AN EVALUATION SNAPSHOT:

YOUTH EXPERIENCES OF HOUSING FIRST

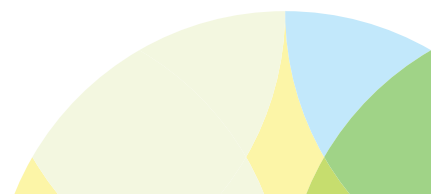*Zero Project Snapshot*

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THE 50 LIVES 50 HOMES PROJECT

The 50 Lives 50 Homes (50 Lives) program was a collective impact program that commenced in 2015 with the aim to house and support the most vulnerable rough sleepers in Perth. It provided support to 427 people over a five-year period, of whom 110 were 25 years or younger when they first consented to support.

50 Lives was founded on a Housing First approach, working to provide people with safe, stable, and permanent accommodation without preconditions. As of October 2020, 50 Lives transitioned into a broader *Zero Project*, expanding the model to other communities and adopting an Advance to Zero methodology[1] aimed at ending rough sleeping. Individuals supported through 50 Lives continue to be supported through the Zero Project.

In Australia, homelessness has been on the rise across the life-course. The number of young people reported to be homeless in the most recent Census data (2016) was over 27,000, an increase of 26% in the preceding decade.[2] In more recent data, in March 2021 alone, over 26,000 young people aged 10–24 accessed Specialist Homelessness Services across Australia.[3] This is all despite youth homelessness being identified as a national priority in the 2018 National Housing and Homelessness Agreement.[4]

International and Australian evidence strongly shows that the earlier someone experiences homelessness, the more likely they are to experience chronic homelessness in adulthood;[5,6] thus early intervention and prevention is critically needed to prevent long-term chronic homelessness.

This snapshot explores the challenges and experiences of Housing First for young people experiencing homelessness in Perth, based on the insights gained through evaluation of 50 Lives since 2016. This snapshot draws on a range of data, including interviews with young people supported through 50 Lives and youth service providers, 50 Lives project data, self-report data from participants (via the Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT)), and GP and hospital data where able to be matched.

> *"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 would be on the streets forever."*
>
> *– Young Person Supported by 50 Lives*

YOUTH HOUSING FIRST –
AN INTERNATIONAL PERSPECTIVE

A Housing First for Youth (HF4Y) framework was developed in Canada, with other frameworks since being established across the United States, the United Kingdom and across the European Union.[7-9]
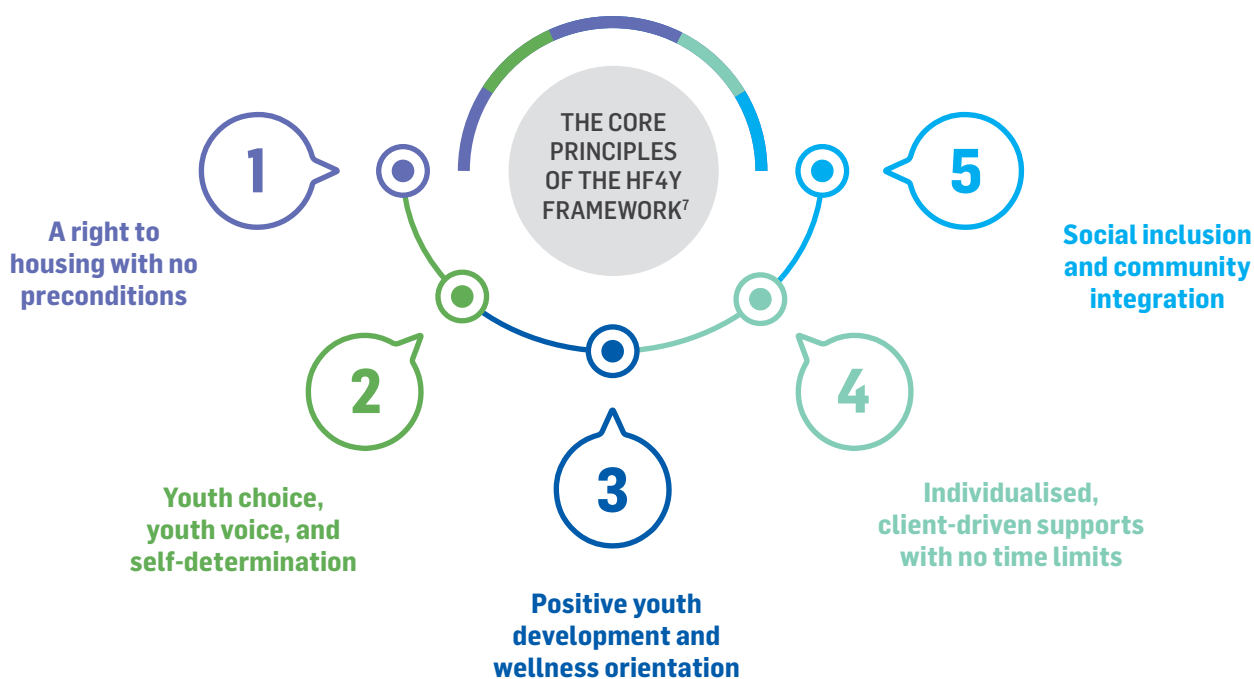
This HF4Y framework is based on similar principles to the broader Housing First model, but has been more specifically adapted to meet the needs of young people who are experiencing homelessness as it is recognised that the needs of young people are distinct from adults experiencing homelessness.

