lives to date, support the scaling up of Housing First in WA, and respond to some of the challenges encountered (Figure 52).

Learn from Current Challenges	Build Sector Capacity	Match Housing Supply to Demand
Find Alternatives to Housing First Where Not Suitable for People	Create Trauma-Informed and Trauma-Led Services	Involve Peers and Lived Experience Advocates
Improve Shared Data Collection Systems	Involve "Non-Homeless" Sector Services	Advocate for Broader Systematic Challenges in Ending Homelssness

Figure 52: Key Recommendations for the Scaling Up of Housing First

6.2.1. Learning from Key Challenges Faced by 50 Lives in Implementing a Housing First Approach

As discussed in Chapter 3 of this report, capacity to rapidly house people 'first' in the 50 Lives project has been severely hindered by the enormous shortage of suitable affordable accommodation options, and blockages in the housing supply pipeline need to tackle if Housing First is to be more than rhetoric. The dearth of suitable housing to meet client needs has been one of the greatest challenges for 50 Lives, and as a consequence many are temporarily housed and receive considerable support before they are permanently housed, making 50 Lives more *"housing first-ish"* rather than purist Housing First. Without substantial Government investment in public housing stock, and other innovations to expand housing options, this will continue to be a major impediment to Housing First in WA. This is not to discourage other communities from embarking on Housing First projects but for them to be aware when setting time-to-housed targets that broader systematic challenges may prevent the "rapidness" in which people can be housed within WA. Regardless of these challenges, 50 Lives has shown that the lives of some of the most vulnerable members of the community can be transformed, even if permanent housing may come later than anticipated.

There is also an urgent need for increased case worker capacity to support people to access rapid housing and to provide the person-centred wrap around support for recovery that is a hallmark of effective Housing First interventions. The 50 Lives program has housed many more rough sleepers than originally envisioned, but there are potentially hundreds of others in Perth alone that meet its criteria of high vulnerability, with each person requiring individualised case worker support as part of the Housing First approach.

6.2.2. Building Capacity in Communities and Sectors to 'do' Housing First

Housing First initiatives around the world and in Australia share a core philosophical framework grounded in access to housing as the critical first step to exiting homelessness and recovery, followed by individually tailored supports to enable recovery and address health and psychosocial needs. Yet in practice no two Housing First projects are identical, and as articulated in a recent paper by Lancione et al,[31] the plasticity of the Housing First model is part of its success, as it enables to be adapted to different contexts and cultures. The challenge however for WA and the *All Paths Lead to a Home Strategy*, is to guide the multiplication of Housing First led projects that maintain the fidelity and core principles, whilst also being responsive to local context, which could see for example, variations in the organisations involved, the housing options available, and the ways in which people are supported in recovery and towards community connection.[31,153]

Fortunately, other places such as England and Finland have already been grappling with the challenges of ensuring fidelity to the core Housing First principles, whilst enabling communities and organisation to adapt these to local needs and capacity. It is fortuitous that the 50 Lives Manager is now part of the *Housing First Train the Trainer Network* and pragmatic learnings from 50 Lives can be coupled with Housing First training and capacity building strategies used elsewhere to support the expansion of Housing First responses to homelessness in this state over the next few years and beyond.

6.2.3. Better Matching of Housing Supply to Demand

In addition to challenges to rapid housing 50 Lives has faced as a result of limited public housing stock and other affordable housing options, the severe shortage of the particular types of accommodation suited to the needs of many rough sleepers has been problematic. Many of the people supported by 50 Lives require one-bedroom properties in areas with a low housing density, and the high prevalence of premature aging and disability among this group also means there is a substantial proportion of properties need to be accessible. However, as experienced by 50 Lives, and reflected in the Department of Communities data included in Chapter 3 on wait-times for public housing, the greatest demand in the State is for one-bedroom units where there is currently a substantial shortage of this type of property.

More broadly, the need for greater diversity of housing stock in WA has been identified in the 10-year State Homelessness Strategy and community consultations for the forthcoming Housing Strategy. From the experience of 50 Lives, there are also better housing options required to suit the needs of Aboriginal families, such as multi-bedroom detached properties with open-space backyards to enable visiting families to stay when needed.

