

20 LIVES 20 HOMES

A Local, Place-based Housing First Response to Homelessness in the Fremantle and South Metropolitan Areas of Perth



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Evaluation Report

2022



We acknowledge and pay respect to the traditional owners of the land on which we work and live – the Whadjuk people of the Noongar nation. We pay respects to their culture and to their Elders past, present and emerging. We acknowledge that sovereignty has never been ceded and that it always was, and always will be, Aboriginal land.

We also acknowledge, with gratitude, everyone involved in providing information, feedback, data, and support for this report. Importantly, this includes the team from St Patrick’s Community Support Centre (St Pat’s), who have taken leadership of the program and availed themselves to our team to ensure a robust evaluation. In particular, we thank from St Pat’s, Michael Piu, CEO; Traci Cascioli, COO; Sally Featherstone and Lance Pickett, the integral Outreach Caseworkers for the 20 Lives 20 Homes program, along with former St Pat’s staff who were involved in 20 Lives – Victor Crevatin, former Director of Housing & Homelessness, and former Backbone Coordinators, Lynn MacLaren and Zoe Thebaud. All of these individuals have made a huge difference to the lives of the people who took part in the program. We also acknowledge Jake Turvey from the Home2Health team who assisted in writing this report.

Finally, and not least, we make special mention of, and are particularly thankful to, all the people who were supported by 20 Lives, who have taken the time to meet with us and share their stories which this report seeks to capture and honour.

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1 BACKGROUND

The 20 Lives 20 Homes Program

The 20 Lives 20 Homes program (20 Lives) was a local, collective impact, place-based response to ending homelessness in the Fremantle and South Metropolitan areas of Perth, Western Australia (WA), that ran between November 2019 and June 2022.¹

Initiated by St Patrick's Community Support Centre, Fremantle (St Pat's) in 2019, 20 Lives commenced as a sister project to the 50 Lives 50 Homes *Housing First* program (50 Lives) that was operating across Perth at that time. Ruah Community Services (Ruah) was the lead agency for 50 Lives and a key partner for 20 Lives. *Housing First* principles, which also underpin 20 Lives, prescribe, as a priority, the provision of safe and permanent housing prior to, and not conditional upon, addressing other health and wellbeing issues.^{2,3} The 20 Lives program aimed to support people with histories of chronic rough sleeping and high vulnerability, and, as such, an important aspect of the program was connecting people to other (i.e., non-20 Lives) supports and existing services in the Fremantle and South Metropolitan areas of Perth. Such connections were achieved through fostering cooperative relationships with other South Metropolitan health and social support organisations, which facilitated the provision of relevant referral pathways for individuals, as and when required.^{1,3}

Originally supported by philanthropic donations, 20 Lives also received funding through Lotterywest, while financial support for the evaluation of the program was provided by the City of Fremantle.³ At the commencement of the program, Ruah assisted with the provision of both backbone and wraparound, after-hours support, the latter via the After Hours Support Service (AHSS), which comprises caseworkers from Ruah and nurses from Homeless Healthcare (HHC). St Pat's engaged two highly skilled outreach caseworkers to work with the AHSS to ensure individuals were supported during working hours, and ultimately took over the provision of backbone support for 20 Lives from Ruah.³ Foundation Housing was also part of the original phase of the program, piloting an innovative rental brokerage project to assist in sourcing private housing stock.¹

Aims of 20 Lives

Figure 1 lists the key aims of the 20 Lives program. Broadly, the program sought to reduce barriers to long-term housing access and tenancy sustainment through a person-centred and trauma-informed approach. Consistent with *Housing First* principles, it supported people who were rough sleeping to access suitable housing whilst concurrently putting into place the supports and wraparound services they required to sustain their housing in the long-term.¹



To broker and sustainably transition 20 of the most vulnerable street-present homeless people in Fremantle into long-term housing.



To remove barriers to successful, long-term housing through a person-centred and trauma-informed approach.



To work with individuals to put into place the wraparound services they required to sustain their housing in the long-term.

Figure 1 Key Aims of 20 Lives.

Homelessness in Fremantle

While 2021 Australian Census homelessness data are not yet available, the general consensus in the homelessness sector is that homelessness has increased both nationally and in WA since 2016.⁴ In 2016, the Australian Bureau of Statistics estimated that **330 people recorded as being homeless in the local government area (LGA) of Fremantle.**⁴ More recently, St Pat's and other homelessness services working in the Fremantle and wider South Metropolitan areas, as well as in Perth, have seen an increase in homelessness in the wake of COVID-19.

Homelessness is not a new issue in Fremantle.⁵ Indeed, the circumstances of people experiencing homelessness today are similar to those of the early- to mid-1900s, when hundreds of itinerant workers, migrants, women with children, transient men and others who had fallen on hard times created homes for themselves among the sand dunes of South Beach, forming a community that existed for decades until its camp's demolition in the 1960s.^{5,6} The camp became known as the 'Smelters Camp' for its proximity to the

Fremantle Smelting Works; most of its huts were made from corrugated iron, wood or canvas that had been collected, and would be considered unfit for living in today.⁶ Around 260 names of people who lived in the camp have been recorded, with many staying for decades and raising their families there.⁶

The photos below (Figure 2) taken by the Daily News in 1950 show the types of dwellings that were cobbled together to provide shelter of sorts to the inhabitants of the Smelters Camp (Supplied: National Library of Australia/Trove).

Additionally, Fremantle's position as the principal port of WA created a need for lodging accommodation for sailors and maritime visitors from early colonial settlement. To address this need, many boarding houses were opened, two of the first being *The Good Samaritan Lodge* of the Sons of Temperance and the *Star of the Sea Lodge* of the Hibernian Catholic Benefit Society. These boarding houses both opened in 1878.^{5,7} And finally, during the 'Roaring Nineties', thousands of gold seekers arrived from the eastern states and overseas, and the feeding and housing of the newcomers created unprecedented demand. Many more hotels and boarding houses were built to cater for this demand.^{5,7}



Figure 2 Example of corrugated iron huts erected at the Smelters Camp, South Beach, South Fremantle (circa 1950).

The following quote from Michael Piu, CEO of St Pat's, discusses the context of working with people who have been experiencing long-term homelessness, and the function that boarding and lodging houses continue to play for people in securing accommodation.



In many respects, the traditional function of the boarding house has remained:

to provide a safe, easy-care, short-term shelter for people as they transition from one phase of life or set of circumstances to another. For people who are exiting homelessness, lodging houses are often seen as an essential step on the path to securing a permanent, long-term home. Their shared facilities mean they are ideal for people exiting crises and without extensive possessions, such as those who have been sleeping on the streets or in other such unsafe environments. In such instances, lodging houses provide breathing spaces for people to tackle the issues which may have led them to homelessness, and to rebuild their resources, be they financial, health and wellbeing-related, or social connections and a sense of self-worth.

Lodging houses are also increasingly being recognised as an option for people needing longer-term or permanent housing, and this has been the choice for a number of people supported by 20 Lives. *Housing First* principles acknowledge that people's choice and control are essential components in selecting the accommodation options which best suit them, and the same community spirit which led people to remain entrenched at the Smelting Camps is what entices people to remain residents of lodging houses today. The meaningful relationships people make in shared accommodations can have a profound impact on their wellbeing and recovery, and that sense of belonging is something many people exiting homelessness have not experienced for a long time.

– Michael Piu, CEO of St Pat's

Fremantle has always had a strong sense of community and local identity. **The localised response to housing and accommodation needs that began long ago continues to be reflected in the collective community desire to respond to homelessness that preceded the commencement of the 20 Lives program in 2019.** 20 Lives thus became the first local place-based *Housing First* response to

ending homelessness in Western Australia. Subsequently, there are now place-based *Housing First* initiatives in four regional areas (Bunbury, Geraldton, Mandurah and Rockingham),⁸ as part of the adoption of *Housing First* as a priority focus within the *WA State Government 10-Year Strategy on Homelessness 2020-2030*.

2 EVALUATION OVERVIEW AND DATA

This document is the **third and final evaluation report for 20 Lives**. There has been a strong commitment to independent evaluation of the program from the outset, with all evaluations being undertaken by the independent Home2Health research team that is now located at The University of Notre Dame in Fremantle. The evaluation is covered by the same Human Research Ethics Committee approval as the broader evaluation of the 50 Lives 50 Homes program (approval number RA/4/1/8813).

