

50 LIVES 50 HOMES

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SNAPSHOT REPORT

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Background to 50 Lives 50 Homes and this snapshot

The aim of the 50 Lives 50 Homes project (hereafter 50 Lives) is to house and provide support to Perth's most vulnerable homeless people. 50 Lives is a collaborative impact model, involving 28 partner organisations from a range of sectors, including homelessness services, housing agencies, health providers, mental health and community services. 50 Lives takes a 'Housing First' approach, working to house people rapidly, coupled with services to support tenancy sustainment, health and social needs.

This evaluation snapshot report coincides with the launch of the Western Australian (WA) Alliance to End Homelessness. Whilst the foremost aim of 50 Lives is to house and support rough sleepers, this snapshot highlights the enormous potential impact on health and justice outcomes when homelessness ends.

The 50 Lives evaluation draws on a mix of data, including VI-SPDAT data¹, administrative health data (and WA Police data pending), Homeless Healthcare data and interviews with clients and those who support them.

Housing

As of 31 December 2017, 183 people had consented to join 50 Lives, with 107 people housed in 78 homes, and a further 105 supported and awaiting suitable housing. The original target of providing 50 homes was met in June 2017.

 **78**
houses

 **107**
people

 **164**
days

average time to house

In WA, over 20% of people on the Housing Authority waiting list were waiting for over five years, and had an average wait of 153 weeks to be housed². Rapid housing is a key tenet of the Housing First approach and therefore one of the key outcome measures for the program. For the 107 people housed in the first 18 months, it took an average of 164 days from consent date (range 0 -704) to be housed. To achieve targets for more rapid housing, 50 Lives is working closely with housing providers to broaden the housing options available to 50 Lives clients.

 **2,510** nights
equivalent to
6.9 years
spent homeless

Many 50 Lives clients have cycled in and out of homelessness for years, with an average of 6.9 years spent homeless (range: 1 – 28 years) prior to completion of the VI-SPDAT. Hence, a significant period of adjustment when first housed is expected. Supporting people to sustain their tenancies and address other needs that can put tenancies at risk is central, and to date, 85% of tenancies have been sustained, with only four lost to eviction. For those individuals who have lost their tenancy, 50 Lives continues to work tirelessly to rapidly re-house them.

85%  **tenancies sustained**

“Since being housed... I feel a lot safer... I'd pretty much lived off of fast food most of the time, now I'm actually teaching myself how to cook...”

- 50 Lives client (22 years old; street homeless since 15)

¹ The VI-SPDAT is a widely used survey that measures the vulnerability of individuals experiencing homelessness- responses to questions on housing, health, legal and social issues are summed to form a total vulnerability score. This score is used by 50 Lives to identify those most in need of rapid housing (10+ score is assessed as high vulnerability)¹

Health

People experiencing homelessness often face significant health challenges which are often further exacerbated by life without stable housing. This is reflected in the magnitude of self-reported health conditions from the VI-SPDAT data for 50 Lives clients. These clients experience much higher rates of health conditions compared to the general Australian population^{ii,3, 4} as illustrated below:



Hospital use in the three years prior to 50 Lives engagement

A unique aspect of the 50 Lives evaluation is the inclusion of administrative hospital data to look at patterns of hospital use before and after clients are housed. For this Snapshot, Royal Perth Hospital (RPH) data has been obtained for 159 of the current 50 Lives clients, providing statistics on hospital use for the three-year period prior to their 50 Lives commencement through to 31 August 2017. The aggregated number of visits to this one hospital by 50 Lives clients is sobering and these numbers are expected to increase by approximately 20-30% when other metropolitan public hospital data are included in future evaluation reports, which will give a fuller picture of their overall hospital service usage.