6.2.4. Availability of Other Options for People for Whom Housing First May Not Work or be Suitable

The Housing First model was initially developed for people who were highly vulnerable rough sleepers with complex mental illness, hence from early on it has shown that complexity of health and psychosocial needs is not a barrier to effectiveness. Indeed, the Housing First approach intentionally offers a different paradigm to the traditional staircase model[154] of transitioning people out of homelessness, that has often been unsuccessful with individuals who are the most vulnerable. Given 50 Lives has focused on housing the most vulnerable of the vulnerable people sleeping rough in Perth, and has achieved a tenancy retention rate of 81% overall, it has demonstrated that its approach is able to meet the needs of many people with high vulnerability. However, as with other Housing First programs, including that in Finland that is often held up as the international exemplar, some lose their tenancies, or return to homelessness, or sadly in some instances, suffer relapses in mental health, drug use or criminal activity that lead to exiting their homes and support.

Over the four years of 50 Lives to date, there have also been people for whom independent community living was not suitable or not their idea of home. Some have instead ended up happily accommodated in settings ranging from supported mental health hostels, aged care, or a shared lodging house environment as their preferred choice. This is an important learning from 50 Lives and from the international Housing First literature, hence the importance of other homelessness responses (including Common Ground and low threshold supported accommodation for people with drug use and/or challenging behaviours) also espoused in the 10-year Strategy.

6.2.5. Ensure Services aren't just Trauma Aware, but are Trauma Informed and Trauma Responsive

Trauma and adverse childhood experiences are strong predictors of homelessness,[42] and homelessness itself is a traumatic experience, particularly for those with extensive histories of sleeping rough. Given the vulnerability of people eligible for 50 Lives, it is no surprise that trauma is pervasive. Moreover, 80% of individuals supported by 50 Lives to date self-identified they have trauma they have not sought help for. As evident in the journeys of many 50 Lives participants, people with a history of complex trauma may behave in a range of ways that suggest underlying difficulties with trusting relationships, and with managing their own emotions in the face of perceived adversity.[155] In turn this often has negatively impacted on their experiences of health, homelessness, justice and welfare systems, and the legacy of trauma does not end when someone is housed. Trauma has substantial implications for addressing, preventing and reversing the impact of these experiences, and therefore services need to be informed by and responsive to trauma.[156]

The 50 Lives program and the homelessness sector in WA is of course very cognisant of the role of trauma in homelessness and recovery, but in our view, Australia is lagging behind some other countries in the extent to which this has reshaped not only services and programs, but also the systems level response to homelessness and its causes and consequences. In the last few years particularly, there has been growing international momentum for services working with people experiencing homelessness to move beyond just being trauma-aware, and beyond being even trauma-informed, such that everything we do needs to be viewed through the lens of trauma. A trauma-led response recognises the complexities and adversities of people who have been homeless, and responds in a way that contributes to the development of psychosocial stability and strengthens the pathways to recovery within various support agencies.[44]

Currently in WA, 'what trauma-informed or embedded practice looks like' tends to be up to individual staff or organisations, and future Housing First projects in WA and wider efforts to end homelessness would benefit from an investment in building the capacity of the sector around trauma informed care. In the UK the concept of Psychologically Informed Environments (PIE)[157] and the imperative to embed trauma informed care across homelessness systems as well as services has grown exponentially over the last few years, and trauma-informed training is a core component of the Housing First train-the-trainer program. The PIE approach has marked a paradigm shift in the response to homelessness in the UK, with the premise being that all aspects of a service are delivered to meet the emotional and psychological needs of individuals, with a specific focus on relationships with clients and encouraging self-development and recovery.[157] In a Housing First context, this applies not only to over service delivery, but also to things such as housing choice, how set-backs are framed and handled, and advocacy to reform policies or systems that are re-traumatising for people.

6.2.6. Increase Involvement of Peer Workers and People with a Lived Experience of Homelessness

There is a well-established recognition of the need for different ways to engage and support vulnerable and marginalised individuals. While the peer movement has been widely adopted in the mental health and AOD sectors, there are fewer examples of this is in the homelessness space, especially in Australia.

Peer workers and individuals with lived experience (often referred to as experts by experience) can offer a unique understanding and provide support based on their own experiences and interactions with the system in which they work as well as acting as a caring and sympathetic advocate for the client.[158] This can be critical in fostering change and allowing an individual to reconnect to the community.[159]

There are numerous examples of peer support in the homeless space in the UK (e.g. Groundswell, Cyrenians, St Mungos), with a recent example of through the *Choices Discharge Project*[147] here in Perth that found some of the key benefits being quick ability to build rapport with clients, advocacy, positive aspiration that they "can get through this too" and the ability to explain concepts in lay terms.