The overall aim of the evaluation was to **examine the impact and outcomes of 20 Lives, and to identify achievements, barriers, enablers and challenges**.

Previously, two shorter, interim, 'Snapshot' evaluations of the program were undertaken by the Home2Health team in October 2020¹ and December 2021.⁹ Additionally, a paper about 20 Lives was published in the WA special issue of Parity in late 2021.³ Links to these documents are provided below:

20 LIVES 20 HOMES FIRST EVALUATION SNAPSHOT OCTOBER 2020

WHAT IS 20 LIVES 20 HOMES?
The 20 Lives 20 Homes (20 Lives) program is a local place-based response to homelessness in the Fremantle area. It is focused on providing support and sustainable housing for 20 individuals who have been identified as the most vulnerable¹ within the homelessness population of Fremantle.

AIMS OF 20 LIVES

- To broker and sustainably house 20 of the most vulnerable¹ street present homeless people in Fremantle, into long-term housing.
- To remove barriers to successful long-term housing, through a person-centred and trauma-informed approach.
- To work with the individuals to put in place the wrap-around services required for their success.

WHO HAS 20 LIVES SUPPORTED?
27 PEOPLE SUPPORTED IN TOTAL:
62% MALE
38% FEMALE
47 YEARS AVERAGE AGE (RANGE: 23-83)
74% ABORIGINAL AND/OR TORRES STRAIT ISLANDER

TIME SPENT HOMELESS:
6.9 YEARS
ON AVERAGE SPENT HOMELESS PER PERSON

50,077 NIGHTS COLLECTIVELY SLEEPING ROUGH
(ON THE BASIS OF COLLECTING THE 20 SPOTS)²

20 LIVES 20 HOMES SECOND EVALUATION SNAPSHOT DECEMBER 2021

BACKGROUND TO THE 20 LIVES 20 HOMES PROGRAM
The 20 Lives 20 Homes (20 Lives) program is a local place-based response to ending homelessness¹ established in Fremantle in 2019, with the generous support of philanthropic donations. 20 Lives builds off the 50 Lives 50 Homes Housing First program² that operated in Perth from late 2015-July 2020, and was incorporated into the Zero Project. LotteryWest have been largely funding the program since January 2021.

WHO HAS 20 LIVES SUPPORTED?
27 PEOPLE SUPPORTED IN TOTAL:
59% MALE
41% FEMALE
44 YEARS AVERAGE AGE (RANGE: 23-83)
70% ABORIGINAL AND/OR TORRES STRAIT ISLANDER

TIME SPENT HOMELESS:
6.9 YEARS
ON AVERAGE SPENT HOMELESS PER PERSON

50,077 NIGHTS COLLECTIVELY SLEEPING ROUGH
(ON THE BASIS OF COLLECTING THE 20 SPOTS)²

20 Lives 20 Homes: A Place-based Iteration of the Housing First Model

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20 Lives is now in its second year, and St Pat's is providing the backbone support as well as the outreach work and case management. An evidence-informed, iterative, connecting people to other supports and engaging services is an important aspect of 20 Lives, and one that place-based efforts is evident, with the 20 Lives program developing cooperative relationships and mutual partnerships with other Fremantle and south metropolitan health and social support organisations.

The 20 Lives Model
Housing First principles drive the aims of 20 Lives, prioritising safe and permanent housing as a priority, provided prior to, and not conditional upon, addressing other health and well-being issues.³ Other elements of support provided by 20 Lives include tenancy case management, assistance with housing and general ID document applications and practical household items as well as connecting people to health, mental health and financial services.

With aspirational organisational aims:

- To broker and sustainably house 20 of the most vulnerable street present homeless people in Fremantle, into long-term housing.
- To remove barriers to successful long-term housing through a person-centred and trauma-informed approach.
- To work with the individuals to put in place the wrap-around services required for their success.

20 Lives has shown that through their model they have been able to deliver and go beyond these aims.⁴

20 Lives 20 Homes – First Evaluation Snapshot

20 Lives 20 Homes – Second Evaluation Snapshot

20 Lives 20 Homes – Parity Magazine Article

As 20 Lives formed part of the larger 50 Lives program, reference to it has also been included in the major evaluation reports for 50 Lives.^{2,10}



For this final evaluation report, the following sources of data were triangulated (Figure 3):







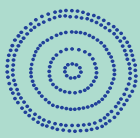
<p>Outcomes Star™ (Homelessness Star™ version)^{11,12}</p> 	<p>These data were derived from the Homelessness Star™ that is built into St Pat’s client management software. The tool covers ten life domains, or “outcome areas”, in which people with housing and other complex needs commonly require support. It was used to capture changes over time in key outcome domains for people who were supported through 20 Lives. Outcomes Star™ data for at least two time points was available for 26 individuals.</p>
<p>Vulnerability Index – Service Prioritisation Decision Assistance Tool VI-SPDAT) data¹³</p> 	<p>These data comprised self-reported information derived from the VI-SPDAT, a survey that is administered to both individuals and families experiencing homelessness, to determine their risk and prioritisation with regards to provision of assistance. It includes questions relating to an individual’s vulnerability and risk of harm, including as related to their health, housing and victimisation, among other areas. It is widely used across WA through the implementation of the Advance to Zero methodology, enabling services to allocate scarce resources to those who are most in need. VI-SPDAT data was available for 28 individuals.</p>
<p>Administrative 20 Lives Data</p> 	<p>These data included participant demographics, referrals, consent dates, types of support provided, housing dates and changes in the type and location of their housing over time. They were provided by St Pat’s at several time points for all 29 individuals.</p>
<p>Hospital Data</p> 	<p>These data included emergency department presentations, ambulance arrivals and inpatient admissions from nine health services that were covered by the research ethics approvals associated with this evaluation. The nine services/sites were the three main tertiary hospitals and six other public metropolitan hospitals in Perth, including two that are specifically focused on mental health. Hospital data was available for 27 individuals.</p>
<p>Interview Data</p> 	<p>These data comprised transcripts of interviews that were undertaken by the research team over the course of the three-year evaluation. They included interviews with 20 Lives participants, St Pat’s staff, stakeholder organisations, housing providers and even a private landlord who was participating in the rental subsidy initiative.</p>
<p>Caseworker and AHSS Case Studies</p> 	<p>These data included examples of relevant case studies and other salient information that was provided by the St Pat’s 20 Lives caseworkers and several AHSS staff members.</p>

Figure 3 Sources of Evaluation Data.

3 WHO WAS SUPPORTED BY 20 LIVES?

Demographics of People Supported

Between November 2019 and June 2022, a total of **29 individuals** were supported by 20 Lives, of whom 55% were male and almost three quarters (72%) were Aboriginal and/or Torres Strait Islander people. The ages of people who were supported ranged widely between 20 and 63 years, with an average of 44 years.



72%

WERE ABORIGINAL AND/OR TORRES STRAIT ISLANDER (N=21)



55%

WERE MALE (N=16)



45%

WERE FEMALE (N=13)



44 years

AVERAGE AGE (RANGE: 20 – 63 YEARS)

Where are they Now?

At the end of June 2022, of the 29 people supported by 20 Lives:



15

WERE HOUSED



8

WERE TEMPORARILY ACCOMMODATED (INCLUDING COUCH SURFING)



1

HAD PASSED AWAY



3

WERE INCARCERATED



2

HAD DISENGAGED AND THEIR WHEREABOUTS WERE UNKNOWN

Homeless History Prior to 20 Lives Support

Everyone's experience of homelessness is different, from the type of homelessness experienced to the length of time spent experiencing homelessness. However, to be eligible to participate in 20 Lives, a person had to be both rough sleeping and classified as being highly vulnerable, the latter via scoring >10 on the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT).¹³ While all 29 participants completed the VI-SPDAT, one did not provide consent for use of their data; therefore, only responses for the remaining 28 individuals were used in this report.