In the three years prior to entering 50 Lives, there were 1,337 ED presentations for the cohort of 159 clients with RPH data (equating to over \$1 millionⁱⁱⁱ in health expenditure over the three years). Of these presentations, 51% were in the year directly before 50 Lives involvement, equating to an average per person/year of 6.4 ED visits and a cost of \$3,277^{iv}. Mental health was the primary reason for 12% of the ED presentations in this year prior to housing, and alcohol and other drugs was the primary reason for 14%.



Over the same three-year period prior to 50 Lives engagement, clients accumulated 1,565 inpatient days at RPH (equating to over \$4.2 million^v in health expenditure over the three years). Of these admissions, 53% were in the year directly before 50 Lives involvement, equating to an average per person/year of 4.3 inpatient admissions and a cost of \$14,291^{vi}.

This hospital data shows the enormous burden to the already strained health system when people are left languishing on the streets. Given that 29% of the WA state budget is spent on health⁶, there is a compelling health and fiscal imperative to end homelessness.

Do health outcomes improve once clients are housed? - comparing six months prior to, and six months post obtaining housing

Housing is no immediate panacea for health, and evidence from other Housing First initiatives shows that hospital use can sometimes increase initially as undiagnosed or neglected health issues are detected and treated. 50 Lives has a particularly strong focus on health through its close partnership with Homeless Healthcare, the RPH Homeless Team, and the nurses that make up an integral part of the 50 Lives After Hours Support Service (AHSS). This is reflected in preliminary analysis of hospital data for the 38 clients who had been housed by 50 Lives for six months or more as at 31 August 2017.

In the ED presentation data, there was an observed decrease in the total number of **ED presentations**

“Housing the most complex rough sleepers in Perth is the start of a journey back to normal life. For some, this involves receiving treatment for their chronic medical and psychiatric issues for the first time.”
- Dr Amanda Stafford, RPH

ⁱⁱ raw figures used only, no adjustment for age, gender or Aboriginality made in this comparison

ⁱⁱⁱ Based on round 20 IHPA figures of \$765 per ED presentation in WA⁵

^{iv} Average cost has been calculated over all 159 people with available data, not only the 106 that presented in this period

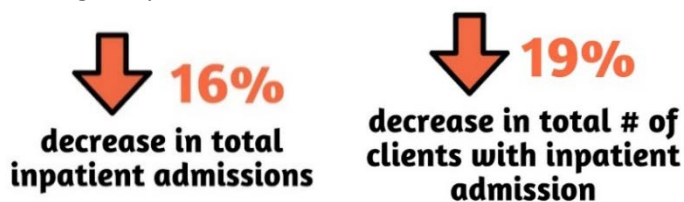
^v Based on round 20 IHPA figures of \$2,718 per inpatient day in WA⁵

^{vi} Average cost has been calculated over all 159 people with available data, not only the 73 that presented in this period

at RPH (from 110 to 76 presentations) and a reduction in the number of clients presenting to ED (from 24 to 18 people) in the first six months housed. There was also a drop in the average number of presentations from 4.6 presentations per person (range 0-20) to 4.2 presentations per person (range 0-14).



Inpatient admission data for this subgroup of 38 clients housed for six months or more also indicates some positive trends. Fewer clients had an inpatient admission (from 16 to 13 people) and there was a decline in the total number of inpatient admissions (from 84 to 71 admissions). While there was an observed increase in the number of total inpatient days (from 156 to 213 days) for those clients admitted to RPH in the six months post housing, this included several people with lengthier inpatient stays relating to mental health, with one client admitted for 55 days during this period.



Further insight into the way in which 50 Lives can support people to address complex health issues is illustrated in the following client case study.

Case Study: Daniela *Not her real name

Daniela* is a woman in her mid-forties who cycled in and out of homelessness for at least three years and was living on the streets when she completed the VI-SPDAT in late 2016, scoring a high vulnerability of 15. Daniela has had a troubled life since childhood, including a history of foster care, not completing high school and spending time in youth detention. Daniela has also spent time in prison as an adult and has reported experiencing legal issues. She suffers from complex multi-morbidities, including kidney disease, hepatitis C, alcoholism, injected drug use and has an acquired brain injury. Life on the streets has compounded her health issues with reports of loss of prescription medications, dehydration, heat exhaustion, dental issues and being a victim of assault.

