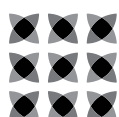# Homelessness in Western Australia:

A review of the research and statistical evidence
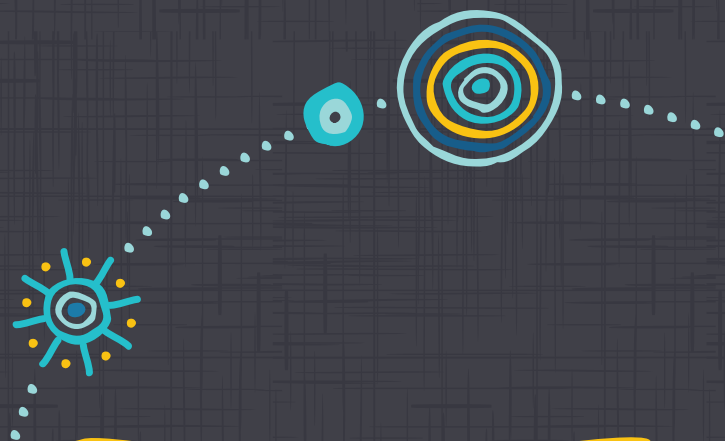
**Report prepared for the Department of Communities by
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List of Acronyms and Abbreviations

A&E	Accidents and Emergency
AAEH	Australian Alliance to End Homelessness
ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Housing Organisations
ACT	Australian Capital Territory
AIDS	Acquired Immunodeficiency Syndrome
AIHW	Australian Institute of Health and Welfare
ALSWA	Aboriginal Legal Service of WA Limited
AOD	Alcohol and Other Drugs
ATSI	Aboriginal and Torres Strait Islander
CYHA	Cost of Youth Homelessness in Australia
ETHOS	European Typology of Homelessness and Housing Exclusion
FaHCSIA	Families, Housing, Community Services and Indigenous Affairs
HIA	Housing Industry Association
HIV	Human Immunodeficiency Virus
LGBTI	Lesbian Gay Bisexual Transgender and Intersex
NAHA	National Affordable Housing Agreement
NESA	National Employment Services Association
NPAH	National Partnership Agreement on Homelessness
NSW	New South Wales
NT	Northern Territory
OOHC	Out of Home Care
PTSD	Post Traumatic Stress Disorder
QLD	Queensland
SA	South Australia
SA4	Statistical Area Level 4
SAAP	Supported Accommodation Assistance Program
SHS	Specialist Homelessness Services
SHSC	Specialist Homelessness Services Collection
SIB	Social impact bond
SWOT	Strengths, Weaknesses, Opportunities and Threats
TAS	Tasmania

US	United States
VI	Vulnerability Index
VI-SPDAT	Vulnerability Index- Service Prioritisation Decision Assistance Tool
VIC	Victoria
WA	Western Australia
WAAEH	Western Australian Alliance to End Homelessness
WHOQOL-BREF	World Health Organisation Quality of Life BREF

Executive summary

This report presents an overview of homelessness in Western Australia: its nature, composition, antecedents and consequences, and the policy and practice responses that we believe should be considered address it. We review and consolidate evidence and extant knowledge from various statistical sources, academic research, evaluation reports, the lived experience of those who experience homelessness, and recent guiding frameworks provided by the Western Australian and Commonwealth Governments, as well as *The Western Australian Strategy to End Homelessness* published recently by the Western Australian Alliance to End Homelessness (Western Australian Alliance to End Homelessness [WAAEH], 2018).

The report has the following five objectives:

1. To synthesise the evidence base on the scale, scope and profile of homelessness in Western Australia;

2. To outline the key drivers and causes of homelessness;

3. To analyse the current approaches to addressing homelessness in Western Australia and their effectiveness;

4. To identify system level gaps in responses to homelessness and key research and evidence gaps; and,

5. To provide guidance in terms of a way forward towards addressing homelessness in a Western Australian context.

After an introduction that strategically positions the report, we discuss the different approaches to defining and measuring homelessness and their relative value and shortcomings. We then draw evidence from the major national homelessness collections; namely, the Australian Bureau of Statistics Census of Population and Housing, the Specialist Homelessness Services collection, the national Registry Week data as reported in *The State of Homelessness in Australia's Cities* report (Flatau et al., 2018) and the General Social Survey to provide a profile of homelessness in Western Australia.

We then examine the drivers and structure of homelessness focusing on the strata of the population overrepresented or disproportionately affected by homelessness. Health and justice drivers, which manifest as both antecedents and consequences of homelessness, are also reviewed, followed by an analysis of the social and economic costs of homelessness. Drawing on the academic literature and program and policy evaluations, evidence-based principles for effective homelessness interventions are presented.

The final two chapters of this review outline a potential path forward in terms of addressing homelessness in Western Australia. First, the needs to be addressed in the Western Australian homelessness context, along with the strengths and gaps in the Western Australian homelessness service system are discussed. Then, five strategic target areas for future responses to homelessness in Western Australia are presented. The report is tied together with a conclusion.

Background

The release of the Australian Bureau of Statistics' 2016 Census estimates of homelessness revealed that homelessness in Australia had risen 4.6% relative to the 2011 Census. Despite national reforms and significant policy and practice efforts, homelessness continue to persist and, indeed, grow. This calls for reflection and further research to develop a stronger understanding of the drivers of homelessness and, from a policy perspective, a way forward that engages all groups of societal stakeholders to end homelessness rather than manage it.

Accordingly, this review has been commissioned by the State Government of Western Australia as they begin the process of developing a 10-Year Strategy on Homelessness. The synthesis of evidence and knowledge presented in this report represents an opportunity to clarify the vision and goals around addressing homelessness in WA and to drive the leadership and collective will to end homelessness in this State.

A comprehensive understanding of the nature of the problem of homelessness in the WA context, past and current approaches to addressing it and their relative effectiveness, and the national and international evidence-base based on academic evidence and best practice models serves as a foundation upon which effective solutions can be built and leveraged.

Key findings

Variation in type of homelessness and geographic distribution of homelessness

The overall rate of homelessness in Western Australia, as estimated in the Census, decreased between 2011 and 2016 However, disaggregated by type of homelessness, the figures reveal that the rate of primary homelessness (i.e., sleeping rough) was higher in Western Australia at 4.4 per 10,000 of the population than in Australia overall (3.5 per 10,000).

With regard to the geographic distribution of homelessness, the 2016 Census estimates that 1,868 people were homeless in the Western Australia–Outback (North) Statistical Area Level 4 (SA4) and a further 1,341 were marginally housed in this SA4. The Perth–South East SA4 recorded the next highest counts of 1,446 and 1,563 homeless and marginally housed people respectively. Though the Census measured high numbers of homeless people in remote Western Australia, the Specialist Homelessness Service Collection recorded that 54% of WA clients were from major cities. To an extent this reflects the geographic distribution of the service system, such that there are more services available in major cities. However, it also reflects the fact that the severe overcrowding form of homelessness is more prevalent in the remote areas of Western Australia.

Vulnerable strata within an already vulnerable population

The population of people experiencing homelessness in Western Australia roughly resembles that of other States and Territories. There is a significant overrepresentation of Indigenous Western Australians, people with health conditions and mental health issues, substance use issues, young people and people who have been exposed to family or domestic violence.

The Specialist Homelessness Services Collection provides data in relation to those receiving support from services addressing homelessness funded by the Australian Government and State/Territory governments. In addition to Aboriginal Australians, service data indicates a significant proportion of clients who are homeless or at risk of homelessness experiencing risk factors such as:

- Exposure to domestic and family violence (rate of 42.5 per 10,000 population)
- Current mental health issue(s) (21.2 per 10,000)
- Young people (aged 15-24 years) presenting alone (11.1 per 10,000)
- Drug and alcohol use problems (10.9 per 10,000) (SHSC, 2016-17).

The stand-out statistic of WA's homeless population is that Aboriginal people comprised 29.1% of the homeless population on Census night, which is a significant over-representation when considering that people identifying as Aboriginal make up only 3.7% of the overall Western Australian population that identified as Aboriginal (Australian Bureau of Statistics [ABS], 2016). Moreover, in the Registry Week data collections, which have been largely concentrated in the Perth metropolitan area, 73.8% of homeless Aboriginal interviewees reported lifetime experiences of imprisonment, compared with 52.4% of non-Aboriginal interviewees. Lifetime experience of imprisonment amongst both Aboriginal and non-Aboriginal Registry Week interviewees in WA was much higher than evident nationally.

The composition of the homeless population in WA reveals a major cumulative causation problem: individual risk factors are linked to an entrance into homelessness, but homelessness can also create or compound these issues. The demographic and individual factors that describe the WA homeless population, identified through the statistical collections, are reinforced in the literature that examines the causes of homelessness and the needs to be addressed in order to facilitate effective exits from homelessness. Therefore, mitigating these risk factors requires both preventive and effective treatment approaches.

Drivers of homelessness vary over the life course

Early onset homelessness is highly correlated with adult homelessness and repeated experiences of homelessness as well as longer cumulative durations of homelessness. While the individual and structural factors that lead to homelessness can impose themselves on any person and at various times, there are particular scenarios that typically precipitate onset or re-entry into homelessness at different stages of the life course.

The experience of homelessness as a child can occur when the entire family is homeless due to the social and economic factors that can affect all adults. It can also occur when a child leaves the family home with one parent as a result of domestic violence, or when the child leaves the family home on their own (or is 'kicked out of home'), such as cases of fleeing family and domestic violence.

In addition to the scenarios that lead to homelessness in childhood, leaving out of home care or prison or juvenile detention are key events precipitating homelessness in adolescence. Homelessness in adolescence is also driven by physical and mental health factors, housing affordability problems and barriers to housing access, and the dissolution of social relationships.

The main drivers of adult homelessness are family and domestic violence, leaving prison, low incomes, housing affordability problems and access to housing, physical and mental

health problems, and the dissolution of personal relationships. In addition to these factors, homelessness in older age is largely driven by a combination of low income, lack of access to social housing, high rents and an absence of retirement savings and wealth.

Homelessness poses significant economic and social costs

The vast majority of people experiencing homelessness in both WA and Australia are dependent on government income support payments; over 80% of WA Specialist Homelessness Services clients reported a government income support payment as their main source of income and 90.8% of WA Registry Week respondents reported receiving regular income primarily from government income support payments. However, only 41% of WA Registry Week respondents reported that their income was enough to cover their expenses and debts.

Inadequate income inhibits one's ability to address existing legal and health problems. Without sufficient resources it is incredibly difficult to take the necessary proactive, preventative steps with regard to issues facing those experiencing homelessness, let alone to gain secure employment or filling skill gaps. Thus it becomes clear that homelessness and its corollary, very low income and wealth, create and compound existing problems including chronic physical and mental health conditions.

The natural consequence of this in terms of healthcare utilisation is higher utilisation of emergency healthcare which incurs a much higher unit cost and is much less effective at addressing root causes of ill health. In the case of WA Registry Week homeless respondents, if we exclude those who do not access any acute healthcare services from the analysis, the mean cost of accidents and emergency, inpatient admissions and trips to hospital via ambulance was $28,249 per person/six months, compared with $24,987 in Australia overall.

In addition, lack of stable housing leads to increased interactions with the police and the justice system, either through assaults of those who are homeless on the streets, the issuing of fines linked to the homeless experience and through engagement in petty and nuisance crimes that for some homeless people may constitute 'survival behaviours'. Homeless individuals are more likely to be jailed for these crimes than non-homeless individuals and 31% of Australia's prisoners anticipate a spell of homelessness upon exit from prison. Hence, a revolving door between prison and the street emerges.

Policy and practice leverages evidence and innovation

The Commonwealth Government's *The Road Home* White Paper, and subsequent programs funded under the National Partnership Agreement on Homelessness focused renewed attention on preventative and early intervention programs (Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA], 2008). This translated locally into targeted strategies for at-risk groups, and an overall expansion of the capacity of the service system.

This review highlights some best-practice models of support in WA, (which, in a number of cases, were supported following *The Road Home* White Paper), that are underpinned by evidence-based principles for ending homelessness permanently (FaHCSIA, 2008). In selecting models, we looked for service delivery models with a clearly articulated theory of change and formal evaluation. For example, Foyer Oxford is underpinned by the 'Housing First' principle, and also provides sustainable pathways out of homelessness by linking

young people with education and training and access to employment. The 50 Lives 50 Homes program also operates with the 'Housing First' principle while addressing the various antecedents to homelessness through intensive, collaborative case management and ongoing wraparound support.

Similar to these examples, Street to Home is another collaborative model in WA that is underpinned by the evidence-based principles of Housing First/rapid housing, intensive wraparound support and collaborative case management, while also utilising an assertive outreach model to reach vulnerable rough sleepers. Safe at Home is a WA-based program specifically for women and children experiencing domestic violence, and aims to prevent homelessness in this at-risk group by supporting them to stay in their homes, while ensuring they remain safe from any continued violence from the perpetrator.

As impressive as these and other programs are, it is important to also acknowledge the rich service system that also operates in WA. There exists a diverse range of specialist homelessness services that offer tailored, appropriate supports for at-risk groups, and that provide ongoing support for those experiencing homelessness. The aim is to meet people's immediate needs (for warmth, food, shelter etc.) while building strong pathways to help people exit homelessness permanently, through a Housing First approach with an integrated support focus relating to employment, education and skills formation, health service support, support for legal issues and a focus on safety and strong social relationships.

Strategic target areas

There are obvious challenges ahead to successfully end homelessness in Western Australia and it requires a concerted effort from governments, the community services sector and the community more broadly. There are still questions about whether the geographical coverage of the service system extends adequately into remote areas of the State, whether there are adequate services to meet the needs of Indigenous people (i.e., are there enough services as well as culturally appropriate, Aboriginal-led service delivery models), whether there are adequate services to address the urgent justice and legal issues faced by people who are homeless, and whether children and young people are being effectively diverted from experiencing homelessness through our current service system.

There are also questions about how well integrated the system is; and whether services that meet immediate needs have the capacity to consistently connect people to permanent housing and long term supports straightaway. Despite the strengths in the sector, there is evidence of unmet needs. Simply put, too many Western Australians are experiencing homelessness. More investigation will be required to address these questions.

As illustrated in Chapter Nine, many of the foundations we need to address homelessness in Western Australia have already been established. A great deal of progress has already been achieved. While gaps and unmet needs are still apparent, through harnessing the rich skills and expertise that exist across the State, focusing strongly on a housing response with better systems integration, collaboration and building on evidence-based models that are already operating, it will be possible to make progress towards ending homelessness in Western Australia.

At a strategy level, there are quality local resources to draw from such as Shelter WA, and frameworks such as *The Western Australian Strategy to End Homelessness* recently published by the WAAEH (2018) and Western Australian and Australian policy frameworks. These frameworks should assist to build a whole of government response to homelessness that addresses the many individual and structural causes of homelessness and includes the voices of, and input from, people with lived experience of homelessness.

Chapter Ten explores five priority areas to target in order to harness the existing strengths, expertise and skills in Western Australia and applying effort in different ways in order to achieve a better overall result. These target areas are leadership and collaboration, addressing structural and individual drivers, service planning, funding and investment, and research and evaluation.

Leadership and collaboration

The leadership and collaboration priority area recognises that an issue as complex, multifactorial, and far-reaching as homelessness requires a response that spans across all of government and involves true cross-sector collaboration.

This will involve igniting interest and passion across government departments, increasing awareness and reducing stigmatisation of homelessness both amongst the general public and in institutional and service settings, and employing community development and co-design principles to leverage insights from lived experience as well as the promotion of local-level responses.

Addressing structural and individual drivers

This priority area has two facets: preventative and reformative. The preventative element involves prioritisation of early responses at the critical junctures identified as precipitating the onset of homelessness at various stages of the life course such as exit from out of home care for adolescent homelessness.

The reformative element consists of improving housing affordability and increasing the range of housing and support options for homeless people, and refocusing service delivery under the Housing First principle to provide rapid housing and wraparound support. Urgent strategies are required to address the justice and legal issues plaguing Aboriginal homeless people in Western Australia and there is an overwhelming need for a focused employment strategy for those being supported in the homelessness service system.

Service planning

Several gaps in the current service system have been identified. Consequently, service planning is required to improve service integration, extend geographic coverage to areas of need, and increase capacity to address unmet demand.

Service planning should also include the adoption of assertive outreach strategies to meet the needs of the 'hidden' homeless, as well as the continuation of investment in programs with demonstrated effectiveness.

Funding and investment

This priority area advocates for a reexamination of current funding structures and the development of new funding models. Current funding should be analysed in light of best practice principles and adjusted in line with the areas of need and currently unmet needs.

New funding models, including those which lie outside government, should focus on diversification of funding sources with a view of creating a more sustainable homelessness service system which is less reliant on government grants. This will include scoping of new financing models.

Research and evaluation

Research and evaluation is the fulcrum of progress towards addressing homelessness. Without robust, continuous evaluation of programs and policy, there is no way of knowing whether investment is being well directed or whether it should continue. Ongoing research can fill the gaps and limitations of current measures of homelessness and measure changes in the profile of homelessness, which will facilitate a deeper understanding of the nature of homelessness in WA upon which responsive policy can be developed.

Further, central to effective research and evaluation is the articulation of the connection between resources, activities, and intended outcomes. Therefore, we argue for the development of a comprehensive homelessness outcomes measurement framework that aligns with the Western Australian policy context, and sets agreed, measurable targets.

In summary

If there was one important insight gained from this collation of evidence, it is that with strong leadership and collective will across the community and community sector in WA, combined with responsive government policy and ongoing research and evaluation, the strengths of WA's current responses to homelessness can be harnessed and built into a solution to ending homelessness.

It is a sincere wish that findings in this review can assist policy makers and homelessness services to be more responsive and effective. As important, is instilling the hope—in governments, services and individuals—that many of the multiple pathways that lead into homelessness can be disrupted and homelessness prevented, and that people experiencing homelessness can be supported to exit homelessness permanently.

1   Introduction

Homelessness is one of the deepest expressions of social exclusion and extreme poverty in Australian society. At its core, homelessness is a housing issue as it represents the lack of permanent secure housing. However, if we look only through a housing lens we miss the multi-dimensional nature of homelessness. Homelessness intersects with many other deep social, health and economic issues. Without addressing these issues alongside a housing response we will not be able to fully address the problem of homelessness.

Family and domestic violence plays a crucial role in contributing to homelessness, as does family dissolution, social isolation, and the absence of close, fulfilling and strong relationships. Those experiencing homelessness exhibit elevated rates of chronic health conditions as well as mental health conditions, alcohol and other drug dependence and high risk use. Psychological distress is very high in the homeless population; wellbeing and quality of life outcomes are well below Australian population levels. A significant number of those experiencing homelessness report that they are managing co-occurring health issues across mental health, substance use and/or physical health domains and there are high levels of trauma in the population. Justice and legal issues also affect a great number of people who are homeless; many people experiencing homelessness in Western Australia have been previously incarcerated. People also report high rates of assault while homeless. The justice and legal dimensions of the experience of homelessness are significant, especially in that they represent a major barrier to a successful transition out of homelessness.

Economic drivers are also fundamental to homelessness and without systems change it is very difficult to address homelessness successfully. Housing supply and housing affordability affect people's ability to access and maintain a secure house. While health and justice issues are critical to the homelessness problem we face, there are those for whom the cost of housing relative to low income represents the cause of homelessness.

Those transitioning from homelessness to housing will, in many cases, require tenancy and social support to maintain that housing. Very low rates of employment, even after transitioning from homelessness to housing, mean that those experiencing homelessness and transitioning from homelessness are trapped in a state of poverty placing further pressure on health and social drivers of homelessness.

Indigenous Australians experience very high rates of homelessness and particularly high rates of rough sleeping both in major cities as well as regional and remote areas. In the Western Australian context, this also means that homelessness is high in areas such as the Pilbara and the Kimberley, well away from metropolitan Perth. Any response to homelessness in Western Australia has to be strongly centred on addressing Aboriginal homelessness in the regions as well as in Perth.

A standard typology of homelessness utilises a chronic-episodic-transitional characterisation in which homelessness can be experienced as a long-term phenomenon, one involving recurrent or episodic bouts of homelessness, or as a one-off response to a housing, financial, health or social crisis. The duration of homelessness will affect the actual experience of homelessness and its impacts. Also, importantly, the extent to which one becomes acculturated into the 'life of homelessness' also impacts on the duration of the experience. Broadly speaking, the longer a person is homeless the more likely they

are to be exposed to factors that keep them entrenched in homelessness, and the more difficult a successful transition out of homelessness becomes. Homelessness exhibits strong hysteresis characteristics.

Homelessness also needs to be understood across the lifecycle. Many of those who are homeless as adults began their homelessness 'journey' as children and teenagers, some after running away from home or being thrown out of home—principally due to family and domestic violence in the home. Others leave home with their mothers as a result of family and domestic violence, others experience homelessness with their parent(s) due often to poverty or a housing crisis, and others find themselves homeless after leaving school or exiting out-of-home care. Preventing homelessness in the early years and intervening through a range of responses when the risk of homelessness is high is crucial in and of itself, but also because intervening early helps to prevent individuals experiencing a lifetime of chronic and episodic homelessness.

However, preventing homelessness in the early years will not, in itself, resolve homelessness, as early onset homelessness affects around half of the adult homeless population (Flatau, et al., 2013a). The other half of all adult people who are homeless have not experienced homelessness prior to turning 18. The challenge for policy makers is that all the different homelessness pathways, journeys and risk factors across various demographic groups and across the life cycle need to be recognised in responses to homelessness.

1.1   Purpose of the review

The purpose of this study is to review the evidence on the causes, consequences dimensions and experiences of homelessness, and the principles for effective responses to homelessness, with a focus on Western Australia. The review involves the following key components:

- A synthesis of the evidence base on the scale, scope and profile of homelessness in Western Australia;

- An outline of the key drivers and causes of homelessness;

- An analysis of current approaches to addressing homelessness and their effectiveness;

- An identification of system level gaps in responses and key research and evidence gaps; and,

- A way forward in addressing homelessness in Western Australia.

1.2   Strategic positioning

The study consolidates evidence and knowledge from various statistical sources, academic research, evaluation reports, the lived experience of those who experience homelessness, Western Australian and Australian policy frameworks, and *The Western Australian Strategy to End Homelessness* recently published by the Western Australian Alliance to End Homelessness (WAAEH).

The synthesis of this evidence and knowledge represents an opportunity to clarify the vision, mission, principles and goals around addressing homelessness in WA and to drive the leadership and collective will to end homelessness in Western Australia.

This review is being prepared as the State Government undertakes (in 2018) the process of developing a 10-Year Strategy on Homelessness, and homelessness agencies and government departments are re-energising their commitment to work together to solve homelessness.

Disseminating knowledge and awareness is essential, and the findings of this review, will enable policy makers and homelessness services to be responsive and effective to the problem of homelessness in Western Australia. As important, is instilling hope that people experiencing homelessness can be supported to exit homelessness permanently.

1.3   Overview

Defining homelessness is our starting point in Chapter Two. While seemingly academic in its focus, how homelessness has been defined in recent years in Australia has significant impacts. It effects how homelessness is measured, which in turn informs public debate, policy and funding allocation. We will outline international perspectives on the definitions of homelessness. Limitations in existing measures of homelessness will be discussed along with the visibility biases inherent in key statistical measures.

Chapter Three will explore the Western Australian context, drawing from various national datasets to identify key trends, issues and population vulnerabilities that are significant in Australia and in the Western Australian population.

After establishing areas of vulnerability identified at the population level, we will then take a deeper look at how these vulnerabilities manifest in the lives of individuals, and begin to unpack how people become homeless. Chapter Four examines early onset homelessness; how homelessness is experienced by children, teenagers and young adults and the effect homelessness has on their lives. We begin to see how the interplay of risk factors leads to circumstances that create homelessness, and why prevention and early intervention matters, especially for our youngest Australians.

Chapter Five will examine the causes of homelessness with a view to identifying key 'individual' and 'structural' determinants of homelessness. This Chapter will also challenge a simple typology of homelessness, and offer alternative frameworks for understanding the complex ways people become vulnerable to homelessness.

Chapter Six will explore two dimensions of homelessness in greater depth—the mental and physical health issues associated with homelessness, as well as the disproportionately high levels with which people who are homeless interact with the justice system and experience legal issues. The health and justice dimensions of homelessness in particular are important to unpack because their association with homelessness is two way and very costly, i.e., these vulnerabilities contribute to the cause of homelessness, but also worsen as a result of homelessness, creating cycles that lead to entrenchment if not addressed adequately.

Chapter Seven will examine the social costs of homelessness with a focus on the health and justice costs of homelessness. Chapter Eight provides an overview of the evidence-based principles for effective homelessness interventions. Chapter Nine looks at what is required to address homelessness in Western Australia while Chapter Ten provides a way forward in addressing homelessness in Western Australia in light of the evidence base.

2   Measuring homelessness

2.1   How is homelessness defined?

There is no internationally agreed upon definition of homelessness despite the general consensus that having a shared understanding of what constitutes homelessness is necessary in order to systematically track homelessness across the globe and over time.

All definitions of homelessness incorporate a role for rough sleeping (i.e., unsheltered homelessness) as well as emergency, temporary or transitional accommodation provided to those who would otherwise be without shelter (Chamberlain & MacKenzie, 1992; Edgar, Edgar, Meert, & Doherty, 2004; Henry, Watt, Rosenthal, Shivji, & Abt Associates, 2016). However, beyond these two core components, definitions of homelessness differ around the world.

2.1.1   Australia: The cultural definition of homelessness

In Australia, a 'cultural' definition of homelessness has been widely used over a long period of time. The cultural definition, according to Chamberlain and MacKenzie (1992), defines homelessness as residing in non-shelter, or in an accommodation setting that falls below minimum acceptable community standards for the society in question. In the Australian context the minimum standard would be "…a small rental flat – with a bedroom, living room, kitchen, bathroom and an element of security of tenure – because that is the minimum that most people achieve in the private rental market". Chamberlain and MacKenzie (2009) break this down into three conditions where this occurs:

- **Primary homelessness:** being without conventional accommodation; living on the streets, sleeping in parks, squatting in derelict buildings, living in improvised dwellings (i.e., sheds, garages or cabins), and using cars for temporary shelter.

- **Secondary homelessness:** moving frequently from one form of temporary shelter to another, such as emergency or transitional accommodation or supported accommodation. This also includes people residing temporarily with other households because they have no accommodation of their own, and people staying in boarding houses on a short-term basis (operationally defined as 12 weeks or less).

- **Tertiary homelessness:** living in boarding houses on a medium to long-term basis (13 weeks or longer). Residents of private boarding houses are 'homeless' because their accommodation does not meet the minimum community standard: they do not have a separate bedroom and living room; they do not have kitchen and bathroom facilities of their own; their accommodation is not self-contained; and they do not have security of tenure provided by a lease (Chamberlain & MacKenzie, 1992).

Applying this definition to the WA context, homelessness would include those sleeping rough, those in emergency accommodation, those staying temporarily with others without tenure rights (e.g., adolescents who have run away from home and are staying with friends; couch surfing), those in short-term housing arrangements without legal tenancy, and those in accommodation that lacks private facilities (e.g., many boarding houses).

Until recently, the cultural definition of homelessness was used in Australia to inform the enumeration of homelessness using Census data (e.g., 'Counting the Homeless' reports 1996, 2001 and 2006) and homelessness research and policy development. For example, the National Affordable Housing Agreement and the National Partnership Agreement on Homelessness policy initiatives and subsequent funding allocations were informed by the Counting the Homeless reports and the cultural definition of homelessness.

2.1.2   Australia: Statistical definition of homelessness

In 2011, a second definition of homelessness was developed by the Australian Bureau of Statistics (ABS). The ABS revised its conceptual framework and definition of homelessness to incorporate elements associated with interpretations of 'home', such as a sense of security, stability, privacy, safety and control over living space (Australian Bureau of Statistics [ABS], 2012). Under the ABS definition, homelessness is a lack of one or more of these elements that represent 'home':

"A person without suitable accommodation alternatives is considered homeless if their current living arrangement:
  – Is in a dwelling that is inadequate; or
  – Has no tenure, or if their initial tenure is short and not extendable; or
  – Does not allow them to have control of or access to space for social relations."

There are some specific exclusions such as prisons, hospitals, student halls and religious orders (ABS, 2012).

The ABS used the statistical definition of homelessness in the 2011 and 2016 Censuses as well developing a time series of Census-based counts of homelessness from 2001.

2.1.3   Australia: Specialist Homelessness Services Collection definition

The Specialist Homelessness Services (SHS) Collection (SHSC) (managed by the Australian Institute of Health and Welfare (AIHW)), is a nation-wide data collection about people who are homeless or at risk of homelessness receiving support from specialist homelessness services funded by the Australian Government and State and Territory governments. Under the SHSC, a person is defined as homeless if they are living in either:
• Non-conventional accommodation or 'sleeping rough'; or
• Short-term or emergency accommodation due to a lack of other options.

Non-conventional accommodation is defined as living on the streets, sleeping in parks, squatting, staying in cars or railway carriages, living in improvised dwellings, living in the long grass. This aligns closely with 'primary homelessness' in the cultural definition.

Short-term or emergency accommodation includes refuges, crisis shelters, couch surfing, living temporarily with friends and relatives, insecure accommodation on a short-term basis, or emergency accommodation arranged by a homelessness agency. This aligns closely with elements of 'secondary homelessness' in the cultural definition (Australian Institute of Health and Welfare [AIHW], 2018a).

2.1.4 International perspectives

The last decade has seen an increasing interest from researchers, statisticians, policy makers and service providers globally (and particularly in Europe) on the need for a consistent definition of homelessness for statistical purposes. This is the key for understanding the scope and scale of homelessness, within and across countries.

In Europe, the Federation of National Organisations working with the Homeless developed the European Typology of Homelessness and Housing Exclusion (ETHOS) definition (European Federation of National Organisations Working with the Homeless, 2005). Under this definition, having a home is understood as having an adequate dwelling over which a person and his/her family can exercise exclusive possession (physical domain); be able to maintain privacy and enjoy relations (social domain) and have a legal title to occupation (legal domain) (ABS, 2012). The ETHOS definition informed the development of the Statistics New Zealand (2009) definition of homelessness.

Table 1: Definitions of homelessness with recent influence on research and policy in Australia and overseas

Australia			Overseas	
Cultural definition	**Australian Bureau of Statistics definition**	**Specialist Homelessness Services definition**	**European Typology of Homelessness and Housing Exclusion definition**	**Statistics New Zealand definition**
A person residing in non-shelter, or accommodation settings that fall below minimum acceptable community standards in the society in question Chamberlain and MacKenzie (1992)	A person without suitable accommodation alternatives is considered homeless if their current living arrangement: • is in a dwelling that is inadequate; or has no tenure, or • if their initial tenure is short and not extendable; or • does not allow them to have control of or access to space for social relations.	A person living in either: • Non-conventional accommodation or 'sleeping rough', or • Short-term or emergency accommodation due to a lack of other options	A person lacking access to a home. Having a home is understood as having an adequate dwelling over which a person and his/her family can exercise exclusive possession (physical domain); be able to maintain privacy and enjoy relations (social domain) and have a legal title to occupation (legal domain).	A person lacking access to minimally adequate housing, which includes three important domains: • Security • Physical • Social (Busch-Geertsema, Culhane, & Fitzpatrick, 2016)
Shelter-based Primary homelessness and Secondary homelessness dimensions	Domains of security, physical and social are important	Shelter-based Primary homelessness and Secondary homelessness dimensions	Domains of security, physical and social are important	Domains of security, physical and social are important

In the interests of establishing a shared definition of homelessness, Busch-Geertsema et al. (2016) proposed that 'lacking access to minimally adequate housing' was the core concept in defining homelessness across the globe. Interestingly, in addition to the material elements of homelessness, Busch-Geertsema and colleagues' (2016) criteria for housing adequacy also includes the following three domains:

- The security domain;
- The physical domain; and
- The social domain (Edgar & Meert, 2006; UN Habitat, 2009).

This conceptualisation, and the ETHOS and Statistics New Zealand definitions align closely with the ABS's definition of homelessness which highlights adequacy of the physical dwelling, security of tenure and control over the living space for social relations.

2.1.5 Implications for counting the homeless

Understanding the various definitions of homelessness, especially the operationalisations of these definitions that inform data collections, and the history of their use is important because definitions effect how homelessness is enumerated, which, in turn, affects policy decisions. Of significance in Australia is the ABS departing from using the 'cultural definition' to inform the Census count of the homeless, to the new 'statistical definition' of homelessness in 2011. In essence, this involved a broadening of the definition of homelessness to include overcrowding (Table 2).

Table 2: Comparison of ABS operational categories and cultural definition

ABS Statistical definitions operational categories	Cultural definition
1. Improvised dwellings, tents or sleepers out	1. Primary homelessness
2. Supported accommodation for the homeless	2. Secondary homelessness
3. Staying temporarily with other households	3. Secondary homelessness
4. Boarding houses	4. Tertiary homelessness
5. Other temporary lodgings*	
6. Severely crowded dwellings	

*Source: Chamberlain, C. (2014). Note: * Included in tertiary population but not a separate analytical category.*

The new ABS approach to measuring homelessness has implications for interpreting recent Census statistics. For example, as Chamberlain (2014) points out, while Census data showed that the homeless population grew from 89,728 in 2006 to 105,237 in 2011, an increase of 17%, most of the growth in the homeless population between 2006 and 2011 was accounted for by the rise in the number of people in overcrowded dwellings (up from 31,531 to 41,390). Chamberlain (2014) has suggested the inclusion of those in conventionally-housed settings dramatically changes the profile of homelessness, with significant potential impacts on policy and resource allocation decisions.

2.2 How is homelessness measured?

Few countries in the world attempt the complex task of estimating the number of homeless people in their population. The ABS has adopted statistical measures and methodologies for doing so only in the last two decades and is one of the few statistical agencies worldwide to do so.

People who are homeless are difficult to capture in a statistical collection. Barriers include access to the population—which is small, spread over a wide geographical area and is often difficult to engage in enumeration. There are also identification difficulties as people's experiences of homelessness are varied, rarely static, and people do not necessarily self-identify as homeless.

These are just a few of the many limitations to the accuracy of enumerating the homeless, and researchers seeking to understand homelessness tend to utilise a suite of data sources. This section outlines some of the key measures of homelessness currently used in Australia. They are arranged here according to the primary purpose of measurement.

2.2.1 Prevalence

Prevalence measures of homelessness aim to estimate how many people experienced homelessness at a particular point in time. The **ABS Census data** provides a prevalence estimate, across six operational groups:
- Persons living in improvised dwellings, tents or sleeping out;
- Persons in supported accommodation for the homeless;
- Persons staying temporarily with other households;
- Persons living in boarding houses;
- Persons in other temporary lodgings; and
- Persons living in 'severely' crowded dwellings.

Prevalence measures are valuable in revealing the scale of the issue as well as trends and the direction of change over time, which can help identify if interventions or policies have been successful. This data also provides information on the locations of the homeless, and demographic characteristics—such as sex, age, whether of Aboriginal or Torres Strait Islander origin—which informs the targeting of interventions and services.

Limitations of Census measures

It is important to understand the limitations of the estimates of homelessness when reading the Census statistics.

The first limitation is that the ABS cannot count what is hidden. The invisibility of much of homelessness affects the count of rough sleeping in particular. Data collection activities aiming to count those who are rough sleeping often focus on known 'hot spots', so there is a tendency to underestimate the level of rough sleeping outside of these zones.

Secondly, for people who are not housed, the ABS uses a Special Short Form personal interview format. This form is very short, which means less evidence is collected about the circumstances of those who are rough sleeping, compared to other population groups. There are no good grounds for using the special short form.

Thirdly, in estimating the level of different forms of homelessness the ABS may filter out those who are homeless but assumed not to be because of an algorithm used which relies on imperfect information. For example, couch surfers are defined as those staying in a private dwelling who reported 'no usual address' and were not part of specific exclusion groups. However, there is no direct question in the Census to clarify if people are staying at someone's place because they have nowhere else to go. The exclusion groups (e.g., 'grey nomads', 'travellers', and recent immigrants etc.) are automatically *assumed* not to fit the concept of a couch surfer, which may or may not be the case. This could result in an underestimation of the total count of couch surfers.

2.2.2   Incidence

Incidence measures of homelessness estimate the number of people experiencing at least one period of homelessness over a given period of time, for example, over a 12 month period. The aim is to show all experiences of homelessness over a defined period, which may include any multiple incidences of homelessness experienced by some individuals. Measuring incidence can be very difficult, but the information is important for estimating the potential demand for services over a given period, as well as increasing understanding about movements into, and out of, homelessness (ABS, 2011).