6.1 YEARS

ON AVERAGE SPENT EXPERIENCING HOMELESSNESS PRIOR TO COMPLETING THE VI-SPDAT

EQUIVALENT TO:

61,000 NIGHTS

SPENT WITHOUT A HOME

At the time of completing the VI-SPDAT, roughly two thirds (64%) of the 28 people who consented to use of their data were rough sleeping, while others were couch surfing or in crisis accommodation. On average, each person had spent six years without stable accommodation (range: one month to approximately 30 years). Four people had spent over 10 years without stable accommodation. Overall, 24 individuals indicated that they had changed accommodation at some point in the past, with the average number of moves in the three years prior to completion being eight and one person having changed accommodation 20 times during that period.

Vulnerability While Experiencing Homelessness

The VI-SPDAT includes questions relating to an individual’s overall vulnerability and risk of harm, including with regards to victimisation, assault and other crimes. Almost all participants (96%) reported having experienced trauma that they had not received support for, while two thirds (64%) reported having been attacked or beaten since becoming homeless and almost half (46%) reported having been forced to do things against their will.



EXPERIENCED TRAUMA THEY HAD NOT RECEIVED SUPPORT FOR (N=27)



HAD BEEN ATTACKED OR BEATEN (N=16)



WERE STOOD OVER AND FORCED TO DO THINGS AGAINST THEIR WILL (N=13)

Additionally, over half of people supported by 20 Lives had ongoing legal issues that might result in being locked up or having to pay fines at the time they undertook the VI-SPDAT. Additionally, 44% reported being removed from their families and put into foster care as a child.



HAD LEGAL ISSUES (N=15)



WERE IN FOSTER OR INSTITUTIONAL CARE AS A CHILD (N=12)

It is pertinent to note that the cohort of people supported by 20 Lives had pervasive vulnerabilities overall, and these had been exacerbated by their experiences of rough sleeping. Further and as noted earlier, almost three quarters (72%) of people supported by 20 Lives identified as Aboriginal, meaning that there were likely additional vulnerabilities and traumatic experiences not captured by the VI-SPDAT, such as those of colonisation, the stolen generation and direct and systemic racism. For a more detailed discussion of some of the additional challenges experienced by Aboriginal people experiencing homelessness in WA, see our *Aboriginal Housing First* evaluation snapshot that was released in 2021.¹⁴

4 HOW WERE PEOPLE IN 20 LIVES SUPPORTED?

Housing First as the concept's name implies, means that supporting people to access safe permanent housing as rapidly as possible is one of the most fundamental areas of support provided. Additionally, an important element of the *Housing First* model is the provision of wraparound support, which assists people to access suitable housing and subsequently to sustain their tenancies. Such support is key in assisting people to adjust to new circumstances and sustain their housing long-term. This section provides an overview of the key types of support provided to people in the 20 Lives program over its duration.

Supporting People to Access Suitable Housing and Accommodation

Among the 20 Lives cohort, there was wide variability in housing and accommodation needs. Overall, 26 of the 29 participants were supported by 20 Lives into some form of accommodation during the program, and, in numerous instances, people were supported to be re-housed when their tenancies became either unsuitable or unavailable. Of relevance, the COVID-19 pandemic had ramifications for the availability of public housing and affordable rental accommodation and on people becoming 'new to homelessness' in the Fremantle area (and WA more broadly). Moreover, when the pandemic began to unfold, there was escalating concerns in WA about the heightened vulnerability of people sleeping rough who could not isolate nor stay home.^{15,16}



OF PEOPLE SUPPORTED BY 20 LIVES WERE HOUSED AT SOME POINT

As documented in an earlier 20 Lives evaluation snapshot,¹ this presented additional challenges for the 20 Lives program, and added to the urgency of supporting people off the streets into some type of accommodation during the pandemic. Other housing-related outcomes are described in the next Chapter.

The Role of the 20 Lives Outreach Caseworkers

An aspect of 20 Lives that distinguished it from its sister program, 50 Lives, was the important role of the two, dedicated outreach caseworkers who were employed directly by St Pat's to ensure that people who were supported by 20 Lives received the wraparound care they required to facilitate:

1. their successful transition into housing, and
2. following that, their continued, positive, forward momentum with their lives.

In conjunction with each person, the caseworkers developed case management plans that identified health concerns, goals, activities of interest and avenues to reconnections with communities. They included, amongst other things, referrals to other agencies to assist people with reunifications with family, legal and health issues, learning new skills in order to find employment, and learning life skills such as budgeting, cooking and self-care. Thus, in essence, they enabled individuals to start building lives that were not connected to homelessness.^{2,17} The caseworkers also worked closely with each person to assist them with finding a home.

In 50 Lives caseworkers were employed by over 30 different organisations, meaning that each person who consented was offered differing care, within different service models, depending on their primary contact organisation.

Types of Support of Provided

A wide range of supports were provided to 20 Lives participants, including, amongst others: intensive case management, support to apply for identity documents and practical household items, and support to connect people to other health, mental health and financial supports.³ The most commonly provided types of assistance were: intensive case management consultations; advice/information sessions; advocacy/liaison on behalf of individuals; and home visits and outreach:



The 20 Lives caseworkers helped me with paperwork and with my birth certificate.

They also helped me with the Inspire program which helped me with my license, and then I've got my traffic management with my white card and my forklift civil construction. I've got my life in check, I've got my courses done, my training done, tickets prepared for work in this big world... I haven't had a job for over two decades and to work in an industry that they put me in for my tickets, it's a challenge.

– Person supported by 20 Lives

The After-Hours Support Service (AHSS)

A large contributor to the ability of 20 Lives participants to build lives that were not connected to homelessness was engagement with the AHSS. As noted previously, the AHSS comprised assertive outreach workers from Ruah and nurses from Homeless Healthcare; during 20 Lives, it complemented the role of the 20 Lives caseworkers through providing after-hours support on evenings, weekends, and public holidays,¹⁷ both in person at people's homes and via telephone. Congruent with the ethos of *Housing First*, AHSS support was provided for as long as needed (i.e., it did not have a fixed end date). Further, individuals who were supported were able to both pause and resume their support at their own discretion.

The AHSS reinforced the aims of 20 Lives by assisting people to manage their tenancies.

Specifically, it helped them to: develop independent living skills, make meaningful use of their time, and transition and settle into their new homes. Further, the AHSS provided individuals with health-related, social and emotional support; advice and support in dealing with landlords and property managers; assistance with learning to cook, clean and care for themselves; and support with money management and budgeting. Equally important was the nursing service that was provided, which assisted people with their medical needs. Finally, it is important to note that the AHSS continued to provide support during the COVID-19 pandemic, when many other services had to cut back on outreach services provided to people experiencing homelessness.



ACCESSED AHSS SUPPORT (N= 20)

EXAMPLE OF WRAPAROUND SUPPORT FROM 20 LIVES, THE AHSS AND OTHER AGENCIES

Background: Helen* is an Aboriginal woman in her twenties, who had been sleeping rough and couch surfing for some time when she consented to 20 Lives. She was pregnant when she first engaged with the team.

Support Provided by 20 Lives: Initially, Helen was assisted with her Priority Housing interview and brokerage to be accommodated in a motel for two weeks. Along with her newborn, Helen was then offered a private tenancy within the subsidised Private Rental Brokerage Project. She was referred to HHC, counselling and the AHSS, and she and her baby moved into a three-bedroom property.

Support Provided by the AHSS: The AHSS liaised with Helen's 20 Lives caseworker to: **1.** advocate for her, and **2.** collaborate with other services in the sector on her behalf. For example, an AHSS staff member wrote a support letter for her caseworker to use in her housing advocacy with the Department of Communities, and the AHSS referred Helen to Mission Australia to obtain furniture for her new home and provided brokerage for the purchase and delivery of a clothes dryer. Helen also called the AHSS to obtain advice from the nurses about her baby's health, and was linked by them to the doctors at HHC's Hub office. Helen said she felt better now that she could talk to people about her issues.

Current Situation: Helen and her baby remain housed in an area with good access to public transport, shops, a medical centre and day care, and she is managing her tenancy well with no issues. She still engages with the AHSS on a weekly basis for ongoing support.

*Not her real name.

Other Agencies Involved in Supporting People

The 20 Lives program was founded on a collective impact, collaborative ethos, meaning that there was involvement from a broad range of services, spanning alcohol and other drug (AOD), health, housing, legal and other sectors, from the outset. In total, 112 referrals of people supported by 20 Lives were made to these organisations, the majority of which were for health-related support (Figure 4). A more detailed list of the various supporting agencies that people who were supported by 20 Lives were referred to is contained in Table 1 (Appendix 1, page 35).