One of the main differences between the general Housing First model and the HF4Y model is that the HF4Y framework has a greater focus on building young people's

health and resilience, in recognition of the considerable trauma that young people frequently experience prior to and during their experiences of homelessness.[7,9]

Housing First is underpinned by the core principle that people have the right to access housing which meets their needs, as quickly as possible. This is particularly pertinent for young people, as the longer people experience homelessness, the worse their longer-term health and wellbeing outcomes will be.[10,11]

The core principles of the HF4Y framework[7] include:

THE CORE PRINCIPLES OF THE HF4Y FRAMEWORK[7]

1 A right to housing with no preconditions

2 Youth choice, youth voice, and self-determination

3 Positive youth development and wellness orientation

4 Individualised, client-driven supports with no time limits

5 Social inclusion and community integration

TO WHAT EXTENT HAVE YOUNG PEOPLE EXPERIENCING HOMELESSNESS BEEN SUPPORTED BY 50 LIVES?

Since 50 Lives commenced in late 2015, a total of 427 individuals have been supported, of which 110 (26%) were aged 25 or under at the time of consent. The majority of the young people supported by 50 Lives were female (58%), with just under a quarter (23%) identifying as Aboriginal.

Young people who responded to the VI-SPDAT reported experiencing an average of 3 years and 4 months of homelessness, with 8 individuals reporting experiencing over 10 years of homelessness.

3.4 YEARS

on average spent homeless prior to VI-SPDAT
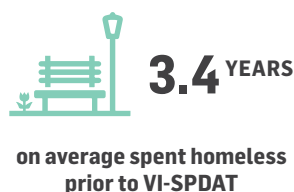
As part of the 50 Lives model, there were four working groups that had specific focuses on different risk cohorts (i.e. rough sleepers, housing, youth and families). These working groups are made up of a diverse range of organisations that come together for specific clients to meet their needs. The *Youth Working Group* has been meeting monthly since July 2016 and brings together youth focussed homeless services to discuss the unique needs for young people experiencing homelessness.

OF THE 110 YOUNG PEOPLE SUPPORTED BY 50 LIVES (AS AT 30 JUNE 2020*):

23%
are Aboriginal and/or Torres Strait Islander (N=25)

9%
identified as trans or gender diverse** (N=10)

33%
are male (N=36)
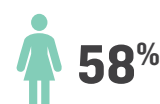
58%
are female (N=63)

*Housing data only available until 30 June 2020 due to changes in data collection associated with transforming into the Zero Project.

**1 person declined to answer the gender question.

CHALLENGES AND IMPLICATIONS FOR YOUNG PEOPLE EXPERIENCING HOMELESSNESS

Young people and gender

Of the 12 people supported by 50 Lives who identified as trans or gender diverse, the majority were young people (83%). As reflected in interviews with service providers, there can be a complex inter-relationship between gender and homelessness, with this sometimes being the catalyst for a young person leaving home or feeling rejected by family. While there is a scarcity of Australian data and research specifically relating to the nexus between young people who have experienced homelessness and who are also gender diverse, a Victorian report highlighted significant instances of discrimination and harassment.[12] Further, a recently published Australian study on trans and gender diverse young people, found that overall 22% had issues with accommodation and this was the largest impact on poor mental health.[13]

> "A lot of crisis services are split into male and female. But then you've got people like me, who are non-binary, who go there and it's like, "Oh, so where do I go?" and it's like, "Oh, you can't go anywhere." I had to be put into one or the other and there's risks with going into both."
>
> – Young Person, Stakeholder

Young people leaving care

> ...young people in out-of-home care are one of the most vulnerable, disadvantaged and traumatised populations in the Australian community, with many having experienced some form of abuse or neglect, family violence or parental substance abuse prior to entering care.
>
> – Campo & Commerfold (2016)[14]

Out-of-home care is a system of care arrangements for children and young people who are unable to live with their families or guardians, often due to family violence, neglect and/or abuse. It is increasingly recognised in Australia that young people leaving care are more at risk of a range of very poor outcomes, including homelessness and/or housing instability.[14] This is reflected in the 50 Lives VI-SPDAT data, with 38% of young people reporting that they had been in care as a child, and similarly, 39% of adults supported by 50 Lives also reported being in care as a child.

There is an increasing recognition of the need to extend the age for leaving care support to at least 21,[11] with international studies finding that homelessness is halved when leaving care support is extended to 21 years.[15] In Australia, the Home Stretch campaign advocates for this change, and a Home Stretch trial commenced in WA in July 2019. Early findings from the WA trial show that 83% of young people who would otherwise have left care at age 18, reported that their current housing was safe and stable.[16] Victoria has already extended their Home Stretch trial to support every young person leaving care until they turn 21.