There are two main ways to gather data on incidence: asking homelessness services about their clients – one-off and repeat clients – and asking people who are homeless about their past and present experiences of homelessness, and the duration of these experiences.

Asking homelessness services about their clients

In Australia, the **Specialist Homelessness Services Collection** (SHSC) managed by the Australian Institute of Health and Welfare (AIHW) utilises information collected directly from over 1,500 Specialist Homelessness Services funded by the Australian Government and State and Territory governments. SHSs provide case management, referrals, practical support, material aid, alcohol and other drug and mental health support, counselling, legal and court support, advice and information; and short or medium-term (transitional) accommodation (AIHW, 2018a).

As outlined previously, the SHSC defines a person as homeless if they are living in either:

- Non-conventional accommodation or 'sleeping rough' (primary homelessness), or
- In short-term or emergency accommodation due to a lack of other options (secondary homelessness).

The cohort from the SHSC includes all service users, and therefore encompasses people who may not be homeless but are considered 'at risk' of homelessness and who are receiving support from a SHS because of this risk. A person living in severely crowded conditions is considered to be homeless by the ABS, whereas in the SHSC the same person would generally not be supported by SHSs and so not be counted in the collection. And, if they are, will be categorised as being at risk of homelessness but not homeless (AIHW, 2018a). Hence, there are significant differences between the Census data and the SHSC in their operational definitions, cohort characteristics and sampling frames.

Asking people who are homeless about their present and past experiences

There are useful data sources on the incidence of homelessness in Australia based on surveys of groups who are likely to experience risk factors for homelessness. For example, the ABS's **General Social Survey,** the **Survey of Disability, Ageing and Carers** and the **National Aboriginal and Torres Strait Islander Social Survey** all include a module on previous experiences of homelessness. These surveys also ask for duration of time spent homeless, which is a highly valuable data point for increasing an understanding of experiences of homelessness.

2.2.3 Characteristics of the homeless and individual experiences of homelessness

Along with 'how many', it is important to know 'who' are homeless. As mentioned above, **Census data** provides broad demographic information about people experiencing homelessness, and can indicate which population groups are overrepresented and, therefore, more vulnerable to homelessness.

The **Specialist Homelessness Services Collection** and **Registry Week** data sources allow for a deeper understanding of people experiencing homelessness. As described above, the SHSC draws from the existing administrative data of clients accessing services. Registry Week collections are collections of homelessness data generated by homelessness services aimed at developing a register of those who are homeless in areas in which homelessness services operate—largely in cities across Australia. The Registry Week data collection involves a face-to-face interview undertaken by services with a person experiencing homelessness (often rough sleepers). The common interview schedule asks those who are homeless for their name and documents their housing, health and social needs (utilising the Vulnerability Index (VI) instrument, and following that, the VI-SPDAT (Service Prioritisation Decision Assistance Tool)).

These data collections are more fine-grained than the Special Short Form survey used in the Census, and can identify factors such as:
- The immediate circumstances and needs of those experiencing homelessness (particularly in relation to medical conditions);
- Services accessed during support;
- Outcomes immediately pre- and post-support;
- Life events that might trigger homelessness; and
- Transitions in and out of homelessness.

The Specialist Homelessness Services Collection and Registry Week data sources also capture information on the duration and type of homelessness experienced and where the person stayed while homeless. This information is important for policy and program planning, especially designing prevention and early intervention programs (ABS, 2011).

2.2.4   Service needs and usage

The sampling frame for the **Specialist Homelessness Services Collection** is based on interactions with homelessness services, and captures information about individuals' service usage, their needs and unmet needs. Importantly, this data also focuses on immediate (on exit) outcomes for those who interact with the service system. At an aggregate level, this kind of information highlights patterns of service usage and the ability of services to cater to populations experiencing homelessness or who are risk of homelessness. The SHSC tracks the percentage of clients gaining a successful outcome after utilising a service. While there is no benchmarking for acceptable success rates, because this is a national collection that is collected consistently, sound comparisons can be made between states and territories, and over time, to gain some insight into the effectiveness of services.

2.3   Summary

There are several data collections about the homeless population available in Australia that are nation-wide and collected in a consistent way and on a regular basis. Policy makers drawing from these databases to inform homelessness interventions need to be mindful of the ways in which different measures are designed for specific measurement purposes and have different sampling frames. Therefore, they cover different cohorts and geographic areas, and utilise different operational definitions of homelessness (which have also changed over time). Results from each data collection need to be unpacked and examined in light of the definitions that inform them. When interpreting statistics it is also useful to have knowledge of sampling frames and data collection methodologies to make more meaningful comparisons.

There will be limitations to all measures, which will produce different visibility biases in the results. In recognising this, it is advisable to explore homelessness using a suite of measures rather than using any single measure on its own.

3   A profile of homelessness in Western Australia

This Chapter utilises the most recent results from key data sources outlined in Chapter Two to describe the scope and scale of homelessness in Western Australia. Results indicate which population groups may be at greater risk of homelessness—in terms of both their demographic characteristics as well as any identified circumstances/experiences that make them more vulnerable to homelessness.

3.1   Australian Bureau of Statistics measures

3.1.1   Census data: prevalence and trends over time

According to the 2016 Census of Population and Housing, the rate of homelessness in Australia increased 4.6% from 2011. More than 116,000 people were experiencing homelessness in Australia on Census night in 2016, representing 50 homeless persons for every 10,000 people (up 5% from 48 in 2011). About 9,000 were in WA.

Figure 1: Rate of homeless persons per 10,000 of the population for WA and Australia, 2001, 2006, 2011 and 2016
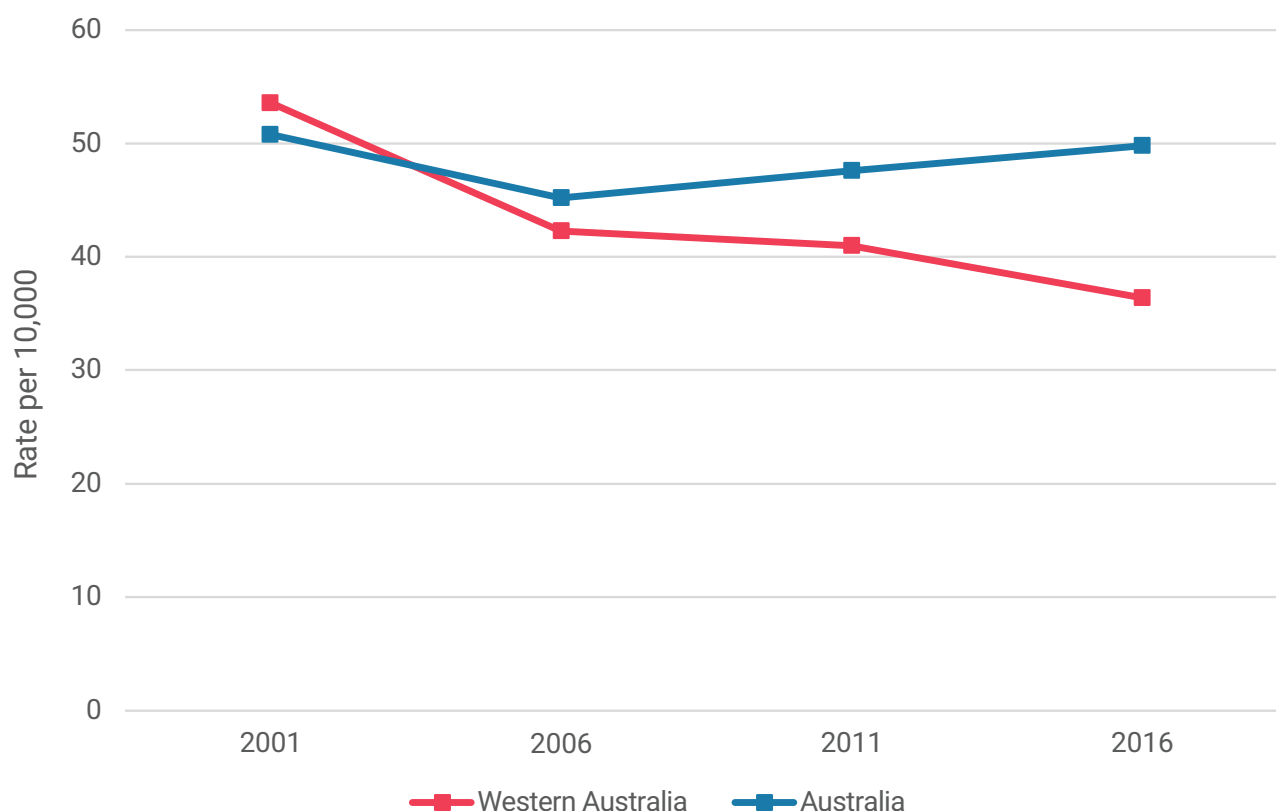
Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016)

This overall figure masks differentiation between states and territories. Compared with other states and territories, WA had a below average overall homelessness rate, with a downward trend observed since 2001 (Figure 1). The homelessness rate rose by 27% in New South Wales, while it fell 11% in WA; Northern Territory and Australian Capital Territory each fell by 17%.

Table 3: Rate of homeless persons per 10,000 of the population by State and Territory over time, 2001, 2006, 2011 and 2016

States and territories	2001	2006	2011	2016	Direction of change
New South Wales	36.4	33.9	39.7	50.4	↑
Victoria	38.9	35.3	41.7	41.9	↔
Queensland	54.8	48.3	43.9	46.1	↓
South Australia	39.8	37.0	36.4	37.1	↔
Western Australia	53.6	42.3	41.0	36.4	↓
Tasmania	27.5	24.0	31.0	31.8	↑
Northern Territory	904.4	791.7	723.3	599.4	↓
Australian Capital Territory	30.4	29.3	48.7	40.2	↑
Australia	50.8	45.2	47.6	49.8	↔

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

As the Census measures homelessness across six categories—those sleeping rough, those in supported accommodation, those staying with others, in temporary lodgings and those in overcrowded dwellings—some important nuances are not immediately obvious within the overall count. When the data is broken down, the picture indicates that most of the increase in homelessness between 2011 and 2016 was reflected in persons living in 'severely' crowded dwellings (Table 2).

The data for WA indicates that the state did not experience this same increase in people living in 'severely' crowded dwellings. However, the most acute form of homelessness, 'sleeping rough', impacts on the WA context to a greater extent, and increasingly, compared to other states and territories (the 1,083 people sleeping rough in WA on Census night represents 13% of all people sleeping rough nationally). In 2016, WA had the second highest rate of persons (per 10,000 of the population) living in improvised dwellings, tents or sleeping out, after the NT (Table 4). The count of people sleeping rough in WA has also increased between 2 and 3% in the last five years (Table 5).

1,083 people sleeping rough in WA on Census night

represents

13% of all people sleeping rough nationally
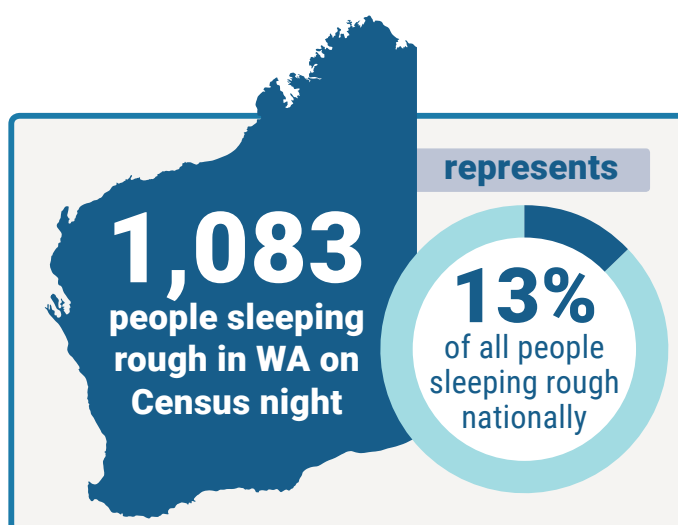
Table 4: Rate per 10,000 of the population of the homeless in WA and Australia (2016)

	WA rate per 10,000 of the population	Australia rate per 10,000 of the population
Persons living in improvised dwellings, tents, or sleeping out	4.4	3.5
Persons in supported accommodation for the homeless	4.3	9.1
Persons staying temporarily with other households	7.9	7.6
Persons living in boarding houses	4.0	7.5
Persons in other temporary lodgings	0.2	0.3
Persons living in 'severely' crowded dwellings	15.6	21.8

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

Table 5: Count of people experiencing homelessness in WA by category (2011–2016)

ABS category	2011	2016	Direction of change
Sleeping rough	925 (9%)	1,083 (12%)	↑
Supported accommodation for the homeless	931 (10%)	1,054 (12%)	↑
Staying with others temporarily	2,169 (23%)	1,950 (22%)	↔
In boarding houses and temporary lodgings*	1,413 (15%)	1042 (12%)	↓
In severely crowded dwellings	4,154 (43%)	3,871 (43%)	↔
TOTAL IN WA	9,592 (100%)	9,005 (100%)	↓

* Two operational groups have been collapsed into one group. Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016)

Significantly, WA also had the lowest rate (per 10,000 of the population) of persons in supported accommodation for the homeless, a rate that was significantly lower than the Australia-wide figure (Table 2).

3.1.2 Census data: Demographic dimensions

Census data reveals how homelessness interacts with key population identity markers and groups. Some findings are outlined here.

Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islanders made up 3% of the Australian population in 2016, and yet represented 20% of the national homeless population. This figure is also likely to be an underestimate. Aboriginal people are overrepresented to an even greater extent

29%

of all persons in WA homeless on Census night 2016 were Indigenous

in WA where they made up 3.7% of the total population in 2016 and yet 29.1% of the homeless population identified as Indigenous. This is also reflected in comparing rates of homelessness per 10,000 of the population in the Indigenous and non-Indigenous populations (Table 6) (ABS, 2016).

Table 6: Rate of homelessness (per 10,000 of the population) by Aboriginality, in all states and territories (2016)

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Indigenous	105.4	163.8	238.6	273.8	344.6	55.2	2082.6	146	361
Non-Indigenous	45.9	36.7	35.3	29.8	25.9	29.9	84.1	32.3	37.8
Not stated	93.7	107.5	78	75.5	36.4	40.3	148.8	149.9	86.6

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

Western Australia had the lowest rate (per 10,000 of the population) of non-Indigenous homelessness. This means that if you are not Indigenous, you are less likely to be homeless in WA compared with other states and territories.

Gender

There are more males than females represented in the homeless population in Australia, as well as in all states and territories (Table 7) (ABS, 2016).

Of the 9,005 people who were homeless on Census night 2016, 5,226 (58%) were males and 3,778 (42%) were females.

58%

Men made up 58% of all persons in WA sleeping rough on Census night in 2016

Table 7: Rate of homeless population (per 10,000 of population) by gender, in all states and territories (2016)

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
Male	61.6	49.5	54.5	44.9	42.2	37.6	573.9	49.1	58.4
Female	39.6	34.6	37.9	29.5	30.6	26.2	627.2	31.3	41.3

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016)

In terms of percentages of total homeless population, in WA, 58% are male to 42% female (an overrepresentation when compared to the overall population of 50% men to 50% women in WA). Of those sleeping rough, an even greater proportion are male (64% compared to 36% female) (Table 8) (ABS, 2016).

Table 8: Overall homeless population, and those sleeping rough in WA, by gender, 2016

	Overall homeless population	Sleeping rough
Males	5226 (58%)	64%
Females	3778 (42%)	36%

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

Age

The proportion of persons classified as homeless who are aged 12–24 years is fairly consistent across the states and territories, ranging from 26% in both Victoria and Northern Territory to 21% in Queensland and Western Australia.

Older persons (aged 55 years and over) made up 16% (18,625 persons) of the total homeless population in Australia in 2016. For older persons, most are living in boarding houses (27%), followed by staying temporarily in other households (24%).

Males accounted for 63% of older persons who were homeless on Census night in 2016, increasing by 26% to 11,757 in 2016. The number of older homeless females increased by 31% to 6,866. In 2016, older Aboriginal and Torres Strait Islander persons accounted for 8% of all homeless Aboriginal and Torres Strait Islander persons.

WA had the lowest rate of homelessness (per 10,000 of population) for young people aged 12-24 compared with the rest of Australia, and WA's rate of homelessness (per 10,000 of population) for people aged 55 and over was lower than NSW, Victoria, ACT and the NT (Table 9) (ABS, 2016).

Younger (12-24) and older (over 55) Australians are experiencing increasing homelessness in Australia

Table 9: Rate of homelessness (per 10,000 of population) by age, in all states and territories (2016)

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
12-24	75.3	65.6	56.4	59.8	48.1	51.4	895	51	72.9
55 and over	30.4	34.9	34.9	19.2	23.9	16.7	359	26.5	29

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

The number of homeless persons aged 55 years and above has steadily increased over the past three Censuses, from 12,461 in 2006, to 14,581 in 2011 and 18,625 in 2016 (a 28% increase between 2011 and 2016). The rate of older persons experiencing homelessness has also increased, from 26 persons per 10,000 of the population in 2011 up to 29 in 2016.

Disability

The Census defined people with a profound or severe disability as those who need help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age.

As in 2011 and 2006, 5% of homeless persons in 2016 indicated they needed help or assistance in one or more of the three core activity areas. The proportion of persons requiring help or assistance in core activities who were classified as living in 'improvised dwellings, tents or sleeping out' is very low (3%) (ABS, 2016).

Culturally and linguistically diverse

People who were born overseas and arrived in Australia in the five years prior to Census accounted for 15% (17,749 persons) of all persons who were estimated to be homeless on Census night in 2016. Of the homeless people who were born overseas and arrived in Australia in the five years prior to Census, 12% were born in India, 10% in China, 6% in Afghanistan, 5% in Pakistan and 4% in Thailand, Vietnam, Taiwan and Malaysia.

In 2016, 74% or 13,088 persons who were born overseas and arrived in Australia in the last five years were living in 'severely' crowded dwellings and 13% (2,350 persons) were living in boarding houses (ABS, 2016).

3.1.3   Census data: Geographic distribution

Census data provides valuable information about the geographic distribution of people who are homeless. Figure 2 presents the 2016 Census count of the number of people in WA who were either homeless or marginally housed on Census night, broken down by region. According to the ABS, 'marginally housed' persons are those who are not counted in the six main operational groups that fall within the definitional frame of the homeless, but who may be at risk of homelessness because they are living in 'other crowded dwellings', in 'other improvised dwellings' or are 'persons who are marginally housed in caravan parks' (ABS, 2018).

Figure 3 provides estimates of the structure of homelessness across Western Australian regions on Census night. The highest counts of homelessness were found in the north of WA (the Kimberley and the Pilbara) and the South East corridor of Perth. Other areas of Perth and the South of Western Australia have about equal numbers of those experiencing homelessness on Census night.

Figure 2: Number of homeless persons by statistical area level 4 (SA4), Census of Population and Housing, 2016
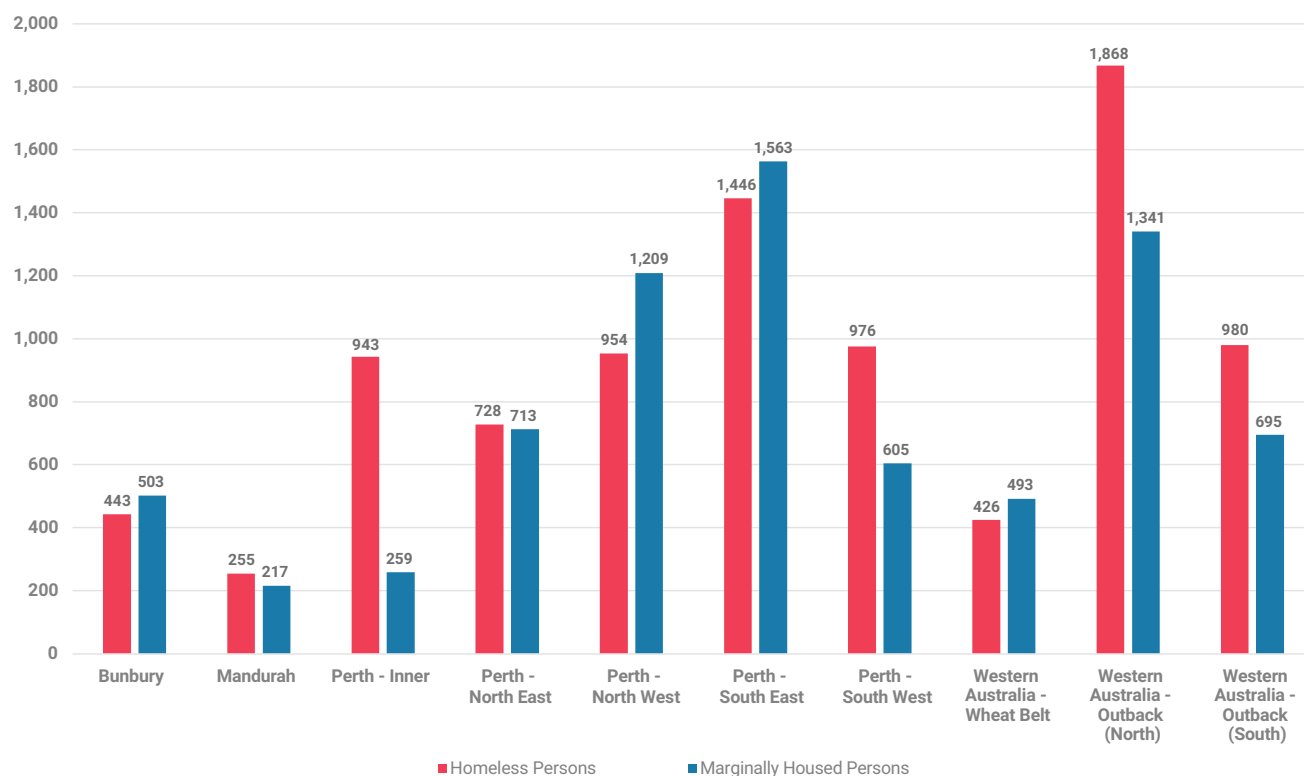
Source: ABS Census of Population and housing, 2016.

Figure 3: Structure of homelessness across WA regions (2016)

- Persons living in improvised dwellings, tents, or sleeping out
- Persons in supported accommodation for the homeless
- Persons staying temporarily with other households
- Persons living in boarding houses or other temporary lodgings
- Persons living in 'severely' crowded dwellings
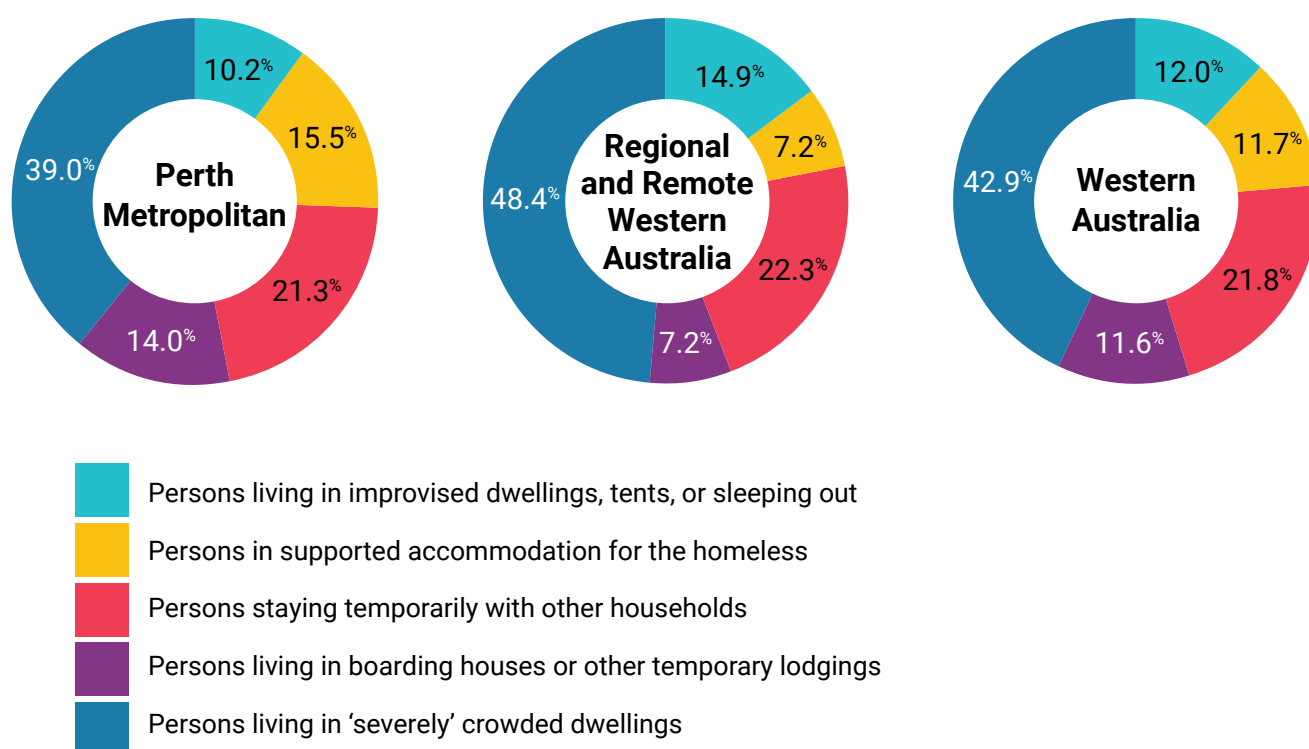
Source: ABS Census of Population and housing, 2016.

Figure 4: Structure of homelessness across Statistical Area Level 4 regions in the Perth Metropolitan Area (2016)

Legend:
- Persons living in improvised dwellings, tents, or sleeping out
- Persons in supported accommodation for the homeless
- Persons staying temporarily with other households
- Persons living in boarding houses or other temporary lodgings
- Persons living in 'severely' crowded dwellings
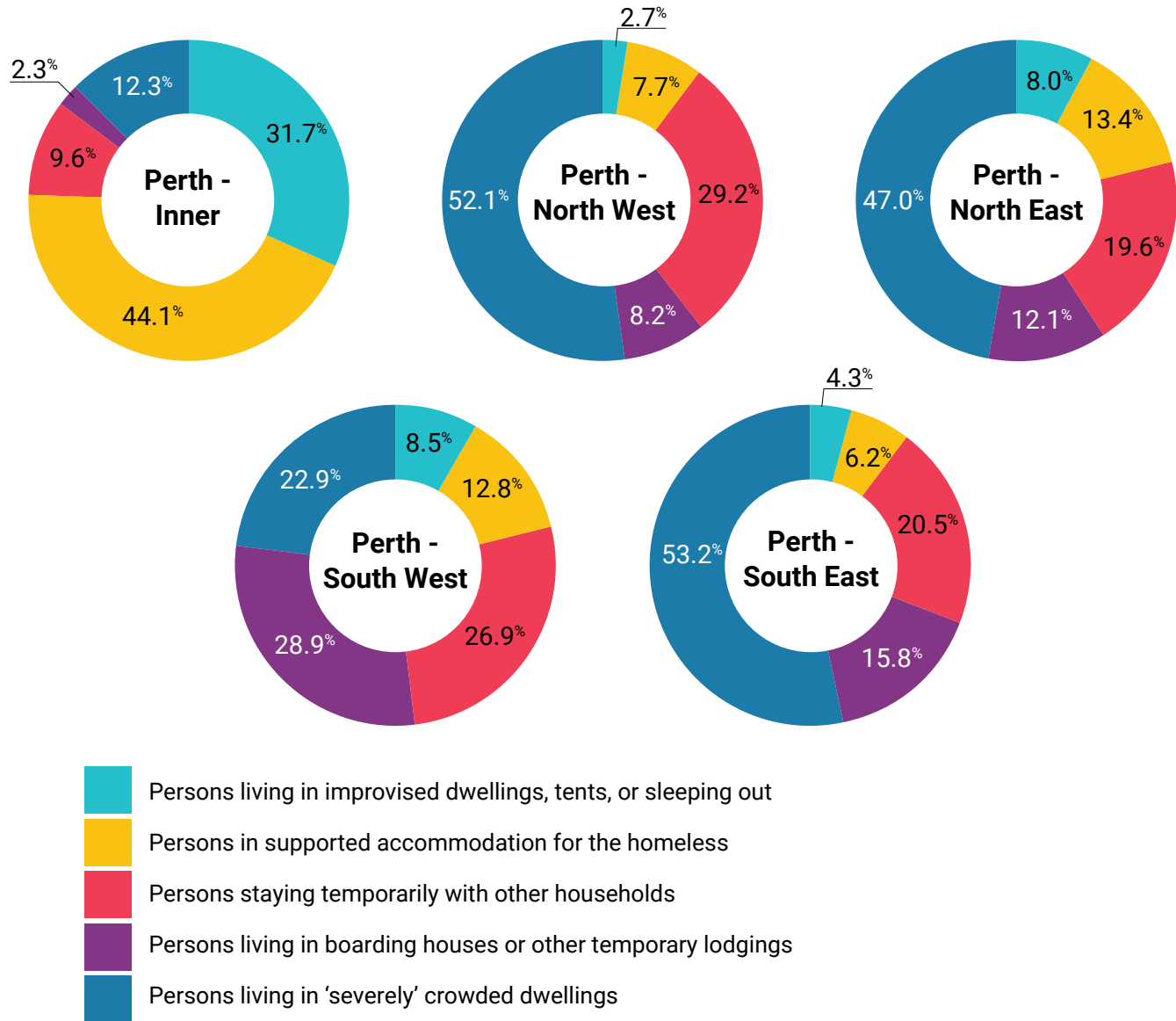
Source: ABS Census of Population and housing, 2016.

Figure 5: Structure of homelessness across Statistical Area Level 4 regions in regional and remote WA (2016)

Legend:
- Persons living in improvised dwellings, tents, or sleeping out
- Persons in supported accommodation for the homeless
- Persons staying temporarily with other households
- Persons living in boarding houses or other temporary lodgings
- Persons living in 'severely' crowded dwellings
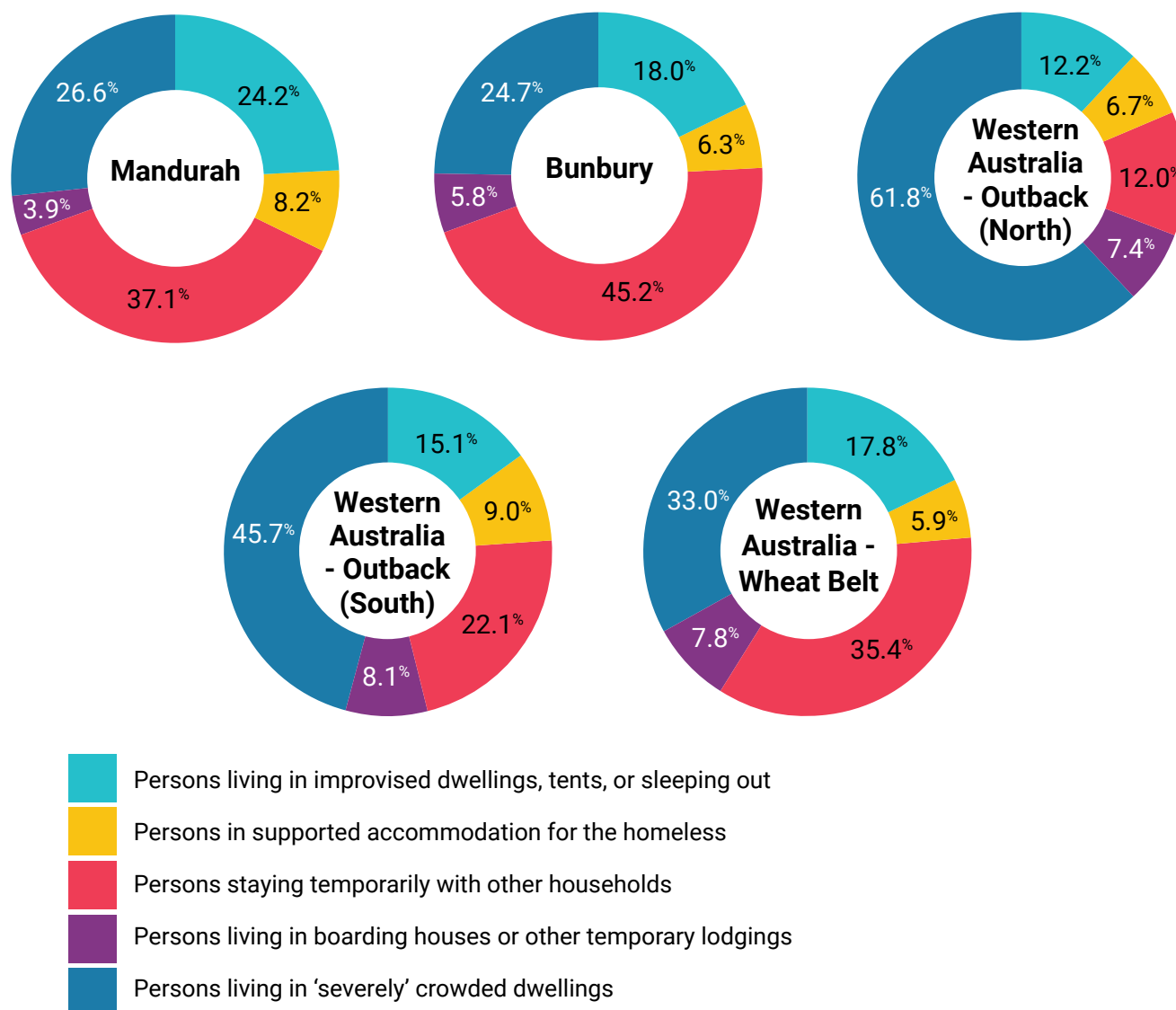
Source: ABS Census of Population and housing, 2016.

Figure 3 displays the breakdown of homelessness by type of homelessness across the regions. In the Perth region, a relatively higher proportion of those that are homeless are in supported accommodation and in boarding houses and temporary lodgings relative to the regions. This may reflect the availability of supported accommodation and boarding house options in Perth relative to the regions. A higher proportion of those in the regions are living in severely overcrowded dwellings.

There is a significant concentration of rough sleeping and supported accommodation provision in Inner Perth relative to other regions of Perth. This is consistent with national and international trends where inner city regions act as a magnet for rough sleepers. The Mandurah and Bunbury regions also exhibit relatively high proportions of those rough sleeping. Over 60% of those who are homeless in the Pilbara and Kimberley are in severely overcrowded dwellings. Aboriginal people experience much higher rates of severe

overcrowding across WA than non-Aboriginal people and comprise 45.9% of all those experiencing severe overcrowding forms of homelessness.

3.1.4 General Social Survey: Duration of homelessness

While the Census data, as a point-in-time prevalence measure, does not capture duration of homelessness, the ABS's General Social Survey asks about people's experience of homelessness and includes a measure of the duration of respondents' most recent spell of homelessness. The sample for the General Social Survey is the general population and the estimates of the duration of homelessness have to be read in light of the sample frame (the general population). Among those aged 15-34, their most recent spells of homelessness tended to be shorter than for those in older age groups.