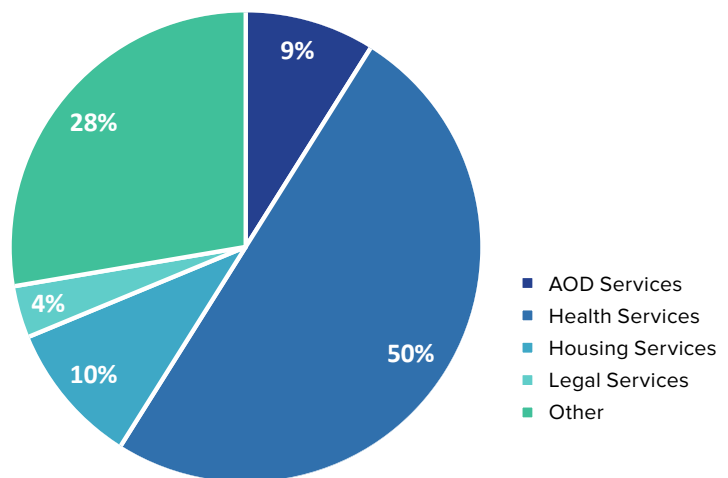


Figure 4 Types of Services People Supported by 20 Lives were Referred to.

The following case study reflects how a multi-agency approach to providing wraparound support can assist an individual with complex needs:

ROLE OF MULTIPLE AGENCIES IN SUPPORTING PEOPLE WITH COMPLEX NEEDS

Background: Pip* is an Aboriginal woman in her forties who, at the time of consenting to 20 Lives, had multiple children in State care. She had been experiencing homelessness in the Fremantle area for approximately six years, including sleeping rough and occasionally couch surfing, and she had a long history of self-described alcohol misuse, numerous chronic health conditions, and family and partner violence, the latter of which had impacted upon her physical and mental health. Her alcohol misuse had often led to anti-social behaviour and consequently interactions with police, and she had a large rental debt with the Department of Communities.

Support provided by 20 Lives: The 20 Lives caseworkers engaged with Pip over a long period of time to slowly build her trust. They assisted her with completing documentation, supported her through a Further Assistance Review[^] appointment to assess her eligibility for social housing and negotiated a debt discount to help with her debt. Pip was housed in private lodging while waiting for public housing.

Referrals to other organisations: Pip was referred to a range of services, including Silver Chain Home Care, Black Swan Health – NDIS, South Fremantle Family Practice, a local pharmacy, the AHSS, the Freo Street Doctor and the Sexual Assault Resource Centre, to assist in her wraparound support. 20 Lives also organised a case management meeting with Silver Chain, Moorditj Koort, the AHSS and Black Swan Health, to assist with Pip's ongoing health and housing requirements.

Unfortunately, Pip stopped engaging with 20 Lives and returned to rough sleeping in the Northern Territory in late 2021.

Current Situation: Pip returned to WA in March 2022 and reconnected with 20 Lives. She was re-housed in lodging and re-engaged with Silver Chain, the AHSS and the Freo Street Doctor, with regular health reviews being undertaken to ensure she received appropriate medical support. A case management meeting was held between Pip and the various agencies, to identify the support that was required to assist Pip to remain housed. Pip stated that she felt better having a room and a bed to sleep in.

**Not her real name.*

[^] A Further Assistance Review (FAR) is a review of a housing applicant's history that is undertaken by the Housing Authority to determine if the application for housing by that applicant will be approved, declined, or placed under management procedure. FARs are typically instigated when applicants' housing histories raise concerns.



It's made a huge difference, the collaborative approach between a number of organisations, and it expands access to every bit of resource available to be able to support our clients.

– 20 Lives Outreach Caseworker

5 SUPPORTING PEOPLE TO ACHIEVE INDIVIDUAL GOALS

During 20 Lives, there was a strong emphasis on person-centred care and the tailoring of support to the life goals and needs of individuals supported. Using the Homelessness Star™ tool,¹¹ data was captured across ten life domains, or “outcome areas”, in which people with housing and other complex needs commonly require support:

1. Motivation and taking responsibility
2. Self-care and living skills
3. Managing money
4. Social networks and relationships
5. Drug and alcohol misuse
6. Physical health
7. Emotional and mental health
8. Meaningful use of time
9. Managing tenancy and accommodation
10. Offending

The Homelessness Star™ was used by the 20 Lives caseworkers in two key ways. First, individuals completed a survey both at baseline (i.e., at the start of their involvement in 20 Lives) and at various time points as they progressed to being housed. In these surveys, individuals ranked themselves between zero and ten on each of the ten domains. And second, the tool was used by the 20 Lives caseworkers to facilitate conversations with individuals about strengths, needs, and progress towards goals over time.

Individuals supported by 20 Lives ranked themselves from 1 to 10 (i.e., on a 10-point scale) for each domain (per box to right) at different time points. For the 26 individuals who completed at least two Homelessness Star™ surveys, the average of their first and last survey score are recorded below. As can be observed, average scores across all domains have increased from an average of around 3-4 (accepting help) per domain to an average of 6 (believing), with the offending domain gaining the highest mean score of 8 (learning).

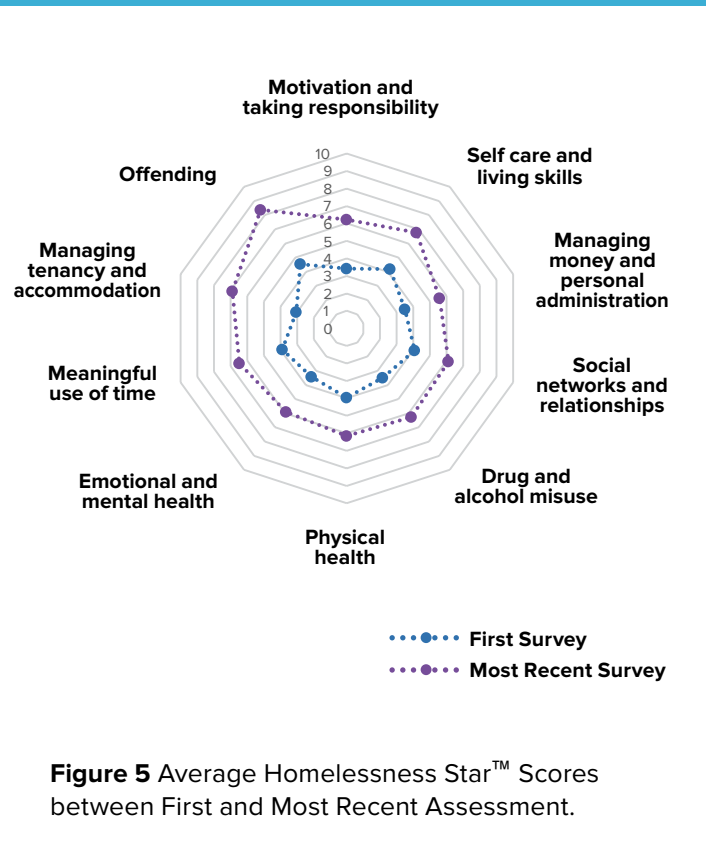


Figure 5 Average Homelessness Star™ Scores between First and Most Recent Assessment.

Homeless Star™ scale scoring

- **Stuck (1-2):** person is in a bad situation but does not feel able to discuss the problem or accept help.
- **Accepting help (3-4):** person expresses a desire for things to be different and engage with support offered by the service but does not take the initiative.
- **Believing (5-6):** person believes that change is possible and start to take the initiative in trying new things.
- **Learning (7-8):** person has a sense of what works for them and are gaining confidence and reaching goals with support.
- **Self-reliance (9-10):** users are in a relatively good situation and need little or no professional support to maintain this.

For the purposes of this report, we have grouped the data from the ten domains into four broad categories which will be discussed in detail in the relevant subsections below.