38%

had been in care as a child (N=39)

A recurrent theme in interviews with people supported by 50 Lives and by service providers is that childhood experiences of State care have significant impact on a raft of outcomes. If the placement in adolescence is problematic or a young person feels unsafe, it impacts on a young person's ability to successfully transition out of care. Families with multiple children in State care are sadly not uncommon among people sleeping rough in Perth, and in a number of instances, this had resulted in siblings absconding to find or be with family.

> "I think that hard part with leaving care is that we find if a young person is in a reasonable placement, they think that's going to be forever and usually it changes when they turn 18 for a range of reasons. But for [young person], he was never in a good placement to begin with, so for him, he would abscond because he wasn't safe."
>
> – Youth Service

Young people and trauma

It is well documented that homelessness among young people is often associated with traumatic experiences prior to homelessness including physical, sexual and emotional abuse; personal violence and assault; parental neglect; and exposure to family and domestic violence.[7] This trauma is then often compounded by the violence, abuse, and lack of safety that young people often face when they experience homelessness.

From the self-reported VI-SPDAT responses, an overwhelming 92% of young people reported having experienced some form of trauma that they did not seek help for. This includes many different types of trauma – emotional, physical, psychological, sexual, or other types of abuse or trauma. Additionally, nearly two thirds (62%) reported being forced to do things against their will, and 79% reported being attacked or beaten since becoming homeless.

A study into the impact of trauma on the mental health of young people experiencing homelessness, found that over 80% of young people who experienced homelessness had also experienced trauma, with over half (52%) experiencing multiple traumas.[17] This study found that trauma resulted in young people frequently having significant and complex mental health symptoms, including depression, post-traumatic stress disorder, and self-harm.[17]

OF THE 104 INDIVIDUAL* VI-SPDAT RESPONDENTS AGE 25 OR UNDER:**

92%
experienced some form of trauma that they did not seek help for
(N= 95)

62%
were stood over and forced to do things against their will
(N= 64)

79%
were attacked or beaten up since becoming homeless
(N= 82)

Evidence suggests that the longer a young person experiences homelessness, the greater their risk of developing severe and persistent mental illness or experiencing trauma.[10]

* 5 completed a family VI-SPDAT, 1 did not complete VI-SPDAT, ** missing data per question 0 – 1.

Young people and mental health

Two-thirds (63%) of all mental ill-health onset occurs before the age of 25 years, with a median onset of 18 years old.[19] Adolescence and early adulthood is a key developmental period and the impact of mental ill-health during this time can be detrimental to many areas of life including education, employment and social inclusion.[10] Undiagnosed and untreated (or poorly treated) mental ill-health can increase the risk of homelessness, and reciprocally the impact of homelessness can lead to further deteriorated mental health.[6]

While the VI-SPDAT (version 1) does not explicitly ask if someone has a mental health condition, a measure of mental health is calculated on a number of other related questions (such as being admitted to hospital against their will for a mental health reason or seeing a mental health professional in the last six months). For the young people supported through 50 Lives, 100% were reported to have at least one mental health issue. For a subset of 76 individuals who had Homeless Healthcare GP data on record, the most common types of mental illness include depression (41%), PTSD (24%), anxiety (22%) and personality disorders (22%). Additionally, there were also high rates of self-harm and suicidal ideation (18%) in the GP data.

"Many young people I see at the Passages clinic would greatly benefit from trauma counselling and support, as it is difficult to address alcohol and mental health issues when patients are still deeply affected by trauma."

– Homeless Healthcare GP

100%
have at least one mental health condition
(N=104)

Young people and poor physical health

It is well documented that people experiencing homelessness have significantly higher rates of chronic disease and comorbidity (i.e. having multiple chronic conditions) compared to people who are housed. Further, the longer people experience homelessness, the more risk that their health deteriorates.

84%

have at least one serious health condition (N=87)

For the 104 young people that completed an Individual VI-SPDAT, 84% reported having at least one serious health issue. Of the specific health conditions self-reported by young people, the most prevalent were asthma (54%), dental problems (52%), and brain injury/head trauma (34%). This corresponds to some of the most self-reported health conditions for the overall population of people supported through 50 Lives in our previous reports.[18] As noted in previous 50 Lives evaluation reports, many of the health issues reported by people who have been sleeping rough are at considerably higher rates than the general Australian population.[18] For example, Hepatitis C prevalence is 0.7% in the general population, in comparison to 12% reported by young people in their VI-SPDATs.

Interviews with young people and youth services highlight a number of barriers to healthcare access experienced by young people who are experiencing homelessness, including limited access to free or cheap allied health services, as well as mainstream healthcare services that may not be experienced with the complex nuances and multimorbidity associated with experiencing homelessness.

"If you've got like a dodgy root canal or something that needs to be seen urgently, you can't always find something cheap, free, or even on a payment plan. And if that tooth gets left, the gums will get infected and 'cause more health issues that you can't afford."