Figure 6: Length of time of most recent period of homelessness by age
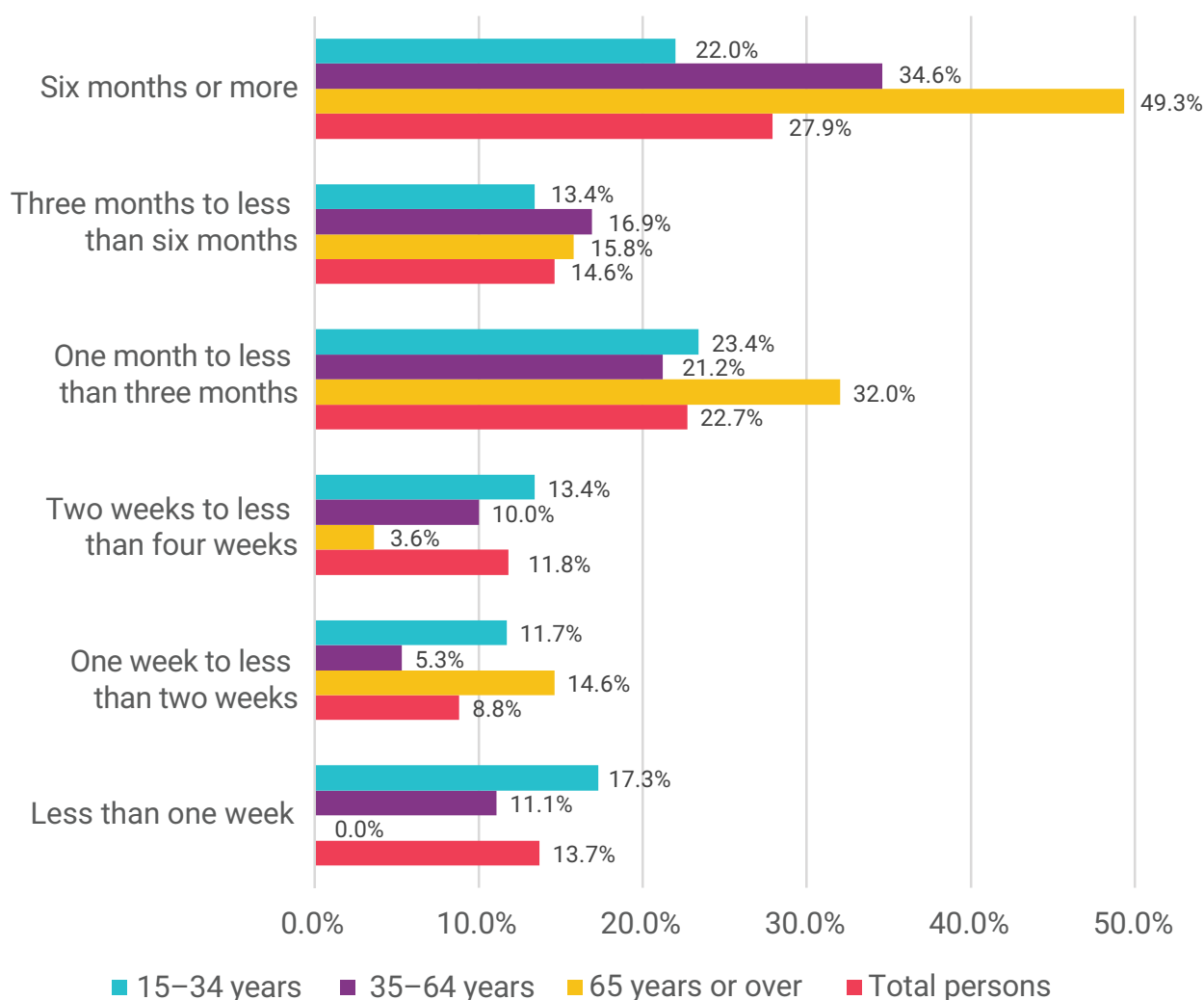
Source: General Social Survey, ABS (2014).

A different perspective on the duration of homelessness is given by the Registry Week collection as presented in the State of Homelessness Report (Flatau et al., 2018) (see Registry Data subsection below). While the General Social Survey asks a wide cohort about whether they have had past experiences of homelessness, the sample frame for Registry Week data is those that are currently homeless. Therefore it is not surprising that this cohort, many of whom were rough sleeping, report spells of homelessness are particularly long. For example, those currently sleeping rough reported being homeless for an average of 5.4 years. This is significantly longer than the ABS data indicates—but this is the effect of different sampling frames, and also the scale used (i.e., the ABS scale only extends to six months or more).

3.2   Specialist Homelessness Services Data

Specialist Homelessness Services Data collects data about individuals accessing homeless services. As outlined in Chapter Two, this national dataset provides information about a different cohort to that represented in Census data. Data collection is limited to the population of people who choose to, or are able to, access services, but it also expands the cohort to incorporate those at risk of homelessness as well as those who identify as homeless.

The dataset also captures rich information, for example about people's complex experience; their core reasons for homelessness, and the unique pathways in and out of homelessness experienced by specific risk groups such as people experiencing domestic and family violence and young people.

3.2.1   Client characteristics

Characteristics of clients who accessed services in WA (2016-17), as captured by the SHSC, resemble the key findings of the Census data in terms of:

- An overrepresentation of Indigenous clients overall, and especially in WA compared with the Australian statistics (41% of SHS clients identified as Indigenous in WA, compared with 25% nationally); and

- A greater proportion of WA clients of SHS being from remote and very remote areas compared with national statistics (18% compared with 5% nationally).

However, SHS data reveals new information in terms of the gender breakdown. While Census data shows that a greater proportion of people experiencing homelessness are male (58% male to 42% female), the SHS data indicates that a greater percentage of females than males are accessing services in both WA and Australia (63% female to 37% male). This reflects primarily, the very high number of women who receive support from SHSs due to family and domestic violence, the expanded cohort including people at risk of homelessness and a much greater proportion of females than males facing homelessness either seeking out services or successful in accessing services. The pattern is evident in WA as well as nationally.

One other notable difference in WA compared to the rest of Australia is a greater percentage of clients accessing services identified as 'unemployed' (56% as opposed to 48% nationally) (AIHW, 2018a).

Table 10: Specialist Homelessness Services Data Western Australian client characteristics in terms of overall percentages, 2016–17

		WA	Australia
Sex	Male	37	40
	Female	63	60
Indigenous	Identified as Indigenous	41	25
Remoteness	Major cities	54	62
	Inner regional	16	23
	Outer regional	11	11
	Remote and very remote	18	5
Labour force	Employed	10	11
	Unemployed	56	48
	Not in labour force	34	41

Source: SHSC, Australian Institute of Health and Welfare (2018a).

3.2.2 Presenting needs and population groups of interest

The SHSC can be sliced in various ways to reveal which population groups (based around their demographic characteristics or presenting needs/circumstances) are more likely to be seeking services and therefore vulnerable to homelessness.

Groups experiencing increasing need

Service rates (per 10,000) in WA were slightly higher in 2016-17 than the previous year for the following groups:

- Older people (55 and over) (7, to 7.6)
- Clients with a current mental health issue (19.5 to 21.2)
- People with drug and alcohol use problems (10.1 to 10.9)

Reasons for contact with services

The top three reasons for WA clients seeking assistance were:

- Domestic and family violence (higher in WA – 42%, compared with 37% nationally)
- Financial difficulties (same in WA and nationally – both 38%)
- Housing crisis (lower in WA – 25%, compared with 44%).

Groups with the highest client rates

The most significant priority groups in WA in 2016-17 identified in the SHS Collection based on the highest client rates per 10,000 are:

1. Indigenous people (922.8 per 10,000)
2. Clients who have experienced domestic and family violence (42.5 per 10,000)

3. Clients with a current mental health issue (21.2 per 10,000)
4. Young people presenting alone (15-24) (11.1 per 10,000)
5. People with drug and alcohol use problems (10.9 per 10,000)

When comparing WA to the Australia-wide figures, the rates for these groups are fairly comparable, or lower, except for the Indigenous client rates which are significantly higher in WA.

Table 11: Client rate per 10,000, by priority group

	WA		Australia	
	2015-16	**2016-17**	**2015-16**	**2016-17**
All clients	93.4	96.2	117.4	119.1
Indigenous	935.3	922.8	787.0	813.9
Young people presenting alone (15-24)	10.9	11.1	18.1	17.4
Older people (55 and over)	7.0	7.6	9.1	9.7
Domestic and family violence	42.0	42.5	44.4	47.4
Disability	4.6	4.8	4.1	4.5
Mental health	19.5	21.2	30.4	32
Exiting custodial arrangements	1.4	1.5	3.3	3.4
Leaving care	2.3	2.3	2.9	2.9
Children on protection orders	2.4	2.6	3.7	3.6
Drug and alcohol use	10.1	10.9	11.1	11.3

Source: SHSC, Australian Institute of Health and Welfare (2018a).

3.2.3 Support received, service rates and outcomes for clients

Service rates

Western Australians are accessing specialist homelessness services at a lower rate than nationally. In WA in 2016-17, one in 104 people received homelessness assistance, lower than the national rate (1 in 84). This equals 24,626 clients representing 9% of the national Specialist Homelessness Services client population. Of these, 41% were homeless.

Length of support

Significantly, data from 2016-17 indicated a large difference between WA and the overall results for Australia in terms of the length of support received and length of accommodation provided. The median length of support received was 18 days in WA, compared with 37 days in Australia. The median length of accommodation provided was only 12 days in WA, compared with 33 days in Australia (Table 12).

Table 12: Specialist Homelessness Services Data support received by clients in terms of overall percentages, 2016–17 in WA and Australia

		WA	Australia
Support received	Median length of support (days)	18	37
	Median length of accommodation (nights)	12	33

Source: SHSC, Australian Institute of Health and Welfare (2018a).

Unmet requests for assistance

On average, 67 requests for assistance went unmet each day. Across all states and territories the figure is 261. While the population of WA is only 10.8% of the total Australian population, unmet requests for assistance in WA represents over 25% of all unmet requests for assistance nationally. This suggests the service system in WA is failing to meet needs at a disproportionate level, compared to the national average.

Outcomes for clients

Table 13: Specialist Homelessness Services Data support received by clients in terms of overall percentages, 2016–17 in WA and Australia

State or territory	# clients who began support homeless*	% assisted into housing	# clients who began support housed/at risk of homelessness	% assisted to maintain housing
Qld	15,000	48%	13,900	90%
Victoria	22,000	30%	37,000	91%
NSW	21,000	38%	24,000	91%
WA	6,400	35%	9,600	90%
SA	4,700	55%	5,700	92%
Tasmania	2,400	44%	2,600	87%
ACT	1,200	53%	1,400	86%
NT	1,500	33%	3,700	90%

*Note clients of SHS include people who are homeless as well as people who are at risk of homelessness.
Source: SHSC, Australian Institute of Health and Welfare (2018a).

3.3   The State of Homelessness Report

Since 2010, Australian homelessness services, largely operating in the inner city areas of Australian cities, completed interviews with over 8,000 people sleeping rough or otherwise homeless in concentrated data collection efforts called Registry Weeks (although in recent times services are now conducting interviews on a rolling basis). The findings are presented in *The State of Homelessness in Australia's Cities: A Health and Social Cost Too*

High (Flatau et al., 2018) which represents the first analysis of the consolidated Registry Week data across Australia between 2010 and 2017.

Registry Weeks aim to develop a register of those who are homeless in areas in which homelessness services operate. A common interview schedule asks those who are homeless for their name and documents their housing, health and social needs (utilising the Vulnerability Index (VI) instrument, and following that, the VI-SPDAT (Service Prioritisation Decision Assistance Tool)).

Over the seven years that the VI-SPDAT (or variants thereof) has been administered (2010-2017), 8,618 interviews have been conducted with 8,370 people experiencing homelessness across Australian capital cities and regional centres. Of these, 1,638 interviews were with Western Australians.

3.3.1   Indigenous people

As with other data sources, Indigenous Australians are overrepresented in the Registry Week data collection. Indigenous people comprise 3.1% of the WA population, and 31.0% of the Western Australian Registry Week respondents. In Fremantle, 28.6% of respondents identified as Indigenous and 31.2% of respondents in the rest of Perth identified as Indigenous.

In addition, a higher proportion of Indigenous people interviewed reported sleeping rough. In WA overall, 68.7% of Indigenous Australians, compared with 56.1% of non-Indigenous Australians reported that they slept rough most of the time. In Fremantle, 64.3% of Indigenous respondents were sleeping rough and in the rest of Perth, 69.0% of Indigenous respondents were sleeping rough.

In WA, 73.8% of Indigenous Registry Week respondents reported that they had been in prison at some point in their lives, compared with 52.4% of non-Indigenous WA respondents. Youth detention rates were also higher amongst Indigenous respondents: 45.8% of Indigenous respondents in WA overall had been in youth detention (versus 30.0% of all WA respondents). Rates of youth detention amongst Indigenous Fremantle respondents were lower (25%), and higher in the rest of Perth (47.3%).

3.3.2   Gender, and sexuality, sex and gender diversity

The Registry Week data is one of the few data collections that provide a comprehensive picture of gender diversity, with provision to include transgender and other gender, as well as straight, and Lesbian Gay Bisexual Transgender and Intersex (LGBTI) profiling of clients.

Overall, males accounted for 66.3% of the unique respondents in the Registry Week data, and in WA, the proportion of males was even higher at 73.1% (75.5% and 72.9% for Fremantle and the rest of Perth, respectively). This represents a substantially higher proportion than both the Census data, in which 58% of the homeless population were male, and the Specialist Homelessness Service Collection which recorded 40% of clients as male.

This is likely due to the cohort, where Registry Week collections are more likely to target people who are without shelter (and there is evidence that men are more likely than females to be rough sleeping). Also, the SHS collection include a significant number of clients of women's refuges which were under-represented in terms of agencies undertaking Registry Week collections.

While males represented a higher proportion of the homeless population in each age bracket, the distribution of homeless females was skewed towards the younger age brackets; 46.6% of female Western Australian Registry Week respondents were aged 34 years or under, compared with 31.9% of males. Notably, 46.8% of female Western Australian respondents identified as Indigenous. This proportion was higher in Fremantle, where 54.2% of female respondents identified as Indigenous.

Transgender and Other Gender respondents comprised 0.7% of the national Registry Week sample (0.6% WA). Most of the Registry Week respondents, 90.6%, identified as Straight. In WA, 93.9% of Fremantle Registry Week respondents and 91.2% of Registry Week respondents in the rest of Perth Identified as Straight. 2.9% identified as Lesbian/Gay (2.0% and 3.2% in Fremantle and the rest of Perth, respectively), 3.2% as Bisexual (2.0% and 3.0% in Fremantle and the rest of Perth, respectively).

Table 14: Sexual identity by geographic region

	Fremantle	Rest of Perth	Australian Registry Week sample
Straight	93.9%	91.2%	90.6%
Lesbian/Gay	2.0%	3.2%	2.9%
Bisexual	2.0%	3.0%	3.2%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing, declined, don't know, and other responses.

3.3.3 Educational attainment

Educational attainment was low amongst the Registry Week respondents. Only 6.6% reported their highest level of education as an apprenticeship or tertiary studies. These rates were higher in WA overall (7.7%), particularly high in Fremantle (13.3%) and 7.4% in the rest of Perth. However, the proportions of respondents reporting their highest level of education as Year 9 or below were also high across WA: 28% overall, 36.7% in Fremantle, and 27.4% in the rest of Perth.

3.3.4 Veterans

Unlike in the United States where the issue of veteran's homelessness has received wide attention and a strong policy response, there has been very limited research into veterans' homelessness in Australia. This is largely because both Census and administrative data sources have not included veterans' status, and the research studies that do, have typically been undertaken with relatively small samples.

A total of 72 individuals in Western Australia in the Registry Week data identified as veterans, 5 were interviewed in Fremantle and 67 in the rest of Perth. 84.7% of WA homeless veterans were male. A much larger proportion of homeless veterans in WA identified as Indigenous (12.5%) relative to the proportion of Indigenous Australians in the Australian Defence Force (1.4%; Clark, 2015). Educational attainment amongst veteran respondents was higher than for non-veterans.

A larger proportion of veterans versus non-veterans in WA reported that they were sleeping rough at the time of their interviews (69.4% of veterans; 59.5% of non-veterans). The proportion of veterans reporting lifetime experiences of youth detention and foster care, which are risk factors of homelessness, was not substantially different to the overall sample. However, 47.2% of WA Registry Week respondents that identified as veterans reported that they had suffered a serious brain injury or head trauma in their lives, considerably higher than for the non-veteran homeless population. A substantially higher proportion of veterans than non-veterans reported that they had a permanent physical disability that limited their mobility.

Veterans were more likely than others to be in receipt of regular income and obtain an amount of that income that was sufficient to fulfil their needs. Although, it is important to note that only 47.7% of WA veteran respondents reported that they had enough income. Western Australian veterans were more likely than non-veterans to report possession of a pension card, slightly more likely to have a healthcare card, and slightly less likely to have had a Centrelink breach in the six months prior to interview than non-veterans.

Social relations for veterans varied. Veterans were less likely to present with others during their homelessness journey than non-veterans, but more likely to report having a pet. They are also less likely to have people that they keep in their life out of convenience or necessity rather than enjoyment of their company, and less likely to have people in their lives that steal from them.

3.3.5   Duration of homelessness

Registry Week data also provides information on the duration of homelessness. Analysis of findings indicates that the total time spent homeless varied significantly among respondents. However, chronic homelessness (long-term persistent homelessness) is the norm for rough sleepers in WA. Those currently sleeping rough reported the longest cumulative time spent homeless: mean: 5.4 years; median: 3 years, compared with an Australian mean of 6 years and median of 3 years.

3.4   Summary

Examining findings from three national data sets (ABS, SHSC and Registry Week collections) allows us to highlight persistent patterns in the profile of homelessness at the population level, and to validate these findings across different sources. Analysis of summary findings from these sources indicates that following groups are more likely to be represented in the homeless population, in WA and across other states and territories in Australia:

1. Indigenous people
2. People experiencing domestic and family violence
3. People living with mental health issues
4. Young people presenting alone (15-24)
5. People with drug and alcohol use[1]

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1   This list is based on SHS data – these population groups access homelessness services at a greater rate than other population groups, and are therefore more likely to be experiencing homelessness or to be at risk of homelessness

To an extent the experience of trauma is thought to undercut all of these populations, and this key concept will be explored in Chapter Four. Rates in WA in relation to these groups are generally comparable with other states and territories, except for the Indigenous population which is (always) significantly overrepresented in WA compared to other states and territories (and overall in Australia). These findings are generally verified across all three of the significant data sets.

Further to this, of the population that experiences homelessness, the data sources indicate that the following issues may be **more acute in WA** compared to other states and territories:

1. People experiencing homelessness in remote locations

2. People experiencing homelessness who also have interactions with the justice system and high rates of imprisonment

3. People sleeping rough, and

4. People who may be needing services but do not or cannot access services for the homeless.

This summary of the key population groups is necessarily limited by the definitions, measurement frameworks and data capture instruments used by the national measures.

It is worth noting that, based on the review of literature, other smaller evaluation studies, local research and anecdotal evidence, some other sub-groups that are important to track in WA, or to explore further, are:

• Veterans (e.g., Flatau et al., 2018);

• Older people, in particular older single women (e.g., Tually, Beer & Faulkner, 2007);

• People with a disability (note – most measures indicate there are very few people with a disability experiencing homelessness while others indicate the proportion is significant, however definitional variations may be a factor, thus it is difficult to fully unpack without further research);

• Culturally and linguistically diverse populations, refugees or newly arrived migrants (e.g., Flatau, Colic-Peisker, Bauskis, Maginn, & Buergelt, 2014); and,

• Children under 12 (e.g., Burdekin, Carter, & Dethlefs,1989 – note that statistical evidence about young people over the age of 12 seems readily available, but a gap exists in our knowledge of children under 12).

These groups may not be consistently visible across all three of the major homelessness data collections, as highly vulnerable populations. However, as outlined in the discussion of limitations, data sources handle different demographic information and there are various sampling, definitional, or data collection methodologies that may obscure the homelessness of certain groups. There seems to be enough evidence to indicate that these groups should be on the radar at least as populations of potential vulnerability.

4 Homelessness among children and teenagers

Homelessness is caused by the interplay of certain risk factors and structural forces that can intrude on the life of any person (Shinn & Weitzman, 1990; Early, 2005; Nooe & Patterson, 2010) (see Figure 7: Homelessness over the life course). For example:

- **Individual risk factors** – domestic and family violence, substance misuse, mental health issues, unemployment, a history of contact with institutions, etc., and

- **Structural factors** – labour markets, housing affordability, housing supply, trends in key prices (e.g., utilities) and the demographic characteristics of certain geographical locations.

Thus homelessness is a response to external events. The major antecedents to homelessness will be explored in Chapter Five. However, it is important to first recognise that although we are all vulnerable to the impact of circumstances in our lives, for some people their vulnerability to homelessness begins before birth. Evidence suggests that if an individual's parents have been homeless it is more likely that the person will experience homelessness themselves. Also childhood experiences of homelessness translate to an increased likelihood of chronic homelessness as an adult (Flatau et al., 2013a). In this sense homelessness can be 'passed through' generations.

There are several pathways to early onset homelessness, of which the main drivers are poverty, violence or abuse and deinstitutionalisation. Children and young people who experience homelessness often do so in the circumstances of:

- Being part of a homeless family (typically due to intergenerational homelessness, or long-lasting poverty);

- Leaving the family home with one parent (typically with their mother to escape violence or abuse); and

- Leaving the family home on their own (typically to escape violence or abuse in the family home) (Flatau et al., 2013a; Flatau, Thielking, Mackenzie, & Steen,2015; McKenzie, Flatau, Steen, & Thielking, 2016a).

There are also points of vulnerability in a young person's life where they experience transitions of high risk. In particular, leaving out-of-home care, or leaving home as a result of family and domestic violence in the home (Thielking, Flatau, La Sala, & Sutton, 2015). The overview will draw upon data sources that have specifically explored these issues. The Intergenerational Homelessness Survey was administered in 2009-10, and elicited information on the homeless histories of current clients in homelessness services, their early-life backgrounds, current and lifetime issues faced, and their knowledge of the homelessness experiences and issues faced by their parents (Flatau et al., 2013a).

The Cost of Youth Homelessness in Australia Survey collected responses from a group of young Australians most of whom were either homeless or at very high risk of homelessness. Their responses were compared to a group of disadvantaged young job-seekers (MacKenzie, Flatau, Steen, & Thielking, 2016b). These are important data sources that hear directly from adults and young people who have experienced homelessness, and assist to inform our understanding of intergenerational and early onset homelessness in Australia.

4.1 Children who experience homelessness in the family context

4.1.1 Incidence of parental homelessness/intergenerational homelessness

There is evidence that the background circumstances and behaviours of an individual's parents contribute to the likelihood of a child experiencing homelessness themselves. The Intergenerational Homelessness Survey results indicate that around half of the clients who responded (48.5%) report that their parents were also homeless at some point in their lives. For Indigenous participants, the intergenerational homelessness rate is much higher than non-Indigenous participants (69% compared to 43%) (Flatau et al., 2013a). This means that homelessness can be repeated across multiple generations of the same family.

4.1.2 Incidence of early onset homelessness

Where children experience homelessness in the family context, poverty is often the cause, as families are forced to choose between meeting the cost of housing, or other necessities. Single-parent families are particularly vulnerable. Extreme poverty is the strongest predictor of homelessness in families.

Of the three million people living in poverty in Australia, 731,000 are children. One in six (17.4%) of children under the age of 15 lives in poverty (Australian Council of Social Service, 2018).

Around half of all respondents to the Intergenerational Homelessness Survey experienced their first spell of homelessness prior to the age of 18. Indigenous respondents were more likely to experience primary homelessness in childhood, before the age of 18 and many before the age of 12 (about a quarter of Indigenous respondents reported a spell of primary homelessness before the age of 12 compared with half that percentage for non-Indigenous respondents). In most cases where homelessness is experienced before the age of 18 it is not a single episode but one of several episodes of homelessness. In some cases, many spells of homelessness are experienced. For a majority, however, the cumulative time spent homeless is less than a year prior to the age of 18. Early onset homelessness is the most prevalent antecedent to couch surfing and use of crisis accommodation services (Flatau et al., 2013a).

One in six children under the age of 15 in Australia live in poverty

4.2   Domestic issues in the childhood home

Another pathway into homelessness for children is through domestic and family violence. The evidence-base for this antecedent is very strong. Evidence for an association between experiencing violence or abuse, and experiencing homelessness – for both adults and children – can be found in nearly every study or statistical measure that captures this indicator.

Domestic violence involves physical, sexual violence, psychological abuse and/or economic deprivation that occurs in relationships between adult partners (married or de-facto). When domestic violence occurs it is most often perpetrated by a man against a woman and it is nearly always women, often accompanied by children, who leave home. Family violence is a major driver of young people becoming homeless. The Victorian Royal Commission into Family Violence is the source of a significant amount of evidence linking family violence and homelessness.

Figure 7: Homelessness over the life course

Childhood	Adolescence	Adulthood	Older Age Groups

Onset

Permanent and stable housing

Exit → **Onset or Re-entry**

Exit → **Onset or Re-entry**

Exit → **Onset or Re-entry**

- Onset of Homelessness in Childhood
- Family is homeless due to economic, social and health factors as in adulthood
- Leave family home with one parent
- Leave family home alone

- Onset of Homelessness in Adolescence
- Leave institutional care
- Family is homeless
- Leave family home with one parent
- Leave family home alone
- Housing affordability and access
- Physical and mental health drivers
- Dissolution of social relationships
- Leave prison and juvenile detention

- Onset of Homelessness in Adulthood
- Family and domestic violence
- Leaving prison
- Housing affordability and access
- Physical and mental health drivers
- Dissolution of social relationships

- Onset of Homelessness in Older Age Groups
- As in adulthood
- Absence of retirement savings and wealth

Episodic and chronic homelessness

Domestic and family violence makes women and children vulnerable to homelessness in two major ways: firstly, violence removes the sense of safety and belonging associated with the home; and secondly, leaving a violent situation usually requires leaving the family home (Chamberlain & Johnson, 2013).

More than half (56%) of the homeless youth sample surveyed for The Cost of Youth Homelessness Study had left home because of violence between parents or guardians on at least one occasion, and about one in six (15%) had run away from home more than 10 times because of violence. For many, this happened at a very young age (the median age of first time leaving home was 10 years of age). It is common for young people, who have run away from home, to stay with relatives or friends (32%), but one in five found themselves sleeping rough somewhere (MacKenzie et al., 2016b).

56%
of homeless youth had left home because of violence between parents or guardians
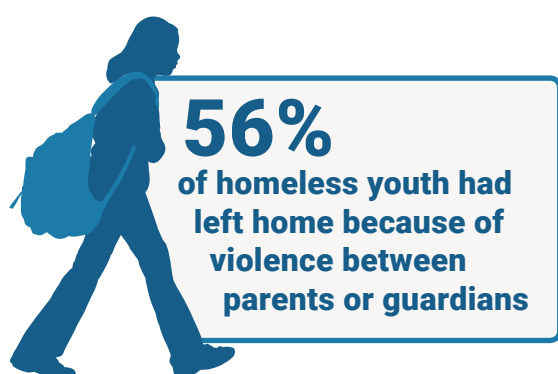
In 2015–16, 38% (106,000) of all clients seeking assistance from specialist homelessness services had experienced family and domestic violence. Of these clients, 92% were women and children, including 31,000 children under 15 (AIHW, 2017). There is a large body of evidence to indicate that a main driver for children and young people to leave there family home is the presence of abuse and family or domestic violence within the home. Children and young people may leave the family home with a parent (usually the mother) or by themselves.

The Intergenerational Homelessness Survey results found a strong association between homelessness and domestic issues experienced in the parental home. Half of all respondents reported that they had run away from home at some point prior to the age of 18 and over half (58.8%) reported police intervention due to inter-parental conflict. Around 20% of respondents reported that police came to their home six or more times because of inter-parental conflict. Childhood exposure to inter-parental conflict can be considered a proximal risk factor for homelessness and a key driver of homelessness among young people. Close to half of all respondents who indicated that they had a father in their life reported that their father had a serious drinking problem. Incarceration rates for fathers were also high. Among Indigenous respondents, these problems were significantly more prominent (Flatau et al., 2013a).

The Cost of Youth Homelessness Survey results also linked violence between parents and homelessness, with over a third (39%) of the homeless youth surveyed reporting that police have come to their home because of violence between parents on one or more occasions (14% indicated that police have come to their house more than 10 times) (MacKenzie et al., 2016b).

4.3 Deinstitutionalisation and homelessness risks for young people

4.3.1 Experiences with out-of-home care

The other dimension to family violence, is that when abuse and/or neglect is found to occur in families, young people are taken into out-of-home care. A considerable body of research from small-scale qualitative studies and international research indicate that young people who exit care experience significant social and economic marginalisation and homelessness and/or housing instability (Flatau et al., 2015; Johnson et al., 2010; Campo & Commerford, 2016). While this issue is recognised by the Federal and State Governments and there have been recent commitments to support young people leaving care, evidence suggests there are still shortfalls in efforts to prevent youth homelessness after leaving out-of-home care.

The experience of violence and out-of-home care were both found to be major factors in the life experience of the homeless young people in the Cost of Youth Homelessness Study (MacKenzie et al, 2016b). The Cost of Youth Homelessness Survey (Flatau et al., 2015, MacKenzie et al., 2016b) expands on the Intergenerational Homelessness Survey by delving into children with out-of-home care histories. In the survey sample, nearly two out of three (63%) of the homeless young people reported that they had been placed in at least one form of out-of-home care (sometimes more than one) by the time they turned 18 years of age, including:

- Residential care (63%);
- Kinship care (45%); or
- Foster care (33%).

One study in the United States reported that 28% of 100 study participants who were currently in process of transitioning out of foster care reported experiencing homelessness since leaving care (Daining & DePanfilis, 2007).

The high rates of housing instability in this cohort are thought to be a result of family background issues—as they are more likely to come from disadvantaged backgrounds characterised by "poverty, relationship breakdown, substance abuse, violence, disability and mental illness" (Mendes, Johnson, & Moslehuddin, 2011)—combined with the lack of family, societal and structural supports available to young people as they exit the out-of-home care system. According to Mendes et al. (2011), contributing factors for a high risk of homelessness include:

- A lack of affordable housing;
- The decrease in public housing/insufficient public housing;
- Abrupt and poorly planned departures from OOHC/poor transition planning;
- A lack of employment; and,
- Failed attempts at reunification with family.

Many young people, including those from privileged or stable backgrounds, experience some housing instability, as often the appropriateness, location or meaning of their home

can change, sometimes unexpectedly, and sometimes in a way that can destabilise other areas of their life. "However, it is important to contextualise housing pathways: care leavers as a group are marked by social exclusion, poor life chances and disadvantaged backgrounds—many lack the resources and opportunities that are to be found in the youth population as a whole" (Johnson et al., 2010)

The prevalence of home care among Indigenous respondents is much higher than for non-Indigenous respondents—30% of Indigenous participants reported that they had been placed in foster care at some point before the age of 18. Seventy per cent of Aboriginal and Torres Strait Islander respondents lived with relatives prior to the age of 18 as compared with 42% of non-Indigenous respondents (Flatau et al., 2015, MacKenzie et al., 2016b).

It is estimated that there were 40,459 children in out-of-home care in 2013, or 0.78% of Australian children (AIHW, 2018b).

Foyer Oxford

A WA-based implementation of the international Foyer Model, Foyer Oxford is a youth housing services run by a consortium of Foundation Housing Ltd, Anglicare WA and North Metropolitan TAFE. Young people receive holistic support to access education, training and employment, community involvement and are expected to take on obligations and responsibilities in working towards their independence and social inclusion. Young people can stay for up to 2 years.

An independent evaluation has found that the vast majority (85%) of exits from Foyer Oxford were to positive, long-term accommodation. Two-thirds of residents believed that they had improved their independent living skills during their residence.

(see Appendix A for further examples of WA exemplar programs)

Addressing vulnerabilities in young people leaving out-of-home care

Johnson et al. (2010) describe how young people leaving out-of-home care can make smooth transitions and problematic transitions. In terms of young people on the problematic pathway, they typically have little stability in care and left care at a younger age, often in an abrupt manner with no planning. In the study of young people leaving out-of-home care, they found that young people who made a problematic transition typically had not developed trusting and on-going relationships with support workers or foster or biological families.

The factors that are documented consistently in the literature, to help young people leaving out-of-home care make a better transition, as identified by Campo and Commerford (2016) include:

- Improving quality of care and placement stability;
- Improving transition planning;
- Leaving care based on developmental readiness, not chronological age;
- Flexible post-care options up until 25 years of age (i.e., the ability to return to out-of-home care if needed);
- Emotional support/mentoring;
- Therapeutic support;
- Housing and employment assistance; and
- Better support for young parents

Research suggests the leaving care transition needs to be flexible, gradual and well planned. This includes individual transition planning based on the young person's needs, flexible post-care options and ongoing emotional and financial support until young people reach 25 years of age (Campo & Commerford, 2016).

4.3.2 Couch surfing: The hidden homelessness of youth

The prevalence of young Australians, under the age of 25, who are without safe and secure accommodation account for 42% of the homeless population and it is estimated that approximately 44,000 young people are homeless on any given night (ABS, 2011).

The Yarra Ranges Youth Homelessness Prevention Project evaluation outlines how the precedents for chronic homelessness occur early in life. This is a hidden issue because homelessness is often associated with rooflessness, and yet the most dominant form of homelessness for young Australians is couch surfing (Thielking et al., 2015).

This evaluation report describes early journeys into homelessness when young people run away from home or stay with extended family or friends, when their home is not safe. They may not identify themselves as being homeless, but they are without any security of tenure and are always in search of the next place to stay. In what is termed the 'homelessness career' by MacKenzie and Chamberlain (2003), couch surfing usually occurs in the very early 'in and out of home' stage, when the young person is still at school ('homeless student').

The important finding is that while still in school there is a good chance couch surfing students can seek help from numerous sources—school counsellors, youth, health, mental

health, homelessness and other services that have close links with the school, friends and teachers. However dropping out of school separates them from easy access to services which leaves them vulnerable to chronic homelessness (Thielking et al., 2015).

4.4   Summary

Homeless children are a large and growing group presenting at specialist homeless services. The role of individual family and parental risk factors appears critical to the experience of young homeless people and many adult homeless people, irrespective of the significant influence of system-level responses and the availability of affordable accommodation (Flatau et al., 2013a). Findings from key studies into early onset and youth homelessness point to the importance of preventative and early intervention homelessness programs for children and young teenagers.

While the Australian Government's *The Road Home* White Paper, and subsequent programs funded under the National Partnership Agreement on Homelessness have focused renewed attention on preventative and early intervention programs many of these programs were directed to adults at risk of homelessness and young people exiting out-of-home care arrangements (FaHCSIA, 2008). There is a need to boost programs directed at children and teenagers in difficult home environments (with parental domestic violence, alcohol and drug use problems) and entering out-of-home care arrangements. For programs that address parental domestic violence and alcohol and drug use problems in the family home, it is critical that as much focus is placed on children and young teenagers as the adults who are the 'clients' in programs.

Another interesting finding, as identified in the Yarra Ranges Youth Homelessness Prevention Project, is that it appears young people are responsive to services. For example while young people are still in school they are less likely to be homeless and especially likely to be rough sleeping. Attending school allows young people easy access to various services and support networks. It is only after leaving school, that more young people become homeless. Therefore, if we can find ways to ensure continuity of support and service provision as a young person makes transitions, homelessness among young people at these critical times may be reduced.

5   The drivers of adult homelessness

Homelessness is a multidimensional issue that occurs where biopsychosocial factors and structural/economic aspects intersect. However, despite its complexity, it is possible to attempt to break it down or separate out key causal factors, drivers or associations that commonly present in populations of homeless people.

5.1   Individual-level drivers of homelessness

Individual-level antecedents of homelessness involve life events or experiences that predispose individuals to the risk of homelessness. They include but are not limited to:

Trauma and PTSD | Mental health issues | Substance use problems | Domestic and family violence | Interactions with the justice system

The above factors may be co-occurring and/or interconnected, especially with regards to the experience of trauma, which is thought to undercut all of the individual-level antecedents.

Trauma, substance use, and physical and mental illness often occur before, during and after periods of homelessness, although the causal pathways and relationships among these factors are not fully understood (Robinson, 2014; Mackelprang et al., 2014; O'Donnell et al., 2014; Taylor & Sharpe, 2008; Buhrich, Hodder, & Teesson, 2000). There is evidence that people are more likely to experience traumatic events while homeless, and that experiencing homelessness can worsen any underlying trauma as well as intensify the vulnerabilities that contributed to a person's homelessness initially. Trauma has also been linked to physical health and some researchers suggest there is an increased risk of tri-morbidity in the homeless population involving mental health issues, physical illnesses, and substance abuse problems. To cover the health dimension in more depth, as both an antecedent of homelessness as well as an adverse effect of experiencing homelessness, this will be covered in Chapter Six.

Interactions with the Justice System are similar in that there is research to indicate that there are high rates of ex-prisoners without a secure home, but also that experiencing homelessness, especially the chronic forms of homelessness such as rough sleeping, which lack safety, leave people more vulnerable to criminal activities and interacting with police. This dimension will also be explored in Chapter Six.

Aside from the health and justice dimensions, domestic violence is the other key individual antecedent for homelessness. The link between domestic and family violence and homelessness is validated across a wide range of statistical data sources, as well as qualitative studies. Domestic issues and the impacts on childhood homelessness was covered in Chapter Four, and the strength of the evidence for the association between domestic or family violence and experiences of homelessness also applies to the adult population. For example, a study by the Australian Institute of Health and Welfare (2016a) found that between 2011 and 2014 domestic violence victims made up 36% of the total demand on homelessness services.