1. Managing accommodation
2. Personal skills and relationships
3. Health and wellbeing
4. Justice and offending

Managing Tenancy and Accommodation

This section relates only to reported competency related to how individuals felt they managed their tenancies and accommodation. Specific housing outcomes (such as the time taken to house people, retention rates and the types of housing people were supported into) are discussed in Chapter 6.

Reported Changes in Managing Tenancy and Accommodation

Unsurprisingly, given that 90% of 20 Lives participants were housed at some point during the program, the greatest improvement in Homelessness Star™ score was observed in the **managing tenancy and accommodation** domain. Of the 26 individuals with follow up data, 23 (88%) reported improved competencies in accommodation management (with two remaining the same, and one reporting a decrease score from 10 to 9). Overall, there was a mean increase of 3.9 points, from a baseline of 3.0 (accepting help) to 6.9 (believing) at follow up.

Beyond these quantifiable outcomes, in many of the interviews with people supported by 20 Lives, the 'sense of home' and the comfort of routine were evident, as illustrated below:



It feels like home now. It's my sanctuary, that's the best way I can put it. It's my sanctuary after being out and about all day, from seeing doctors or shop... I get back home and it's just like, "Ah!", whereas in the beginning, it wasn't, it was all new one and have to get used to it. So it was a little bit isolating in the beginning but once you make it a home, you make things comfortable.

– Person supported by 20 Lives

...this is my home. I can shower, I can go to sleep, no stress, get my own food, just do the things for myself, and I haven't had that for a number of years... knowing that I can go home to my own place, relax and sit down and have a cupper when I want... this is my palace.

– Person supported by 20 Lives

Personal Skills and Relationships

Reported Changes in Managing Tenancy and Accommodation



Beyond accommodation, strong improvements were also reported across numerous Homelessness Star™ domains relating to everyday life skills. Overall, 22 out of 26 (84%) reported improvements within the **self-care and living skills domain**. The remaining four individuals (26%), reported no change, meaning that no individual indicated a decrease in their self-reported rating. The average score increased from 4.2 to 6.8 (accepting help to believing).

Overall, 21 out of 26 (81%) also reported improved scores within the **managing money and personal administration domain**. Of the remaining five individuals, four reported no change, with only one individual reporting a score decrease from 3 to 2. The average score increased from 3.5 to 5.6 (accepting help to believing). The following case study below provides an applied example of this.

SUPPORT TO MANAGE FINANCES

Background: Reg* is an Aboriginal man in his mid-fifties who had been street present for over 20 years. His prolonged homelessness had impacted his mental health significantly, exacerbated by financial issues.

Support provided by 20 Lives: The 20 Lives caseworkers supported Reg into a lodging house and brokerage was provided to enable him to overcome the huge financial barriers initially keeping him on the streets and establish his residency with stable long-term lodging accommodation for the first time in over two decades. Additionally, he was assisted with applying for Centrelink, and for the first time Reg gained access to the Disability Support Pension.

Current Situation: Reg has maintained stable residency in a lodging house for over 2 years, with a Licence to Occupy (LTO). Being in lodging was an active choice for Reg as he did not feel able to manage a house and live on his own, and also felt that being in a lodging house was a more affordable accommodation option for him. He manages well day to day living responsibilities (such as cooking) and has continued with his regular medical checks and counselling to support him with mental health and AOD issues. In his own words, Reg feels he has started back on a path to healing.

**Not his real name.*

Reported Changes in Social Networks and Relationships

Further improvements were noted within the **social networks and relationships** domain of the Homelessness Star™ over the course of 20 Lives for the majority of people. The majority (23 people, 88%) reporting an increased self-report score for that domain, with an overall mean increase of 2 points

(from 4.1 at baseline to 6.1 at follow up, from accepting help to believing). Of the remaining three individuals, one reported no change, and two individuals reported a decrease of 1 point.

For quite a number of 20 Lives participants, this included goals around reconnecting with family, including reunification with children or other relatives. This is reflected in the two examples that follow.

IMPACT OF HOUSING ON IMPROVING RELATIONSHIPS

Background: Colin* is an Aboriginal man in his early sixties who had been couch surfing and sleeping rough for eight years prior to consenting to 20 Lives. One of Colin's main goals when he commenced in 20 Lives was reconnecting with his children and grandchildren as he had lost connection with them after many years of homelessness and cycling through the justice system.

Support provided by 20 Lives: Colin was supported into a one-bedroom property through a community housing provider. The 20 Lives caseworkers assisted with all supporting documentation required including accessing Centrelink, and provided brokerage funding to establish his household and secure white goods.

Current Situation: Colin has maintained his home for 12 months and has reconnected with his children and grandchildren, who he now sees regularly. In his own words:

"... I've started seeing my children and grandkids more often. Having them over on the weekend. I always have them come to my place you know I didn't want to leave. I have settled in, I am happy. Everything is there for me. Close to the bus, close to shops – it was made for me... Every day I have a shower, put fresh clothes on. Have a feed, make a cup of tea and some toast. I couldn't do that on the street."

*Not his real name.



[20 Lives] has improved my health, it's improved my stability, it's improved my living standards. Overall, everything, everything, yeah. Reunions with my families, my children and my grandkids obviously. We had a meeting on the weekend. We just got together and every second weekend they are going to come up with the kids because I've got nine grandies. So, I said I will have three at a time every second weekend. They could have turns and turns. I'm just trying to get the internet put on so they can play games.

– Person supported by 20 Lives

Reported Changes in Personal Growth

Similar changes to measures of personal growth were recorded by the 26 participants upon follow up, with both the *motivation and taking responsibility* and *meaningful use of time* domains improving by 2.6 points to mean scores of 6.2 and 6.5 respectively. In total, 23 participants (88%) indicated improved scores of **motivation and taking responsibility** (two no change, one decrease), while 22 (85%) indicated improvements to their **meaningful use of time** (three no change, one decrease).



I've got my life in check, I've got my courses done, my training done, tickets prepared for work in this big world. The only thing that I'm scared of is because I haven't had a job for over two decades.

– *Person supported by 20 Lives*

Additionally, as noted by one of the 20 Lives caseworkers, involving the individuals in decisions about their own outcomes and care led to increases in empowerment and control over their own lives.



I found that having client involvement in stakeholders' case coordination meetings, for example with Next Step and Silver Chain, was advantageous and beneficial for the client in their recovery journey... enabling the client to have a say in their own outcomes and to feel empowered.

– *20 Lives Outreach Caseworker*

Health and Wellbeing

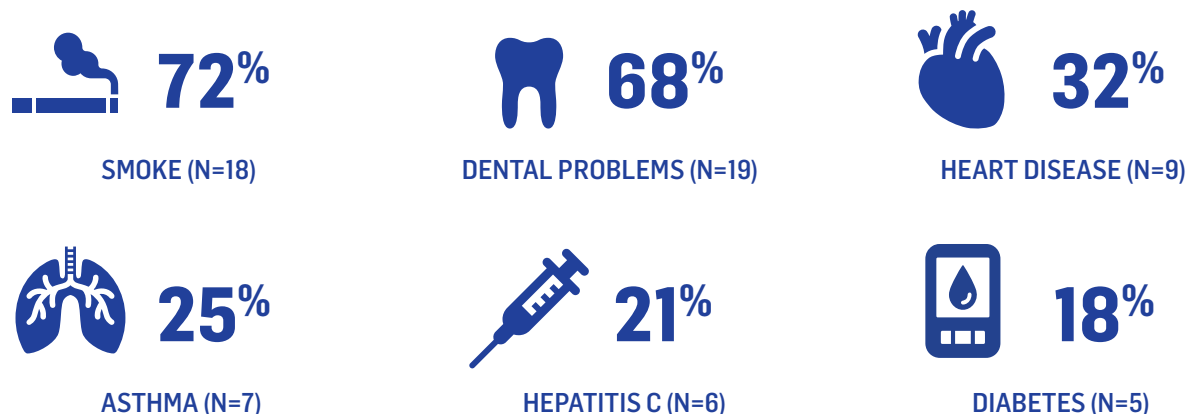
In both the 20 Lives and 50 Lives *Housing First* programs in WA, the VI-SPDAT¹³ was used to identify those who were considered “most vulnerable” and in need of rapid housing with wrap-around support. In the VI-SPDAT, health issues are recognised as a key source of vulnerability for people who are rough sleeping, hence self-reported health needs from the VI-SPDAT have been used here as additional backdrop to people’s self-reported progress on health and wellbeing goals as captured in the Homelessness Star™.