– Young Person Supported by 50 Lives

"There's no youth-specific specialised physical health places that they can go when you're thinking about early intervention. These medical conditions are gonna get worse and they're gonna be a much larger burden on the health system."

– Youth Service

OF THE 104 INDIVIDUAL* VI-SPDAT RESPONDENTS AGED 25 OR UNDER:**

83%
Smoker (N=85)

54%
Asthma (N=56)

52%
Dental problems (N=53)

34%
Brain injury/head trauma (N=35)

30%
Heart disease (N= 31)

12%
Hepatitis C (N=12)

* 5 completed a family VI-SPDAT, 1 did not complete VI-SPDAT, **Missing data per question 0 – 2.

Young people and reasons for accessing hospital

For the subset of 80 young people supported by 50 Lives who were linked to hospital administrative data, they had a total of 688 Emergency Department (ED) presentations and 265 inpatient admissions (1,838 days admitted) in the three years before consenting to 50 Lives. This is equivalent to 2.8 ED presentations per person per year and 1.1 inpatient admissions at 7.7 days admitted per person per year.

The most common primary diagnoses associated with an ED presentation or hospital admission were:

Top Reasons for ED Presentation (n=688)		Top Reasons for Inpatient Admission (n=265)	
1 MENTAL HEALTH	27%	1 MENTAL HEALTH	49%
2 INJURY / POISONING	20%	2 AOD USE DISORDERS	15%
3 HAZARDOUS PERSONAL INCIDENTS	10%	3 INJURY/ POISONING	14%

Young people and AOD use

Overall, 94% of young people who undertook the VI-SPDAT self-reported problematic alcohol or other drug (AOD) use. Many young people interviewed noted early exposure to AOD use, often in their very early teen years and how AOD use was a normal part of their life. For the subset of 76 individuals who had Homeless Healthcare GP data on record, the most common types of AOD use were amphetamines (33%), cannabis (18%), and alcohol (12%).

Multiple young people interviewed noted the critical role the Drug and Alcohol Youth Service (DAYS) has played in supporting them to get sober and how safe the program made them feel by only being with other young people.

94%
report problematic AOD use
(N=98)

Young people and complex health co-morbidities

The prevalence of comorbidities is evident in the self-report VISPDAT responses, GP data and feedback from services working with young people. Several services interviewed noted the increasing number of young people with comorbidities attending their services. In the self-report

VI-SPDAT responses, 94% of young people have both a mental illness and a co-occurring AOD problem (dual diagnosis), and over three quarters (78%) had tri-morbidity (co-occurring mental health, AOD, and chronic medical conditions).
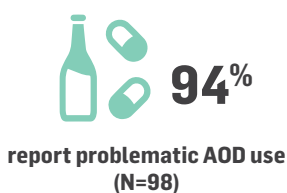
"So if it's autism alone, that's fine. There's space for that and lots of support but there's comorbidity issues which is what we're seeing, so autism, maybe some drug and alcohol issues, homelessness, and mental health as well. NDIS is an option for people but they don't tend to be well-equipped to manage psychosocial complexity coupled with disability.

What we're seeing at the moment is a real trend of physical and mental health concurrently. More and more of the referrals coming through for our young people have got both going on."

– Youth Service

"I've been working with DAYS since I was 16. They're so friendly and understanding, it can be really intimidating to try and get sober young ... if I went to adults rehab, I probably would've left 'cause the adults intimidate you. So it was kind of easier being the kid in that safe little environment. I just feel like they need a program for the older kids that – I know we're adults, but we're still really young. They need a program for 21 to 26-year-olds, I reckon.
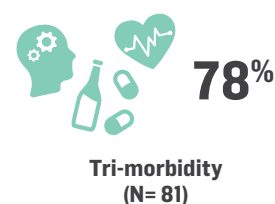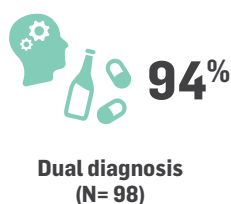
To be honest, I wouldn't go to detox now [that I don't meet DAYS eligibility]. I wouldn't, 'cause if I go into the adult services, they look at me, and they're like, "Oh, what, you've been smoking a little bit of weed for a year?" "I've been using heroin for 30." But I don't want to get to that stage you know..."

– Young Person Supported by 50 Lives

OF 104 INDIVIDUAL* VI-SPDAT RESPONDENTS AGED 25 OR UNDER:

94%
Dual diagnosis
(N= 98)

78%
Tri-morbidity
(N= 81)

* 5 completed a family VI-SPDAT, 1 did not complete VI-SPDAT

HOUSING OUTCOMES

Number of people housed

Over the course of the 50 Lives program, 47 out of the 110 (43%) of young people supported by 50 Lives had been housed at some point up until 30 June 2020. This was even fewer for Aboriginal young people supported through 50 Lives, where only 32% had been housed at some point.