5.2   Structural drivers of homelessness

Structural determinants of homelessness relate to the conditions in the socio-economic landscape which enable people to access the resources they need to maintain secure housing.

Resources include financial, educational and employment opportunities, and what is required to meet the cost of housing is affected by factors in the housing market that make housing more or less affordable. Thus there are two dimensions of this interaction: the cost of housing and low income and wealth to meet the cost of housing resulting from poverty and labour market disadvantage. This interaction is also underpinned by the provision of services and safety nets that ensure that all people, regardless of circumstances and relative disadvantage, are enabled and supported to access the education, employment or financial resources they need. Services are seen as having an effect at the structural level. However, services provided include those that address housing needs, employment and educational needs, as well as services that help people address their individual-level antecedents to homelessness, such as health services.

Access to housing	Access to resources
• Housing supply and housing affordability – which affects people's ability to access and maintain a secure house	• Poverty • Employment and educational opportunities • Discrimination and labour market disadvantage – which affects people's ability to gain education, employment and financial resources

The Safety Net: Access to services

- Income support or welfare services
- Housing—public and community housing services
- Primary health care services/clinical treatment (health, mental health, AOD services)
- Employment and training services
- Veterans affairs and aged care services
- Legal and Court services
- Specialist homelessness services

5.2.1   Access to housing

Housing affordability

The Australian housing market is under stress. The structure of the housing market—characterised by a competitive private rental market, limited public housing with long wait lists, and high cost of purchasing a home in relation to average incomes in Australia—all act to marginalise a proportion of the population.

Home ownership rates have been falling over time. Between 1994–95 and 2013–14, the proportion of Australians who owned their home outright fell from 42% to 31%. (However the

rate of home ownership for Indigenous households increased from 36% (25% with a mortgage and 11% without) in 2011 to 38% (26% with a mortgage and 12% without), in 2016). Falling home ownership rates put stress on the private rental market. Renters make up 31% of households compared with 27% in 1991. Between 1994–95 and 2013–14, the proportion of people renting from private landlords rose from 18% to 26%. Those renters experienced a 62% ($144) rise in average weekly housing costs, after adjustment for inflation (AIHW, 2017).

The commonly-used benchmark for housing affordability is 30% of household income. The Australian Council of Social Service reports that over a million lower income households are paying housing costs which exceed this benchmark.

In Australia, the Housing Industry Association (HIA) tracks housing affordability through a published quarterly index. The latest estimate for Perth is 110.0 (March quarter 2018), which indicates that affordability in WA currently compares favourably to other states and territories, and in recent years has been improving. Despite WA rental prices reducing over recent years, Anglicare WA's 2018 Rental Affordability Snapshot, shows that Western Australians on low incomes still have limited access to affordable housing (housing that is less than or equal to 30% of income), with retirees, single people with a disability and single parents on Newstart allowance being able to afford 1% or less of private rentals advertised on the day the survey was undertaken (Anglicare WA, 2018).

Thus there remains pressure on public housing and crisis accommodation services in WA, and this has contributed to the current rate of homelessness. There are reports of people waiting up to 153 weeks to access social housing. Crisis accommodation services are turning away more than half of all those seeking new accommodation, mostly due to a lack of accommodation options.

A recent Inquiry by the Australian Housing and Urban Research Institute into increasing affordable housing supply (Gurran et al., 2018) critiques the current 'fragmented patchwork of subsidy streams' which they suggest leads to mainly one-off project level arrangements, rather than a clear long-term strategy that would generate efficiencies in production and management. They propose a variety of solutions, some examples being to involve government facilitated access to land (including through inclusionary planning processes), fund projects that include housing options across the housing needs continuum and provide opportunities to improve project viability through cross subsidy and also help to meet broader social and tenure mix objectives (Gurran et al., 2018).

Compared to other households, Indigenous households are less than half as likely to own their own home, more than twice as likely to rent, more than seven times as likely to live in social housing and more than three times as likely to live in overcrowded dwellings (AIHW, 2017)
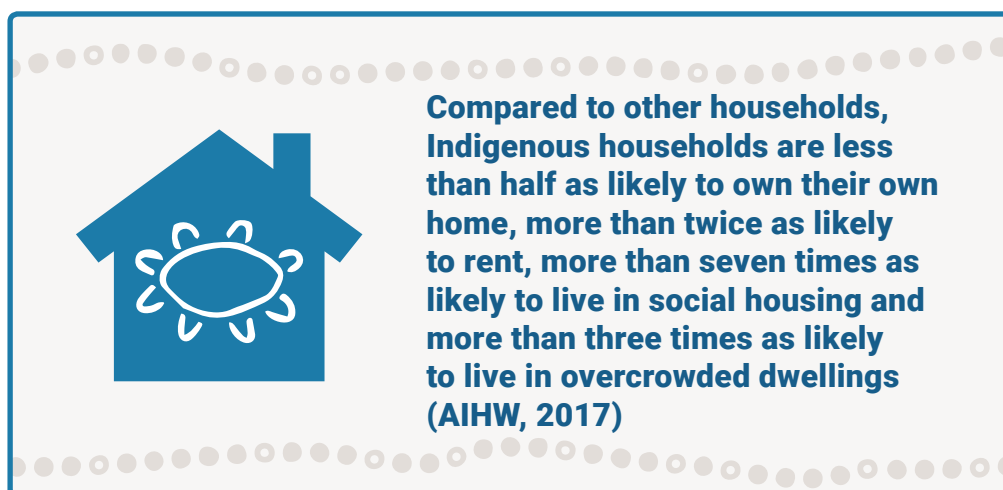
Public housing is critical but is not the full housing solution

In Australia the supply of public housing is limited, and overall public housing stock has declined during the post-war period. There are many barriers that prevent people experiencing homelessness from gaining quick access to public housing (even through priority access channels). People who are homeless or at risk of homelessness are discouraged by long wait times (this is estimated to be up to 10 years in some cases), complicated bureaucratic procedures and the poor quality and location of the accommodation.

Increasingly, enabling people who are vulnerable to homelessness to enter the private rental market is seen as a better solution that offers timeliness, greater flexibility and choice that can better address individual needs. However, accessing houses on the private rental market does not always involve fair and equitable processes (some cohorts such as people on benefits, young people and Indigenous people face discrimination), and accessing an affordable quality home close to employment opportunities may be difficult for people who are currently unemployed, without financial resources or on low wages relative to housing costs.

Alternative options

Recognition of barriers to access housing, and the recent adoption of the housing first model has promoted new thinking and innovative solutions emerging in the private rental market.

Social Impact Investment

Muir et al. (2018) outline several promising social impact investment models that are considered viable options for helping reduce homelessness in Australia. These involve diverse ways to enable people to access housing, and include:

- **Housing supply bonds** – provide low-cost and longer-tenured capital to registered Community Housing Providers (and possibly other specialist affordable housing providers).

- **Property funds** – to finance, develop and manage build/buy-to-rent long-term affordable private rental housing. Housing stock is held in perpetuity. Property funds place private rental housing under professional management. These include mutual funds, Australian real estate investment trusts or listed or unlisted and private capital impact investment firms.

- **Funding social enterprises** – this involves diverse ways to enable people to access housing through such things as consumer-led property development, or social enterprise subsidiaries that provide revenue streams back into social and affordable housing providers that increase their financial sustainability. May also involve employment/skills acquisition or other support service providers.

- **Social impact bonds** – an incubator for government to trial new ways of providing social services. SIBs can be used as part of larger housing property transactions, for instance, to deliver tenancy support services that improve tenants' ability to maintain successful stable tenancies or to better align stakeholder interests in the desired outcomes.

- **Social impact loans** – provide credit on reasonable terms to lower income residents or disadvantaged populations currently excluded from mainstream finance but able to service a loan.

While social impact investing cannot supplant government funding, it can enhance the return on it by attracting other sources of capital (Muir et al., 2018).

Supporting low income people in the private rental market

A 2018 report by Parkinson, James and Liu (Navigating a changing Private Rental Sector: opportunities and challenges for low-income renters), explores how low income individuals and families are currently navigating the private rental sector. Reportedly there are increased barriers into the market via mainstream real estate agencies, which leads to a reliance on informal and less secure options such as room rental which is managed by individuals and families. While room rentals may provide timely access they may not be long term or secure and people on low incomes need assistance to move into affordable, secure and adequate rental arrangements. There is growing opportunity to expand and institutionalise a supported pathway into the private rental market via community agency intermediaries. This also requires appropriate incentives for landlords to provide a mix of rental options and set their rents to be comparable with social housing rentals (Parkinson et al., 2018).

Some strategies for accessing housing stock on the private rental market, for people vulnerable to homelessness are:

- Head leasing arrangements into community housing

- Different models for the real estate function, for example HomeGround Real Estate (by Launch Housing) is a not-for-profit real estate agency and social enterprise committed to providing property management for landlords, and tenants, with a focus on people who are at risk of, or experiencing homelessness due to being priced out of the market.

- Some gains might also be made at a macro level via a targeted anti-stigmatisation campaign and/or community-wide awareness raising about the housing struggles that a growing number of people face.

Housing plus solutions

There is a growing recognition that to end homelessness supporting people who have been homeless or are at risk of homelessness should involve both providing them with secure accommodation as well as addressing causes of homelessness through ongoing wraparound support. This has been reflected in various housing models. The Foyer Model for example, combines housing with providing young people with pathways into training and employment, and has been implemented in Western Australia (see Chapter Nine). Another solution to chronic homelessness that has been recently adopted in Australia is Common Ground, a supportive housing model that was developed in New York City in 1990, that provides accommodation plus on-site support services for ex-homeless people and low-income adults (Parsell, Fitzpatrick, & Busch-Geertsema, 2014).

5.2.2 Access to resources

The unequal distribution of wealth and resources to different social groups this leads to inequalities in all keys areas of life – income, health, housing, nutrition, and employment (Donohoe, 2003). The connection between access to resources and the potential causes of homelessness lies in the issues of poverty, unemployment, low-paying jobs, policy changes limiting access to social security and disability benefits, reductions in welfare support, lack of affordable housing, inability to access affordable health care, domestic violence, prison release, mental illness, and addiction (Belcher & Deforge, 2012).

Poverty

About three million people in Australia are living in poverty (Australian Council of Social Service, 2018). Groups vulnerable to poverty are the elderly who are on limited incomes, children in one-parent households, women, and Indigenous people. Lack of access to work opportunities or very low incomes are the basis of poverty. Additionally, there are a number of Australians who are underemployed (working below their skill level or for less hours than they would like), or in a family where one person works, but nonetheless are also living in poverty. People in these circumstances are often referred to as the 'working poor'. Structural factors such as unaffordable housing, place-based disadvantage and low education levels also contribute to poverty.

Labour market disadvantage

The term labour market disadvantage describes the uneven impact of changes to the labour market across population groups. Qualification requirements, demand for staff and wages effect the requirements for labour. People who are unable to access education or work experience, or are otherwise excluded from the labour market due to discrimination or health issues that prevent them from being 'job ready' experience labour market disadvantage.

The Cost of Youth Homelessness Study looked at the effect of homelessness on employment outcomes in a sample of young people who were homeless compared to a sample of non-homeless youth (Flatau et al., 2015). Only a small percentage of both the homeless group (2%) and the job-seeker group (2%) were employed in full-time jobs. The youth sample were divided into those employed and unemployed (who together make up the so-called 'labour force'), and those not-in-the-labour force. To be employed a person needs to have worked one hour or more in the reference period. Unemployed people are those who are not employed, who are actively seeking work and available to start work. The not-in-the-labour force category includes all who are neither employed nor unemployed. Two-thirds (65%) of the job seeker group were looking for work (i.e. unemployed) compared to about half of the homeless group (52%). A significant minority (38%) of the homeless group were 'not in the labour force' for various reasons including a range of health issues and not available for employment. Another difference between the two groups was that nearly one quarter (22%) of the homeless young people had never worked whereas that was the case for only a small number (6%) of the job-seeker group (MacKenzie et al., 2016b; Flatau et al., 2015).

Young people who have not completed secondary school to Year 12 are disproportionately represented in the population of homeless and at risk young people – 69% compared to 25% in the overall population. Of the homeless young people under the age of 18 years, about one third (31%) had already left school. Early school leaving leads to disadvantage in the labour market and, for some, lifelong disadvantage (MacKenzie et al., 2016b).

Thus, youth homelessness seems to have several negative effects on employment outcomes in terms of the ability to be available for work, the intention to look for work and competitive ability to successfully find work.

Stigma and discrimination

Stigma is characterised by labelling, stereotyping, separating (us versus them), status loss, and discrimination in a situation where there is unequal social, economic, and

political power (Corrigan & Wassel, 2008). There is research indicating that people who are homeless experience social stigma, as do people on a pathway to homelessness who are experiencing any of the individual antecedents to homelessness (i.e., substance use issues, mental health issues, domestic violence etc.) and for Indigenous Australians, racism and discrimination also plays a part.

People who become homeless are often referred to by their label, "homeless," taking on a less-than-human quality that has other connotations about being threatening, dangerous, non-productive, and personally culpable (Takahashi, 1997).

Stigma around homelessness is thought to occur when society focuses on the individual as the cause of his or her own state of homelessness, therefore "…blaming the victim rather than focusing on the larger antecedent social and economic forces, such as unemployment, limited affordable housing, and breakdowns in kinship networks" (Belcher & Deforge, 2012).

Belcher and Deforge (2012) raise interesting and challenging questions about the extent to which entrenched stigmatising beliefs exist at the policy level and the way the service system currently addresses homelessness. According to Belcher and Deforge (2012) people become and remain homeless in part because society views it as acceptable. As a result, "many services provided to the homeless focus on subsistence, which are only adequate enough to sustain their basic needs. However, these services do not provide a real "lifeline" to help them "escape" their condition. Some services, while helpful for people who are homeless, are so poorly funded that outcomes, while modest, only represent a fraction of what it is needed."

Therefore, useful messaging to counter stigmatising beliefs around homelessness are that homelessness is solvable, it is unacceptable, and individuals have lives before and after becoming homeless. There must also be hope.

5.2.3 Access to services and care

One structural determinant of homelessness involves people having suitable and timely access to quality services that address their circumstances before they reach the levels of social exclusion that precipitate homelessness, and also after they become homeless.

People who are homeless face significant barriers in accessing both mainstream services and specialist homelessness services, with fragmentation and complexity a key criticism of both service systems. This dimension applies to services aimed at preventing people from becoming homeless as well as services that provide opportunities and support to exit homelessness quickly.

Taking an international perspective on this issue (based in the United States), Burt et al. (2010) offers a framework that identifies three types of barriers to access and three categories of mechanisms that may help to reduce these barriers.

- **Structural barriers** – obstacles that prevent an eligible person from getting available benefits. Homeless individuals and families face unique structural obstacles because, by definition or circumstance, they do not have the ready means of communication, transportation, regular address, and documentation that most mainstream programs require.

Smoothing mechanisms – e.g., providing transportation; conducting outreach to the streets and homeless services; co-locating mainstream eligibility workers in homeless assistance programs; creating "one-stop" intake centres for homeless people; providing multilingual services; and improving communications among homeless assistance workers and mainstream agency eligibility workers.

- **Capacity barriers** – result from the inadequacy of available resources; funding may be finite or capped.

  Expanding mechanisms – e.g., acquiring additional resources to expand capacity, including raising funds from state or local sources or allocating other federal funding.

- **Eligibility barriers** – program rules that establish the criteria for who may receive the benefit as well as time limits on receipt. Some eligibility restrictions are embedded in federal policy and cannot easily be influenced at the local level.

  Changing mechanisms – e.g., establishing a priority for homeless households within local rent subsidy programs.

While capacity barriers and eligibility barriers may be more difficult to address, there is scope to effect significant change through 'smoothing' mechanisms that increase the accessibility, efficiency and effectiveness of existing services, and also better cater for the specific needs of people who are homeless.

In the WA context, people who are or have been homeless report a lack of knowledge of available services, and poor visibility of services, especially when they are newly homeless (Flatau et al., 2013b). Enhancing accessibility of existing service models can be achieved through innovative needs-adapted models (such as the establishment of 'wet' drop-in sessions in Bristol, England, aimed at engaging alcohol addicted clients excluded from other services) (Black & Gronda, 2011).

Catering to needs

People experiencing homelessness typically require access to a wide range of mainstream services, including:

- Income support or welfare services
- Housing—public and community housing services
- Primary health care services
- Clinical treatment services (including mental health and drug and alcohol services)
- Employment and training services
- Education and early childhood services
- Veterans' affairs services
- Aged care services
- Immigration services—including asylum seeker and refugee systems
- Legal and Court service systems

Some of these service systems provide specialised or targeted programs aimed at people who are homeless, in recognition of the additional needs they may have. However, a common complaint internationally is that these mainstream services fail to adequately

serve, or tailor their services to the specific needs of people within the homeless population (Burt et al., 2010), resulting in them 'falling through the gaps' and being forced to rely on far less adequately resourced homelessness services (FaHCSIA, 2008).

Also, while there is evidence that specialised homelessness services in WA provide excellent care in non-stigmatising ways, when people access mainstream services there is no guarantee this same quality of care will be provided. In the WA context it has been found that the initial experience of a service is critical in determining service usage, with negative experiences likely to make people withdraw from active help-seeking (Flatau et al., 2013b).

Service integration

Historically, homelessness services evolved primarily as a 'safety net' response to people who had fallen through the gaps in mainstream service delivery, or as the last available option where no adequate welfare services exist. Traditionally provided through the charitable sector (dominated by religious organisations), homelessness services usually comprised emergency accommodation (in the form of night shelters or refuges), material aid (such as clothes, blankets, food vouchers), and other forms of practical assistance (showers, meals, some primary health services). Homelessness services typically developed in isolation from each other, with service models and practices focused on meeting the identified needs of particular target groups. Service models generally evolved on the basis of worker knowledge and experience and in line with the philosophical beliefs and principles of the auspicing organisation, rather than on research evidence. It wasn't until the 1970s and 80s that governments across the UK, US, Canada and Australia began developing and funding specific homelessness policies and programs. Since that time, the articulation, documentation and evaluation of homelessness services has led to a better understanding of the service system and the difficulties service users face in accessing these services.

Flatau et al. (2013b) proposes that improving access to services can be achieved through systems integration, service integration and enhanced service models. Internationally there has been good examples of reforms in this area, such as the US Opening Doors strategy involving 19 Federal agencies. In Australia, the Victorian Opening Doors framework also seeks better integration of responses across the homelessness service system.

The need for better coordination between mainstream and specialist homelessness services is a recurring theme in the Australian Government's national approach to reducing homelessness (FaHCSIA, 2008).

5.3   A profile of Indigenous homelessness

In addition to the drivers of homelessness described in this Chapter that apply to the homeless population generally, for Aboriginal Australians who find themselves homeless there are often a set of additional, unique causes or circumstances that produce vulnerability to homelessness.

5.3.1   Culture and loss of culture

Loss of culture, and positive self-identity and displacement due to historic injustices and the socio-economic and cultural disadvantages faced by Aboriginal Australians can of course intensify social exclusion in all areas of life.

On the other hand even Aboriginal and Torres Strait Islanders who are firmly grounded in their own cultural traditions can be vulnerable to homelessness. Aboriginal culture conceptualises and imagines 'home' in relation to both physical and spiritual dimensions. Many people do not consider themselves homeless because they are staying on country and this may result in an undercount on Census night. Cultural factors such as the requirements of traditional customary law, and connection to country can be a significant issue for Indigenous Australians (Homelessness Australia, 2016).

5.3.2 Temporal mobility

Temporal mobility is required to travel to and from country and to attend cultural gatherings or to be with kin in the event of a death in the skin group (sorry business). These movements can lead to overcrowding when people visit kin. There is some evidence that 'couch surfing' is commonplace amongst young Aboriginal and Torres Strait Islander Australians. Some young Aboriginal and Torres Strait Islander men experience homelessness if they are lured to major cities with the prospect of selection on the rookie lists of Aussie Rules and League clubs. If this does not happen, young men often lack the resources to either secure housing in cities or pay for transport back to country (Homelessness Australia, 2016).

5.3.3 Issues accessing suitable housing

Aboriginal communities may have different housing needs. To Aboriginal and Torres Strait Islander people the concept of kin (extended family) is very important and not usually taken into account when houses are designed. It is not uncommon for large numbers of extended family members to live the same house, and these needs are not well catered for in housing designs in the private rental market, or public housing. In 2011 a National Shelter Report identified a shortage of more than 20,000 properties across Australia that were affordable and appropriate for Aboriginal and Torres Strait Islander people (from 'National Shelter 2011', Report from the Aboriginal Controlled Housing Organisations Forum, as cited in Homelessness Australia, 2016). The shortage of larger culturally appropriate houses that can accommodate kin and the increase in children in kinship care arrangements means that high numbers of Aboriginal people are in severely overcrowded households (Homelessness Australia, 2016). Some Aboriginal people face discrimination when trying to access private rental and even public housing, and overcrowding may jeopardise rental arrangements, leading to the eviction of residents.

5.3.4 Living in remote areas

The remote location of many Aboriginal and Torres Strait Islander people – especially in the WA context – also brings with it vulnerabilities. People living remotely often need to travel to utilise services such as health services, which means further displacement. There is often a lack of specialist homelessness services in remote areas, less workers and substandard housing, which all contribute to severe overcrowding and other forms of homelessness in remote communities (Homelessness Australia, 2016).

In WA there is also a lack of employment opportunities in some remote regions, particularly following the economic downturn with the mining sector.

5.3.5 Government policies that lead to displacement from community

Aboriginal Australians are still processing the impacts of ongoing displacement from family, culture, land and community. There are deep historic dimensions to this that go back to the roots of colonisation; equal wage laws that drove people off their land, White Australia policies, segregationist practices, forcible separation from families, and even relatively recent policies and inquiries into communities that have led to inferred threats to close communities and services that support them. For example, in recent years the Western Australian government received funding from the Commonwealth under the National Partnership Agreement on Remote Indigenous Housing ('the Agreement') – which falls within the broader Closing the Gap policy agenda. This funding was used for new housing, repairs and maintenance in remote Indigenous communities in WA. However, the Agreement expired in 2018 and all of the Commonwealth funding for housing in remote communities was withdrawn from this time. The full impact of this decision may not be clearly visible immediately, however, without capital investment for new buildings and re-investment into existing buildings (renovation and maintenance), housing conditions will deteriorate over time. Changes in funding arrangements between Commonwealth and State governments have led to political instability, which has been felt in the remote communities. The Western Australian government is working to reduce the impact of this, and to contribute funding to address gaps, however there is no doubt that recent policy shifts, changes in funding arrangements and media coverage of these developments have led to insecurity and confusion within remote Indigenous communities in the State. While these issues are too broad to adequately cover here, it is important to be mindful of the effect of government policies on displacing Aboriginal people from their physical and spiritual homes.

Aboriginal people who have been forced to leave their country or remote communities, or find their remote community no longer hospitable, are often forced to be fringe dwellers in regional towns, and are vulnerable to homelessness.

5.3.6 High prevalence across all individual and structural antecedents

In the Indigenous population generally, there is a higher prevalence across the individual and structural antecedents to homelessness (e.g., higher levels of poverty, health concerns, interactions with the justice system, labour market disadvantage and discrimination and social exclusion).

In one example, family and random violence are experienced at high levels in some Aboriginal communities. Violence can occur due to "feuding" within extended kin groups – leading to the victimised households becoming homeless. Aboriginal and Torres Strait Islander women are 35 times more likely to experience family violence than non-Aboriginal and Torres Strait Islander women (Spinney, 2012).

The predisposition for people who are Indigenous to experience the antecedents to homelessness translates to overall significant higher vulnerabilities to homelessness in general, through multiple causes and pathways.

5.4 Pathways into homelessness and social exclusion

While the individual and structural antecedents into homelessness are important elements of analysis that highlight critical points for intervention, isolating each as a single, static element does not adequately represent the complex lives and diverse experiences of people.

There is a growing body of Australian and international research that advocates for a shift in perspective around solving homelessness not by looking at 'causes' but rather focusing on 'pathways'; to examine the play of multiple risk and protective factors in the lives of people before they become homeless.

Prior to the 1980s the homeless population was thought to be relatively homogenous and stable and homelessness was typically conceived as a state into which people fell and remained (see above subsection on stigmatisation). However, since the late 1980s researchers began to understand the reasons for becoming homeless to be more varied, with evidence building about the interaction of many structural, situational and individual factors (Johnson, 2006).

Johnson (2006), who conducted a longitudinal study of pathways in and out of homelessness, suggests that focusing on 'who' is homeless and 'how many' people are homeless is no longer adequate. Rather, we need to understand the movements into and out of homelessness.

For policy makers, examining pathways ensures the complexity and diversity of the experience of homelessness is understood, to help inform and design more effective interventions.

Common pathways in and out of homelessness have been proposed by various government papers and researchers. The Commonwealth Government's White Paper on homelessness, *The Road Home: A National Approach to Reducing Homelessness* (FaHCSIA, 2008), notes that there are four main pathways into homelessness:

- Housing stress, often driven by poverty and accumulating debt
- Family breakdown, particularly driven by domestic violence
- Poor life transitions, particularly transitions out of the child protection system, prison or statutory care
- Untreated mental health and substance use disorders that lead to the loss of housing, education, employment, family and other relationships.

Five typical homelessness pathways or 'ideal types' that have been identified include (Johnson, 2006; Johnson, Gronda, & Coutts, 2008):

- Mental health problems
- Domestic violence
- Housing crisis
- Substance use
- Youth (in particular people who have their first experience of homelessness before turning 18 years old).

Pathways identified by the researchers typically resemble the antecedents outlined above, and interestingly also closely resemble the statistical population groups that are most likely to be represented in the total homeless population, as presented in Chapter Three.

However, the pathways framework emphasises the dynamic nature of these factors, how they interact and importantly, how they lead to social exclusion. As the White Paper states: "There is no single cause of homelessness. People at risk of homelessness typically face multiple difficulties. Underlying issues might include domestic and family violence, mental health problems, poverty or drug and alcohol addiction. Often, a single further pressure or

event – job loss, eviction, poor health or relationship breakdown – can tip a person who is already vulnerable into homelessness."

Johnson's (2006) view is similar: "The five pathways are not causal accounts as such, but typifications that simplify the diversity of experiences in such a way that the interaction between structural and individual factors can be seen more clearly."

Figure 8: Pathways to homelessness model

Individual Determinants	Risk Factors	Structural Determinants
• Trauma • Mental health conditions • AOD dependence and risky behaviour • Chronic health conditions • Family and domestic violence • Family breakdown • Incarceration • Out of home care • Disability	• Barriers to accessing or maintaining secure housing • No employment • Poverty • Poor transitions out of child protection/prison • Skills/qualifications gap • Poor health	• Housing supply and affordability • Employment opportunities • Economic inequality • Discrimination • Loss of cultural identity, power and control

Lack of relationships, connectedness and interpersonal social support → **Social Exclusion** ← Lack of access to support services and/or an integrated recovery plan

Health impacts of homelessness
Signalling and stigma
Acculturation

Homelessness → **Housing**

+

• Improving mental and physical health
• Strong social relationships
• Address legal issues
• Gaining and maintaining employment

A pathways framework also deepens the understanding of homelessness as an issue of social exclusion. It is never specifically, for example an 'untreated mental health and substance use disorder' that causes homelessness. Homelessness often occurs when

a person experiences a difficulty but they are unable to access the support to manage or address the difficulty. It is how that problem interacts with other vulnerabilities in an individual's circumstances and societal factors such as labour market conditions in a way that leads to the loss of housing, education, employment, family and other relationships (Johnson, 2006).

5.4.1 The protective influence of social support and connectedness

As indicated by the pathways framework, it is a lack of support networks that is often the critical factor; it is almost always as important a contributor to homelessness as the actual problems and 'antecedents' that people experience. For example, in Australia many people experience mental health issues, but for most people social support and access to health care helps to mitigate and disrupt this experience from leading into homelessness. As stated by the White Paper on homelessness (FaHCSIA, 2008), "People without support networks, skills or personal resilience, or who have limited capacity due to their age or disability, can quickly become homeless." This is why social connectedness and strong relationships make a difference to housing outcomes for individuals.

This theory is grounded in evidence. The Trauma and Homelessness Initiative Research Findings report (O'Donnell et al., 2014) outlines results of a study of 115 people experiencing homelessness, reporting 95% of their sample having high levels of difficulties maintaining social relationships, and that participants had low to moderate levels of social support and social connectedness and moderate to high levels of social exclusion. Johnson & Chamberlain (2011) who studied the pathways into homelessness of 4,191 people in Melbourne, found that nearly half (46%) of the adults in their sample had become homeless because family relationships had failed.

Some researchers have endeavoured to extend the social connectedness dimension, and partially explain homelessness within the framework of attachment theory. Travecchio, Thomeer, and Meeus (1999) examined the influence of disrupted attachments, especially in early years, and in the relationship between an individual and their caregiver, and its effect on homelessness. They looked at family background, parenting style, experiences of separation and loss, and quality of the attachment relationship in a group of homeless youths (n = 108) and two comparison groups, i.e. residential youths (n = 85) and a large control group of youths from the 'standard' population (n = 1,228). Also, data regarding the influence of social support were obtained. Results indicate that growing up in a family where there is a lack of parental responsiveness and emotional support (and also divorce) are significant factors in the genesis of homelessness. These early experiences may influence an individual's lifelong ability to sustain healthy social connections and supports that ultimately provide protection against homelessness.

This is why social exclusion is at the heart of this model. While the attachment disruption theory may seem radical, there are many other studies that indicate that homeless persons typically have smaller social networks than the non-homeless (Calsyn & Winter, 2002). One study of 220 homeless mothers in shelters in Massachusetts (Bassuk et al., 1997) found that mothers who were homeless had significantly fewer members in their social networks than a comparison group of housed women. Further, the homeless women reported more conflict in their relationships than the housed women. Having a larger social network was identified as a factor that protects against homelessness.

This finding is echoed in an Anderson and Rayens (2004) study of 255 women, of whom 98 were homeless, 88 had never been homeless but experienced childhood trauma (physical and/or sexual abuse), and 73 had never been homeless and did not experience childhood trauma. When compared to the two groups of non-homeless women, the homeless women had significantly lower levels of social support and reciprocity in their family of origin and significantly higher levels of relationship conflict. The never-homeless group scored significantly higher on autonomy and intimacy than the homeless. "This study demonstrates the significance of families of origin and learning how to develop and utilise support systems in preventing or reducing homelessness" (Anderson & Rayens, 2004).

In the WA context, the national Registry Week collection captures social connectedness information. Registry Week VI asked respondents about risk and protective factors for their social wellbeing. The evidence-based indicators for this, as defined by the measurement instrument were:

- Staying with others while homeless;

- Activities for happiness other than survival planned; and

- A pet.

Table 15: Proportion of Registry Week respondents with social protective factors, WA and Australia

	WA	Australia
Staying with others while homeless	26.3%	26.5%
Activities for happiness, other than survival, planned	42.2%	45.8%
A pet	8.3%	11.5%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

The results indicate that support networks of people experiencing homelessness are low (e.g., only a quarter felt able to stay with others). Results showed no marked differences between the proportion of WA and the proportion of Australian respondents with social protective factors (Table 14). In WA, females were much more likely than males to present with others and much more likely to have a pet, though much less likely to have activities planned for happiness.

Vulnerabilities were also conceptualised and measured around relationships, with Registry Week IV including indicators such as:

- Friends or family that steal their money, cigarettes, drugs and alcohol, or coerce them to do things they don't want to do

- People in their life whose company they do not enjoy but keep around out of convenience or necessity.

Results for WA and Australia are presented in Table 16.

Table 16: Proportion of Registry Week respondents with social risk factors, WA and Australia

	WA	Australia
Friends or family that steal their money, cigarettes, drugs and alcohol, or coerce them to do things they don't want to do	50.6%	39.8%
People in their life whose company they do not enjoy but keep around out of convenience or necessity	46.9%	38.9%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

Western Australian respondents were more likely than the overall Australian sample to report that they had friends or family who steal their money, cigarettes, drugs and alcohol, or coerce them to do things they don't want to do, and more likely to report that they have people in their life whose company they do not enjoy but keep around out of convenience or necessity. In WA, these rates were markedly higher for females than males.

5.5   Discussion: The ecology of homelessness

Chapter Five has outlined the drivers of homelessness – which are circumstances commonly experienced by people in the lead up to experiencing homelessness. A pathways framework was introduced to better capture the complexity and dynamic nature of people entering and exiting homelessness. To extend this idea, researchers (Nooe & Patterson, 2010) have proposed an ecological framework for homelessness as a better conceptualisation of the conditions in which homelessness occurs. This conceptual model attempts to overcome the reductionism of framing causes of homelessness as a result of either individual or structural factors. Using an ecological perspective, one can situate 'known biopsychosocial risk factors in a hierarchy of systems/domains'. For any individual who is homeless there is likely to be many background issues and problems contributing to their homelessness – some representing immediate need, others requiring long term solutions. An ecology model also more adequately represents the diversity of experiences of homelessness, seeing homelessness within a dynamic interplay of factors, recognising that the homeless population is constantly changing, and underlining variations in the temporal course of homelessness. Some dimensions of diversity are outlined here.

5.5.1   Diverse background experiences

The experience of homelessness is seen as being more differentiated than in the past. Johnson (2006) proposes that wider range of 'causes' underlies the growth in homelessness, which also means that people bring with them an increasingly diverse range of background experiences and movements in and out of homelessness. For example, recent concerns have been expressed in Australia about an upcoming rise of a significant cohort of older, single women becoming vulnerable to homelessness, for perhaps the first time. As a cohort, this group would have a very different background profile, and would need different preventative, early intervention, crisis and postvention responses to other groups.

5.5.2 Variation in length of time spent homeless

Homelessness can be situational, episodic or chronic. This dimension is critical as being homeless for only a short time, remaining homeless for an extended period, or moving in and out of homelessness over many years are vastly different experiences that require different responses (Nooe & Patterson, 2010). There is also the question of why people experience homelessness for different lengths of time even when they face similar social and economic conditions.

5.5.3 Differences in engagement and acculturation

Related closely to length of time spent homeless, there is the level to which individuals engage in the lifestyle or culture of being homeless. Homeless culture or subculture is a concept that researchers draw upon in examining how people become entrenched in the homeless population. It is generally argued that the longer people are homeless, the more likely they are to become acculturated into the homeless subculture and identify with homelessness as a way of life. Piliavin, Sosin, Westerfelt, and Matsueda (1993) explore transitions in and out of homelessness, examined the role of 'acculturation to the homeless lifestyle' in tendencies to remain homeless. From this perspective the more time people spend homeless, the greater the possibility they will adapt, behaviourally and cognitively, to the contingencies of that circumstance (Johnson et al, 2008).

This implies that many 'pathologies' commonly linked to the homeless actually emerge after prolonged exposure to homelessness. It is also thought that the extent to which people become acculturated affects the difficulty they have in terms of 'getting out' and 'staying out' of the homeless population.

Johnson et al. (2008) describes patterns in how people who experienced homelessness as a result of different pathways had different interactions with the subculture of being homeless. Broadly speaking, people who were homeless because of domestic violence or a housing crisis maintained their distance from the homeless subculture, for example by resisting involvement with boarding house residents. People with mental illness also did not identify strongly with the subculture of homelessness. However people with substance use issues and young people were more likely to engage with the culture of homelessness and therefore more likely to become entrenched, or to move in and out of homelessness throughout their lives.

"Detachment from the homeless subculture reduces the likelihood of becoming entrenched in the homeless population. This is evident when observing the mean cumulative career duration of these two groups – for people who had experienced domestic violence and housing crisis it was seven months and nine months respectively. The duration of these careers was approximately one tenth of the length of the mental health careers and about one seventh of the length of the substance use careers" (Johnson et al., 2008).

While preventing homelessness from occurring, and responding to support people to exit homelessness as soon as possible, is essential for all people, this research indicates that this is especially important for young people and those with substance use problems.

5.5.4 Differences in short term and long term experiences

Research has established that the characteristics of a short experience of homelessness are different from a longer experience. In the long term homeless population there is a disproportionate representation of:

- Substance use problems
- Mental illness
- Poor physical health, and
- Criminal behaviour

The high prevalence of these issues has led some people to conclude that these factors 'cause' homelessness (Buhrich et al., 2000). However, there is considerable debate about whether these are causes or consequences of the long term experience of homelessness. It is difficult to separate the processes that lead to homelessness from those that occur after people become homeless, especially in the population of people who are homeless for a long time, or who experience chronic homelessness.