Self-Reported Health Status and Needs

The VI-SPDAT[^] has questions relating to health status and needs of an individual. Given poor health is a contributing factor to the VI-SPDAT score and that that eligibility for support is based on a score of >10, it is not surprising that people supported by 20 Lives participants have high levels of multiple and complex health related issues. Using the scoring methodology (described in the *Third 50 Lives Evaluation Report*)² high rates of mental health (100%), problematic AOD use (93%) and serious health conditions (89%) were all observed.



The most common types of self-reported serious health issues among the 20 Lives cohort are depicted following, with the three highest among these being smoking (itself a cause of multiple health conditions) (72%), dental problems (68%) and heart disease (32%). The high prevalence of these serious health issues is alarming, and this concern is only further emphasised when compared with rates amongst the broader Australian population. Rates of heart disease and smoking are around 7 times higher in the 20 Lives cohort than in the general Australian population,^{18,19} while Hepatitis C rates are 30 times greater than in fellow Western Australians.²⁰



[^] **Note:** VI-SPDAT health condition proportions exclude missing answers to the associated questions (denominator ranges between 25 and 28).

Reported Changes in Health and Wellbeing

The Homelessness Star™ tool was also used to assess and understand changes in participants' health and wellbeing over the course of the 20 Lives program. As with all other areas, there were widespread improvements across these domains, including:

- 1. Drug and alcohol misuse** – 20 individuals (77%) reported improved ability in the management of their *drug and alcohol use*, with an overall mean increase of 2.8 points from 3.5 at baseline to 6.3 at follow up (from accepting help to believing). Of the remaining six individuals, three reported a decline in this domain and three reported no change.
- 2. Physical health** – 20 individuals (77%) reported improved competency in the *physical health* domain, with a 2.2-point increase in reported mean from baseline (4.0) to follow up (6.2) (from accepting help to believing). All six remaining reported no change in health score.
- 3. Emotional and mental health** – 21 individuals (81%) reported improvements to their *emotional and mental health* capacity. There was an overall 2.5-point mean increase in reported score from 3.4 at baseline to 5.9 at follow up. Only one individual reported a decline in this domain, with the other four reporting no change.

These improvements in how people felt about their health and management of health issues reflect the critical difference that having stable housing can make when coupled with support, including access to healthcare. As noted by Dr Andrew Davies the founder of Homeless Healthcare:

Getting used to living within four walls can be overwhelming at first, and we have found that it is best to start with the health issues that people are most concerned about or that are having greatest impact on their day-to-day life. From here, other health issues and their causes can be unravelled and tackled. people are at least in a much better space to manage health needs when they have a roof over their head, and are connected to a regular GP and other supports.

– Dr Andrew Davies, CEO and Medical Director, Homeless Healthcare

This is reflected in the following quotes from 20 Lives participants.

And when you've got a good health and healthy lifestyle ... and I've lost a fair bit of weight 'cause of it now, and I'm back into a bit of training and trying to get my mind clear 'cause I'm focusing more on me and my health and my body.

– Person supported by 20 Lives

It's changed my life. I've had a lot of people say, if you try you can get your life together... but when you're living on the streets and you got nothing, you try telling someone to go and get into a drug and alcohol program or you do this, they just wanna know where they're gonna sleep the next day... You're not focused on the broader aspect of it all. You're just day-to-day living. But for me now, as I've got a solid foundation, so I keep up with all my doctor's appointments, I'm eating well, I think I've put on about 15 kilos. I've got a roof over my head. It's changed my world.

– Person supported by 20 Lives

The following case study is one of many examples of how housing coupled with individualised support and access to healthcare, has contributed to a raft of positive outcomes.

HOUSING AND SUPPORT IMPACT ON IMPROVING HEALTH

Background: Hazel* is a single woman in her mid-forties with an adult son from whom she was estranged when she engaged with 20 Lives. She had been rough sleeping and occasionally couch surfing for three years prior to that time, and has a long history of AOD misuse which impacts her physical and mental health. She has multiple chronic mental health diagnoses, including anxiety, depression and an adjustment disorder.

Support provided by 20 Lives: Hazel was supported into transitional accommodation while the caseworkers sourced permanent housing for her. She successfully moved into a private rental through the Private Rental Brokerage Project and was referred to the Street Doctor to assist with her mental health issues and receive counselling.

Current Situation: Hazel continues to work with her 20 Lives caseworker and has not used drugs or alcohol for over 12 months. She regularly receives primary care support through the Street Doctor and has been receiving ongoing support from the AHSS. Hazel maintained her private rental for 15 months, and has now moved into community housing with a permanent placement. In her own words: *“This is my home I feel safe having my own place”*.

Additionally, she has since reconciled with her son and re-established their relationship.

**Not her real name.*

Justice and Offending

Self-Reported Justice Needs and Offending History

The relationship between homelessness and the legal and justice systems is complex, with people who are experiencing homelessness having a higher likelihood of interactions with the police and the justice system than those who are not.¹⁰ Based on the self-reported VI-SPDAT data, when asked about their lifetime interactions with the justice system, 88% of the 20 Lives cohort reported having been in a watch house, 68% reported having been to prison, and nearly half (48%) reported having been in youth detention. When asked about their contacts with the justice system in the six-month period immediately prior to completing the VI-SPDAT, the cohort reported an average of 30 interactions with police (range: 0-200 interactions). Unfortunately, at the end of the program, three participants were incarcerated.



HAD BEEN IN THE WATCH HOUSE (N=22)



HAD BEEN IN PRISON (N=12)



HAD BEEN IN YOUTH DETENTION (N=12)

Reported Changes in Offending

One of the largest areas of improvement observed through the Outcomes Star tool was in relation to the **Offending** domain, which was the highest overall mean score across the domains. Overall, 20 (77%) participants indicated improved scores in this field, with a mean improvement of 3.9 points; 4.5 at baseline to 8.4 at follow up (from accepting help to learning). Overall, offending had the highest mean score in the follow up survey.

6 HOUSING OUTCOMES

As noted earlier, 26 people who were supported by 20 Lives were housed and/or supported into accommodation at some point during the course of 20 Lives. However, as rapid housing and supporting people to remain housed are key elements of the *Housing First* model, these were also examined as key housing outcomes in the 20 Lives evaluation.



Time Taken to House People

As its name suggests, housing comes first; meaning that access to permanent housing should indeed be rapid. There was a wide range in time taken to house people after completing their 20 Lives application form. It took an average time-to-be-housed of 104 days (ranging from 0-651 days), due to this wide range in time taken, the median time-to-be-housed of 29 days more accurately reflects the time it took to house each of these 26 individuals for the first time.



Tenancy Retention

As of 30 June 2022, of the 26 individuals who were housed, one third had been housed for less than one year (n=9), a third had been housed for at least one year (n=9), and a third had been housed for at least two years (n=8). Overall, 80% of these individuals had retained their housing for six months, 69% had retained their housing for one year and 47% had retained their housing for 18 months. Individuals in permanent housing were more likely to sustain their housing after one year than those in temporary arrangements.



Whilst the ethos of *Housing First* is to provide people with the surety of permanent housing, this is not necessarily a single forever home, as there are various reasons why people may need to move to a different home (such as the house is no longer suitable, if a rental is no longer available, or person/family needs change over time). Further, if people lose their tenancy for some reason, or return episodically to homelessness, they remain part of the *Housing First* program, and are supported to access alternative housing.

Types of Housing and Accommodation

There was a mixture of tenure types for these individuals including, transitional accommodation, family reunification, or into more permanent housing options. Over the course of 20 Lives, 11 people (42%) had one or more housing allocations. Some of these arose because the 20 Lives rental subsidy pilot ceased in late 2021.

The 26 individuals who were housed had a total of 40 different housing placements:



15

LODGING PLACEMENTS



11

PRIVATE RENTAL
TENANCIES



7

COMMUNITY HOUSING
PLACEMENTS



7

PUBLIC HOUSING
PLACEMENTS

As with 50 Lives, many of the housing placements were in public or community housing. However, there were also two types of housing that were more unique to the 20 Lives context.