When housing data for 50 Lives participants 25 and under and over 25 were compared, young people were just as likely to sustain their tenancies for the first six months (91%), however, at the eight month point numerous property exits for young people occurred. At the one-year mark only 71% of young people had sustained their tenancies compared to 83% to those aged 26 or older. This suggests that more intensive support may be required during this period to support young people in their homes.

Barriers to housing

The lifting in March 2021 of the WA Government's 12-month moratoria on rent increases and evictions in response to COVID-19, has further exacerbated the dearth of public and affordable housing in WA. Housing affordability and availability are both significant issues for young people in Australia (even those not experiencing homelessness)[20] and the slow pace of new development of social and/or affordable housing in WA, coupled with escalating rental prices, puts more young people at risk of homelessness.[21]

As at January 2021, the waiting list for housing through the Department of Communities had increased to 15,825 applicants, with the *priority waiting list having increased by 46%.*[21] The recently released Anglicare Australia Rental Affordability Snapshot identified that at the time of the review there were *zero affordable properties* in Australia for someone on Youth Allowance.[20]

AS AT 30 JUNE 2020,* 199 INDIVIDUALS HAD BEEN HOUSED IN 240 HOMES ACROSS THE 50 LIVES PROGRAM:

43%
of young people supported have been housed at some point (n=47)

30 JUNE 2020 **70%**
of young people were still housed as at 30 june 2020 compared to 79% for adults

ONE YEAR **71%**
of young people sustained their tenancies for at least one year compared to 83% for adults

* Housing data only available until 30 June 2020 due to changes in data collection associated with transforming into the Zero Project.

Types and rapidity of housing placements

The 47 young people who were housed at some point up until 30 June 2020 were housed in 55 different properties. While there were many barriers highlighted for a young person trying to access private rentals such as poor rental histories, unemployment and not having good references, 20% of youth housing placements were in Private Rentals (compared to only 11% of adult housing placements). The majority (56%) of housing placements were in Public Housing, followed by Community Housing (22%) and private rentals.

In the overall 50 Lives data, on average it took 50 days longer to house a young person; with a median of 186 days to house a young person compared to 136 days for someone 26 years or older. Overall, it also took longer to priority list a younger person (87 days compared to 65 days) compared to those aged over 26 years. However, for the individuals who were priority listed and then housed, it was about a month quicker for a young person (196 days compared to 225 days).

Nearly half (47%) of young people who were not housed as at 30 June 2020 were priority listed and waiting for public housing. This is similar to the pattern seen among those aged over 26 years (48% waiting to be housed were priority listed).

It is important to note, that young people need choice over where (and with whom) they are housed with. A key difference in Housing First for young people is that the notion of a "forever home" may not be something they want at this stage in their lives.

"Young people don't necessarily want a "forever home". Setting a young person up in social housing and expecting them to stay there for the rest of their life both ties them into a poverty trap and ignores that this is simply not a usual housing pattern for a young person. Housing First for young people needs to offer choice about the type of accommodation and when they want to move while still offering the security that this is their home and only temporary if they want it to be."

– Leah Watkins, Previous 50 Lives 50 Homes Manager
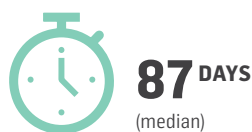
87 DAYS (median)
to get priority listing after 50 Lives application – compared to 65 days for adults (for those who were priority listed after app)

186 DAYS (median)
to be housed after 50 Lives application compared to 136 for adults

196 DAYS (median)
to be housed after priority listing compared to 225 for adults

47%
of young people waiting for housing are priority listed – compared to 48% for adults (of those not exited and not housed)

* Medians presented over averages due to large ranges in timeframes.

Health outcomes pre and post housing

Having safe stable housing is in and of itself a protective factor for health, and *#HousingIsHealthcare* has even gained traction over the last year as a Twitter hashtag. Complementing the health benefits of secure housing itself, young people supported by 50 Lives have all had the opportunity to access the After-Hours Support Service (AHSS)*, a GP (if didn't already have one), and other health services.

As seen in the 50 Lives project overall, once people are housed, underlying medical and psychosocial issues can be better addressed. From a synthesis of data from interviews with young people, service providers and Homeless Healthcare staff (who see approximately 70% of this cohort of young people as practice patients and/or via the AHSS nurses), and available hospital and GP data, it is clear that the combination of stable housing and wrap-around support for young people supported by 50 Lives has led to considerable improvements in health and wellbeing. Indicators of this include evidence of young people stabilising their mental health, better managing medications, engaging with GPs and other healthcare providers, and reducing their hospital presentations.

Comparing hospital use before and after housing has been a valuable metric in the overall 50 Lives evaluations to date. For the cohort of young people 25 years and under, we looked at this for the subset (18 people) who were housed for at least one year as at 30 June 2020 and who had linked administrative hospital data. While the sample size is small, the changes observed were substantial, with an observed *24% reduction in ED presentations, 26% reduction in inpatient admissions, and 27% reduction in hospital days admitted,* from the year before to the year after housing.