5.6   Summary

We began this Chapter with an overview of the 'individual' and 'structural' antecedents of homelessness, and the intersections between them that create risk factors for homelessness. This traditional model remains valuable, and is particularly useful for conceptualising broad policy responses, especially implemented at a national level. For example, the Australian Government's White Paper *The Road Home* (FaHCSIA, 2008) starts from the premise that long-lasting permanent solutions require policies and programs that address both individual antecedents and structural forces homelessness (i.e., the shortage of affordable housing, and at the same time, support targeted for groups experiencing specific vulnerabilities).

However, the concept of 'pathways' or 'ecologies' of homelessness more adequately capture the dynamic movements into and out of homelessness, and are inclusive of people coming from diverse backgrounds. Additionally, we need to better recognise how the structural and individual risk factors operate on top of deeper causal influences – in particular a lack of social connectedness and a lack of strong relationships.

For policy makers, this is a reminder about avoiding static or stereotypical conceptualisations of people who are homeless and what their needs might be. If a person is already vulnerable to being socially excluded – perhaps due to discrimination, inability to take care of themselves or sustain healthy relationships due to illness, for example – then the factors that put them at risk of homelessness might be extremely broad and occur across a number of domains. If homelessness arises from an 'ecology' of circumstantial factors, then the service system needs also to resemble an ecology. This translates to:

- Flexible, whole-of-person responses that can reach across a number of individual and structural domains;

- Broadening out the points of intervention and risk factors, and being flexible as they change over time;

- Integration and collaboration across services, agencies and government departments; and

- Policies that ultimately strengthen social inclusion, relationships (such as parenting support) and strong communities.

These approaches will help address the causes of homelessness with greater long term effectiveness. Addressing risk factors alone, and seeing them as static, isolated causes of homelessness is not enough.

6 The health and justice dimensions

The experience of being without safe or secure accommodation has significant negative impacts on nearly all life outcomes; mental and physical health, education and employment opportunities, as well as full participation in social and community life. The health and justice dimensions are particularly complex. While they contribute to the pathways that lead into homelessness, the experience of homelessness also intensifies these conditions which can lead to further entrenchment of people's experience of homelessness.

The disproportionate representation of mental health issues and substance use in the homeless population has typically been cast in terms of these issues causing homelessness. However, Johnson et al. (2008) who studied homelessness in the lives of over 100 people, explored the temporal sequence of events that led people into homelessness, and how people's lives change once they become homeless. They found that people very quickly develop additional problems once they are without a home. For example, 30 people in their sample were without substance use problems when they began their homelessness experience, but soon after they became homeless they resembled those people who were on the substance use pathway before they became homeless. For 11 people on the youth pathway the emergence of mental health problems in response to the experience of homelessness created new difficulties for them. Of these, nine also reported substance use problems as well.

Johnson et al.'s (2008) study shows clearly that the high representation of mental health issues and substance use can be partly explained by the impact of homelessness itself.

This Chapter will examine the impacts of experiencing homelessness, starting with a look at the overall effect of homelessness on quality of life outcomes, and will then focus on health and justice dimensions. Health is defined broadly here and incorporates tri-morbidity: physical health, mental health and substance use and addiction.

6.1 Quality of Life

Numerous researchers have examined the negative impacts of homelessness on the quality of people's lives (e.g., Flatau, Zaretzky, Brady, Haigh, & Martin, 2008b, Hubley, Russell, Palepu, & Hwang, 2014). As a snapshot window into this evidence, a study by Flatau et al. (2013) into intergenerational homelessness, measured quality of life outcomes on a sample of people experiencing homelessness using the World Health Organisation Quality of Life BREF (WHOQOL-BREF) instrument. The four domains of this instrument are:

- **Physical** – pain and discomfort, dependence on medical treatment, energy and fatigue, mobility, sleep and rest, activities of daily living, and work capacity.
- **Psychological** – positive thinking, spirituality, thinking learning memory and concentration, body image and appearance, self-esteem, and negative effect.
- **Social relationships** – personal relationships, sexual activity, and social support.
- **Environment** – physical safety and security, physical environment, financial resources, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure activities, home environment, health and social care: accessibility and quality, and transportation.

Results showed that respondents in the homeless population had quality of life outcomes that were substantially lower than the community as a whole. There was little difference in outcomes between men and women and between Indigenous and non-Indigenous respondents across the four dimensions. Another significant finding was that the dimensions of quality of life that exhibited the poorest outcomes were those connected to social relationships and psychological factors and not the environment or physical dimensions (Flatau et al., 2013b).

6.2   Health

Homelessness is associated with poor health outcomes across a variety of health conditions, as well as early mortality (Aldridge et al., 2018; Fazel, Geddes, & Kushel, 2014). For people experiencing chronic homelessness, these inequities are intensified (O'Connell 2005). The relationship between homelessness and poor health is complex, involving an interaction between structural and individual factors.

Figure 9: Structural and individual risk factors for homelessness and poor health outcomes
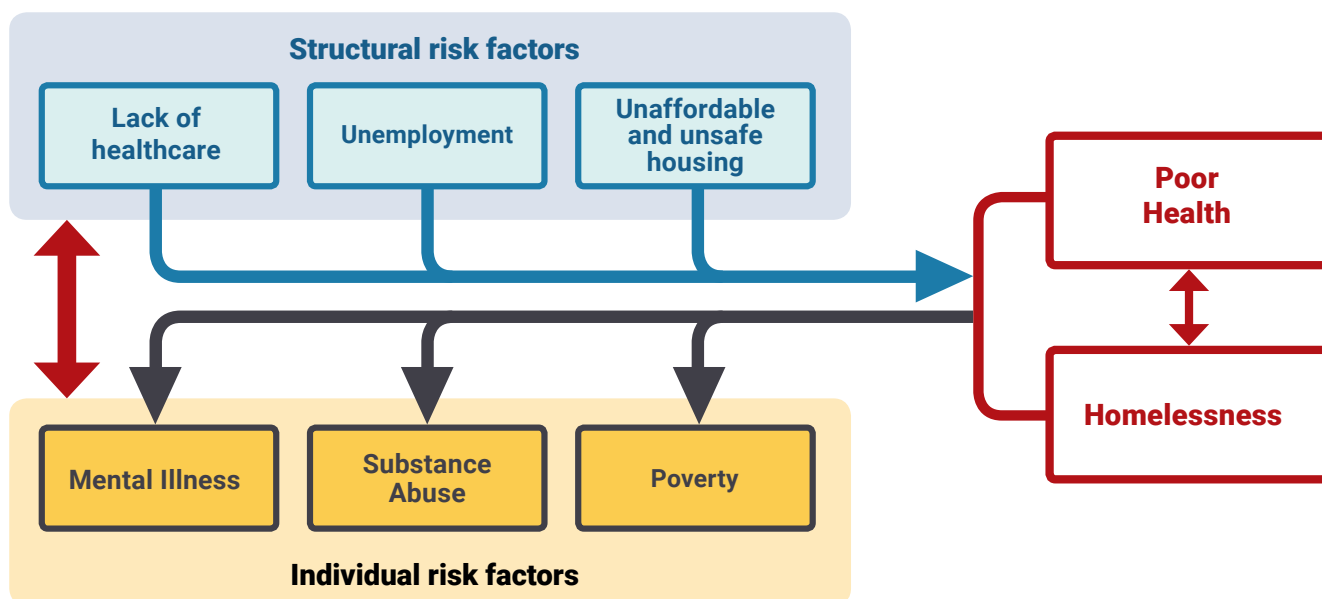
Structural factors – lack of access to affordable and safe housing, healthcare, and employment – not only lead to and intensify homelessness, but can increase people's risk of health conditions such as hypothermia and heat stroke and make it difficult for people to manage existing health conditions.

Likewise, individual risk factors for homelessness such as mental illness, substance misuse and poverty are also risk factors for poor health outcomes (Frankish, Hwang, & Quantz, 2005). That is why many people who experience homelessness continue to experience poor health outcomes even after they are housed (Frankish, Hwang, & Quantz, 2005), and more successful outcomes require a combination of housing plus wraparound services (Wood et al., 2016).

In a recent WA example, the baseline health assessment of patients of the Royal Perth Hospital Homeless Team found that patients treated by the team, who were homeless, had high levels of physical, psychiatric and substance related morbidity, with these conditions often exacerbated by their experiences of homelessness. The most common pre-existing physical health conditions were found to be Hepatitis B and C (28%) and physical injury (26%). Nearly a quarter (24%) had depression and 15% had deliberately self-harmed before their first contact with the team (Gazey, Vallesi, Cumming, & Wood, 2018).

This section explores in more detail the following dimensions of health:

- Trauma
- Mental health issues
- Substance use issues
- Physical health conditions.

It is important to note that there is an overlap of health issues, and lifestyle factors associated with being homeless which also contribute to a poor health profile. This includes nicotine and caffeine addiction, and lack of access to adequate nutrition or exercise, which are ultimately a consequence of homelessness, co-morbidity and poverty.

6.2.1   Trauma

As mentioned previously, trauma is thought to intersect with all individual-level antecedents of homelessness (i.e., mental health, substance use, domestic violence, interactions with the justice system). One Australian peer-reviewed study examining Post Traumatic Stress Disorder (PTSD) prevalence rates in adults experiencing homelessness found that 79% of the sample met criteria for a lifetime diagnosis of PTSD. The 12 month prevalence of PTSD was significantly higher among homeless adults in Sydney in comparison to the Australian general population (41% vs 1.5%) (Taylor & Sharpe, 2008; Spicer, Smith, Conroy, Flatau, & Burns, 2015).

There is evidence to suggest that the development of PTSD commonly precedes the onset of homelessness, and that the experience of trauma is a risk factor for homelessness (in fact many of the risk factors for homelessness are the same as the risk factors for PTSD). One Australian study of homeless youth found that trauma preceded homelessness in 50% of cases and was the precipitant for homelessness in 30% of cases (Martijn & Sharpe, 2006). In another study of trauma prevalence in the homeless population in Australia, Taylor and Sharpe (2008) found that in 83% of cases, the first trauma occurred before the first homeless episode, and in another 4% of cases the first trauma and homelessness coincided. Australian studies have found that between 91% and 100% of people experiencing homelessness had experienced at least one major trauma in their lives (compared with 57% of the general Australian population) (O'Donnell et al., 2014). The types of traumatic events that were particularly prevalent within adult homeless populations included physical abuse, witnessing someone being badly injured or killed, rape and sexual abuse (O'Donnell et al., 2014).

In addition, people who experience homelessness are at greater risk of being exposed to further traumatic stressors than a housed person. This suggests a critically important role for trauma-informed services that aim to minimise further trauma exposure as well as provide appropriate support.

6.2.2 Mental health issues

The link between mental illness or mental health problems and homelessness is well established. A systemic review of surveys of mental disorders in people who experienced homelessness was conducted by Fazel, Khosla, Doll, and Geddes (2008), who found that the most common mental disorders were alcohol dependence, which ranged from 8.1% to 58.5% prevalence in studies, and drug dependence, which ranged from 4.5% to 54.2% prevalence in studies. For psychotic illness, the prevalence ranged from 2.8% to 42.3%, with similar findings for major depression. For Fazel et al. (2014), this links in with poor physical health outcomes as well, as they found homeless people to have higher rates of premature mortality than the rest of the population, especially from suicide and unintentional injuries, and an increased prevalence of a range of infectious diseases, mental disorders, and substance misuse. High rates of non-communicable diseases have also been described with evidence of accelerated ageing.

The prevalence of trauma in the homeless population in itself indicates that rates of mental illness would also be high. For example, in a Sydney study of 70 adults experiencing homelessness, of those who met criteria for current PTSD, 55% screened positive for psychosis; 69% scored in the severe or extremely severe range for depression; 50% scored in the severe or extremely severe range for anxiety (Taylor & Sharpe, 2008).

O'Donnell and colleagues report into trauma and homelessness (2014) describes how the vast majority of people who experienced homelessness also experienced at least one psychiatric disorder, and the prevalence of psychiatric disorders among adults experiencing homelessness was much higher than in representative community samples. It has also been found that mood disorders, psychotic disorders (i.e., schizophrenia and bipolar disorder) and trauma-related disorders (e.g., PTSD) are over-represented amongst adults experiencing homelessness. O'Donnell et al. (2014) found that 73% of men and 81% of women met criteria for at least one mental disorder in the past year (12 month prevalence) and 40% of men and 50% of women had at least two mental disorders. Research suggests that psychiatric disorders often precede homelessness, but there is also evidence that some people became mentally ill as a result of experiencing long-term homelessness. When PTSD occurred in the context of homelessness it was also associated with high levels of comorbidity with other psychiatric disorders.

For young people, MacKenzie et al. (2016b) also found a high prevalence of mental health conditions among homeless youth, with 53% reporting that they had been diagnosed with at least one mental health condition in their lifetime. Mood disorders and anxiety disorders were the most prevalent. Levels of psychological distress were also evident among homeless youth and quality of life outcomes were considerably lower than for the general population. The incidence of reported non-suicidal self-injury and attempted suicide was much higher among homeless youth than young job-seekers and young people generally.

The recent findings from the Cost of Youth Homelessness in Australia (CYHA) project found that homeless youth experience significantly higher levels of psychological distress than their non-homeless counterparts. One in five homeless young women and one in 10 homeless young men in the CYHA study reported that they had (unsuccessfully) attempted suicide in the last six months prior to data collection (Flatau et al., 2015).

While the VI-SPDAT does not directly ask about diagnosis or presence of mental health conditions, 29.8% of Registry Week respondents overall and 29.4% of Western Australian

Registry Week respondents have been taken to a hospital against their will for mental health reasons (Flatau et al., 2018). In both Australia and WA, 48.4% of respondents had spoken with a mental health professional in the six months prior to the survey, and 36.9% of Australian respondents and 44.3% of Western Australian respondents have attended Accidents and Emergency (A&E) due to not feeling emotionally well or because of their nerves (Flatau et al., 2018). In WA, women were slightly more likely than men to have gone to A&E due to not feeling emotionally well or because of their nerves (55.2% versus 40.2%; Flatau et al., 2018).

6.2.3   Social and emotional wellbeing for Indigenous Australians

The term 'social and emotional wellbeing' is used by many Aboriginal and Torres Strait Islander (ATSI) people to describe the social, emotional, spiritual, and cultural wellbeing of a person. The term recognises that connection to land, culture, spirituality, family, and community are important to people and can impact on their wellbeing. It also recognises that a person's social and emotional wellbeing is influenced by policies and past events (widespread grief and loss, child removals and unresolved trauma for example) (Australian Indigenous Health*InfoNet*, 2018). Therefore, this term better describes health, mental health and wellbeing outcomes for Indigenous Australians, as it is more holistic and encompasses a fuller range of social and emotional determinants of health (Australian Indigenous Health*InfoNet*, 2018).

This term also describes the interconnectivity of social determinants of health for Aboriginal people, and proposes that social and emotional wellbeing comprise a wide range of factors (Dudgeon, Milroy, & Walker, 2014). In a report by the Telethon Institute of Child Health Research (in Western Australia) Zubrick and other researchers (2014) describe how the material and social environment of families and the communities in which Aboriginal people live, and the psychosocial conditions of life have significant health and wellbeing impacts. These factors extend to income, employment, occupation, poverty, housing, education, access to community resources, and demographic factors such as gender, age and ethnicity.

This model is a reminder that for Indigenous people who are homeless and impacted by multiple disadvantages at once, their vulnerability to poor health and wellbeing is acute and requires specialist services and specialist homelessness services that can address their needs.

6.2.4   Substance use issues

There is a wealth of research that shows a strong link between alcohol and other drug misuse, and homelessness. Johnson & Chamberlain's (2011) study found that an estimated 17% of the homeless population (a sample of 4,191) became homeless because of substance abuse. Teesson, Hodder and Buhrich (2003) found in their study sample that homeless people were six times more likely to have a drug-use disorder and 33 times more likely to have an opiate use disorder than the Australian general population. Johnson et al. (2008) found that 55% of the people in their sample (homeless population) reported having had problems with drug use. Journeys Home, an Australian longitudinal survey of over 1,500 people who were homeless conducted over approximately three years, found that in the previous 6–12 months:

- Over half (57%) of respondents consumed alcohol at risky levels;
- Nearly two-fifths (39%) had used illicit drugs; and
- About 1 in 14 (7%) had injected drugs (Scutella et al., 2014).

People facing both homelessness and substance use problems are often found to have the most persistent and challenging circumstances (Johnson & Chamberlain, 2008; Scutella et al., 2014).

Studies suggest many people who experience homelessness develop substance use issues after becoming homeless (Taylor & Sharpe, 2008). Similarly, the Journeys Home project found that the longer a person was homeless, the more likely they were to have used drugs or consumed alcohol at risky levels (AIHW, 2016b). The Michael Project, a study of homeless men in Sydney, (Flatau et al., 2012) found up to 50% of study participants had a substance use disorder while Miscenko et al. (2017) found in the Journey to Social Inclusion study in Melbourne that 50.8% of respondents had a high risk use of drugs and alcohol (excluding tobacco).

Significantly, Johnson et al. (2008) also found from their interviews that substance use problems were more commonly a consequence than a cause of homelessness. Substance use locks people into the homeless population and, conversely, people without these problems typically exit earlier. As a result, this leads to a heavy concentration of people with substance use problems in the long-term population of people who are homeless (Johnson et al, 2008).

For young people, research shows that while many may engage in recreational substance use before they become homeless, it is in the homeless subculture that substance use often turns into substance abuse (Johnson & Chamberlain 2008). A study by Johnson and Chamberlain (2011) found that two-thirds (63%) of the young people who developed mental health issues after becoming homeless also had substance abuse issues. Further, drug use has often been identified as a trigger for mental illness among young people (substance use is often a preferred alternative to anti-psychotic medication) (Johnson & Chamberlain, 2011).

In WA, higher rates of alcohol and other drug use has been reported among Western Australian (72.9%) respondents than Australian wide (65.2%), although both were high. Alcohol and other drug use are risk factors for Hepatitis C, HIV/AIDS and chronic diseases such as cancer, heart and liver disease (AIHW, 2018c). In addition, it can cause complications in the management of diabetes, and onset of mental health conditions, all of which were reported at high rates among respondents (AIHW, 2018c).

It is clear that homelessness, mental illness and problematic alcohol and other drug use co-occur at high rates. If health outcomes are going to be improved, strategies to prevent homelessness need to be integrated with mental health and alcohol and other drug recovery programs.

6.2.5 Physical medical conditions

Research from Canada, Europe and the United States indicates that people experiencing or at risk of homelessness have a life expectancy of 41-52 years (Hwang, Wilkins, Tjepkema, O'Campo, & Dunn, 2009; Baggett et al., 2013; Morrison, 2009), in comparison the ABS (2017) reports that the average Australian will live to above 80 years old.

Disproportionate mortality rates were also found in a systematic review and meta-analysis of morbidity and mortality data in high income countries for vulnerable groups (people experiencing homelessness, sex workers, people in prison and those with problematic substance use) (Aldridge et al., 2018). Females were shown to be the most affected by these inequities. In addition, disease prevalence was higher for infections, mental health, cardiovascular and respiratory conditions.

The Registry Week data collection asked the homeless cohort for health information. Results also found that chronic conditions rates including cancer, heart disease, HIV/AIDS, Hepatitis C, and diabetes were substantially higher amongst Registry Week respondents compared with the overall Australian population. Asthma, liver disease, kidney disease, emphysema, frostbite and tuberculosis were also highly prevalent among Registry Week respondents. There were no notable differences between Western Australian and Australian respondents.

Table 17: Proportion of Registry Week respondents reporting lifetime prevalence of selected health conditions, WA and Australia

	WA	Australia
Kidney disease/end stage renal disease	7.3%	6.9%
Liver disease/cirrhosis, end stage liver disease	15.0%	15.8%
Heart disease, arrhythmia, or irregular heartbeat	18.7%	18.7%
Emphysema	8.6%	10.2%
Cancer	5.4%	7.6%
HIV/AIDS	1.3%	1.5%
Hepatitis C	20.6%	21.9%
Tuberculosis	0.9%	1.6%
Diabetes	12.9%	10.0%
Asthma	31.4%	32.9%
Frostbite, hypothermia, or immersion foot	7.8%	6.6%
Heatstroke/heat exhaustion	25.4%	23.2%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

It is also worth noting that foot problems are common among homeless persons, but are often overlooked. Homeless people commonly have inadequate foot hygiene, improperly fitting shoes, and also foot pathologies related to chronic diseases such as diabetes. A meta-analysis of studies of foot problems in homeless people (To, Brothers & Van Zoost, 2016) found that prevalence of any foot problem ranged from 9% to 65% across study populations. Common foot-related concerns were corns and calluses, nail pathologies, infections, tinea pedis, foot pain and functional limitations with walking (To et al., 2016). The Michael Project, a study of homeless men in Sydney, revealed elevated rates of foot problems. The Michael Project itself incorporated an integrated health service for homeless people that includes podiatry (Flatau et al., 2012). In the WA context, Homeless Connect Perth provides a one stop shop of services to homeless persons, which includes podiatry.

6.2.6 Oral health

While there is a significant body of evidence around the poor health outcomes of people experiencing homelessness, there has been less focus on the issue of oral health, which has important associations with and impacts on physical and mental health.

The World Oral Health Report (Petersen, 2003) states clearly that the relationship between oral health and general health is proven by evidence. Since that report, Dental Health Services Victoria (2011) outlined emerging evidence that further strengthens the case. Dental Health Services Victoria (2011) state that oral health and general health are related in the following ways:

- Poor oral health is significantly associated with major chronic diseases (e.g., cardiovascular disease, diabetes, respiratory disease, stroke, kidney disease, dementia, oral cancer etc.).
- Poor oral health causes disability
- Oral health issues and major diseases share common risk factors
- General health problems may cause or worsen oral health conditions.

We aim to highlight the importance of dental services for the homeless here. Although it is recognised in the literature, and dental services are included in some on-the-ground examples of targeted integrated health services across Australia (including the Michael Project where an on-site dental service was included in the program), there are gaps at the policy level around recognising the oral health of people who are homeless as a priority area.

Analysis of Registry Week Data in the State of Homelessness Report (Flatau et al, 2018) indicated that 53.5% of the survey respondents were experiencing dental problems at the time of the survey (dental problems were one of seven selected medical condition options on the self-report survey; dental problems were the most common problem indicated by respondents). Other studies have found that homeless people experience have much poorer oral health than the rest of the population (Ford, Cramb, & Farah, 2014).

As indicated by Dental Health Services Victoria (2011) oral health is associated an array of physical conditions. There are also links between oral health and mental health, bruxism, substance use including heavy alcohol, caffeine and tobacco use, for example:

- A two way association with many psychiatric disorders. Severe mental illness, affective disorders, and eating disorders, are associated with dental disease (Kisely, 2016)
- People with severe mental illness have 2.7 times the likelihood of losing all their teeth, compared with the general population (Kisley, 2016).

The poor oral hygiene and self-neglect that is identified for the population of people with a mental illness is likely to be experienced at the same rate (if not more so) in the homeless population.

The Michael Project, a study of homeless men in Sydney, outlined and tracked outcomes from specialist services that provided an integrated health care model for people who were homeless. This gives an idea of how dental health for the homeless population needs a specialist focus. "The Michael Project not only provided free access to dental services, but clients were assisted with transport, there was no queuing and frequently a case manager was present at dental visits. Also, the fact that the dental service was a part of the Michael

Project meant that clients were more likely to be treated with understanding and respect." (Flatau et al., 2012).

In the WA context, Homeless Connect Perth provides a one stop shop of services to homeless persons, which includes dental care.

Kisley (2016) proposed that possible interventions suitable for people experiencing homelessness include oral health assessments that can be completed by non-dental personnel, help with oral hygiene, management of iatrogenic dry mouth, and early dental referral.

At the policy level in Australia the link between dental health and homelessness is not consistently visible as a priority.

The *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2015-2024* report (Australian Government, 2015) outlines four Priority Populations that are very likely to intersect at several levels with the homeless population and therefore be inclusive of people who are homeless. These populations are –

1. People who are socially disadvantaged or on low incomes
2. Aboriginal and Torres Strait Islander peoples
3. People living in regional and remote places
4. People with additional or specialised healthcare needs (mental illness, frail older people).

However, homeless people are not identified specifically in the report and therefore their specific needs around oral health are not accommodated at a policy level. However, the National Advisory Council on Dental Health (National Advisory Council on Dental Health, 2012) does mention homeless people as a group of interest, especially children who are homeless.

In WA, the State Oral Health Plan 2016–2020 (WA Department of Health, 2016) outlines strategies targeted people living with mental illness, people with disabilities, people with complex medical conditions and frail older people. However, as with the Federal oral health plan, the homeless population or the need to develop specific strategies to target their oral health needs was not included in the State Plan.

6.3 Justice

Interactions with the justice system occur disproportionately among people experiencing homelessness – before, during and after their episode of homelessness. The report on Australia's Health reported that one in four people were homeless or in insecure accommodation in the four weeks before entering prison (AIHW, 2018d). Additionally, people experiencing homelessness have high rates of interactions with the justice system and are often victims of attack.

73.8% of Indigenous Registry Week respondents had been in prison at some point in their lives

High rates of lifetime interaction with the justice system are evident among Registry Week respondents.

Table 18: Proportion of respondents reporting that they had been in prison at some point in their lives, by rough sleeping status, by geographic region

	Fremantle	Rest of Perth	WA overall	Australia
Rough sleeping	65.5%	63.0%	63.2%	55.0%
Not rough sleeping	64.1%	46.2%	47.4%	31.8%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

Relative to Australian respondents, a greater proportion of Western Australian respondents had experiences of imprisonment in their lifetimes. In a similar pattern to the Australian figures, rough sleepers in WA were substantially more likely than non-rough sleepers to have been in prison at some point in their lives. A much greater proportion of Western Australian female Registry week respondents than Australian Registry Week respondents reported that they had been in prison – 47.6% of WA female respondents versus 26.7% of female respondents overall.

The rates of youth detention amongst rough sleepers in WA are on par with the rest of Australia, though a higher proportion of non-rough sleepers in WA, compared with non-rough sleepers in Australia overall, have experiences of youth detention.

Table 19: Proportion of respondents reporting that they had been in youth detention at some point in their lives, by rough sleeping status, by geographic region

	Fremantle	Rest of Perth	WA overall	Australia
Rough sleeping	27.6%	29.5%	29.4%	28.0%
Not rough sleeping	23.1%	22.7%	22.7%	14.9%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

In addition, 65.2% of WA respondents (versus 61.4% of respondents overall) reported that they had interacted with the police in the prior six months, and approximately one third of respondents reported having legal issues at the time of survey. These results are broken down into demographic groups in Figure 10: Registry Week respondents with legal issues.

Figure 10: Registry Week respondents with legal issues

Any legal stuff going on right now that may result in you being locked up or having to pay fines?

Category	Value
Indigenous Australian Identity	41.0
Australian (non-Indigenous) identity	33.0
Other cultural identity	29.0
Male	36.2
Female	29.9
Other gender identification	35.7
Sleeping rough	41.6
Not sleeping rough	27.8
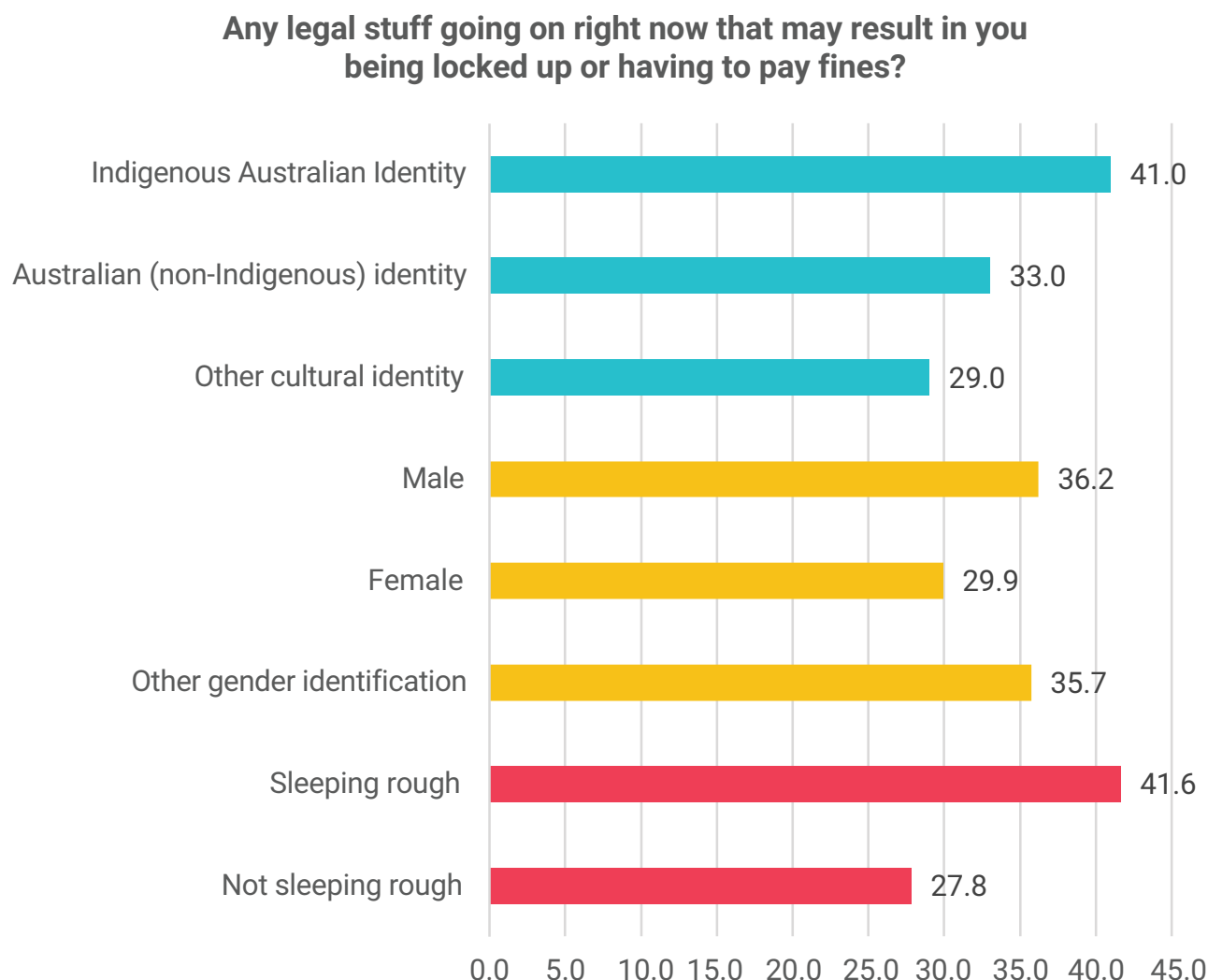
Source: State of Homelessness in Australia's Cities Report (Flatau et al., 2018)

Of Indigenous Registry Week respondents in WA (Perth/Fremantle) a significantly high number had been in prison at some point in their lives – 73.8%. Of the non-Indigenous respondents 52.4% had been in prison. For youth detention the numbers are 45.8% of Indigenous respondents, and 30% of non-Indigenous respondents.

There was high prevalence of risk factors for interaction with the justice system, both as victim and perpetrator, amongst all respondents, and these rates were higher in WA. In WA, women were more likely than men to report being a victim of attack since becoming homeless (60.9% of women versus 48.4% of men), and were also more likely to report that they had threatened or tried to harm themselves or someone else in the year prior (52.1% of women versus 42.3% of men). Women in WA were also substantially more likely than men to report that they are forced or coerced to do things that they did not want to do (42.3% of women versus 25.2% of men), but only slightly more likely to report engaging in risky behaviours like exchange sex for money, run drugs, have unprotected sex with strangers or share a needle (32.2% of women versus 30.3% of men).

Table 20: Proportion of Registry Week respondents reporting experience of risky behaviour, WA and Australia

	WA	Australia
Been a victim of attack since becoming homeless	51.9%	44.0%
Threatened or tried to harm themselves or someone else in the past year	45.1%	35.0%
Have anybody that forces or stands over them to do things that they do not want to do	29.6%	24.4%
Engage in risky behaviour like exchange sex for money, run drugs, have unprotected sex with strangers or share a needle	31.2%	20.4%

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

Homeless young people are much more likely to have contact with the criminal justice system than the general population or other disadvantaged young people, who are long-term unemployed but not homeless (Flatau et al., 2015b, McKenzie et al., 2016a).

Criminal offences, particularly petty crimes, are disproportionately committed by young people (15-19 years) compared with any other age group and this is reflected in the various crime statistics – police incident reports, court records, corrections data as well as victims of crime data (Australian Institute of Criminology, 2016). Reported crimes are not always clear and alleged offenders may or may not be convicted in a court of law; and even if convicted, an offender may not necessarily serve time in a correctional facility. Young people 15-19 years of age are more likely to be processed by police for an offence than any other age group mainly for 'acts intended to cause injury' to another person.

An important policy setting has been to divert young offenders from entering correctional facilities if that can be achieved, in order to avoid the deleterious influences of being incarceration with hardened offenders. In terms of assault, young people are the largest group of victims, but also the group most likely to have been the perpetrators of the assaults. The victimisation rates for young males (15-24 years) was 1,874 per 100,000 in 2014 and, for young women (15-24 years) the rate is 2,465 per 100,000 (Australian Institute of Criminology, 2016). When sexual assault and family violence is separated out from assault overall, young women are the main victims (Australian Institute of Criminology, 2016). Similarly, for 'unlawful entry with intent' the rate for 15-19 year olds is 1206 per 100,000, 627 per 100,000 for the 20-24 year old cohort, but the rates for this offence are much lower for older age groups as well as juveniles 10-14 years.

As previously stated, young people generally have higher offending rates than older adults for many social and psychological reasons including biological changes during adolescence, immaturity, a tendency to risk-taking behaviours, a propensity to peer influences, the onset of mental illness and drug and alcohol related violence and crimes related to illicit drug use. Most young people 'grow out' of offending and become law-abiding citizens. However, homeless young people are more likely to be involved with the justice system than other young people. Many factors associated with this group and the life experiences of homelessness suggest a higher rate of involvement with police and the criminal justice.

There are no official statistics which routinely report the living situation of young people prior to being apprehended by police or their labour force status. In this context, the Cost of Youth Homelessness in Australia survey provides insights into the interactions with the justice system of young people experiencing homelessness and long-term unemployment. The Cost of Youth Homelessness in Australia survey asks questions such as whether a young person has been a 'victim of assault/robbery which resulted in police contact' and about 'being apprehended by the police'. Results indicate that homeless young people are six times more like to be a victim of assault/robbery and many times more likely to be apprehended as an offender by police when compared to the general community. The homeless cohort has a much higher incidence of reporting assault and theft. This is not surprising given the circumstances of the homeless cohort; the fact they are unable to secure their property and do not have safe or secure accommodation (MacKenzie et al, 2016b).

An important consideration for the justice dimension of homelessness, is the way laws disproportionately impact people experiencing homelessness. One example in WA is the Criminal Law Amendment (Simple Offences) Bill 2004 (WA). The law awards police the power to move people on from an area for 24 hours, if they believe the individual is causing disruption or likely to commit a crime. Failing to adhere to the order may result in a fine or arrest. As well as being potentially discriminatory, move on orders can be highly disruptive and distressing to people experiencing homelessness who may then need to relocate to another area with all their belongings. In June 2015, WA Police were also awarded the power to issue $500 on the spot fines for minor offences called 'Criminal Code Infringement Notices'. The Notices could be issued for offences including disorderly conduct in public places, such as using offensive or threatening language, as well as urinating in public. These police powers may be viewed as the criminalisation of homelessness, despite the complex range of issues that are associated with homelessness, including mental health (Findlay, 2017).

6.4   Summary

"Homelessness is bad for you", is the important idea stated succinctly by Johnson et al. (2008) and outlined in this Chapter across several dimensions through which the negative impacts manifest in cyclical ways. The experience of homelessness, especially chronic homelessness, has particularly acute negative impacts on the health and justice dimensions. In the literature there may be some debate about the temporal sequence of when and how mental illness, physical illness and interactions with the justice system present – before, or during homelessness. But Johnson et al. (2008) asserts that, "…it must not be forgotten that regardless of when problems develop, the consequences are much the same – because getting out becomes difficult and the probability of a long homeless career increases. For young people in particular, this has consequences that continue to shape their biographies well into their adult lives." The important learning is to develop responses that help people exit from homelessness as early as possible after becoming homeless, and importantly, to prevent people becoming homeless altogether.