Private Rental Subsidy Scheme

The first of these was the **private rental subsidy scheme (PRSS)** that was a pilot initiative within 20 Lives, involving St Pat's and Foundation Housing. During the first year, there was a 12-month trial of a PRSS as one of the place-based innovations of 20 Lives as a solution to housing shortages in the Fremantle LGA.^{1,3}

Through the PRSS, funded by the Department of Communities, Foundation Housing took on the head lease of properties rented from private landlords and offered a subsidy to 20 Lives tenants to ensure the rent was affordable. The pilot scheme commenced in November 2019, however rental properties were not immediately available, with the first person housed in a private rental in February 2020. Only four other people were housed in subsidised private rentals during the trial of this scheme. Challenges associated with this were discussed in the second 20 Lives evaluation report.⁹ The shortage of private rental accommodation in the Fremantle area (and high demand to live in this area) were among challenges noted by

Foundation Housing at the time, and some landlord hesitations around leasing properties to people known to have been homeless were also noted. The scarcity of potential rentals for use by 20 Lives was further compounded through the COVID-19 pandemic when rental demand escalated as overseas travellers and workers returned home to Perth. The shortfall of housing has meant landlords have more options when choosing tenants as well as an ability to increase rents due to such high demand, placing an added disadvantage on people with very low incomes. When the PRSS came to an end during 2021, other options were required to keep those people housed, and St Pat's were able to secure some brokerage funding to extend some leases of the subsidised private rentals, until suitable accommodation could be found. These people were all eventually re-housed in other accommodation.

The following comment from one of the private landlords involved, highlights how it can work well. Moreover, this landlord continued to rent the property to the tenant beyond the ceasing of the private rental subsidy pilot, enabling the tenant time to find alternative housing.



...It was great to be a part of [20 Lives], and I loved the innovation behind the model – it largely covered our costs. I just think there should be more of it. I think there's probably a lot more housing out there... [but] landlords are potentially reluctant to put their properties to market. There's a lot of preconceptions around people who are homeless, but our tenant revealed herself to be incredibly savvy and – obviously, she's had to survive some pretty difficult times.

“Sadly, the funding ran out. I managed to negotiate with St Pat's to extend it by a year, outside of the 20 Lives 20 Homes program, and our tenant has now found alternate housing, by having that extra time to find something. So, yeah, unfortunately we've had to end our involvement, but I'd totally recommend it. I had one of the great joys to actually get to know our tenant, especially in the last year when we were the direct landlord, not Foundation Housing, and have seen a significant improvement in their mental health and wellbeing. They now have a long-term home, and that's the ultimate goal, right? That's all you really want.”

– Private landlord of a person supported by 20 Lives

Long-Term Lodging

The second unique aspect of housing placements for 20 Lives was the extensive use of long-term lodging. With many people supported by 20 Lives actively chose lodging as their preferred housing option with a Licence to Occupy (LTO). As reflected in our first 20 Lives evaluation report, residents indicated that they enjoyed the shared aspects of the lodging environment and the simplicity of a single bill.¹ Although tenure through an LTO is typically for a defined period for example three months, however this may be extended at the discretion of the landlord, and this is what occurred for a number of people supported by 20 Lives.^{1,21}

The caseworkers at 20 Lives had a 'Lodging by Choice' checklist to ascertain if this type of accommodation suited a particular person. The checklist included items such as having access to own room which can be locked and is not accessed by staff or others without notice and permission by the tenant.

A longer-term agreement of 6-12 months was provided with policies and practices in place, such as;

- to ensure people were not evicted without notice or right of appeal,
- the individual needs time to make a meaningful and informed choice that is based on both direct experience and an opportunity to expand their expectations for housing, evidenced by a minimum two month stay,
- the lodge either provides self-contained units or is shared by 10 or less people so the experience is of a home not an institution,
- people can choose to have visitors, including overnight, with limits to this placed in agreement with other tenants rather than blanket restrictions by the landlord.

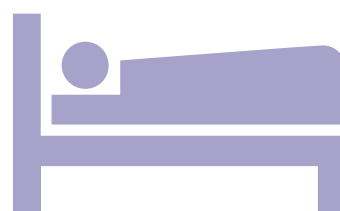
Some participants however felt lodging was not the right environment for them but stayed in lodging due to the lack of other suitable accommodation available that met their needs.

"...staying at the lodge – it's not home, you're in accommodation where you're sharing, and you can't really have your kids around and stuff like that. Because the place that I'm staying it's not for kids, we're all adults and a lot of people have a lot of issues in that place and a lot of medical problems." – Person supported by 20 Lives



(I'm) ...feeling happy and content, especially having a roof over my head and a bed to sleep in".

– Person housed in lodging by choice through 20 Lives



Challenges Relating to Housing People in 20 Lives

The most significant challenge for 20 Lives and for its larger sister project, 50 Lives, was the impediments to rapidly housing people sleeping rough due to the scarcity of public housing or other appropriate social or affordable housing options.

Public Housing

Many of the people supported by 20 Lives required support completing priority housing applications to access public housing for the first time, including assistance to meet the initial requirements to provide identification and other documents.^{17,22} As documented in the final 50 Lives evaluation report,¹⁰ the public housing application process in WA remains complicated, particularly if people are rough sleeping without an email or postal address, or if they face literacy challenges.

Other barriers to rapid housing experienced by the 20 Lives program related to shortages in the availability of the type of housing people needed to meet their needs; for example, most were only eligible for one-bedroom properties but also required properties that were low-density and/or on the ground floor due to significant trauma and other health-related issues.^{3,17} Yet according to data provided by the Department of Communities, single bedroom properties have significant wait times, of up to 96 weeks (state-wide) for people who were priority listed with the Department in 2021.¹⁰

Public housing waitlists in WA grew overall during the 20 Lives period. As at the end of December 2021, there were 749 people waiting to be housed in Fremantle (by preference zone) on the priority Public Housing Wait List with the Department, with an expected wait time of 70 weeks. **Notably, the average wait time on the priority list for public housing in the Fremantle zone is significantly higher than the state-wide average wait time (53 weeks).**

Some 20 Lives participants who had previously had Department of Housing tenancies also had to overcome barriers to getting back on to the public housing wait list due to prior debts or being subject to *Further Assistance Reviews* where they had to meet additional criteria before being able to apply for housing again.^{17,23} The following quote from a 20 Lives participant highlights some of these challenges, but also how the 20 Lives caseworkers supported them through this.

At the conclusion of 20 Lives, five (of 15) tenants (33%) were in public housing properties.



Yeah, I've been on the [public housing] wait list for over seven years. I've been on the priority list for more than two years and it's because I was blacklisted from when me and my partner and our children were together. It's taken a lot of moving around, a lot of counselling, a lot of programs. It's been a challenge, I've hit rock bottom, I've lashed out a few times when I shouldn't of, but they've [the 20 Lives caseworkers] been very supportive and understood and had the patience with me to actually pull me through it...

– Person supported by 20 Lives

Community Housing

Of the social housing stock in WA, Australian Institute of Health and Welfare data indicates that 75% of this is public housing managed by Government, 6% is Indigenous Community Housing and the remaining 19% is managed by community housing providers.²⁴ Community housing describes rental housing that is owned and/or managed by not-for-profit NFP organisations and generally allocated to eligible low-income households. Allocation of housing is the responsibility of the provider, and may include conditions required by government. It is generally a long-term agreement.²⁵ In WA demand for community housing also outweighs supply.

At the conclusion of 20 Lives, six (of 15) tenants (40%) were in community housing, all of which were managed by Housing Choices. As noted by St Pat's CEO, with limited community housing stock, fit-for-purpose lodging managed by community housing providers provides a unique opportunity to help bridge this gap.



The challenge moving forward for community housing providers is shifting their approach to lodging housing to ensure it is fit-for-purpose, including security of tenure and the standard and quality of facilities, which provide a “forever home” option where people are able to thrive and live a good life.