6.2.7. Improve Shared Data Collection and Monitoring

The 50 Lives program initially set out to house and support 50 of the most vulnerable individuals in Perth, a goal met back in June 2017, by the end of 2019 it had supported a total of 245 people into housing. Which should absolutely be celebrated, it does however fail to tell us how close we are to actually **end chronic rough sleeping** in Perth.

The standardisation of data collection and monitoring will enable organisations and services to remain updated people's circumstances in order to provide appropriate support, and to know who is out there and what their needs are. The *By Name List* is currently being implemented across Perth, a process that has currently been fast-tracked due to the COVID crisis we are currently facing. It is recommended that communities that will be running Housing First programs, especially where there are multiple collaborating partners implement this methodology from the outset.

6.2.8. Involve More Non–Homelessness Sector Services

While there has been overall good buy-in from services and organisations beyond the homelessness sector in 50 Lives to date. There is currently a missing piece around 'non-homeless' support or case management services. Individuals who have been housed after long periods of rough sleeping often require ongoing support, however they may no longer be eligible to receive support from homelessness-specific services. Or alternatively may no longer identify as 'homeless' and therefore decline to receive support from homelessness services. For example, one individual declined support from Homeless Healthcare and the AHSS despite

having health complication arise, due to *"not perceiving himself to be homeless and needing support from homelessness organisations."* And given how overstretched some of the homeless-specific services already are, alternate solutions need to be undertaken, such and increasing the involvement of more mainstream services. This won't be without challenge as mainstream health, mental health and other support services may not take as a therapeutic approach as specialist homelessness services (i.e. flexibility in appointments around cancellations, going to the people rather than them expecting them to come to your office etc.).

6.2.9. Advocacy on Systemic Challenges to Ending Homelessness

Some of the challenges faced by people supported by 50 Lives and the organisations involved point to wider systemic issues faced either by the sector or by people experiencing homelessness. These are by no means new issues and many are identified in the State 10-year Strategy, but it has been clear over the course of the 50 Lives evaluation, that the influences and effectiveness of any single program is significantly impacted by broader system challenges. Within all three of the evaluation reports, there is rich data that can be used in homelessness, housing, health and social justice advocacy; along with rich qualitative insights from people with a lived experience of homelessness, case workers, and perspectives from a wide range of organisations involved in the collaboration. We note here just three examples of issues where 50 Lives findings and learnings can be used to advocate for reforms that will accelerate the ending of homelessness in WA and Australia.

First and foremost, the enormous over-representation of Aboriginal people in WA's homeless population is appalling, with 38% in 50 Lives, and hundreds more in Perth alone known to be rough sleeping. Homelessness among Aboriginal people further compounds trauma. The Wongee Mia project instigated by Ruah as part of 50 Lives will hopefully pave the way for a more inclusive elder-led approach to addressing the needs of individuals **and** their extended families; preventing putting people who are housed at risk of losing their tenancies due to overcrowding or disruptive behaviour.

Secondly, the experiences of many 50 Lives participants reinforces the urgent need to raise the level of government payments if we are serious about a recovery approach to homelessness. As mentioned in in many interviews with both 50 Lives clients and lead workers, it was reflected how disempowering it is for people to rely on services for longer than they feel they needed to be, simply because they could not afford to survive on Newstart and Rent Assistance. Campaigns like *Raise the Rate*[160] have been campaigning the Federal Government to lift the rate of government payments by a minimum of $95 a week to improve the standard of living for individuals who depend on them.

Related also to funding, precarious and often short-term funding models across the homelessness and community service sectors present a substantial barrier to continuity of services and staff and limit opportunities for longer-term planning and collaborations. Funding uncertainty and the short-term nature of many staff contracts also undermines employment stability in the sector and other contributes to staff turnover. This can be devastating to the people they have built trust and rapport with, and as shared by some 50 Lives participants, it is hard when they feel they have to tell their story again and again. As noted earlier, the shortage of lead workers available is one of the main barriers to 50 Lives supporting more people. Whilst funding uncertainty is largely a systematic barrier, 50 Lives could implement additional strategies to limit staff turnover including debriefing and reflection processes (which are a part of the PIE approach) and where possible longer-term staff contracts. Implementing principles of reflective practice can help staff to cope with the emotional load of their work and minimise burnout and compassion fatigue.