7   The costs of homelessness

Homelessness is associated with low employment and income, high rates of health care utilisation and high levels of interaction with the justice system, all of which have associated costs to the community. In addition, homelessness service provision is costly. Against these costs are the costs of transitioning people into housing and maintaining tenancies. However, in the long run, transitioning people into permanent housing accrues cost savings over ongoing homelessness service provision.

7.1   Income support

Homelessness is associated with very low rates of employment, high levels of government income support and entrenched poverty. In Australia overall, 92.0% of Registry Week respondents reported receipt of regular income (Flatau et al., 2018). This proportion was similar in WA (90.8%) and is consistent with the WA SHS data (AIHW, 2018a) and our past research studies (Flatau et al., 2008b; Flatau & Zaretzky, 2008; Flatau et al., 2012; Zaretzky & Flatau, 2013; Zaretzky et al., 2013). Over 80% of clients of WA SHSs in 2016-2017 stated that a government income support payment was their main source of income, with 7.7% reporting another source of income, 7.6% reporting no income and 2.3% reporting that they were awaiting government income support (AIHW, 2018a).

However, only 48.1% of Registry Week respondents overall and 41.0% of Western Australian respondents reported that they had enough income on a fortnightly basis to meet all of their expenses and debts. The vast majority of respondents (90.3% overall and 92.8% in WA) reported that they had control over their finances, but around one third (30.1% overall and 33.3% in WA) reported that there was at least one person that believed the respondent owed them money.

Almost one in five (18.2%) Registry Week respondents overall and over one in four (25.8%) in WA had had a Centrelink breach in the previous six months. Rough sleepers Australia-wide and in WA were less likely to have enough money. In WA, rough sleepers were slightly more likely to have a pension card (35.6% of rough sleepers versus 32.6% non-rough sleepers), less likely to have a healthcare card (74.2% of rough sleepers versus 85.6% of non-rough sleepers), and more likely to have had a Centrelink breach in the previous 12 months (28.3% of rough sleepers versus 21.9% of non-rough sleepers). There were no pronounced differences in these rates between males and females, or Indigenous and non-Indigenous Australians.

The Cost of Youth Homelessness in Australia report (Mackenzie et al., 2016b) found that 52% of homeless youth were unemployed at the time of interview; that is, they were without work and reported that they were looking for work and available to start work. A lack of permanent accommodation and experiencing poor health or having a disability was as significantly affecting their ability to find work (Flatau et al., 2015).

The evidence base is very clear that homelessness is associated with high unemployment and high reliance on government income support costs and low taxation payments. Against population norms, this represents a very high cost to government (see for example Zaretzky & Flatau, 2013). Nevertheless, the research evidence suggests relatively weak improvements in employment outcomes following the provision of homelessness services.

Hence, potential large cost offsets are not generally realized. Increasing transition rates of those experiencing homelessness from non-employment to employment remains a critical policy objective.

7.2   Health and justice service utilisation costs

The extant research suggests a number of important relationships between health status and homelessness. As a consequence, people experiencing homelessness are over-represented in a range of health services such as emergency department presentations, hospital and psychiatric care leading to higher mean health care costs than for the general population (Culhane, Metraux, & Hadley, 2002; Flatau et al., 2008b.; Hwang, Weaver, Aubry, & Hoch, 2011; Flatau et al., 2012; Zaretzky et al., 2013; Zaretzky & Flatau, 2013; Conroy et al., 2014; Fazel et al., 2014; Cheung et al., 2015; Fuehrlein et al., 2015; Wood et al., 2016; Wood et al., 2017).

Using Registry Week data, Flatau et al. (2018) demonstrated the high use of acute healthcare services in WA (see Table 21 below). Overall, WA Registry Week respondents accessed acute healthcare services at higher rates than the national sample, with Fremantle respondents reporting slightly higher rates than the rest of Perth for accidents and emergency (A&E) and inpatient admissions, but lower for ambulance use.

Among all WA Registry Week respondents, A&E was the most frequently used healthcare service, with an average of 3.25 visits in the prior six months (Flatau et al., 2018). However, this mean includes the 42.8% of respondents that did not use A&E at all. When we exclude those that did not visit A&E in the prior six months, the mean increases to 5.06 visits. While inpatient use was the least used service out of the three for Australian respondents, in WA inpatient admissions was the second most utilised service, with 1.58 average inpatient admissions per person over the six month period prior to survey for all respondents. Again, when we exclude those that did not use the service, the mean for inpatient visits increases to 3.63 visits per person in the previous six months. Across all WA respondents, people had been taken to hospital in an ambulance an average of 1.51 times in the previous six months, and this more than doubles to 3.39 when we only look at those that had reported using an ambulance in the previous six months.

As with the broader Australian figures, mean acute health service use was higher among rough sleepers in WA in the six months prior to the survey compared with those not rough sleeping. WA rough sleepers had a mean of 3.79 visits to A&E, 1.92 inpatient admissions, and 1.65 trips via ambulance to hospital. This is consistent with people sleeping rough having poorer health outcomes.

Table 21: Mean number of uses of acute healthcare services in the six months prior to survey across all respondents, by type of service, by geographic region

	Fremantle	Rest of Perth	WA overall	Australia
Accidents and Emergency	3.37	3.24	3.25	2.50
Inpatient admissions	1.63	1.58	1.58	1.17
Trips to hospital via ambulance	1.46	1.51	1.51	1.42

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

Healthcare utilisation results in costs to the healthcare system. To calculate costs, we need to take into account the duration of the service utilisation, complexity of the condition or the level of support required. In the case of the Registry Week study (Flatau et al., 2018), Registry Week questions elicit self-report responses and do not take these factors into account, limiting the ability to calculate the cost of providing healthcare support, particularly for inpatient hospital use. To overcome this, publicly available national data for hospitals, A&E and ambulance use were used to estimate the cost per person on acute healthcare services. These figures reflect average time spent in hospital, hospital type and the case-mix of support. However, this may be distorted if those experiencing homelessness spend more or less time in hospital and use more or less resources than the average person. The estimates reported in Table 22 are conservative given that there is evidence that people experiencing homelessness on average stay in hospital longer than the population average (Hwang et al., 2011).

Table 22: Mean estimated per person cost (whole dollars), of acute healthcare service use in the six months prior to survey, by type of service, WA and Australia

	WA	Australia
Accidents and Emergency	$2,046	$1,578
Inpatient admissions	$8,272	$6,135
Trips to hospital via ambulance	$1,430	$1,347

Source: Registry Week Data Collections 2010-2017. Note: Excludes missing values.

The mean cost per person across all three types of healthcare services examined (A&E, ambulance and inpatient admissions) is estimated at $8,970 per person over a six month period. This cost is higher in WA at $11,664. Mean cost rises for rough sleepers compared with other homeless people, in line with the higher service utilisation.

Previous studies have shown that high healthcare costs are not distributed evenly across the homeless population, with a small number of people, particularly those sleeping rough with long durations of homelessness, incurring higher costs (Hwang et al., 2011; Fuehrlein et al., 2015; Zaretzky, Flatau, Spicer, Conroy, & Burns, 2017). This reigns true for Registry Week respondents in WA. If healthcare costs are only estimated for those respondents that accessed all three types of healthcare services, mean costs rise significantly to $24,987 per person/six months for the whole of Australia sample and $28,249 per person in Western Australia, or $56,498 per person over a 12 month period (if simply multiplied by two). These results demonstrate the large financial impact an estimated 10,000 people experiencing homelessness have on the Western Australian healthcare system. It is assumed that costs are higher still, given that Registry Week collections focus on inner city regions and do not include people in outer-metropolitan, regional and remote areas which are also reporting high rates of homelessness.

A study by Wood et al. (2016) provides an estimate of the potential economic impact of a reduction in health service use associated with provision of public housing and the National Partnership Agreement on Homelessness (NPAH) program. The NPAH provides support for homeless people and those at risk of homelessness through:

- The Housing Support Worker programs including support for people at risk of homelessness exiting correctional institutions, mental health units, and drug and alcohol treatment services,
- The Street to Home program for people who are sleeping rough and,
- The Homelessness Accommodation Support program for people exiting short or medium-term homelessness accommodation services.

When comparing the year prior to the provision of NPAH and public housing, and the year after, there was an overall decrease in frequency and duration of health service use among beneficiaries; resulting in a combined potential health system cost saving in Western Australia of $16.4 million per year or $4,846 per person per year. This increases to $13,273 per person per year if priority homeless clients are excluded. This study showed that the costs of providing NPAH to people experiencing or at risk of homelessness is less than half the cost offsets, demonstrating large potential cost savings to government budgets.

In a review of the Western Australian 50 Lives 50 Homes campaign, the majority of respondents reported that they would go to a hospital (opposed to a GP) if feeling unwell (Wood et al., 2017). Reports of active avoidance and challenges towards accessing primary health care services may be responsible for this (Fazel et al., 2014; Chau et al, 2002). To combat access issues there is a movement towards improving access to primary healthcare services through existing homelessness service provision in WA through services such as Homeless Healthcare and Street Doctor.

MacKenzie et al. (2016b) examined the health and justice costs of youth homelessness in Australia and on the basis of self-report data found that combined costs of young people experiencing homelessness was an average of $17,868 per person per year ($14,986 per person per year more than a comparison unemployed youth group). These costs do not include the additional lifetime impact of early school leaving and low engagement with employment. In addition, they found that the Australian economy spent an estimated $747 million annually on additional health and justice services in 2014-15 on 41,780 young people aged 15-24 who presented to specialist homelessness services alone (without family).

In the case of Justice Issues, MacKenzie et al. (2016) found that the cost to the Australian economy was an average of $9,363 per person per year or $391 million across all young people aged 15-24 accessing Specialist Homelessness Services. This is $8,242 per person per year more than for long-term unemployed youth who were not experiencing homelessness.

In addition, costs to the Australia economy of health services associated with young people experiencing homelessness was estimated at an average of $8,505 per person per year or $355 million across all young people aged 15-24 accessing Specialist Homelessness Services.

7.3 Summary

Cost effectiveness analysis provides measurable indicators that describe the economic costs and benefits of preventing and alleviating homelessness. These cost benefits are often most marked in the health domain as, relative to the general population, homeless individuals intensively use acute services such as emergency and crisis services to manage various chronic symptoms. The symptoms experienced are likely to worsen with ongoing

homelessness, and late stage intervention is more costly and less effective than preventative healthcare services. The result is significantly higher healthcare costs for homeless individuals relative to the overall population, therefore interventions to address homelessness often have the positive outcome of healthcare cost savings.

Cost effectiveness analysis is a comprehensive method of evaluating the effectiveness of homelessness interventions as it incorporates and balances quality of life outcomes for the individual with financial outcomes for the service system. This is positive news for policy makers designing interventions for people who experience homelessness who may need to justify investment. The key message, supported by research, is that investment in responses to address homelessness is a highly justified use of funds, especially when considering the long term economic and human costs of not intervening.

8　Evidence-based principles for effective homelessness interventions

This chapter outlines what we know from the literature about evidence for effective homelessness interventions. Whether they be models, approaches or principles, the important thing is their strong basis in evidence, and that all of these elements should be considered for a successful long term system level approach to end homelessness. In addition, any approach to ending homelessness should involve responses that are integrated across the system. An outline of this is provided in Figure 11. The elements with a strong evidence-base will be highlighted in this Chapter.

Figure 11: Model for an effective approach to end homelessness
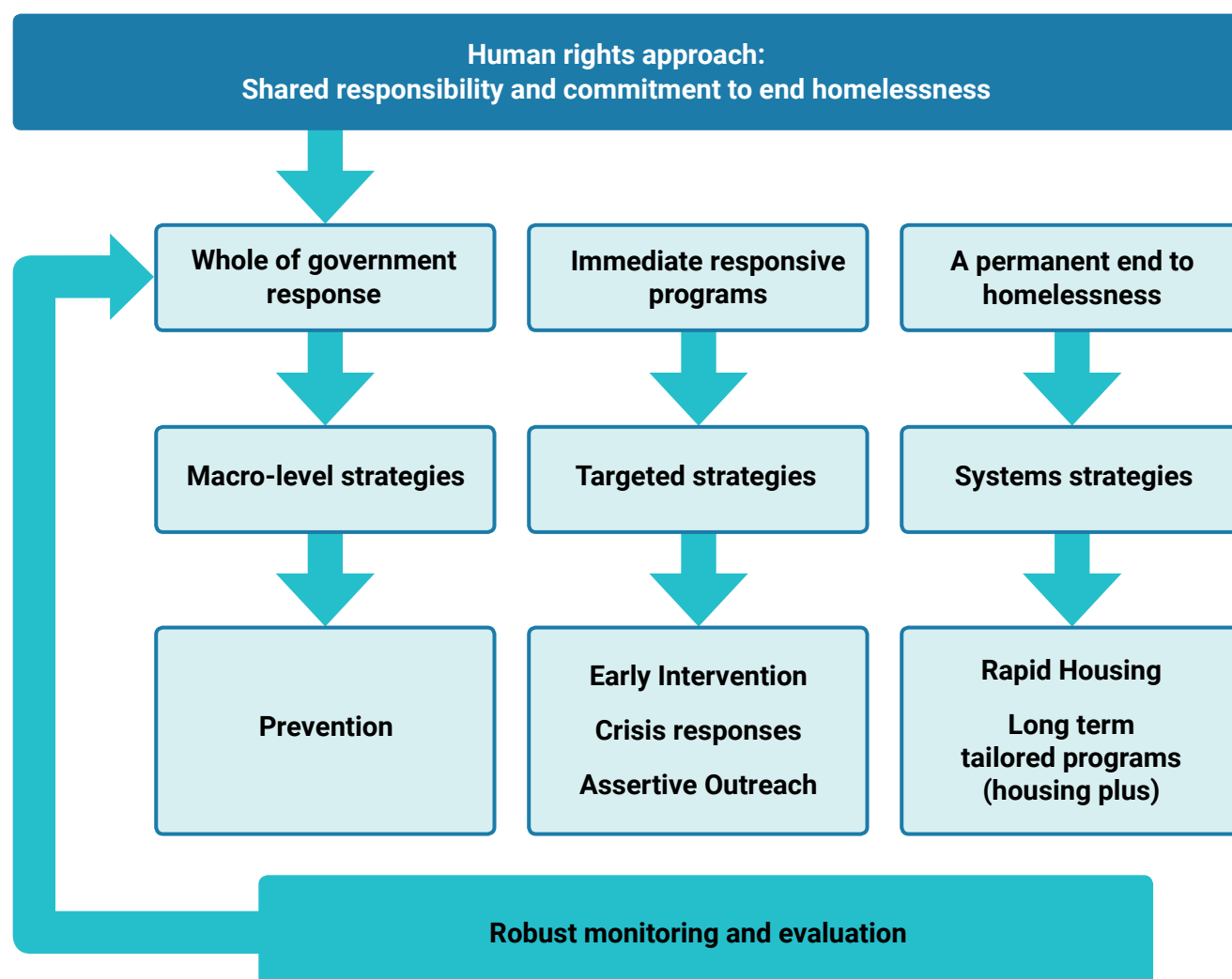
At a governance level, the ability to galvanise support to end homelessness is critical. People speak about political will being the main barrier to ending homelessness. Of all the issues that government face, homelessness is one area that most urgently requires strong commitment across government as it involves working in multiple spaces at once – youth,

families, mental health, alcohol and drug, justice and legal issues, education, training, employment etc. The ability to achieve successful outcomes across all of these domains is linked to housing. While vision, leadership and funding are required, quality, evidence-based responses are needed at a local level, including local government level.

8.1 Human rights approach

A human rights based approach frames homelessness in a way that makes housing deprivation everyone's business. The International Covenant on Economic, Social and Cultural Rights recognises that every person has a right to an adequate standard of living, which includes a right to housing (Australian Human Rights Commission, 2009). In Ireland, the Human Rights Based Approach has been used successfully for improving access to housing. The framework allowed homelessness to be considered alongside measurable indicators of human rights violations. For example, the impact of poor housing on health of tenants was an integral element in instigating change (Hearne & Kenna, 2014).

In Australia, the right to housing is recognised, and has been included in documents such as Australia's National Action Plan on Human Rights. Without a right to housing many other basic rights are compromised. The Australian Human Rights Commission considers that any response to homelessness in Australia must adopt a human rights-based approach if it is to be effective (Australian Human Rights Commission, 2009).

8.2 Prevention and early intervention

Preventative approaches to addressing homelessness inherently focus on stopping homelessness before it happens, or stopping it from re-occurring (Gilbert, 2012). The line between prevention and early intervention is blurred and is not necessarily consequential to policy or practice. In our view, prevention can be distinguished from early intervention as it is not necessarily targeted at groups that are already at risk of homelessness. For example, as family violence is a major cause of homelessness for women and young people, a component of a national strategy to end domestic violence is a preventative approach to addressing homelessness (AIHW, 2018b). Preventative approaches are, therefore, often macro-level strategies that build the sociocultural foundations required to eliminate homelessness, addressing the risk factors for homelessness at the societal level.

Early intervention strategies focus on diverting those that are on pathways to homelessness away from homelessness by addressing the risk factors facing those individuals or cohorts. Examples of early intervention strategies include:

- Education programs for young offenders
- Tenancy support for private tenants at risk of homelessness
- Transitional support for women leaving domestic violence.

Many early intervention programs are labelled as prevention and, again, this is a minor definitional issue. Prevention strategies aim to stop homelessness before it happens, and early intervention with those at risk of homelessness is critical to achieving this. However, the other aspect of prevention is creating a societal environment that is essentially inhospitable to homelessness. This includes building a housing system that is accessible

to vulnerable households, improving employment opportunities for those with poor employment histories, reducing risk factors across the entire population, fostering cultural attitudes that view homelessness as unacceptable and promoting social inclusion and strong communities as well as widespread support for nurturing healthy relationships (such as early parenting programs).

Regardless of whether these types of approaches are labelled as prevention or early intervention, addressing homelessness before it happens or before a cycle of homelessness and subsequent entrenchment occurs, is the most effective and cost-effective approach to ending homelessness (FaHCSIA, 2012). Lacking a permanent home creates major obstacles to meeting basic needs on a day-to-day basis like obtaining employment, which further inhibits exiting homelessness (Kurlychek, Brame, & Bushway, 2006). Further, homelessness itself can be a form of trauma (Goodman, Saxe, & Harvey, 1991). Therefore, the economic and psychological consequences of homelessness compound the structural and individual factors that preceded an individual's homelessness, meaning that both the antecedents and consequences need to be addressed in order for an individual to make a sustained exit from homelessness.

8.3   Assertive outreach

Street-based or assertive outreach is a service delivery model that brings services, often mobile services, to individuals in public places such as train stations, parks and abandoned buildings. Workers actively approach potential people on the streets and offer support related to accommodation and care. Street-based outreach enables workers to respond directly and immediately to a person's needs by bringing services to people rather than waiting for individuals to come to services on their own (McMurray-Avila, 2001).

One US study found that help-seeking behaviour was affected by experiences with the service system, particularly when first becoming homeless (O'Toole et al., 2007). A community-based survey of 230 homeless adults in Pittsburgh and Pennsylvania (USA) revealed that the most common reason for seeking assistance was to meet an immediate need, rather than for their homelessness. The authors postulate that clients' help-seeking behaviour at sites such as soup kitchens indicated a lack of confidence (or knowledge) about the broader housing, support, and clinical services that may be available. And that "the process of help-seeking is often overwhelmed by the need for meeting daily subsistence needs". The authors conclude that targeted outreach and integrating several interventions at 'first stop' sites (e.g. the co-location of substance abuse treatment and other services) are the kinds of models to be pursued to engage homeless persons earlier in the course of their homelessness, shortening the duration and consequences of this condition.

In the WA context, the Street to Home program is an exemplar example of the assertive outreach approach. This is explored in Chapter Nine.

8.4   Housing first and rapid housing

Historically, homelessness interventions have focused on addressing the issues surrounding an individual's homelessness, such as drug addiction and mental health issues, with the aim of preparing them for an eventual tenancy. The logic is theoretically sound – an individual is much more likely to obtain and successfully sustain a tenancy

if the individual-level factors that contributed to their homelessness are under control (Tsemberis, Gulcur, & Nakae, 2004). However, this approach undervalues the impact of stable housing itself for addressing the individual-level factors (Padgett, Gulcur, & Tsemberis, 2006). For example, it is much easier for an individual to access mental health services on a regular basis and from the same service (facilitating continuity of care) if the individual is in a stable location. In addition, through stable housing, the individual is insulated from the dangers or instabilities of the lifestyle of homelessness that compound mental health problems. Consequently, through providing stable accommodation the effectiveness of the mental health service with regard to addressing the formerly homeless individual's mental health issues increases which, in turn, increases the cost effectiveness of the services. Stable housing, particularly with wraparound support, also decreases the cost of service utilisation over time as an individual has greater ability to access in-home and preventative services which have a substantially lower unit cost than crisis and emergency accommodation (Wood et al., 2016; Zaretzky & Flatau, 2013).

The evidence for the effectiveness of stable housing in addressing the issues surrounding homelessness, and the relative cost-effectiveness of doing so, has led to widespread adoption of the 'Housing First' approach internationally and in Australia.

The Housing First model, which focuses first on attainment of permanent housing, then the provision of support for surrounding issues to prevent re-entry into homelessness (Culhane et al., 2002; Conroy et al., 2014) underpins all current strategies to end homelessness in Australia. The homelessness services that initiated Registry Weeks in Australia, the Australian Alliance to End Homelessness (AAEH), shared the principles of evidence-based responses to homelessness, in particular a focus on Housing First and rapid re-housing approaches. Similarly, the Western Australian Alliance to End Homelessness' (WAAEH) 10-Year Plan to End Homelessness in WA is built on the principle that the rapid provision of stable housing is key to ending the cycle of homelessness. In addition to the overall commitment to ending homelessness in Australia, many agencies within the AAEH and WAAEH have led innovative, Housing First interventions to address homelessness such as the 500 Lives, 500 Homes project led by Micah Projects in Brisbane and the 50 Lives, 50 Homes project led by Ruah Community Services in Perth.

8.5   Crisis responses linked to long term permanent housing responses

Related to the above is the need to critically examine the balance between the focus on meeting immediate needs and addressing the deeper circumstances surrounding a person's homelessness journey and providing a secure path to permanent housing. Crisis responses to homelessness address an immediate need. For example, a young adult who has been physically assaulted by a family member may access emergency accommodation at a youth hostel. These types of services are essential – people in crisis need somewhere to go and immediate assistance. However, these services are not always designed to address the issues surrounding a person's homelessness nor do they provide a mechanism for a transition to permanent housing and therefore may have high rates of repeat visits (Flatau et al., 2006).

The development of long term approaches to addressing homelessness has come out of the realisation of the ineffectiveness of a crisis response alone at reducing homelessness in the long term for individuals (and therefore overall). Long term approaches that utilise an

intensive case management approach linked directly to housing whereby case managers are engaged with clients frequently and for longer time periods allow for the development of strong relationships and addressing of the broad array of attendant issues a homeless or formerly homeless individual faces. These types of interventions are relatively new in Australia, thus their cost effectiveness has not been comprehensively evaluated. However, results thus far indicate that strong outcomes are achieved (Flatau et al., 2018; Miscenko et al., 2017; Wood et al., 2017).

While crisis services will refer the client to services to address their surrounding needs, it is up to the client to pursue these and they may not be well-placed to access these services. Any service design needs to consider ways to address people's immediate needs while also making effective referrals to long term services that will address rather than just manage their homelessness. This may involve better integration, coordination and referral pathways between crisis and long term services.

Service fragmentation and duplication is a major barrier to the effectiveness and cost-effectiveness of the homelessness service system. Further, homelessness is a large and complex problem that requires intra- and cross-sector collaboration.

Collaborative case management, whereby government and non-government service providers work together to share best practice and leverage the existing service system have demonstrated strong outcomes for clients. Funders can preference and prioritise collaborative approaches to addressing homelessness to reduce competition over funding.

The NAHA explicitly links housing assistance to a social inclusion framework in Australia. The concept of social inclusion has generally been adopted by both government and non-government sectors across Australia as a principal framework for understanding and responding to multiple forms of overlapping and entrenched social and economic disadvantage (South Australian Social Inclusion Board, 2005).

In terms of homelessness services, the social inclusion concept overlaps with the idea of long term interventions that address homelessness. However, what is emphasised here is for services to not only meet the immediate needs of people who are homeless, but to also address the underlying cause of their homelessness which is usually based on their disconnection from the labour market, from family and friends, from culture and a positive identity, the community and access to cultural, civic and recreational outlets.

8.6 Tailored programs that are person-centred, trauma-informed, with wraparound support

Each individual will have a different journey into and out of homelessness. Programs to address homelessness therefore need to have inbuilt flexibility to adapt to each individual's needs. While prioritising housing is key to effectively addressing homelessness, it is not the panacea on its own as the issues surrounding homelessness are multiple and complex. Wraparound support to address these needs, for example drug and alcohol treatment and employment services, is essential to sustaining tenancies, improving the wellbeing of formerly homeless people, and preventing return to homelessness.

With the individual in mind, services also need to be long term to create the stability needed to achieve lasting outcomes. Trauma-informed care and practices that acknowledge the

fundamental role of loss and grief also need to be followed as trauma and/or loss and grief is a major antecedent of homelessness, homelessness exposes an individual to much greater risk of traumatic experiences, and the experience of homelessness can itself be conceptualised as trauma. Broadly, trauma informed services are those where workers are cognisant of and sensitive to a person's trauma and how it may present during treatment. Trauma-informed principles strongly advocate for the building of trust and relationships through transparency and the inclusion of client voice in treatment.

8.7   Robust monitoring and evaluation

Any program or intervention needs to be evaluated. At a basic level, evaluation identifies whether a difference was made and thus whether the program or intervention should continue. Homelessness is an entrenched, complex and costly issue, and the goal is to eliminate rather than manage it. Therefore, any interventions should be evaluated with regard to:

Process: Was the intervention implemented as intended? For example, were adequate numbers of clients (and staff) recruited in an appropriate time frame, were the intended services delivered, were targeted minimum engagement periods achieved, and was the budget adhered to?

Outcome: Did the program make the difference it intended to make? For example, were clients housed and did they sustain that housing? Did their mental health improve, did their risk of substance abuse decrease, and did their health service utilisation change?

Impact: What broad, long term impacts did the program make? For example, did homelessness statistics improve? Did the intervention bring about positive change in service delivery?

Economic: Analysis of the costs, benefits, and cost-effectiveness of the program.

Outcome, impact, and economic evaluation should all be measured against a counterfactual (what would have happened had the intervention not occurred). A counterfactual can be established through the implementation of a randomised control trial design when evaluating a program, or a quasi-experimental design. Administrative linked data can be used to compare outcomes of a random sample with similar characteristics against the control group. Alternatively, changes in outcomes of a geographic region with similar characteristics (e.g., remoteness and population composition) can be compared with that of the geography of interest.

It is also important to develop an outcomes measurement framework in which outcomes across Western Australia are operationalised in indicators and evaluated against targets set for the entire service system. Given the need for a whole of government response to solve homelessness, an agreed way to measure effectiveness and to link various strategies and make sense of how they contribute to the same outcomes becomes even more important. An outcomes measurement framework can also contain indicators that align with evidence-based best practice principles, and this will ensure that all interventions are assessed appropriately. A comprehensive outcomes measurement system would be able to be applied across different sectors, and include outcomes, indicators, and targets operationalised with a data dictionary. It would utilise all available data and develop

options surrounding the use of linked administrative data and longitudinal data that will allow analysis of the journeys followed by those experiencing homelessness.

8.8   Responsive policy

Policy should be responsive to the evidence produced through research on needs in WA and the results of evaluation. For example, if research identifies the "three strikes" eviction rule for public housing as a major contributor to indigenous homelessness, a policy mandating proactive and intensive intervention at the second strike to identify and address the underlying causes of the "strikes" could be introduced. In the same vein, if evaluation reveals that Housing First approaches are the most effective and cost-effective way to end rough sleeping, policies around the prioritisation of housing and the funding of programs with a Housing First approach could be introduced.

9 Planning responses to homelessness in Western Australia

9.1 Needs to address in Western Australia

9.1.1 Needs as expressed by people with a lived experience

Including the voice of people with a lived experience of homelessness is critical for designing and implementing effective responses to homelessness. The sheer complexity and variety of individual pathways to and from homelessness means that hearing from individuals is even more critical.

Over 4,500 respondents in Australia's Registry Week answered the open-ended question "What do you need to be safe and well?"

Basic needs ranked the most highly

Housing/shelter was overwhelmingly the most frequently raised need, with 84% of respondents referencing a house, home, accommodation, shelter, or roof.

Food was mentioned by a substantial proportion of respondents, often in conjunction with shelter, and physical safety for themselves and their belongings was also a concern.

Healthcare is critical

Accessible, affordable, and regular healthcare services for both general physical and mental health were mentioned by many participants.

Resources

Financial resources, referred to as money, income, stable income, financial security and stability were a prominent concern. Over 500 participants mentioned that they want a job or employment.

Opportunities to connect

Love and belongingness were identified as key factors for many respondents. These needs varied and included reuniting with family, developing a strong social support network, and maintaining supports with agencies (Flatau et al., 2018).

It is perhaps no surprise that people who are experiencing homelessness

> **What do you need to be safe and well?**
>
> *"Permanent accommodation, good job, steady income, driving licence, relationship"*
>
> *"My own place, the ability to deal with problems and move towards employment"*
>
> *"My own space, stick to my drug program continue to see my psych"*
>
> *"New kidneys and a house to get out of the cold weather. I get sick all of the time"*
>
> *"Getting a house, mental health support, medication, family support/communication"*
>
> *"Get off the streets. Have somewhere where I can be with my pets and live a responsible life"*
>
> ***WA respondents, Registry Week***

or at risk of homelessness express first and foremost the need for a secure home. However, it is apparent from listening to people with a lived experience of homelessness that this desire represents more than a wish for a home; it is a need also for a foundation stone for getting lives back together again; forming relationships and being safe, addressing health issues and gaining employment to provide the financial security and resources to be able to navigate the world around them.

9.1.2 Priority groups for Western Australia identified in homelessness measures

Chapter Three outlined key findings from three significant nation-wide measures of homelessness. The following demographic groups (and cohorts defined by their main presenting needs) are significantly overrepresented in the homeless population, and therefore, should be targeted for strategies and support to prevent and address risks of homelessness:

- Indigenous people;
- People experiencing domestic and family violence;
- People living with mental health issues;
- Young people presenting alone (aged 15 to 24); and
- People with drug and alcohol use[2].

Further to this, of the population that experiences homelessness, the data sources indicate that the following issues may be **more acute in WA** compared to other states and territories:

- People experiencing homelessness in remote locations;
- People experiencing homelessness who also have interactions with the justice system and high rates of imprisonment;
- People sleeping rough; and
- People who may be needing services but do not, or cannot, access services for the homeless.

Tracking the hidden homeless in Western Australia

The identification of priority groups as shown above is necessarily limited by the definitions, measurement frameworks and data capture instruments used in the national measures. It is worth noting that, based on the review of literature, smaller evaluation studies, local research and anecdotal evidence, other groups may be important to track in WA, or to explore further:

- Veterans;
- Older people, in particular older single women;
- People with a disability;

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2   This list is based on SHS data – these population groups access homelessness services at a greater rate than other population groups, and are therefore more likely to be experiencing homelessness or to be at risk of homelessness

- Culturally and linguistically diverse populations, refugees or newly arrived migrants; and
- Children under 12.

These groups may not be consistently visible as highly vulnerable populations across all three of the big homelessness measures. However, as outlined in the discussion of limitations, data sources handle different demographic information and there are various sampling, definitional, or data collection methodologies that may obscure the homelessness of certain groups. There seems to be enough evidence to indicate that these groups should be on the radar at least as populations of potential vulnerability, or in need of further locally-based research and consultation.

9.1.3 Targeting strategies for priority populations of Western Australia

While each individual will have a unique pathway into and out of homelessness, there are antecedents, consequences and facilitators that are common to particular demographics, which is verified by a significant body of research; academic studies, evaluations and meta-analyses. Table 23 presents examples of evidence that can be used to guide the targeting of strategies. Note that these factors identified are not necessarily unique to the cohort to which they are listed, nor will every individual encounter any or all of them—they are merely more common amongst the identified cohort—as is identified in the literature. Some cohorts or vulnerabilities may require more research.

Table 23: Antecedents, consequences and facilitators of exit of homelessness across cohorts

Cohort	Antecedents	Consequences	Facilitators of exit
Indigenous Australians	Low income (Flatau, Coleman, Memmott, Baulderstone, & Slatter, 2008a) Larger households (Neutze, Sanders, & Jones, 2000) Discrimination (Birdsall-Jones, Corunna, Turner, Smart, & Shaw, 2010) Poor health (Flatau, Coleman, Memmott, Baulderstone, & Slatter, 2009) Debt (Flatau et al., 2009)	Loss of connection to culture (Anderson & Collins, 2014) Worsened health outcomes (Gracey & King, 2009) Justice system interaction (Memmott, 2006)	Culturally appropriate wraparound services (Flatau et al., 2008a) Culturally appropriate housing (Milligan, Phillips, Easthorpe, Liu, & Memmott,2011) Employment support (Milligan, Phillips, Easthope, & Memmott, 2010) Service integration (Memmott & Chambers, 2010) Tenancy support (Flatau et al. 2009)
Youth	Family breakdown (National Youth Commission, 2008) Mental health issues (Martijn & Sharpe, 2006) Poverty (Craig & Hodson, 1998) Justice system interaction (Kidd & Davidson, 2006) Substance abuse (Goering, Tomiczenko, Sheldon, Boydell, & Wasylenki, 2002)	Higher risk of long term homelessness (Chamberlain and Johnson, 2013) Low educational attainment (MacKenzie et al., 2016b) Medical issues (Hudson et al. 2010) Mental health issues (Slesnick & Prestopnik, 2005) Social isolation (Auerswald & Eyre, (2002)	Community participation (Heinze, Joefowicz, & Toro, 2010) Family connection (Milburn et al. 2011) Strong relationship with support service (Barker, 2010)
Men	Family breakdown (Chamberlain & Johnson, 2013) Unemployment (Shinn et al., 2007) Mental health disorder (Greenberg & Rosenheck, 2008) Substance abuse (Johnson & Chamberlain, 2008) Childhood trauma (Montgomery, Cutuli, Evans-Chase, Tregalia, & Culhane, 2013) Justice system interaction (Greenberg & Rosenheck, 2008)	High mortality rates (Hwang, 2000) High rates of acute medical conditions (Hwang, 2001) Justice system interaction (Greenberg & Rosenheck, 2008) Crime and recidivism (Kushel, Hahn, Evans, Bangsberg, & Moss, 2005)	Tailored intervention (Kim, Ford, Howard, & Bradford,2010) Positive social relationships (Padgett, Henwood, Abrams, & Drake, 2008) Intervention at hospital discharge (Herman et al., 2011; Forchuk et al., 2008) Housing first (Hwang et al. 2008)

Cohort	Antecedents	Consequences	Facilitators of exit
Women	Family violence (Baker, Cook, & Norris, 2003) Substance abuse (Padgett, Hawkins, Abrams, & Davis,. 2006) Mental health disorder (Teesson, Hodder, & Buhrich, 2004)	Physical and sexual victimisation (Wenzel, Koegel, & Gelberg, 2000) High mortality rates (Cheung & Hwang, 2004) Poor physical health (Nyamathi, Leake, & Gelberg, 2001)	Healthcare (Nyamathi et al., 2001) Childcare assistance (Finfgeld-Connett, 2010) Transitional housing (Laing, 2001) Positive social support (Nyamathi, Stein, & Swanson, 2000)
The elderly	Lack of home ownership (Ploeg, Hayward, Woodward, & Johnston, 2008) Low income (Sermons & Henry, 2010) Low education (Ploeg et al., 2008) Chronic illness (Lipmann, 2009) Psychiatric illness (Stergiopoulos & Herrmann, 2003)	Exposure to violence (Lipmann, 2009) Suicide (Prigerson, Desai, Liu-Mares, & Rosenheck, 2003) Worsened health outcomes (Garibaldi, Conde-Martel, & O'Toole, 2005)	Continuity of care (Ploeg et al., 2008) Non-hospital based care (Lipmann, 2009) Strong relationships with support services (Lipmann, 2009) Tailored intervention (Ploeg et al., 2008)
Veterans	Trauma (O'Connell, Kasprow, & Rosenheck, 2008) Brain injury (Flatau et al., 2018) Substance abuse (Tessler, Rosenheck, & Gamache, 2002) Psychiatric disorder (O'Connell et al., 2008)	High mortality rates (Kasprow & Rosenheck, 2000) Substance abuse (Rosenheck & Mares, 2007) Justice system interaction (Tsai, Rosenheck, Kasprow, & McGuire, 2014)	Intensive case management (O'Connell et al., 2008) Intervention at critical times (e.g. hospital discharge) (Kasprow & Rosenheck, 2007) Supported employment (Rosenheck & Mares, 2007)

While this table is by no means a comprehensive overview, it is enough of a sample to begin to identify some common threads that present across many of the above groups. Some common facilitators of exiting homelessness are:

• Housing and tenancy support;

• Positive social relationships;

• Tailored interventions;

• Access to appropriate physical and mental healthcare;

• Intervention at critical times;

• Culturally appropriate wraparound services;

• Access to legal support;

- Trauma informed care;
- A caring community and environment where social relationships can be formed or renewed on the right basis; and,
- Strong relationships with support services.