She became involved with 50 Lives in October 2016 but had been on the Housing Authority priority list since August 2014. She was housed by the Housing Authority in May 2017 and remains housed. Through 50 Lives she has had support from her case worker across a range of areas, including relationships, money management, emotional and physical health, alcohol and drug use and reducing her risk of offending. She has been visited regularly (over 40 times) by the AHHS team since being housed, and receives support for health issues through the Homeless Healthcare nurses and GPs.

Since being housed, there has been a notable decrease in Daniela's hospital presentations. In the 12 months prior to housing, Daniela had 18 ED presentations, six general inpatient admissions (totalling seven days), and two psychiatric admissions (totalling 27 days). Homeless Healthcare has worked particularly with Daniela on reducing her drug use and stabilising her mental health and having secure housing has enabled her to do this. In the year following housing, Daniela has presented to the ED just seven times, had only one overnight general inpatient admission and three psychiatric admissions (totalling 22 days). Notably, she has not presented to hospital at all in 2018. These figures represent a \$19,378 reduction in hospital costs annually throughout the two-year period.

As noted by Homeless Healthcare *“for someone like Daniela who has complex health needs it is important that she has ongoing support to ensure that she remains stable and maintains her housing.”*



Justice

Many people experiencing homelessness have interacted with the Justice system – for some, living on the streets leads to encounters with Police or crime, whilst for others their contact with the justice system leads to their homelessness.

Self-report VI-SPDAT¹ data shows that for the 185 individuals, over half (54%) had ever been to prison, three quarters (76%) have been detained in the Police Watch House at some point in their life and a third (32%) had been to youth detention as a child.

“ the various people and organisations working at the coalface providing support to homeless people, are much better equipped and much more likely to achieve practical and beneficial outcomes for the homeless than me and my colleagues working in the criminal justice system. We can strive to do less harm, and provide opportunities for beneficial intervention, particularly through our solution-focused specialty courts, but ultimately properly planned and developed programs delivered by trained and experienced professionals provided with adequate public resources to address the multifaceted issues associated with homelessness are the only effective means of addressing those problems. ”

- The Honourable Wayne Martin AC⁷



The prevalence of justice system contacts among people who are homeless has both social and economic consequences, with the Police and Justice portfolios accounting for 10% of total WA government expenditure (over \$3 billion) in the current financial year⁶. Reducing homelessness can yield potential cost savings to the police and justice sectors, as reflected in the case study below that illustrates how the AHSS team is working with a 50 Lives client who was homeless post-release from prison.

Case Study: Brandon *Not his real name

Brandon is a male in his early thirties who was recently released from prison for burglary crimes committed to support his opioid dependence. Prior to this, he had a long Police custody (dating back to 2005), and between 2012 and mid 2016 he was in Police custody once or twice every month. In addition to problems with drugs and alcohol, Brandon struggles with his mental health and has an acquired brain injury from a fall.

He was housed in January 2018 and receives weekly support from the AHSS nurses around his mental health and remaining drug-free. Brandon himself has identified that being bored is a risk factor for resuming use of methamphetamine or heroin, which may lead him down the justice path again. AHSS thus sees that an important strategy for preventing Brandon from reoffending is helping him finding meaningful things to do with his time. Brandon has shown interest in volunteer work and is keen to get involved in a Men’s Shed, and AHSS is currently supporting him in this.



50 Lives Moving Forward

Ending homelessness has ripple effects for many other sectors, including health and justice as illustrated in this snapshot report. The complex interplay of health and justice issues experienced by those supported by 50 Lives also demonstrates the need for intensive individually tailored support once people are housed, and this is a critical focus of 50 Lives.

References

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