> *…if you had more secure funding staff would stay longer. We have lost a lot of good staff members because they need to have security. They need it to not just be for 12 months. People go into this sort of work because they have a passion for it and want to make a difference. But they also want to be able to stay afloat themselves.* - **50 Lives Participating Organisation**

6.3. Summary

Over the past four years, the 50 Lives program and all its participating organisations have made significant headway in housing some of the most vulnerable, chronic rough sleepers in Perth, many of whom have experienced decades of rough sleeping and extensive trauma and adversity. The 50 Lives program recognises the extreme need of the cohort in which it supports, and in prioritising service provision to the most vulnerable individuals, it has avoided the temptation to help the "easiest" clients first, thereby generating more "success stories". The overall results of 50 Lives are therefore impressive with 81% of all housed individuals retaining their tenancy one year after being housed.

More broadly, the 50 Lives program has heralded some significant changes to the landscape of homelessness responses in Perth, demonstrating the viability and adaptability of the Housing First approach to the WA context, and the benefits of a collective impact response that has seen homelessness, health, police and community organisations working together to house and support over 240 people to date.

Overall, there was mixed results in health and justice outcome changes pre and post housing. While most people had reduced health usage, there were several people in which this increased quite substantially, and while most individuals' offending reduced, victimisation often increased after being housed. This highlights that getting a house does not simply solve homelessness and that ongoing support is indeed required. There is also an additional challenge for supporting individuals who have been housed outside of the AHSS catchment areas, while there has been increased funding sourced to expand the service, there are still people who may benefit from the service, but are unable to access it.

> *Housing First may generate some cost savings, but in many senses this is immaterial; what matters from both a human and from a policy perspective is that it ends the most destructive forms of homelessness at a high rate.*[161, p.g.36]

While 50 Lives may not always reflect purist Housing First model (where housing indeed comes first), it does reflect the reality of a housing system under significant pressure and a homelessness sector responding to the needs of their clients to the best of their ability with available resources. The influence of this program on State policy to date (as described in Chapter 1) reflects the impact that a collaborative approach across the sector can have on the ability to house and support the most vulnerable and complex clients in Perth.

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APPENDIX 1: PARTICIPATING ORGANISATIONS

- 55 Central[#]
- Access Housing[*#]
- AnglicareWA[*#]
- Bethanie[#]
- Centrecare[#]
- Community Housing Ltd[*#]
- Cyrenian House[*#]
- Department of Communities[*#]
- Department of Justice[#]
- Department of Human Services[#]
- Fiona Stanley Hospital[#]
- First Nations Homelessness Project[#]
- Foundation Housing[*#]
- Homeless Healthcare[*#]
- Homeless Outreach Dual Diagnosis Service[#]
- Links Youth Mental Health Support Program[#]
- Mental Health Homeless Pathways Project[#]
- MercyCare[#]
- Mission Australia[*#]
- Mobile Clinical Outreach Team[#]
- Noongar Mia Mia[#]
- Nyoongar Outreach[*#]
- Outcare[#]
- Perth Inner City Youth Service[*#]
- Royal Perth Hospital[*#]
- Rise Network[#]
- Ruah Community Services[*#]
- Salvation Army[*#]
- Sisters of St John of God[*]
- St Bart's [*#]
- St Patrick's Community Support Service[*#]
- St Vincent de Paul Society WA[*#]
- Tenancy WA[#]
- UnitingCare West[*#]
- WA Alliance to End Homelessness[*]
- WA Police Force[*]
- WA Primary Health Alliance[*]
- Wungening Aboriginal Corporation[*#]

*Member of Steering Group

#Member of Working Group

Figure 53: 50 Lives New Activities Per Quarter

Note: Numbers presented in "exited housing" include individuals that were rehoused immediately due to property transfers.