This aligns with what people with a lived experience have expressed: the need to permanently solve their homelessness not just through housing (although that was critical), but once they had stable housing they could address their health, drug and alcohol and employment issues.

Wraparound support, including physical and mental health services, alcohol and drug services, tenancy support, and employment services, is required both to facilitate and sustain a tenancy and the achievement of the individual's higher wellbeing needs.

Combining the views expressed by people with a lived experience of homelessness, with the statistical profile of the homeless population in Western Australia, and building into this a brief summary of literature about needs for various cohorts, we can begin to build a strong picture of an evidence-based approach to ending homelessness in WA. This is summarised and expressed in Figure 12: Needs identified for Western Australia. Importantly the needs identified for WA, feed directly into a 'housing plus' approach (housing first, then ongoing support for other needs), which is in itself an evidence-based, internationally recognised best-practice model for solving homelessness permanently.

Figure 12: Needs identified for Western Australia
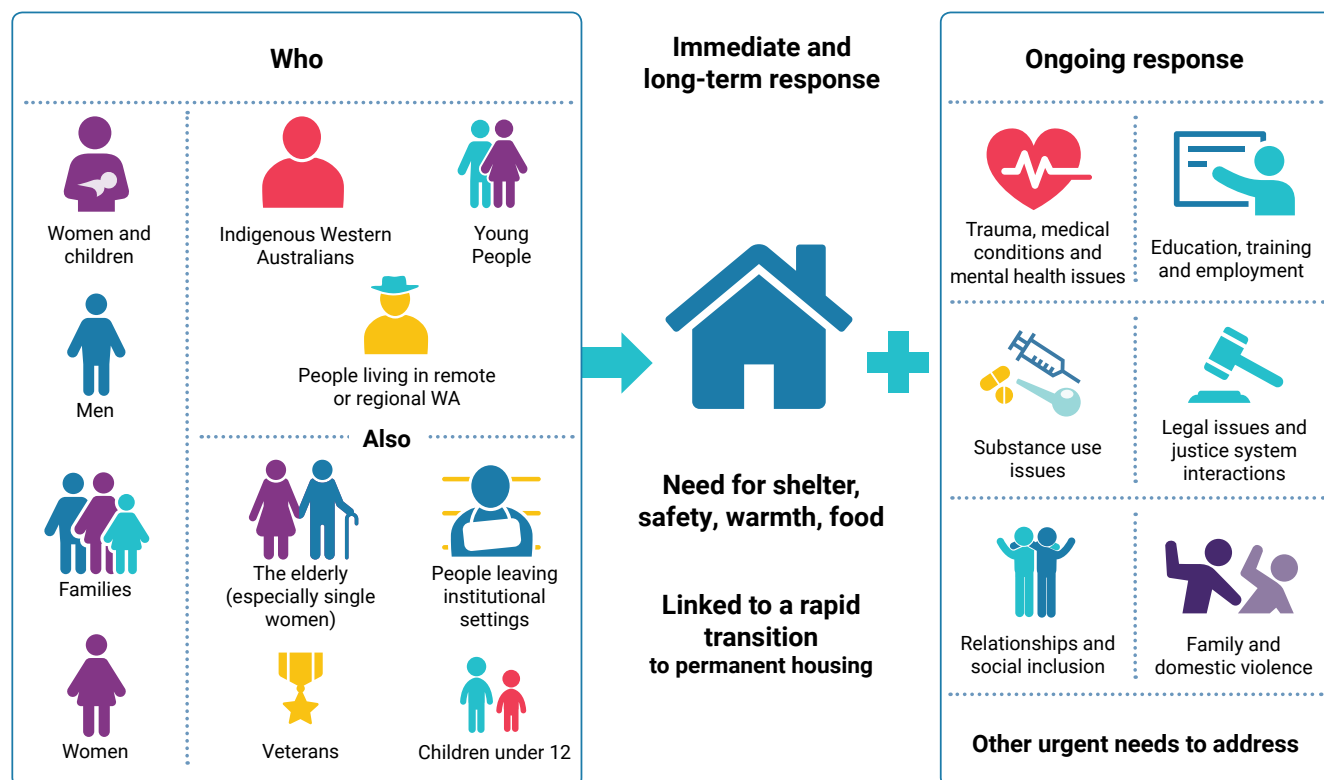
9.2 How the sector is doing in terms of meeting needs in Western Australia

9.2.1 Strengths in the sector in Western Australia

Enhancing capacity: recent achievements in Western Australia to end homelessness

The purpose of the present report was not to produce a sector review. However, it is important to note briefly some of the policies and interventions put in place in recent years in WA to reduce homelessness. Many of these achievements were supported through the Western Australian Implementation Plan for the National Partnership Agreement on Homelessness (NPAH), which was introduced in 2011.

- The Affordable Housing Strategy 2010-20: Opening Doors to Affordable Housing.

- Better integration of services and whole of government approaches.

- Self-directed brokerage funding for specialist homelessness services – allows clients to address their individual needs and optimise case management.

- Direct housing pathways and funding for housing support workers in correctional services, drug and alcohol facilities and mental health services, and constructed new accommodation units for young people leaving child protection settings (Homelessness Australia, 2012).

- The Aboriginal Legal Service of WA Limited (ALSWA) has recently welcomed an announcement by the State Government (May 2018) that Western Australia will receive Federal funding to establish a state-wide 24 hour hotline, requiring police to call the ALSWA whenever an Aboriginal person is brought into a lock-up.

- The Wungening Aboriginal Corporation in partnership with Centrecare Incorporated is delivering the Department of Communities – Child Protection and Family Support (CPFS) Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (the EIFS Strategy).

- Royal Perth Hospital Homeless Team is now operating out of the Emergency Department of Royal Perth Hospital, as a collaboration between Royal Perth Hospital and the Homeless Healthcare General Practice.

Specialist homelessness services are achieving good results for individuals, and although they may not have the capacity to fully meet demand, they are providing excellent quality, non-stigmatising care for people experiencing homelessness or who are at risk of homelessness.

However there is more work to be done, especially in light of the fact that the commitment outlined in the White Paper *The Road Home* (FaHCSIA, 2008) to halve homelessness by 2020 will not come close to being achieved.

A rich service system

Western Australia has a web of specialist services and mainstream supports that address homelessness and people at risk of homelessness. A comprehensive database of Western Australian housing support services is maintained by Shelter WA; the WA

Housing Hub: http://options.wahousinghub.org.au/. Also relevant is the service directory on the Department for Child Protection and Family Support's website, which also includes a 'Services by location' page (https://www.dcp.wa.gov.au/servicescommunity/Pages/Services%20by%20type.aspx)

An environmental scan, or a deep analysis of the coverage and spread of services across at-risk groups, demographic cohorts and geographic areas was not possible or in scope for this review. However, a very cursory scan of a random sample of services indicates that Western Australia has a well-developed system of supports that extends to diverse range of cohorts, has coverage across the state including the Pilbara and Kimberley, directly addresses risk groups based on evidence, and involves a mix of crisis services that address immediate needs, as well as ongoing supports that can address the antecedents of homelessness. Table 24: Examples of homelessness services in Western Australia below provides some examples of the categories of support services and particular services that are available in Western Australia.

Table 24: Examples of homelessness services in Western Australia

Examples of services offering support on the homelessness continuum			
Crisis Accommodation	**Transitional Accommodation**	**Tenancy Support**	**Wraparound support**
Chrysalis House Women's Refuge **Horizon House** **Ngaringga Ngurra Safe House** **St. Bartholomew's Homeless Services**	Kensington Street Transitional Accommodation Outcare Perth Inner City Youth Service Household Network UnitingCare West Accommodation and Support Program	Anglicare WA Family Housing Program Tenancy WA Red Cross Private Tenancy Support Service Centrecare Private Rental Advocacy and Support Service	Aboriginal Alcohol and Drug Service City of Stirling Financial Counselling Service Fresh Start Recovery Program Homeless Healthcare
Examples of supports targeted to specific at-risk groups			
Substance use	**Domestic violence**	**Indigenous people**	**Young people**
Bridge House **Sobering up/Detox/ Rehabilitation facility for adults including homeless or at risk of homelessness**	Esperance Crisis Accommodation Service Supported and/or safe accommodation to women, with/or without accompanying children, who as a result of family and domestic violence or other crisis.	Centrecare Indigenous Family Program Support families to protect their children and family as well advocate on issues such as housing, employment, education, health, alcohol and drug abuse and domestic violence	Wanslea Family Services Inc Preparing young people for Leaving Care and After Care Services - Peel and South Rockingham

However, what is not clear is how well integrated homelessness services are with each other, with 'mainstream' legal, health and justice services and with direct employment opportunities. As other statistical evidence throughout this Review suggests, there remains unmet need in Western Australia and it is recommended that further research is conducted to identify gaps in the service system across areas of need and across regions. Some questions to guide further exploration of the robustness of the service system in WA, might be:

- What is the return rate of people to crisis services?

- What is the transition rate into housing and the tenancy sustainability rate for people who are homeless, or maintaining tenancy where people are at risk of homelessness?

- How well (and immediately) do crisis services support people to access ongoing supports (wraparound support, tenancy support, case management etc.)?

- How well can services reach the 'hidden' homeless, in particular people sleeping rough, and do more than just meet immediate needs for those experiencing chronic homelessness?

- To what extent do services cater for people who do not self-identify as homeless?

- How flexible are services to the changing profile of the homeless population?

- Are specialist Aboriginal services led by Aboriginal people, and are they culturally safe and appropriate?

- How well do services collaborate, and are they able to provide a simple integrated response for individuals?

- How well do services meet the self-identified needs of people experiencing homelessness?

Models of best-practice to end homelessness

In Western Australia, there has also been recent take-up of best-practice, intensive support service delivery models, that aim to address immediate needs while also addressing the causes of homelessness. Some examples include Anglicare's Foyer Oxford, Ruah's 50 Lives, 50 Homes, Street to Home, and Safe at Home, with the latter two funded through the National Partnership Agreement on Homelessness.

The following is a summary of some excellent examples in WA of programs with sound theoretical underpinnings that have been independently evaluated, and that are achieving successful long term outcomes for clients.

Foyer Oxford

Based on the international Foyer Model, the WA implementation provides accommodation, wraparound support and links to education and training for young people. The target of 80% resident engagement in employment, education or training was met by single residents (Jan-June 2018) and 72% across all residents.

50 Lives 50 Homes

50 Lives 50 Homes focuses on rapid transition to housing providing long-term, supported housing for people rough sleeping. Support includes collaborative case management with backbone support by Ruah and wraparound support focused primarily on health supports.

Collaborative partnerships involve 27 agencies. Between 2016 and 2017, 107 people have been housed in 78 homes which has been shown to reduce emergency department presentations by 31%.

Safe at Home

Safe at Home provides support for women and children experiencing domestic violence to stay in their homes where it is safe to do so. Case management support is provided for women and children to stay in their homes. In addition, links to police (e.g. to assist in obtaining Violence Restraining Orders), specialist risk assessments of staying in the home for the women and children, and safety upgrades to the home, the Safe at Home also aims to provide brokerage funds to stabilise housing and increase security. Data 440 clients indicates (though not conclusively) that 77% of clients may have stayed in the family home during a specified study period.

Street to Home

Street to Home is a collaborative model focused on ending rough sleepers' homelessness. Street to Home comprises three assertive outreach teams, five housing support worker services and a mobile clinical outreach team. The assertive outreach teams locate and engage rough sleepers, and address their most pressing needs. Housing support worker services provide support to maintain accommodation and facilitate engagement with general health, mental health and drug and alcohol services. The mobile clinical outreach teams provide assertive clinical assessment and treatment for rough sleepers with serious mental illness and substance abuse issues.

An evaluation found that out of the 197 clients that had engaged with the program 12 or more months prior to the evaluation period, at least 67% maintained their accommodation for 12 months or greater. Of those accommodated in public housing, 90% retained their tenancy for 12 months or more.

A Place to Call Home

One of the initiatives implemented as part of the National Partnership to date in WA has been the A Place to Call Home initiative. This involved 34 properties purchased and support delivered for at least 13 months with security of tenure by 13 community services organisations: Anglicare, Centrecare, the Fremantle Multicultural Centre, Hills Community Support Group, MercyCare, Mission Australia, Ruah Community Services, St Bartholomew's House, St Patrick's Community Support, the Salvation Army and Swan Emergency Accommodation.

Royal Perth Homeless Team

The Royal Perth Homeless Team commenced in July 2016 as a collaboration between Royal Perth Hospital and the Homeless Healthcare General Practice. The core aim of the is to improve outcomes for homeless patients by supporting them through their time in hospital, improving discharge planning and continuity of care and linking them with community-based services to address their underlying health and psychosocial needs (Gazey et al., 2018).

Alliance to End Homelessness

The Western Australian Alliance to End Homelessness is an example of a community-based response to homelessness. Organisations based in the community are valuable in bringing together diverse expertise and enabling collaboration and engagement with ending homelessness across various sectors.

See **Appendix A** for more information on these services.

9.2.2 Gaps in the service system in Western Australia

Indicators of unmet need

As outlined in Chapter Three there is evidence that in WA services are not adequately meeting needs of the population of people experiencing homelessness. Specialist Homelessness Services (SHS) data (2016-17) shows each day in WA 67 requests for assistance went unmet. Australia-wide this figure is 261, indicating that about one quarter of all unmet requests were based in WA. Significantly, SHS data also found a large difference between WA and the overall results for Australia in terms of the length of support received and accommodation provided. The median length of support received was 18 days in WA, compared with 37 days in Australia. The median length of accommodation provided was only 12 days in WA, compared with 33 days in Australia (Table 25).

Table 25: Specialist Homelessness Services Data support received by clients in terms of overall percentages, 2016–17 in WA and Australia

		WA	Australia
Support received	Median length of support (days)	18	37
	Median length of accommodation (nights)	12	33

Census data also indicates that WA had one of the highest rates of people sleeping rough, yet the lowest rate of persons in supported accommodation. In WA there were 1,083 people sleeping rough on Census night, which represents 13% of all people sleeping rough nationally (the WA population was 10.6% of the national population in 2016). This was the second highest rate of persons (per 10,000 of the population) living in improvised dwellings, tents or sleeping out, after the NT. The count of people sleeping rough in WA has also increased between 2% and 3% in the last five years.

WA had the lowest rate (per 10,000 of the population) of persons in supported accommodation for the homeless, which perhaps reflects the fact that the provision of such services in WA is less effective at meeting needs than in other states and territories (Table 26).

Table 26: Rate per 10,000 of the population of homeless population in WA and Australia

	WA rate per 10,000 of the population	Australia rate per 10,000 of the population
Persons living in improvised dwellings, tents, or sleeping out	4.4	3.5
Persons in supported accommodation for the homeless	4.3	9.1
Persons staying temporarily with other households	7.9	7.6

Housing outcomes are described for clients of SHSs whose support had ended and housing situation was known. In spite of the constraints facing the WA service system, a sizeable minority of clients are supported to enter housing. In WA of the over 6,400 clients who were homeless when they started receiving support from homeless services, about 35% (nearly 2,300 clients) were assisted into housing. Of these clients, 51% (around 1,100 clients) were housed in public/community housing, while nearly 46% (around 1,000 clients) were housed in private/other housing.

Of the 9,600 SHS clients who began support housed but at risk of homelessness, 90% were assisted to maintain housing. Of these clients at risk: Around 3,900 (88%) of those in public/community housing were assisted to remain in their tenancy and a further 4% (around 160) were assisted into private/other housing. Over 4,000 (84%) of those in private/other housing were assisted to remain in their tenancy and a further 5% (260) were assisted into public/ community housing.

One other indicator of unmet need is the high levels of homelessness in remote areas of the State. An environmental scan is recommended to understand exactly the spread of services across the State, and where there are gaps.

Inconsistent local government engagement

Some preliminary research indicates that there are some initiatives (programs, committees, advisory groups, etc.) to end homelessness in Western Australia at a local council level (Findlay, 2017). However, these tend to vary considerably in terms of how they address the cycles and causes of homelessness, and social inclusion. There is evidence that some local councils are doing excellent work in implementing effective solutions to support homeless people or address the causes of homelessness, and also provide housing. In one example a metropolitan city council offers support for people leaving family and domestic violence situations, runs a women's refuge, and the 'Safe at Home' Program. Other councils, however have limited involvement in addressing the causes of homelessness or mainly support services that address immediate needs such as soup kitchens, or supporting local charitable organisations.

Perhaps due to historic, systemic stigmatisation, in some city councils the person with the homelessness portfolio often sits within the community safety team. Thus the bulk of their work is imagined through this lens of safety. This is reflected in some local government homelessness strategies where it is not uncommon to see language such as 'nuisance', 'anti-social behaviour', and linking the issue solely as the responsibility of police, law

enforcement, crime prevention and programs such as 'Eyes on the Street'. This language feeds discrimination and intolerance, which worsens the experience of social exclusion and moves away from a human rights-based approach, which as discussed earlier, is needed to effectively address homelessness.

There is evidence, however, that the local government sector in WA is changing and many local governments are beginning to change their agenda around homelessness, with some quite exceptional examples. Shelter WA has recently developed a 'Local Government Homelessness Toolkit' to support this change.

Lack of systems integration

A lack of system integration and complexity have been identified as barriers to people in WA accessing existing mainstream and specialist homelessness services. In the WA context, people who are or have been homeless also report a lack of knowledge of available services, and poor visibility of services, especially when they are newly homeless (Flatau et al., 2013b). Planning needs to be done to ensure that people can be referred to appropriate supports when they interact with broad points in the service system (for example, ensuring links and/or relationships are established if a person visits an Emergency Department, such as in the work of the Royal Perth Hospital Homeless Team).

Funding that is not representative of need

Figure 13: Breakdown of WA government funding of homelessness and homelessness related services

- Family and Domestic Violence Services
- Youth Services
- Homelessness Accommodation Services
- Housing Support
- Other Homelessness Service
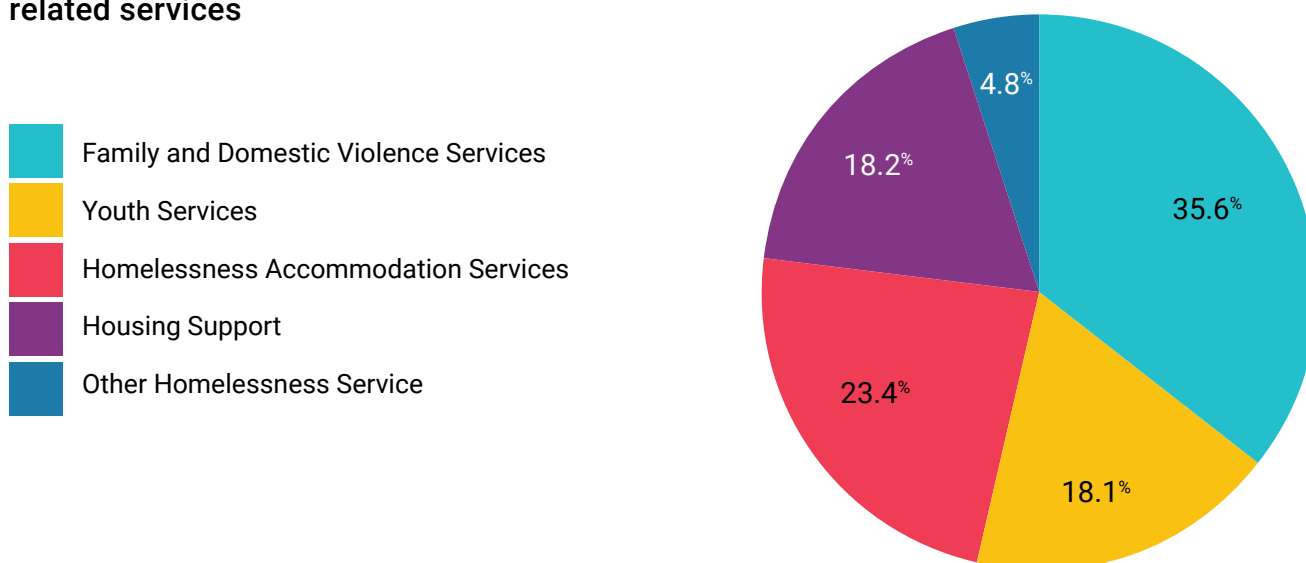
Source: Department of Communities, WA

Figure 13 indicates that funding in WA is responsive to evidence – for example it is clear that a good proportion of people (adults, young people and children) who become homeless have had experiences of family and domestic violence – which represents 35.6% of the funding of services. Also, young people are a priority group, in terms of being overrepresented as well as from an early interventions perspective (i.e., to prevent a lifetime of episodic or chronic homelessness) and this is represented, with almost a quarter (23.4%) of funding allocated to youth services.

However, what is missing from this picture is specific allocations for addressing Indigenous people who are homeless or at risk of homelessness. Indigenous Western Australians represent almost one third of all homeless people, and this area of need should be reflected in funding models.

Other specific needs that may need more focus

As indicated by evidence presented in Chapter Three data indicates other specific needs to be addressed around:

- Supporting Indigenous people to prevent and exit homelessness
- A focused response to the legal needs of people experiencing homelessness
- Direct employment options for people exiting homelessness
- A social or community platform for those transitioning into housing, so people can access social networks and address issues around social exclusion.

9.3   Summary

There are obvious challenges ahead if the service sector is to successfully end homelessness in Western Australia. However, as illustrated in Chapter Nine the foundations have already been established and a great deal of progress has been already achieved. While gaps and unmet needs are still apparent in the evidence, through harnessing the rich skills and expertise that exist across the State, through better integration, collaboration and building on evidence-based models that are already operating, it should be possible to make progress.

The challenges ahead are in identifying gaps, finding a good balance between specialist and targeted services, but services that are also flexible and open enough to accommodate for the changing, dynamic profile of the homeless population. Also, we need to think in innovative ways about how to cater for the 'hidden homeless', those at-risk of homelessness, and people whose housing situation is vulnerable but do not self-identify as homeless.

Chapter Ten will explore ways to potentially harness the existing strengths, expertise and skills in Western Australia and apply effort in different ways in order to achieve a better overall result, and to end homelessness in WA.

10 The way forward

Throughout this report we have emphasised the complex interaction of structural and individual factors that lead to people experiencing homelessness. To address homelessness across Western Australia we must consider interventions that address all factors, and ensure any policy or investment decisions are based on evidence-based principles and locally-identified needs, both of which were discussed in Chapters Eight and Nine.

This Chapter consolidates this work by presenting suggestions for appropriate system-level responses, based on what we know is already happening in WA, how well current activities align with the guiding principles, and where there are gaps that need to be addressed.

Some of this work falls outside the scope of this Review. For example, this Review has not involved sector consultation, service mapping/environmental scan, or SWOT analysis of the suitability of approaches to the local context – processes that would normally form the basis for navigating a way forward. Many of the suggestions are, therefore, based on indicative data only, and will need further consultation, investigation and research before decisions about implementation are made. Some of this work, particularly stakeholder engagement, will occur through the development of the 10-Year Strategy on Homelessness that is underway. It is led by the Department of Communities through the Supporting Communities Forum Working Group on Homelessness and is underpinned by a partnership between the community and public sectors. We believe it is nonetheless valuable to present ideas for consideration as a starting point and a possible framework for the way forward.

Responses have been considered across the following domains, with suggested priority areas and examples of strategies provided. An overview is outlined in Table 27.

Table 27: Suggested priority areas for WA

Domain	Priority areas
Leadership	Reenergise commitment across government to work together to end homelessness and facilitate a whole of government response
	Increase awareness and reduce stigmatisation of homelessness, including in institutional and service settings
	Employ community development principles; seek input from people with lived experience, promote community-led responses and engage local government in long term solutions
Addressing structural and individual causes	Prioritise prevention and early intervention initiatives for various identified pathways into homelessness, and disrupt early onset homelessness
	Improve housing affordability generally and housing supply options for homeless people to support Housing First/rapid housing approaches
	Urgent and focused attention is needed for the justice/legal dimensions and addressing Indigenous homelessness
	Refocus crisis services so they link immediately into permanent housing plus ongoing long term supports
Service planning	Investment in effective programs and services
	Enhance capacity to address unmet demand
	Extend service coverage to areas of need (e.g., remote areas of the State)
	Improve service integration, and use assertive outreach strategies to provide better supports for diverse groups and the 'hidden' homeless
Funding and investment	Examine funding structures in light of best practice principles, and adjust according to evidence about need (and unmet needs)
	Develop new funding models to sustain long term responses and support a diversification of the sources of funding that services rely on
Research and evaluation	Implement robust monitoring and evaluation practices that align with best practice principles
	Develop a comprehensive outcomes measurement framework that aligns with the State's 10-Year Strategy, national policy framework and agreed targets
	Invest in ongoing research that captures the changing profile of homelessness, that can fill in gaps and limitations of statistical measures, and that can inform responsive policy

10.1 Increase leadership and collaboration to end homelessness

10.1.1 Strengthen whole of government responses

Given the broad range of individual and structural drivers of homelessness (e.g., health and mental health, housing, employment, education etc.), any adequate response to homelessness must involve many portfolios across all levels of government including at the local government level.

Whole-of-government commitment to end homelessness was galvanized at a federal level with the 2008 White Paper *The Road Home* (FaHCSIA, 2008). At the state level WA is already working toward a more integrated 'whole of government' response which advocates that reducing homelessness is 'everyone's responsibility'. However, the work of promoting and collaborating across government should continue.

As noted in Chapter 9, there are some excellent initiatives (programs, committees, advisory groups, etc.) to end homelessness in Western Australia at a local council level (Findlay, 2017). However, there are still several local councils that, based on an overview by Findlay (2017), seem to lack an understanding of best-practice principles for resolving homelessness. These initiatives frame the issue of homelessness as one of community safety and consider the issue to be solely the responsibility of police, law enforcement and crime prevention, with programs such as 'Eyes on the Street'. This may imply a need for further resources, awareness and support at the local level in some jurisdictions.

By strengthening the capacity of government agencies, local government authorities, community sector organisations and volunteer and community-based groups to collaborate around homelessness, a concerted effort towards the prevention and reduction of homelessness can happen with much better outcomes for those most in need.

What to do next:

- Strengthen structures that are already in place that facilitate a whole of government response to homelessness (e.g., meaningful Memoranda of Understanding, working groups, forums).
- Identify new opportunities to partner with other departments around points of vulnerability and risks for homelessness.
- Engage with the local government sector to address the lack of a defined role for local government in relation to housing and homelessness.
- The 'no exits into homelessness' objective of the 2008 White Paper demands various government departments work together to support transitions from statutory, custodial care, health, mental health and drug and alcohol services. This is already happening in WA and needs to be monitored for effectiveness and perhaps expansion could be considered.

10.1.2 Promote awareness and reduce stigmatisation of homelessness

Common narratives about homelessness often contribute to stigmatising people experiencing homelessness by framing homelessness as something that individuals

bring upon themselves, rather than a systems failure and result of social exclusion across a variety of factors. Even worse, homelessness is often portrayed as an issue of public safety, particularly at the local government level. Examples of how this happens include associating it with criminal activity, encouraging first responses to involve neighbourhood watch, and calling the police.

Stigmatising language promotes fear and intolerance across the community, which may lead to further social exclusion and entrenchment for people experiencing homelessness. In addition, any crime-based approaches will not be effective at ending or reducing homelessness as they do not adhere to the principles for effective interventions. In addition, stigma creates barriers for people to access appropriate support and care.

To improve social inclusion and ultimately reduce homelessness we need to build a community that considers homelessness to be an unacceptable system failure (rather than the fault of individuals). Expressing hope about ending homelessness – for individuals and society as a whole – is also a significant step.

What to do next:
- Foster non-stigmatising attitudes throughout the state at all levels of government and reiterate the message that homelessness is unacceptable, solvable and a shared responsibility
- Encourage empowering narratives about homelessness in the media and across government
- Promote education and awareness regarding homelessness – to schools, mainstream services and the community, to galvanise support to end homelessness and assist in identifying issues for individuals prior to crisis
- Critically examine and challenge any responses to homelessness that are stigmatising (e.g., that presume homelessness to be associated with criminal behaviour, or that lay the blame for homelessness with the individual).

10.1.3 Adopt community development principles

The design of homelessness strategies needs to allow for adaptive responses to meeting people's and community varying and dynamic needs, now and into the future. Some commonly identified needs in the population of people experiencing homelessness in WA that present throughout this Review include:
- Trauma, health and mental health issues
- Substance use issues
- Family and domestic violence
- Justice system interactions.

In addition, homelessness disproportionately affects Indigenous people, people living in remote areas of the State and young people.

While a comprehensive needs assessment is out of scope for this Review, there is indicative evidence that there are unmet needs for homeless people who are Indigenous, people living in remote areas, and people who have had previous imprisonment and

ongoing interactions with the justice system. Also while there are specific services for youth experiencing homelessness in WA, there are less services aimed at children (especially aimed at children at risk, before they become homeless). Once needs are identified, strategies to address these needs for each population group are to be developed.

An important principle of community development is including the people that will be affected by the intervention in the decision making; that is, those that are experiencing homelessness. This is known to not only improve more equitable programs, but legitimise programs and build trust (Nickels & Rivera, 2018).

Developing participatory methods to assess needs and outcomes will be important in informing future strategies and adapting to the changing needs of the community. Also, as discussed above, solutions need to be implemented from the ground up, and local governments can play a key role. They need to be engaged positively and be part of the solution to permanently ending homelessness.

Participation from people with a lived experience of homelessness is required in all stages of service design. For Indigenous homelessness strategies, Aboriginal-led programs that are embedded in community and appropriate to the culture are going to be more effective.

Key resources already exist to enable community-led initiatives. One significant resource is the *Western Australian Strategy to End Homelessness* 10-Year Plan 2018-2028 (WAAEH, 2018) and of course the organisation itself, the WA Alliance to End Homelessness, which is an example of a community-led response to homelessness. Shelter WA also is a key agency to facilitate participation of community groups and people with lived experience of homelessness.

What to do next:

- Consult with people with a lived experience of homelessness and find ways to include their contribution in decision making and co-designed solutions. For example, during any service planning/needs assessment process involve people for whom the interventions are designed, and who are most likely to be affected by future services.

- To include the voice of people most vulnerable to homelessness in an ongoing way, consider engaging with advocacy groups, setting up alliances, networking opportunities, forums, community engagement and public participation processes. Strategies to reach people who are homeless may need to be adapted from that used in mainstream service delivery.

- Engage local government in co-creating positive, long term responses to homelessness.

For services that address Indigenous homelessness some suggested service level actions might be (based on a checklist that was developed by the Western Australian NPAH Service Provider Forums (Homelessness Australia, 2012)):

- Engagement with Aboriginal elders in homelessness service design and provision, and ensure there are Aboriginal-led services both in Aboriginal communities as well as regional centres and the metropolitan area.

- Practical in home/life skills programs (such as Homemaker) to support Aboriginal people to maintain tenancies.

- Ensure mainstream homelessness services can provide people with access to Aboriginal workers and culturally competent staff (providing choice of worker is

important, as not all Aboriginal people will want to access an Aboriginal worker/ Aboriginal specific service).

- Give services the opportunity to work flexibly and creatively (so they can experiment with location of appointments and outreach services, brokerage and practical support), and also ensuring services have adequate time to work with clients to build trust and rapport.

- Implement 'whole of family' approaches and using the strength of the family.

10.2 Address structural and individual causes of homelessness

10.2.1 Prioritise prevention and early intervention

How well does WA do in terms of implementing early intervention and prevention approaches? There is evidence that the service system does recognise and address the risks that people face before they experience homelessness. The Commonwealth Government's *The Road Home* 2008 White Paper, and subsequent programs funded under the National Partnership Agreement on Homelessness across Australia and in WA have focused renewed attention on preventative and early intervention programs (FaHCSIA, 2008). Many of these programs were directed to adults at risk of homelessness and young people exiting out-of-home care arrangements.

In WA, when people are leaving domestic and family violence situations there is evidence that the service system can respond well, collaborate and intervene early to support women and families before they become homeless. However, other 'at-risk' groups, such as people who are leaving prison, are not adequately catered for in WA and end up falling through the system into homelessness.

Early onset homelessness often leads to a lifetime of episodic homelessness. Therefore, it is critical to prevent young people from becoming homeless. There is a need to boost programs directed at children and teenagers in difficult home environments (with parental domestic violence, alcohol and drug use problems) and those who are entering out-of-home care arrangements. For programs that address parental domestic violence and alcohol and drug use problems in the family home, it is vital that children and young teenagers who often accompany the adults considered to be the 'clients' within a service are also a major focus of programs.

What to do next:

- Utilise a whole of government approach to identify risks and intervene early – include departments responsible for justice, Aboriginal affairs, health, mental health, AOD use, child protection, housing and homelessness service delivery

- Although children in out of home care now have access to a housing support service, it is worth reviewing this and expanding support. Boost programs directed at children and teenagers in difficult home environments – for example the Reconnect Program. Implement active school programs where school psychologists can become key sources of support for children in out-of-home care arrangement, and other students at risk of homelessness. Particular attention might be paid to creating linkages between

schools and drug and alcohol services, health services, and employment and training services. Planning should be undertaken before a young person leaves the school environment (including post-exit support, periodic follow-up etc.) (see also the Out of Home Care strategy outlined by Johnson et al., 2010)

• Ensure all housing responses can be delivered rapidly, soon after a person becomes homeless.

• Evaluate all at-risk groups for homelessness and ensure there are early intervention services that cater for their specific needs, and that at-risk groups are able to easily access these services before they become homeless.

10.2.2 Improve housing supply and affordability

As discussed throughout this report, there is a significant body of evidence supporting the need for stable housing in addressing the issues surrounding homelessness. The 'housing first' approach now informs much of the State's theoretical framework for addressing homelessness. However, to implement the 'housing first' and 'rapid housing' approaches, housing affordability and supply issues must be addressed. This requires a large diversified portfolio of housing options (across public, community and private rental housing). As highlighted in Chapter Five, because housing supply and affordability limits people's ability to maintain secure housing, improving housing supply and affordability is also a homelessness prevention strategy.

What to do next:

• Increase social and public housing stock to reduce public housing wait times

• Understand the economic drivers that are responsible for driving up rental prices and work across government to put strategies in place to reduce their impact

• Assess the barriers (i.e., eligibility barriers, system capacity barriers) that people face to accessing social public housing and put strategies in place to reduce these

• Identify pathways to people along the housing continuum (from social and public housing, to private rental and home ownership)

• Strengthen and reenergise commitment to WA's Affordable Housing Strategy

• Enable stronger engagement with the private rental market through community housing head leasing and engaging with the real estate sector

• Consider innovative housing solutions trialled in other cities in Australia, and overseas, for example a Common Ground site for Perth.

10.2.3 Address the justice and legal dimensions

Two particular dimensions of homelessness were explored in this Review – the health and justice dimensions. This is largely because these issues tend to be the ones that keep people entrenched and unable to exit homelessness. In WA there are health, mental health and AOD services that homeless people can access, that are specialist services for homeless people (some with outreach capacity). However, there are very few services that cater for the overwhelming needs of people who are homeless and are also facing complex

legal issues. The very high rates of past and present engagement of those experiencing homelessness with the justice system especially in WA, means that justice and legal responses must be part of services for people who are homeless.