ONE YEAR PRE HOUSING

76
ED presentations

39
inpatient admissions

133
days admitted

ONE YEAR POST HOUSING

58
ED presentations

29
inpatient admissions

97
days admitted
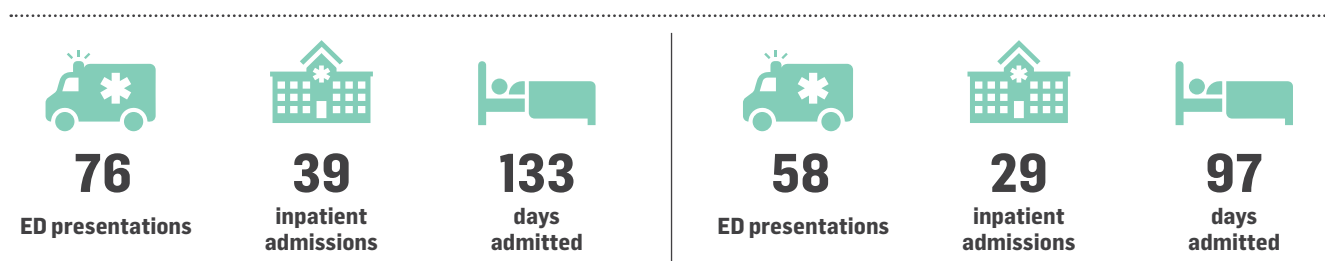
THE ROLE OF HOUSING IN IMPROVING HEALTH: A CASE STUDY

Background

*Harri** is a non-binary young person in their early twenties who grew up with a mother who frequently moved their location, and as a consequence, in a four-year period they attended 10 different schools.*

Harri had considerable contact with Child Protection Services during their childhood, was exposed to recurrent domestic violence, and was introduced to drugs at an early age by their parents. They also have a number of mental and physical health problems including emotionally unstable personality disorder (EUPD), asthma, depression, and fibromyalgia. Following the death of their father, their mental health declined significantly.

In the 12 months leading up to finally obtaining long-term housing, they had over 100 ED presentations and multiple inpatient admissions for chest pains due to anxiety and injecting drug use, overdoses of medications, self-harm, and psychological decompensation.

Support provided

Harri was housed in late 2019 through the Department of Housing, after being priority listed. They were supported in the community by a dedicated youth worker, a youth drop-in centre, the AHSS, and Homeless Healthcare who committed to seeing them weekly.

Current situation

Since being housed, their hospital presentations have reduced substantially:

I've found since moving into my house, I have no reason to actually need to be in hospital, so I've had hiccups here and there, but every time I do present to hospital, I'm sitting in hospital but I'm like, "Hang on, I've got a comfy bed at home that I can be sleeping in right now, but mentally, I decide to be here right now." Because when I was in the streets, hospital used to be my safe place. – "Harri"

** not real name.

CRITICAL SUCCESS FACTORS

Supporting people to get and remain housed is a key aim of all Housing First initiatives, and a key focus of the Housing First ethos is to provide rapid housing with wrap-around supported to individuals without preconditions. Over the course of the 50 Lives program, a number of critical success factors for supporting young people to obtain suitable housing, retain their tenancies and move forward in their recovery from homelessness have been observed:

Support to develop independent living skills

For many of the young people, this was the first time they were either living on their own or managing a household themselves, and for some young people who had extensive histories of intergenerational homelessness, this was the first time in a long time since they had been housed.

Support with cleaning (especially for tenancy inspections), how to budget for food shopping, learning to cook are all areas that were identified as key areas of support needed to maintain their tenancies.

"A lot of them don't know how to wash and dry their own clothes and how to cook themselves their food or go do a shop or budget their money… and there's cockroaches everywhere, because they just don't have the skills to know how to avoid a cockroach infestation. (They) have been living in the street and in squats for ten plus years, and they adapt to that lifestyle."

– Youth Service

After hours support

The After-Hours Support Service enabled both young people and their support services an additional safety net so that if anything happened outside of business hours there was peace of mind that there would be someone available to help. This complemented and somewhat extended the capacity of youth services to be able to support young people over the weekend and meant that there wasn't an influx of anxious young people accessing services on Fridays afraid of what may happen over the weekends when their services were closed.

"I don't use After Hours anymore, but that's because I feel like they taught me to do it all independently. If they didn't teach me to keep the house clean, and this is how you budget your money to do a good food shop and all that, then I probably wouldn't be where I am now, but – because they taught me everything, I just don't need their help anymore."

– Young Person Supported by 50 Lives

Practical support and support navigating services

Practical support such as access to brokerage and whitegoods/furniture was identified by young people and by youth services as essential for young people to maintain and retain their homes. Support was particularly critical through the initial period of settling in, as this was the first time many young people were having to manage a tenancy on their own and was overall a very anxious time.

Consistency from case workers and coordination with other services through the broader 50 Lives youth working group, so that the young people didn't have to navigate all required services themselves was important in being able to settle into their post-homeless life. It was also beneficial to linking in with new services that young people hadn't heard of before.