APPENDIX 3: STEPS NEEDED TO OBTAIN SOCIAL HOUSING PLACEMENT

Finish

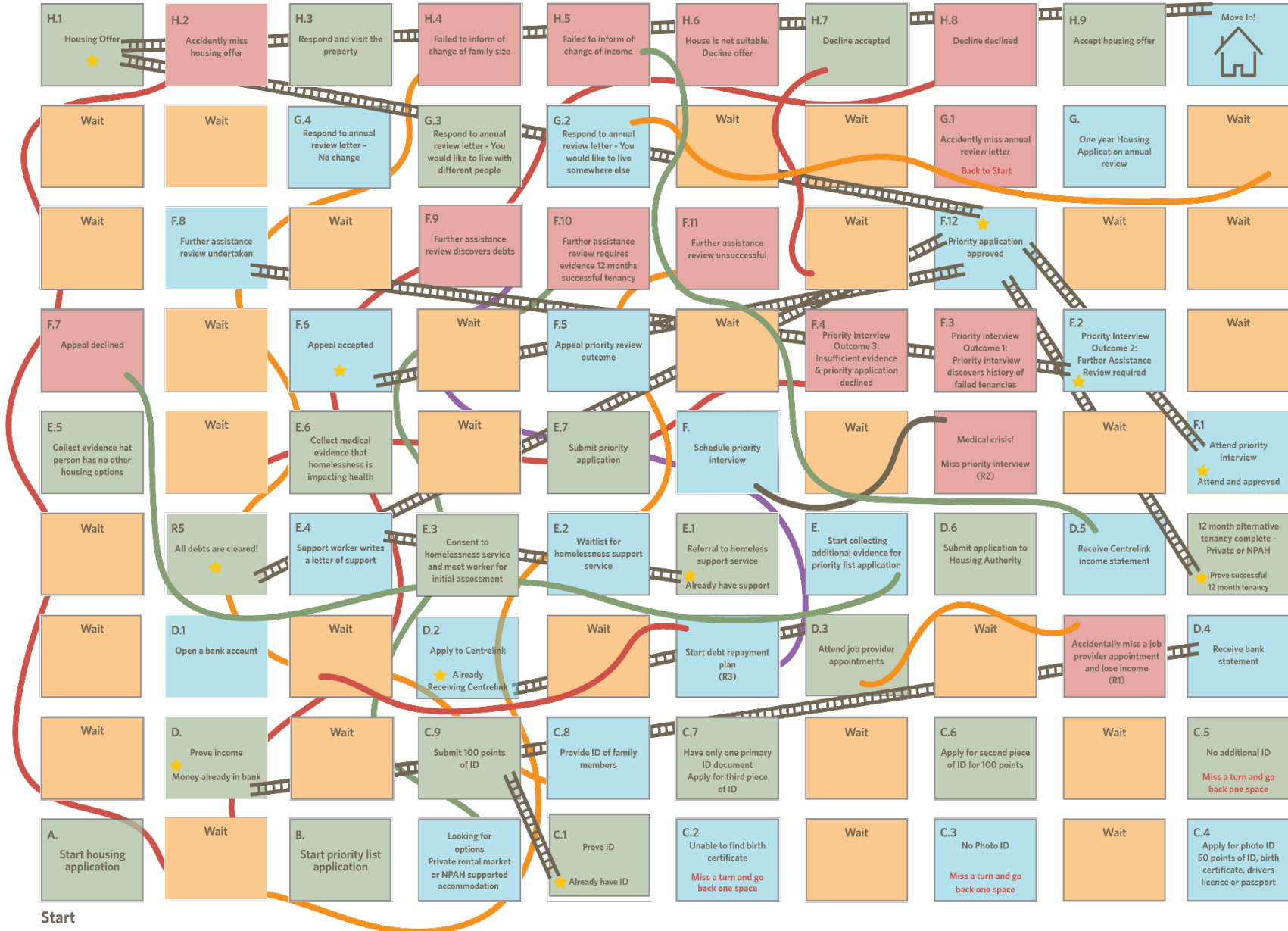| H.1 Housing Offer	H.2 Accidently miss housing offer	H.3 Respond and visit the property	H.4 Failed to inform of change of family size	H.5 Failed to inform of change of income	H.6 House is not suitable. Decline offer	H.7 Decline accepted	H.8 Decline declined	H.9 Accept housing offer	Move In!
Wait	Wait	G.4 Respond to annual review letter – No change	G.3 Respond to annual review letter - You would like to live with different people	G.2 Respond to annual review letter - You would like to live somewhere else	Wait	Wait	G.1 Accidently miss annual review letter — Back to Start	G. One year Housing Application annual review	Wait
Wait	F.8 Further assistance review undertaken	Wait	F.9 Further assistance review discovers debts	F.10 Further assistance review requires evidence 12 months successful tenancy	F.11 Further assistance review unsuccessful	Wait	F.12 Priority application approved	Wait	Wait
F.7 Appeal declined	Wait	F.6 Appeal accepted	Wait	F.5 Appeal priority review outcome	Wait	F.4 Priority Interview Outcome 3: Insufficient evidence & priority application declined	F.3 Priority interview Outcome 1: Priority interview discovers history of failed tenancies	F.2 Priority Interview Outcome 2: Further Assistance Review required	Wait
E.5 Collect evidence hat person has no other housing options	Wait	E.6 Collect medical evidence that homelessness is impacting health	Wait	E.7 Submit priority application	F. Schedule priority interview	Wait	Medical crisis! Miss priority interview (R2)	Wait	F.1 Attend priority interview — Attend and approved
Wait	R5 All debts are cleared!	E.4 Support worker writes a letter of support	E.3 Consent to homelessness service and meet worker for initial assessment	E.2 Waitlist for homelessness support service	E.1 Referral to homeless support service — Already have support	E. Start collecting additional evidence for priority list application	D.6 Submit application to Housing Authority	D.5 Receive Centrelink income statement	12 month alternative tenancy complete - Private or NPAH — Prove successful 12 month tenancy
Wait	D.1 Open a bank account	Wait	D.2 Apply to Centrelink — Already Receiving Centrelink	Wait	Start debt repayment plan (R3)	D.3 Attend job provider appointments	Wait	Accidentally miss a job provider appointment and lose income (R1)	D.4 Receive bank statement
Wait	D. Prove income — Money already in bank	Wait	C.9 Submit 100 points of ID	C.8 Provide ID of family members	C.7 Have only one primary ID document Apply for third piece of ID	Wait	C.6 Apply for second piece of ID for 100 points	Wait	C.5 No additional ID — Miss a turn and go back one space
A. Start housing application	Wait	B. Start priority list application	Looking for options Private rental market or NPAH supported accommodation	C.1 Prove ID — Already have ID	C.2 Unable to find birth certificate — Miss a turn and go back one space	Wait	C.3 No Photo ID — Miss a turn and go back one space	Wait	C.4 Apply for photo ID 50 points of ID, birth certificate, drivers licence or passport