Consideration also needs to be given to laws that disproportionately disadvantage people experiencing homelessness. For example, the inability to pay fines and move on orders.

What to do next:
- Plan and fund new services that cater for the legal and justice needs of people who are homeless
- Increase Aboriginal legal services that can cater for the needs and diversity of Aboriginal people experiencing homelessness
- Revise laws that disproportionately disadvantage people experiencing homelessness
- Involve the WA Police and Department of Justice as partners in an overall response to addressing homelessness to prevent further criminalisation, stigmatisation and social exclusion of those who are homeless.

10.2.4 Focused attention to address Indigenous homelessness

Given the disproportionate and extremely high rates of Indigenous homelessness in WA, and the profile of Indigenous homelessness and associated needs may not necessarily be addressed through other interventions, a specific focus on addressing Indigenous homelessness is needed. Aboriginal Australians who find themselves homeless or at risk of homelessness face a lack of services that cater to their specific needs generally, and this lack is also compounded by the fact that many Indigenous people live in remote areas of the State where there is a lack of mainstream and specialist Aboriginal services and homelessness services. Addressing Indigenous homelessness requires a national response to overcrowding and the development of strategies established on the basis of Indigenous engagement and co-design of relevant services.

What to do next:
- Evaluate the current service system and funding commitments around homelessness in WA in light of evidence that almost one third of people who are homeless in WA are Indigenous.
- Interventions that may address specific need and the causes of Indigenous homelessness, as identified by Aboriginal people include:
  - More short stay accommodation services
  - Early years' programs and parenting services
  - 'Return to Country' programs and emergency relief services
  - Healing programs for intergenerational trauma.

It is also important to build the capacity of Aboriginal Community Controlled Housing Organisations (ACCHOs) to address the shortage of properties across Australia that are affordable and appropriate for Aboriginal and Torres Strait Islander people.

10.2.5 Integrate and retool crisis services

While the good work of the current crisis services for people experiencing homelessness needs to be recognised and ongoing support and investment is needed to continue these essential services, crisis responses need to be firmly embedded within an overall response to homelessness, so that people accessing crisis services are also connected to those services that address causes and provide permanent exits from homelessness. This would mean that when people who are homeless access services to meet their immediate and urgent needs for warmth, shelter, food, the most is made of this opportunity to provide rapid housing, that connects with 'housing plus' elements (such as employment/business services with linked training, strong legal and health supports etc.). The aim is for crisis services, and all homelessness services to be fully integrated into the 'housing plus ongoing support' solution.

What to do next:

- Review the current service system in terms of its ability to effectively and rapidly resolve the causes of homelessness alongside addressing the immediate needs of people who are homeless. This may involve a sector consultation and service mapping.

- Consider implementing best-practice models (or elements of these models) from overseas and other Australian cities where the system effectively addresses the integration of crisis and long term support.

10.3 Service planning

10.3.1 Continued investment in effective programs and services

Chapter Nine outlined examples of initiatives in WA where effectiveness is known, through independent evaluation. There is evidence that at least four significant recent interventions in WA are designed around best practice, evidence-based principles, and are shown to be effective in terms of achieving outcomes for the individuals who come into contact with the service. These programs have demonstrated good outcomes for clients, including a good proportion of tenancies sustained for 12 months or longer.

The specialist homelessness services that exist in WA – especially in the metropolitan areas – are largely effective in reaching client groups and providing caring, non-stigmatising ways to address their immediate needs. While recognising that these services can often only provide temporary solutions, they are critical in reaching a group that may otherwise remain hidden or not connect with services.

What to do next:

- Continue investment in existing WA-based programs that demonstrate alignment with best practice principles, and show evidence for effectiveness for clients. The outcomes that are most meaningful are where clients are able to end homelessness, sustain tenancies, address antecedents of homelessness in their lives, and reconnect with their friends and families, to a social network, the education sector, the labour market and/or community networks.

- Continue support for specialist homelessness services that are addressing urgent needs.

10.3.2 Enhance capacity to meet demand

While the evaluations of four significant homelessness programs revealed good outcomes for individuals, a theme in the evaluation of these program was a failure for these programs to meet significant demand for homeless services in the WA population, with most programs meeting or exceeding their targeted client numbers and the clients recruited experiencing pronounced individual risk factors of homelessness. Also, while the programs were effective, they have not reduced overall homelessness in the State. This is a reflection that the current system and set of approaches are limited in the extent to which they address the overall problem of homelessness.

As outlined in Chapter Three there is evidence that in WA services are not adequately meeting needs of the population of people experiencing homelessness, especially compared to other states and territories (i.e. higher proportion of unmet requests for assistance each day, shorter median length of time accommodation was provided). Either, services do not have the capacity to reach all those in need, or people are failing to access services or continue to access services.

There is evidence in the WA context that people who are or have been homeless report a lack of knowledge of available services, and poor visibility of services, especially when they are newly homeless. The initial experience of homeless services is critical in determining service usage, with negative experiences likely to make them withdraw from active help-seeking.

What to do next:

In an environment of limited resources, there are still approaches that can help more people in need access services. Some ideas are presented here (some are based on evidence presented in Chapter Five):

- Enhance accessibility of existing service models through innovative needs-adapted models (such as the establishment of 'wet' drop-in sessions in Bristol, England, aimed at engaging alcohol addicted clients excluded from other services) (Black & Gronda, 2011).

- Increase capacity and reach of services that follow best practise principles and demonstrate good outcomes (sustained tenancies).

10.3.3 Extend service coverage to areas of need

Geography inherently affects the structural antecedents of homelessness, such as labour market demand and housing supply and access to services. Population composition, for example Indigeneity and age distribution, will also play a determining role in service need and, subsequently, effectiveness. Further, WA's sheer size means that there will be differences in composition, need, and what constitutes an effective program not only between urban, regional and remote areas, but also between different regions. While out of scope for this review, there are also indications of a lack of services for people living outside the metropolitan area, especially in remote Western Australia.

While there are a number of programs within Western Australia that are effectively supporting people out of homelessness, many of these programs are limited in size, often occurring in one region – particularly metropolitan Perth. There is also little analysis as to the scalability of existing interventions and/or how they could be adapted to different

settings. So as to not waste limited resources, it is recommended that this be investigated to limit instances of recreating interventions that already exist.

Regional planning and investment has been identified as an important step to develop tailored approaches to addressing homelessness. For example, regional and local specific action plans are identified in the *Western Australian Strategy to End Homelessness* 10-Year Plan 2018-2028 (WAAEH, 2018).

What to do next:

- Review the regional planning process that has been implemented in recent years. If necessary implement a large scale mapping exercise to understand where services are located, and enable coordination of services and avoid duplication.

- Address the lack of a defined role for local government in relation to housing and homelessness

- Conduct a more detailed needs assessment / environmental scan to understand in more detail how the current service system meets needs of the population, both in terms of the presenting needs, and in terms of the coverage across Western Australia.

- Assess the scalability of existing programs that have shown to be effective – considering appropriateness in different settings, resource requirements etc.

- Pilot programs that have shown effectiveness in reducing homelessness across different regions

- Preference investment in models that can be scaled across Western Australia

- Engage local councils in the issue of homelessness, particularly in regional and remote areas of Western Australia – supporting councils to understand and take action on the causes of homelessness, beyond an issue of public safety and anti-social behaviour.

10.3.4 Improve service integration

A lack of system integration and complexity have been identified as barriers to people in WA accessing existing mainstream and specialist homelessness services. Understanding and reducing these barriers is a priority, and this can be informed by people with a lived experience.

Home Options and the Pathways to Employment Project is an example where learnings can be gained for how to facilitate linkages between mainstream and specialist homelessness services. This is an Australian Government funded partnership between Homelessness Australia and the National Employment Services Association (NESA), that aimed to facilitate effective linkages between Job Services Australia and homelessness services providers (Homelessness Australia, 2012). There are also successful initiatives such as the US Opening Doors strategy in the United States (United States Interagency Council on Homelessness, 2015), and, closer to home, the Victorian Opening Doors framework.

What to do next:

- Continue to work towards developing high level systems integration initiatives

- Review the strengths and weaknesses of various models of integration overseas and in Australia.

10.4 Funding and investment

10.4.1 Examine funding structures in light of best practice principles

Specialist Homelessness Services in Australia are overwhelmingly (84.6%) funded by State and Commonwealth governments (Flatau et al., 2017). The Commonwealth Government has funded several agreements aimed at addressing homelessness through which programs have been funded across the country, including Western Australia. These agreements include the 2005-2010 Supported Accommodation Assistance Program Innovation and Investment Fund (see Flatau and Coleman (2008) for a comprehensive evaluation of five WA programs administered through this fund), the 2009-2018 National Affordable Housing Agreement (NAHA), and the 2009-2018 National Partnership Agreement on Homelessness (NPAH). We note that the NAHA and NPAH are currently being reformed into the new National Housing and Homelessness Agreement, thus the 2018 end dates do not reflect the cessation of Commonwealth funding of homelessness services. A number of joint WA and Commonwealth-funded programs have had positive outcomes for clients (Flatau & Coleman, 2008; Cant, Meddin, & Penter, 2013) and demonstrated cost effectiveness (Wood et al., 2016; Zaretzky & Flatau, 2013). However, there is little evidence that these programs have been effective, at the scale they have operated in reducing homelessness, rather than just managing it (Western Australia. Office of the Auditor General Western Australia, 2012).

In the Western Australian context, the then State government in 2010 released a State Plan titled Opening Doors to Address Homelessness, articulating a vision of an integrated homelessness service system and service delivery underpinned by the principles people-centred service delivery, strong leadership at all levels, partnership and integration, and flexibility and innovation. The desired outcomes of the State Plan were early intervention, a better integrated service system and breaking the cycle of homelessness. To achieve these outcomes, the Plan targeted the action areas of housing options, employment, education and training, health and wellbeing, and connection with community, family and friends. The State Plan represented a framework for leveraging the existing homelessness service system at that time (2010-2013), and did not commit additional funding or investment in new approaches. Alongside the homelessness strategy, the WA State government also released the Affordable Housing Strategy 2010-2020. The current State Government is working with Supporting Communities Forum to develop a new longer lasting and more impactful State Strategy on Homelessness developed on the basis of deep collaboration and co-design.

What to do next:

- Align the funding of new specialist homelessness services around population needs, such as for Indigenous people and services in remote locations. Use data to justify additional funding for meeting these urgent needs and draw on cost effectiveness tools.

- When making decisions about funding for services, consider best-practice evidence as a guide – for example, is there a balance between crisis services and approaches that address the antecedents of homelessness and effectively promote social inclusion? Are services funded for long term? Prioritise services that reduce homelessness and the cause of homelessness rather than just manage it, and that focus on prevention and early intervention (which have proven to be more cost effective).

- Develop funding models that preference collaborative, integrated service delivery models that include all services that people experiencing homelessness often require (justice, health, housing, mental health and addiction treatment, housing, social inclusion etc.).

10.4.2 Support new funding models that sustain long term services

Outside of government funding, social impact investment and social enterprise are emerging sources of both funding and innovative approaches to addressing homelessness (MacKenzie, McNelis, Flatau, valentine, & Seivwright, 2017). While the impact of this type of funding is yet to be felt at the grass roots level, it is a growing area in the housing and homelessness domain (Flatau et al., 2017). Social enterprise can be a way for a homelessness service delivery agency to expand its service options for homeless clients and/or supplement income for the primary service, as demonstrated by Women's Property Initiatives and HomeGround (now merged as Launch Housing). Alternatively, homelessness can be the social cause that the enterprise is intended to benefit, as is the case with The Big Issue and STREAT (MacKenzie et al., 2017). Social impact bonds (SIBs) for homelessness interventions have been implemented in South Australia (Aspire), Queensland (Youth Connect), and Victoria (Journey to Social Inclusion). Social enterprise and social impact investing are relatively unexplored in Western Australia.

What to do next:
- Review current funding allocations in light of best-practice principles, and evidence of where there is most urgent needs (i.e., for Indigenous Western Australians)
- Support the development of new alternative funding streams such as impact investment, social enterprise and social impact bonds.

10.5 Ongoing research and evaluation

10.5.1 Implement robust monitoring and evaluation practices

Monitoring and evaluation practices at both the strategic and service level enhance effectiveness. Ideally, plans to evaluate are developed at the start of a program or strategy, before implementation occurs. It should also include an evaluation of outcomes in relation to the strategic intents as well as the individual service models that are funded to reach its objectives. Moreover, process evaluations are required to assess how well programs are implemented and the contextual factors supporting implementation. The National Partnership Agreement on Homelessness evaluation (Cant et al., 2013) provides a good example of strategic evaluations in Western Australia and should be carried onto future strategies such as the National Housing and Homelessness Agreement.

Evaluations of homelessness programs and interventions in Western Australia are limited in number, and those evaluations that do occur are often constrained in terms of length. For example, we rarely know what happens to clients beyond the 12-month point, and we often only know 12-month outcomes for clients that engaged with the program early. Notably, Foyer Oxford and 50 Lives 50 Homes are subject to longer evaluation periods (4 years and

3 years, respectively) that are still ongoing. In addition, evaluations are also often limited in terms of scope insofar as we rarely investigate why a program or intervention works and, arguably more importantly, why it does not work for those clients whose outcomes do not improve. We note that the evaluations described above do include a qualitative component which includes the impact of the program on clients and feedback about its implementation. However, these are often of small samples and are generally more focused on qualitative accounts of outcomes from which conclusions about the program's running are drawn.

In addition, it is rare that process, outcome, impact, and economic evaluations are undertaken and even more so that they are measured against a counterfactual (what would have happened had the intervention not occurred). Therefore, we are limited in our ability to say that the intervention is definitively responsible for the change, which therefore limits our ability to make strategic decisions that involve investing in the services that we know to be effective. In Western Australia there is evidence that at least four significant recent interventions in Western Australia are designed around best practice, evidence-based principles and are shown to be effective in terms of achieving outcomes for the individuals who come into contact with the service.

What to do next:
- Plan for evaluation of strategies against their intent before implementation occurs
- Ensure service funding makes allowances for program level and systems level monitoring and evaluation
- Support the ongoing monitoring and evaluation of homeless service interventions
- Consider ways to use linked data to better understand how services meet needs in the homeless population in WA. Data linkage projects could involve agencies with interests in health, justice and education as well as housing outcomes.
- Continue to invest in programs that demonstrate evidence of effectiveness – in particular where there is evidence that clients are able to end homelessness, sustain tenancy, address antecedents of homelessness in their lives, and reconnect.
- To align local-level initiatives with goals set at a strategy level, such as in the *Western Australian Strategy to End Homelessness* 10-Year Plan 2018-2028 (WAAEH, 2018) develop an outcomes measurement framework that includes indicators and targets that directly address aims and objectives in the policy frameworks.

10.5.2 Invest in ongoing research to inform responsive policy

While there are a number data collections (with various strengths and weaknesses) that enumerate the homeless population, there is little research that examines the needs of homeless Western Australians in general, specific to this State, nor the needs of the many subsets of this population e.g., rough sleepers versus couch surfers, those entrenched versus those experiencing homelessness in more transitional ways. There is also evidence that some subsets of the homeless population in WA are 'hidden', meaning that information around these groups is not adequately captured by the national data collections and more research is needed to better understand their circumstances and needs. Research undertaken to understand these needs is critical to effective program and policy design.

Data sources often used to prioritise state and national strategies underrepresent or exclude people experiencing homelessness. As a result, it is difficult to identify need and develop services that are appropriate for this population group. Therefore, although it has limitations, datasets like Perth Registry Week are important in capturing the state of homelessness in Perth to influence future investment in preventative strategies, especially to address legal issues and health needs. Knowing people in regional and remote areas are further disadvantaged due to the lack of access to services, rolling Registry Week out to regional areas is considered to be of importance in developing a clear picture of need and preventative strategies across WA.

- Develop a state-wide approach to determine and prioritise needs and investment strategies to address homelessness – consider expanding existing methodologies such as Registry Week for example

- Undertake research to understand homelessness at a local level for those people who may be hidden – for example veterans, older single women and children under 12 – or who may not identify as homeless but are nonetheless facing circumstances that put them at risk.

Conclusion

This Review began with a snapshot of the homeless population in Western Australia. Summary statistics indicate that the population of people experiencing homelessness in WA roughly resembles that of other States and Territories. There is an overrepresentation of Indigenous people, people experiencing mental health issues, substance use issues, young people and people who have been exposed to family or domestic violence. Furthermore, there is evidence that people who are homeless in WA are more likely than in other States and Territories to have had interactions with the justice system (e.g., been in prison), be living in remote areas, and to be sleeping rough.

There are, of course, limitations to all measures of homelessness, as was explored in the Review. National datasets, such as the Census, produce visibility biases in the results because of constraints in their operational definitions, sampling frames and methodologies. In the case of the Census, one obvious limitation is that there is no direct question on homelessness in the Census form. Other sources of information, perhaps smaller studies with more fine-grained instruments and data collection processes, or locally-based research, indicate the presence of 'hidden' homeless populations that are not adequately captured by the Census. These could be people at-risk of homelessness (e.g., currently experiencing difficulties maintaining the cost of housing in the current housing market), people who do not self-identify as homeless (e.g., people staying with friends), people for whom data is not consistently collected (e.g., veterans) or people who are hidden due to definitional inconsistencies (e.g., people with a disability) or where the population are difficult to engage in data collection (e.g., children under 12, or rough sleepers). It is recommended that anyone seeking to understand homelessness do so using a suite of measures to help build a more complete profile.

Despite the limitations of statistical measures, the cohorts more likely to be present in the homeless population do reflect what we know about the drivers of homelessness. For example, there is a significant body of research linking homelessness to mental health and substance use issues, trauma and experiences of domestic violence and interactions with the justice system ('individual antecedents'). Trauma is thought to intersect with all of the individual-level drivers of homelessness, and be linked to the experience of homelessness itself. Thus, the importance of trauma-informed services is highlighted.

Along with the individual-level antecedents, there are structural drivers that influence people's ability to gain the resources required to meet housing costs. It is estimated that three million people live in poverty in Australia (Australian Council of Social Service, 2018). Any comprehensive approach to resolving homelessness would also address poverty, housing supply and affordability and support people to access training and employment, and an income that can adequately meet living costs where there are gaps.

The structural antecedents are important because their effect may result in the homelessness of people who do not 'typically' have the profile of a person who experiences homelessness. For example, there is anecdotal evidence that an emerging cohort of people vulnerable to homelessness are older, single women who cannot meet the cost of housing and do not have income streams or wealth as a buffer. Although this group may not have any red flags for homelessness risk (e.g., mental illness, or substance use problems), the service system must find ways to reach and address their vulnerability, and respond quickly if they fall into homelessness.

Research in recent years suggests a broadening out of reasons for people becoming homeless. In general we must move away from static and stereotypical impressions of who the homeless are, and understand the many circumstances that might lead anyone into homelessness, given the right interplay of individual/structural drivers, social disadvantage and lack of social support networks. Some researchers have moved away from discussing 'causes' or 'antecedents' of homelessness, and prefer 'pathways' or 'ecologies' of homelessness that better capture complexity and a diverse range of risk factors.

The challenge for policy makers, therefore, is to keep one eye on those well-documented cohorts that evidence consistently shows to be vulnerable to homelessness, while also developing adaptive, flexible approaches to address a diverse range of risks (and people). This is also an argument for a strong focus on prevention at the macro-level, through improving housing affordability, housing supply, adequate income support mechanisms and awareness raising across mainstream services of the risk factors for a housing crisis.

Additionally, we need to better recognise how the structural and individual risk factors operate on top of deeper causal influences – in particular a lack of social connectedness and a lack of strong relationships. Strengthening communities, relationships and promoting social inclusion will also strengthen protective influences at a population level.

Homeless children are a large and growing group presenting at homeless specialist services. Children become homeless with their families due to poverty, or by running away from home alone, or running away with a parent because of family or domestic violence or abuse in the home. Also, where children are placed in out-of-home care, their chances of experiencing homelessness after exiting care are much higher than for other young Australians. Key studies into early onset homelessness indicate that experiencing homelessness as a child is strongly associated with going on to experience chronic or episodic homelessness across the life course.

This points to the importance of preventative and early intervention homelessness programs for children and young teenagers. One interesting finding (from the Yarra Ranges Youth Homelessness Prevention Project) is that it appears young people are highly responsive to support services. While young people are still in school they are less likely to be homeless and less likely to be rough sleeping, mainly due to the easy access to various services and support networks that occur as an extension of attending school. After leaving school young people are more likely to become homeless. Schools can be an active part of the solution for effectively addressing homelessness while young people are still school-aged. Additionally, if we can find ways to ensure continuity of support and service provision as young people make important transitions (especially out of institutions), homelessness among young people at these critical times may be reduced.

There is a need to boost programs directed at children and teenagers in difficult home environments (with parental domestic violence, alcohol and drug use problems) and as they enter out-of-home care arrangements. For programs that address domestic violence and alcohol and drug use problems in the family home, it is critical that as much focus is placed on the children and young teenagers as the adults who are the 'clients' in programs.

The cost savings gained by preventing a young person potentially experiencing a lifetime of chronic or episodic homelessness, let alone the quality of life outcomes for individuals involved, cannot be underestimated.

Indigenous people make up almost one third of the population of people who are homeless in WA. This represents a significant overrepresentation of Indigenous people, who make up only 3.7% of the WA population (ABS, 2016). Indigenous people are also more likely to sleep rough and experience chronic, long term homelessness.

In the Indigenous population generally there is a higher prevalence across the individual and structural antecedents to homelessness (e.g., higher levels of poverty, health concerns, interactions with the justice system, labour market disadvantage and discrimination and social exclusion). In addition, for Aboriginal people, there are often a set of unique causes or circumstances that produce vulnerability to homelessness. This includes the effect of the loss of culture and positive self-identity, which intensifies social exclusion in all areas of life. However even Aboriginal people firmly grounded in their cultural traditions are vulnerable to homelessness due to requirements of customary law, the temporal mobility of travelling to and from country, attending cultural gatherings or being with kin in the event of a death in the skin group (sorry business). Frequent movements can lead to loss of housing or overcrowding. The shortage of larger culturally appropriate houses that can accommodate kin means that high numbers of Aboriginal people are in severely overcrowded households. Some Aboriginal people face discrimination when trying to access private rental and even public housing, and overcrowding may jeopardise rental arrangements, leading to the eviction of residents (Homelessness Australia, 2016).

Aboriginal Australians are still processing the impacts of ongoing displacement from family, culture, land and community. There are deep historic dimensions to this that go back to the roots of colonisation: equal wage laws that drove people off their land, White Australia policies, segregationist practices, forcible separation from families, and even relatively recent policies and Inquiries into communities that have come with threats to close communities and services that support them. These issues are too broad to adequately cover here, but it is important to be mindful of the ongoing effects of government policies on displacing Aboriginal people from their physical and spiritual homes. Aboriginal people who have been forced to leave their country or remote communities, often become fringe dwellers in regional towns, and are vulnerable to homelessness.

 "Homelessness is bad for you", is the important idea stated succinctly by Johnson et al. (2008) and outlined in this Review in particular across the health and justice dimensions. We know that the experience of homelessness, especially chronic homelessness, has acute negative impacts on the health and justice dimensions. People facing health or legal issues are vulnerable to homelessness, and these vulnerabilities significantly worsen with the experience of homelessness. The important idea is to develop responses that help people exit from homelessness as early as possible after becoming homeless, and importantly, to prevent people becoming homeless altogether.

An examination of the service system in WA reveals some excellent responses to homelessness. The Commonwealth Government's 2008 *The Road Home* White Paper, and subsequent programs funded under the National Partnership Agreement on Homelessness have focused renewed attention on preventative and early intervention programs, translated locally into targeted strategies for at-risk groups, and a recent expansion of the service system (FaHCSIA, 2008).

This Review highlights some programs in WA that are underpinned by evidence-based approaches to facilitate successful, permanent exits from homelessness. Best-practice

principles include assertive outreach, Housing First and rapid housing responses, plus collaborations across agencies to provide wraparound support/intensive case management involving person-centred and trauma-informed care, and support for people to access education and employment.

WA has a rich service system of specialist homelessness services. Often run by non-government organisations, there are numerous examples of agencies providing targeted, appropriate supports for at-risk groups, and quality care to address immediate and long term needs in individuals.

There are still questions about whether the geographical coverage of these services extends adequately into remote areas of the State, whether there are adequate services to meet the needs of Indigenous people (i.e., enough services as well as culturally appropriate, Aboriginal-led service delivery models), whether there are adequate services to address the urgent justice and legal issues faced by people who are homeless, and whether young people are being effectively diverted from experiencing homelessness through our current service system. There are also questions about how well integrated the system is; and to what extent those services that meet immediate needs are able to effectively connect people to long term supports straight away. Despite the strengths in the sector, there is evidence of unmet needs.

At a strategy level, there are quality resources to draw from such as Shelter WA, and policy frameworks such as the Commonwealth Government's *The Road Home* White Paper (FaHCSIA, 2008) and more recently (and locally) *The Western Australian Strategy to End Homelessness* published by the Western Australian Alliance to End Homelessness (WAAEH, 2018). These resources will assist to build a whole of government response to homelessness that includes the voices of, and input from, people with a lived experience of homelessness.

There are obvious challenges ahead if the service sector is to successfully end homelessness in WA. However, the foundations have been established and a great deal of progress has already been achieved. While there may be evidence indicating gaps and unmet needs, it is hoped that through better integration, collaboration and building on the best-practice models that are already operating, it should be possible to make progress. Chapter Ten outlined suggestions for applying effort in different ways to achieve a better overall result, and to ultimately end homelessness in WA. With strong leadership and collective will across the public sector in WA, informed by ongoing research and evaluation and responsive policy, the strengths of WA's current responses to homelessness can be harnessed and built into an effective solution to end homelessness.

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Appendix A:
Exemplar Western Australian programs

Foyer Oxford

What is it?

Foyer Oxford is a Western Australian implementation of the international Foyer Model, located on Oxford Street in Leederville. Acknowledging the negative impacts of youth homelessness on educational attainment, economic participation, and mental wellbeing, Foyer Oxford is designed around the principle that the only long-term avenue out of homelessness for youth is education and training. Accordingly, Foyer Oxford is a youth housing service run by a consortium of Foundation Housing Ltd, Anglicare WA and North Metropolitan TAFE. In addition to housing, the young people are provided with holistic support to access education, training and employment opportunities.

In addition to the service provision, a key component of the theory of change underlying the Foyer Oxford model is the 'Foyer Culture' of support and community involvement, and an expectation of the young people to take on mutual obligations and responsibilities in building resilience and working towards their independence and social inclusion. Finally, the long term nature of Foyer Oxford, whereby young people can stay for up to 2 years is a key point of differentiation from traditional homelessness services.

Implementation

Foyer Oxford launched in December 2013, with operational funding secured for 5 years through sponsorship from BHP ($5m) and the WA Department of Child Protection and Family Support ($935,000 p.a.). Foyer Oxford has residential capacity for 98 young people (aged 16-25 years), including 24 young parents and their children. Since February 2014, 200 young people have been housed at Foyer Oxford.

Outcomes

Foyer Oxford is independently evaluated by KPMG. The 18-month evaluation was intended to assess the appropriateness and necessity of Foyer Oxford, and provide preliminary results of the outcomes for those accessing the service. A total of 564 residents were supported by Foyer Oxford at some point between 1 January 2014 and 30 June 2015. Family breakdown was the most common primary reason for presentation, followed by a lack of community and/or family support, the cessation of previous accommodation, inadequacy of dwelling conditions, and housing crisis. Of the 89 Foyer Oxford residents during the 6 months to 30 June 2015, 19% were Aboriginal and 24% had been in State Care. The demand for Foyer Oxford from young parents was lower than expected, but overall demand was high.

Foyer Oxford's target of 80% resident engagement in employment, education or training was met by single residents in the January to June 2015 period and 72% when across all residents. This represented a 10-17% increase in engagement from when they presented at Foyer Oxford. The vast majority (85%) of exits from Foyer Oxford were to positive, long-term

accommodation. Two-thirds of residents believed that they had improved their independent living skills during their residence.

Critical success factors reported by residents and Foyer Oxford staff and stakeholders were the longer support period, the culture that developed between the young people, and providing support up to age 25. Things that could be improved are flexibility in the requirements of young people to retain their place in Foyer Oxford to accommodate different issues facing and capacity possessed by individuals, and greater preparation and support for transition out of Foyer Oxford.

50 Lives 50 Homes

What is it?

Led by Ruah Community Services, 50 Lives 50 Homes is a cross-sector collaboration aimed at providing long-term, sustainable outcomes for the most vulnerable within the rough sleeping population. Underpinned by the Housing First principle, the 50 Lives 50 Homes was developed through recognition that crisis responses to homelessness fail to address the complex individual and structural issues that cause and compound an individual's homelessness. The components of the theory of change are 1) collaborative case management and housing allocation to enable rapid housing, 2) collaborative working groups to enable smoother access to support and smooth transition to alternative support when support periods end, 3) backbone support by Ruah to facilitate effective collaboration, and 4) reducing vulnerability of returning to homelessness through wraparound support.

Both the evaluation and the program itself benefit from the collaboration between 27 agencies, including Royal Perth Hospital and Homeless Healthcare, such that the existing service system can be harnessed and changes in service usage can be captured.

Implementation

Between its inception in 2016 and 31 December 2017, 50 Lives 50 Homes had housed 107 people in 78 homes, and was providing support to a further 105 while they awaited suitable housing. Housing priority within the 50 Lives 50 Homes program was determined by scores on the Vulnerability Index (VI), which prioritises the homeless based on their risk of mortality. Factors that comprise the VI are age, number of hospitalisations and/or emergency department visits in the year, liver and/or kidney disease, history of frostbite, immersion foot or hypothermia, and tri-morbidity (co-occurrence of another disorder such as psychiatric disorder or substance abuse with a chronic medical condition).

Outcomes

The 50 Lives, 50 Homes program is independently evaluated by the CSI UWA. In terms of demographics, 38% of 50 Lives clients identified as Aboriginal, 72% reported having a disability, over half (54%) had been to prison, 76% had been to the Watch House, and 32% had been in youth detention. Analysis of Royal Perth Hospital data alone found that in the year prior to 31 August 2017, each of the 159 clients presented to the emergency department an average of 6.4 times and had an average 4.3 inpatient admissions.

50 Lives clients had spent a cumulative average of 6.9 years homeless over their lives. The average wait time to house the 107 clients that were housed at 31 December 2017 was 164 days, compared with the average of 153 weeks for those on the Housing Authority wait list. In addition, 85% of the tenancies obtained through 50 Lives 50 Homes have been sustained and only four have been lost to eviction. Preliminary analysis of health service utilisation data for 38 clients that had been housed through 50 Lives for six months or more at 31 August reveal a 31% decrease in total emergency department presentations (and a 25% decrease in the number of clients presenting to the emergency department) and a 16% decrease in total inpatient admissions (and a 19% decrease in the total number of clients with inpatient admission).

Safe at Home

What is it?

Safe at Home is an initiative that provides support for women and children experiencing domestic violence to stay in their homes where it is safe to do so. It reflects the modern attitude that, following domestic violence, it is the perpetrator that should be expected to leave the family home. In doing so, the women and children will often face less disruption and have better outcomes (such as avoiding homelessness). Safe at Home has incorporated the learning from prior reviews and evaluations that the financial burden often prevents staying in the family home from being a viable long term option.

Accordingly, in addition to the case management support for women and children to stay in their homes, links to police (e.g., to assist in obtaining Violence Restraining Orders), specialist risk assessments of staying in the home for the women and children, and safety upgrades to the home, the Safe at Home also aims to provide brokerage funds to stabilise housing and increase security.

Implementation

Between July 2010 and June 2012 Safe at Home received over 3470 referrals. In terms of clients assisted, the program fell slightly short of its 600 target at 569 clients. All clients were female with mean age of 36. Roughly one in five (17%) clients identified as Aboriginal & Torres Strait Islander and an additional 12% were from a Culturally and Linguistically Diverse background. Most (53%) of clients were referred by Police, followed by women's domestic violence services (23%).

One third of clients were in the workforce, though the main source of income for all clients at presentation to the Safe at Home service was government payment. In addition to these 569 clients, 1080 children ranging in age from 0-17 years were also involved with the program (79% of clients had children living with them).

Outcomes

Safe at Home was evaluated as part of the broader NPAH evaluation commissioned by the WA Department of Child Protection and conducted by Cant, Meddin and Penter (2013). At the point of evaluation (July 2012), it was reported that 119 clients out of a potential pool of 243 had maintained accommodation for 12 months. The target for Safe at Home 75% of clients stably accommodated for at least 12 months was not able to be definitively

evaluated at July 2012. However, data from the 440 clients for whom an accommodation date at the commencement of the program and for whom a change in accommodation had not been recorded at July 20120, does indicate (though not conclusively) that 77% of clients may have stayed in the family home through the duration.

Clients and managers that were interviewed reported unanimously that the program had had positive impacts on clients. Critical success factors identified through interviews were the safety audits conducted on the home, safety modifications made to the home, and the attainment of Violence Restraining Orders. Somewhat contradicting the stable housing figure above, 58% of women interviewed felt they were unable to remain in the family home for financial, safety or emotional reasons. In addition, there was no change in client engagement in education or training, and many service durations were short. It was recommended by Cant, Meddin and Penter (2013) that the service design needed to take into account the unique contexts and barriers facing women that have experienced domestic violence and focus on the attainment and sustainment of stable housing rather than such a sharp focus on remaining in the family home.

Street to Home

What is it?

Street to Home is a collaborative model focused on ending rough sleepers' homelessness. Similar to Foyer, Street to Home is based on models with demonstrated effectiveness in the United Kingdom and United States. The Street to Home model arose out of recognition that rough sleepers are unlikely to seek help, therefore the help needs to be brought to them (assertive outreach). The implementation of Street to Home in Australia further differs from traditional assertive outreach in that it "is a specific means to end a rough sleeper's homelessness…is part of a broader policy response that provides access to long-term housing and support…[and] takes a persistent approach and aims to work with people over the medium to long-term" (Cant, Meddin and Penter, 2013, p117).

Street to Home comprises three assertive outreach teams, five housing support worker services and a mobile clinical outreach team. In Western Australia, there is no lead agency and the assertive outreach and housing support are provided by separate agencies. The assertive outreach teams locate and engage rough sleepers, and address their most pressing needs. Assertive outreach teams and housing support workers take a partnership approach, employing joint case management, to ensure clients secure and maintain accommodation and engage with other services. Housing support worker services provide support to maintain accommodation and facilitate engagement with general health, mental health and drug and alcohol services. Housing support workers also assist with financial problems and refer to services that engage clients with employment, education and training. The mobile clinical outreach teams provide assertive clinical assessment and treatment for rough sleepers with serious mental illness and substance abuse issues.

Implementation

The total number of Street to Home Clients worked with over the 2.5 year period was 521. Assertive outreach teams and housing support worker teams had targets of 150 clients and 485 clients, respectively. Due to 116 of the 521 clients receiving services from both

assertive outreach and housing support worker teams, both teams achieved their targeted number of clients. Seventeen percent of clients were Aboriginal and a further 8% were from Culturally and Linguistically Diverse Backgrounds. The mean age was 41 years and 66% of clients were male. Most (52%) of clients reported having mental health issues and 52% reported drug and alcohol issues (34% reported both), and 45% reported health problems.

The vast majority (86%) of clients relied on government payments as their primary source of income upon entrance into the program, and 65% were not in the labour force. Over one third of clients (36%) self-referred themselves to the assertive outreach teams and an additional 28% were referred by government and non-government agencies. Housing support worker referrals were sourced largely (47%) from the agency hosting the housing support worker service, and a further 25% were sourced from the assertive outreach teams.

Outcomes

Street to Home was evaluated as part of the broader NPAH evaluation commissioned by the WA Department of Child Protection and conducted by Cant, Meddin and Penter (2013). The evaluators found that most 93% were accommodated prior to their case being closed, and 88% were recorded as accommodated at their final point of contact with the program. Out of the 197 clients that had engaged with the program 12 or more months prior to the evaluation period, at least 67% maintained their accommodation for 12 months or greater. Of those accommodated in public housing, 90% retained their tenancy for 12 months or more.

The key outcome targeted by Street to Home other than housing is linkage to services, and 87% of clients were linked to Centrelink, 43% were linked to health services, 39% to mental health services, 27% to drug and alcohol services, and 21% to employment and training.