Also critical was the brokerage provided to get some whitegoods, support to access their DCP Transition to Independent Living Allowance (where applicable), and other practical support to access furniture and make their houses to feel like home.

> *"... the consistency came from my case worker- she linked in with everyone so they knew where and what was going on for me. She was keeping it all up to date for me... slowly over time, she helped me build connections with some of services that I wasn't using before."*
>
> *– Young Person Supported by 50 Lives*

PROTECTIVE FACTORS IN MAINTAINING HOUSING: A CASE STUDY

Background

Matthew* is a young man in his early twenties who has been supported via 50 Lives since he was 19. Prior to being housed, Matthew had been street present, stayed with friends, and lived in temporary accommodation (hotels, hostels, and youth accommodation services).

Matthew's family had experienced a long history of family violence, parental AOD use, and family homelessness.

Matthew has ongoing co-occurring health issues, including depression, seizures, and AOD use. When asked in his VI-SPDAT about what he needed to feel safe, Matthew stated:

A place to live that is affordable and in a safe area. A job I enjoy. My music.

Support provided

Matthew has accessed the Passages drop-in centre (a specialist youth homelessness support service) for support on a regular basis as well as a number of other youth homeless support services.

Matthew was housed in mid-2019 and regularly accessed AHSS at the beginning of his tenancy, largely for support with health and medical issues. As part of this support, Matthew's case worker linked him with a new doctor.

So when we go to the doctors ... before Matthew's confidence got better, I would go in and set the scene ... so that Matthew felt that everything was on the table, and then I would leave and let him build that relationship. At least when he went in, the doctor knew exactly why he was there. – Youth Service

Current situation

Matthew hasn't needed as much support from AHSS recently, as he is now feeling much more settled in his home. Matthew is about to start a new TAFE course to improve his employment opportunities and has a goal to also get his driving license by the end of the year.

I haven't had any work yet at all but that's why I'm hoping something that's more qualified.

Doing some work in this area once I've done this course, doing something in manufacturing or warehousing. If everything goes well medically, then I can get the approval for not just my driver's license, but my forklift license as well. – "Matthew"

* not real name.

CHALLENGES TO SUSTAINING TENANCIES

As identified in the 50 Lives Third Evaluation Report[18] there are a range of challenges and barriers in WA to actually achieving rapid housing as espoused by the Housing First ethos. People who have experienced homelessness often continue to experience challenges after they have been housed, and reducing the number of people who return to homelessness is becoming a high priority for Housing First initiatives around the world.

> *"...it tends to be when someone gets an offer of housing, everyone's like, "Yes, take it. Let's do it. Let's make it work." I think that's always the thing with Housing First is sometimes it's like let's just give them the house. But I do think some consideration has to be given to the person going into that house."*
>
> *– Youth Service*

For the young people housed as part of the 50 Lives project (n= 110), key factors impacting on a young person's ability to maintain and sustain their homes were identified through the interviews with young people and service providers, and through the analysis of tenancy retention data.

Appropriateness of housing options

Choice is a key precept of Housing First models, but due to the limited availability of housing options in WA, the findings of this evaluation suggest that any offers of housing that were made to young people supported through 50 Lives were generally accepted. However, interviews with young people and support services identified a range of limitations pertaining to the appropriateness of housing offered, and in some instances, this worked against the capacity of a young person to feel safe or to secure their tenancy. Concerns raised about 'accepting what was available' largely related to young people's sense of security and safety in their home and neighbourhood, with many examples of intimidation by neighbours cited especially where the young person was placed in a large unit block. Overall, higher rates (27%) of property abandonment were observed among young people housed as part of the 50 Lives project compared to people over age 26 (where only 16% of people abandoned their tenancy). However, less evictions (23%) were observed than adults (36%).

The paradox noted by services providers is that once a tenancy has been accepted, it can be more difficult for a young person to transfer out of the property to somewhere more suitable. And the fear of remaining homeless drives acceptance of the first option available. Support services noted that while waiting for a transfer, some young people abandoned their housing despite having all the paperwork available, including police incident numbers as evidence that there was harassment from neighbours.

> *"So [young person]'s complex is pretty hectic. He's very, very scared of his neighbour. His neighbour is clearly a meth dealer. [young person] has a diagnosis of schizophrenia, and so it's exacerbating his mental health. We've put in transfers for him to move because he's so scared of this guy, he won't even report stuff to the police. And then you think, "Well, who's gonna be ok living here" this other kid here might not have schizophrenia, but he may have a meth addiction, and putting him next door to a potential meth dealer, that's not gonna work either."*
>
> *– Youth Service*

Social isolation

One of the unfortunate paradoxes of housing interventions for people experiencing homelessness is that social isolation and loneliness once housed can be an unintended consequence.[18,22] This has been observed across all ages in the 50 Lives program, but there are additional factors for young people. Quite often for example, young people had previously been in communal living situations (such as squats or couch surfing with friends and family), and a recurrent theme related to fear and anxiety to being on their own.