Start

Figure 54: Wongee Mia "Snakes and Ladders" on Steps Required before Social Housing is Allocated

Note: This diagram has been developed by Ruah's Wongee Mia Action Research Group (Leah Watkins, Margaret Potangaroa & Ellie Tighe) and is still in draft format

APPENDIX 4: VI-SPDAT QUESTIONS FOR ANALYSIS

Table 34: VI–SPDAT Questions for Analysis

Item	Individual VI-SPDAT	Family VI-SPDAT	Question asked – VI–SPDAT
Serious Health Issue	Q36 –Q47	Q47 – Q58	Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions? *Yes, no or refused*
	Q48	Q59	Observation of serious health condition
Problematic Substance Use Issue	Q50	Q60	Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?
	Q51	Q61	Have you consumed alcohol and/or drugs almost every day or every day for the past month?
	Q52	Q62	Have you used injection drugs or shots in the last six months?
	Q53	Q63	Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?
	Q54	Q64	Have you used non–beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?
	Q55	Q65	Have you blacked out because of your alcohol or drug use in the past month?
	–	Q66	Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month to get high?
	Q56	Q67	Observation of problematic alcohol or drug abuse
Mental Health Issue	Q57	Q68	Ever been taken to a hospital against your will for a mental health reason?
	Q58	Q69	Gone to accidents and emergencies at the hospital because you weren't feeling 100% well emotionally or because of your nerves?
	Q59	Q70	Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?
	Q60	Q71	Had a serious brain injury or head trauma?
	Q61	Q72	Ever been told you have a learning disability or developmental disability?
	Q62	Q73	Do you have any problems concentrating and/or remembering things?
	Q63	Q74	Observation of mental illness or compromised cognitive functioning…
Dual Diagnosis			Dual diagnosis occurs when the person has both a mental health issue and a problematic substance use issue. The presence of dual diagnosis is determined by examining the respondent's scores in the sections of the Wellness domain that address Mental Health Issue and Problematic Substance Use Issue.
Tri-Morbidity			Tri-Morbidity occurs when the person has a physical health issue, mental health issue and substance use issue at the same time. The presence of Tri-Morbidity is determined by examining the respondent's scores in the sections of the Wellness domain that address Serious Health Issue, Mental Health Issue and Problematic Substance Use Issue.

^Information taken from the VI–SPDAT scoring manual[39]