> *"(Isolation) is such a massive change to adapt to. When they're in squats, they're rarely ever by themselves. There's usually at least five of them together. They walk around together, they sleep together. And then they're in this house by themselves and it just feels so foreign to them. I'd say that the ones that I've seen work the best are the ones where they have someone staying with them like their sibling or a partner."*
>
> *– Youth Service*

For some young people, this isolation was made more acute when they knew that their friends had not yet been housed, but that having friends stay with them was not possible if it violated the conditions of the tenancy. The peer and social pressures to let other people stay over often led to feelings of guilt.

> *"But then you've got a spare room or a couch, and you know your mate is doing it rough in the city."*
>
> *– Young person*

One youth service also noted how homes of young people can in turn become "a squat for the streets if their address gets out" and a lot of work is done to ensure that young people feel empowered to set boundaries with unhoused friends.

Peer pressure and avoiding bad habits

Finding housing options that don't put young people in situations where they aren't pressured to engage in risky behaviours such as AOD use is difficult when young people are housed in large complexes with people who are using or dealing. And finding avenues for social connection that don't draw young people into situations or peer relationships that contributed to their becoming homeless is also a common challenge. This is particularly evident for young people whose social networks were previously characterised by AOD use. One young person noted how he had to constantly keep himself busy as he previously engaged in AOD use when he was bored. Another young person noted how pivotal engaging in boxing and focussing on their fitness had been for them in giving up AOD use.

> *"It was my neighbour about three units down. All his mates used to come over and smoke drugs. They would come up to my door and throw stuff and start trouble. That's why I got out of there."*
>
> *– Young person*

> *"I have been trying so hard to get off heroin. I was clean but then I went into this short-term accommodation where all everyone talked about was how to access drugs. All that drug talk... I had a relapse, and then ended up homeless again ."*
>
> *- Young person*

IMPLICATIONS FOR HOUSING FIRST FOR YOUNG PEOPLE

The findings and recommendations presented in this snapshot provide an overview of some of the positives of the Housing First model for young people, but also, highlight important challenges and considerations that need to be taken into account in the implementation of a HF4Y in Australia. Building on the themes and issues identified in this snapshot overall, the below salient implications are highlighted:

Recognition of Trauma and Embedding Trauma Informed Practice

It is well known the longer someone is homeless, the more likely they are to become entrenched into homelessness and the associated trauma that goes with it. The trauma experienced while homeless is even more critical for a young person, as this can impede a critical development period in their lives. The HF4Y framework highlights the need for Housing First programs for young people to implement organisational principles, policies, and procedures for trauma-informed care, to ensure that young people are not re-traumatised when accessing and engaging with services.[7] Services working in youth homelessness and youth Housing First need to *acknowledge the ongoing impact of trauma on young people and prioritise wellness, safety, and recovery in their support* for young people.

Earlier Intervention and Prevention

Intergenerational homelessness has been observed in some of the families supported by the 50 Lives program, and since this program began there has been a growing recognition of the importance of the first 1,000 days of a child's life as developing the foundations for a person's future health and development. While it was beyond the scope of the report to look into the impact of this, *preventing homelessness and exposure to trauma* in the first place is the best option for a young person. Where children are removed into State care, efforts need to be made to keep siblings together and to listen to children and young people to ensure their needs are being met.

Responding to Mental Health

Young people have very high rates of mental ill-health and it is vital that *young people are involved in the development of preventative and early intervention services that concurrently address both homelessness and mental ill-health.* And that appropriate support is provided to teach young people how to best manage their mental health.

The majority of young people had a dual diagnosis of mental ill-health and AOD problems, however unlike in adult services no one reported being treated in "silos". While this dual-diagnosis treatment is available for young people (particularly up until age 21), it is rare for adult services to treat these in combination and work needs to be done to ensure *that as young people transition out of youth services that they can access appropriate support for all their needs.*

Linking to Education, Training and Meaningful Activities

While not everyone was currently ready to enter the workforce (primarily due to ongoing mental health challenges), there were a number of people working, undertaking training opportunities (i.e. TAFE courses), volunteering, or participating in consumer reference groups/committees. Employment and having money are important in being able to not only manage their homes (i.e. pay bills), but in *being able to socialise, go out with friends and make choices about their lives.* Young people also noted how beneficial not being "bored" was to making good decisions and to staying off drugs, whether this was through employment or regular participation in recreational activities such as boxing.

Housing Choice

While choice is key element of Housing First, it is particularly *critical to provide a young person to have self-agency over housing options* as this may be the first time they are able to make choices for themselves. It should also be noted that housing and Housing First is different for a young person as *the notions of "forever home" may not resonate* to someone so young. At this age, it is normal to want to move around and to try out different living situations and what works for them. But it was noted that more housing options need to be available so that young people have choice and that they are not forced into accepting the first placement that becomes available.

While rapid housing is important, the *fit of housing and the agency over young people housing remains critical.*

> *"I've seen a lot of my friends get houses through 50 Lives 50 Homes straight off the streets."*
>
> *– Young Person Supported by 50 Lives*

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