– **Michael Piu, CEO, St Pat's**

Affordable Housing

Affordable housing, defined to be that which consumes less than 30% of an individual's or family's gross household income, has proved difficult to source both in Fremantle and its surrounds.¹ This shortfall has meant that other options, e.g. lodging/boarding houses with a Licence to Occupy (LTO) option that extends to 12 months, or more temporary arrangements with family and friends, have been necessary. A crucial element of 20 Lives was to ensure that the process of identifying suitable accommodation for each individual was undertaken correctly;¹ on this basis, the program utilised a lodging protocol to identify lodging that most closely matched peoples' preferences. While some (NFP) providers, including St Pat's, are flexible in these arrangements, others are not.

Social and affordable housing plays a critical role for many Western Australians. For people on low to moderate incomes, this may be their only housing choice. However, in 2020, social and affordable housing made up only 4% of total housing stock, down from 6% in 2001.²⁵

The number of people experiencing forms of homelessness in Fremantle has increased. This has served to amplify pressure on service providers and further highlights the insufficiency of sustainable housing options for people experiencing homelessness in Fremantle. (20 Lives) provides validation that the *Housing First* model works, and that various supported housing models are required in Fremantle in order to end homelessness.

– **Representative of the City of Fremantle**

Private Rentals

Recently, the *Anglicare Rental Affordability Snapshot 2022* found median rents in WA increased around \$50 per week since their 2021 Snapshot. Rents in the Perth metro area increased by 12% (to \$480 per week).²² *Anglicare* concluded that less than 1% of available properties were affordable for people on income support payments, while there were no affordable properties anywhere in WA for people receiving JobSeeker payments.²²

This is mirrored in the Fremantle LGA, where there was a recognised shortage of both social housing and affordable private rental options for people on low incomes, exacerbated by rental vacancy rates falling below 1% in 2021.³

In a review undertaken by the evaluation team of the Real Estate Institute of WA website on 12 May 2022, there were 40 x three-bedroom one-bathroom properties and 15 one-bedroom, one-bathroom properties available for rent in the Fremantle LGA area. **All of these properties would be unaffordable for someone receiving Australian Government income or other support benefits (e.g., Centrelink).**

A stressed housing market created difficulties securing properties for private rental, which in turn made it difficult to house and support clients. Strata Complexes – the myriad of strata management rules to navigate as well as standard tenancy agreements was particularly cumbersome. Strict strata regulations were restrictive for 20 Lives clients who were dealing with complex challenges. Appealing complaints and advocating for tenancies in jeopardy proved extremely burdensome for staff and clients with often negative impacts to client’s health and well-being.

– 20 Lives caseworker

Suburb	Median Weekly Price for a:		Example of income/support benefits for comparison:
	3 bed, 1 bath:	1 bed, 1 bath:	
Beaconsfield	\$595	\$370	a single person over the age of 18 with no dependants and living away from their parents’ home will receive a maximum of \$530 per fortnight, a single person with children will receive a maximum amount of \$679 per fortnight. ²⁶
Hilton	\$495	–	
White Gum Valley	\$635	\$328	
Fremantle	\$650	\$410	
North Fremantle	\$895	–	
East Fremantle	–	\$450	

Need for Other Types of Accommodation Options

As noted earlier, this included greater than anticipated use of lodging accommodation, with some 20 Lives participants opting for long-term lodging by choice.¹ Generally, when discussing *Housing First* principles, lodging has not been deemed as a long-term housing option because it includes the use of shared facilities, offers no choice in terms of who else shares the property, includes expectations of behaviour and conditions such as limited or no use of alcohol, and does not provide the security of a full tenure.¹ Lodging or boarding houses are more typically viewed as a temporary option while waiting for a permanent home.¹⁷ However, choice is the key principle and the experience of 20 Lives has been that some people choose lodging as their long term housing option.

Another learning from both 20 Lives and 50 Lives, is that although *Housing First* is premised on housing being the first step, with health and other supports following, for some individuals it is unrealistic to be placed in independent housing when they are seriously mentally unwell, or where cognitive or physical health issues render independent living infeasible. For at least one person supported by 20 Lives with a very long history of persistent mental health issues, supported mental health accommodation would have been a more suitable housing option, and their tenancy to date has been interspersed with mental health unit admissions. Unfortunately, there is a dearth of supported mental health accommodation in the Fremantle area and in Perth more broadly, and this has been raised in submissions to the WA Parliamentary Inquiry into Homelessness.²⁷

7 HEALTH SERVICE USE OUTCOMES

Health and housing go hand in hand when discussing basic human rights. It has been well documented that for people experiencing homelessness, poor health outcomes are inevitable, and often multiple morbidities co-occur with complex physical and mental health issues also prevalent.^{28,29} The data in this section relate to a subset of the 20 Lives cohort comprising 25 individuals for whom hospital data were available. It provides:

1. a broad summary of the use of hospital services (namely: ED presentations, inpatient admissions, inpatient bed days and ambulance arrivals) by that cohort in the three-year period leading up to consent; and
2. a comparison of the hospital use of the cohort before, as compared to after, their dates of housing within 20 Lives.

It is important to note upfront that this is a small sample size cohort, hence there are limitations and caveats that need to be kept in mind in relation to the findings that are presented.

Additionally, it is important to note that in the current homelessness response climate in Australia and internationally, poor health has often set in and been exacerbated well before people who are rough sleeping, get access to housing. Hence, simplistic notions of before and after health improvement and hospital use comparisons are not realistic. Housing is by no means an instant panacea for people with complex health and psychosocial needs, and it is pertinent to note that in some published *Housing First* studies, initial health service use has increased following housing as previously undiagnosed or untreated issues are addressed.³⁰ Unfortunately the literature also suggests that once people start to frequently present to the hospital (unplanned), that this marks a deterioration in health status that may not be reversible, even once housed.³¹

Hospital Use and Health Conditions Prior to Consenting to 20 Lives

Hospital Use

Congruent with findings from the recently concluded 50 Lives program,¹⁰ utilisation of hospital services by the 20 Lives cohort increased in the three years leading up to consent (Figure 6). This is a central finding of our team's research into the nexus between homelessness and health in WA, and consistently shows that the longer people remain homeless, the more their health deteriorates, and this is mirrored in escalating hospital use (ED presentations and unplanned admissions) over time.

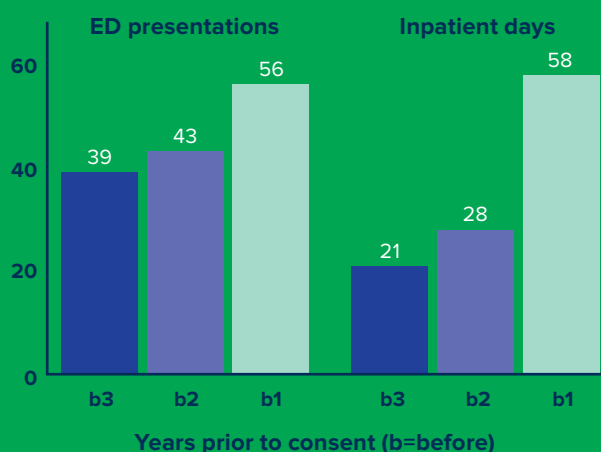


Figure 6 Hospital Use Amongst the 20 Lives Cohort in the Three Years Prior to 20 Lives Consent.

Hospital use prior to 20 Lives

Emergency Department (ED) use: The number of individuals who presented to ED at least once increased from 48% (n=12) in the third year prior to consent to 72% (n=18) in the year immediately prior, while the number of presentations increased from 39 to 56 over the same period (Table 2, Appendix 1, page 37). This pattern of increasing hospital use supports the idea that the health of individuals generally deteriorates the longer they remain homeless. In total over the three-year pre-consent period, 88% of the cohort presented to ED at least once and there were 138 presentations in total, with just over a third (36%; n=50) of those presentations being via ambulance.

Hospital inpatient admissions: over the three-year pre-consent period, the number of individuals with at least one admission increased from 28% (n=7) in the third year prior to consent to 48% (n=12) in the year immediately prior, while the numbers of admissions and inpatient days more than doubled from 11 to 23 (admissions) and from 21 to 58 (inpatient days) over the same period. Altogether across the three-year prior period, 60% of the cohort (n=15) had at least one admission and there were 44 admissions in total, for a total of 107 inpatient bed days (Figure 6).

Hospital Costs prior to 20 Lives

The cost of the pre-consent hospital use by the cohort to the health system was estimated based on recent hospital cost estimates from the Independent Hospital Pricing Authority (Round 24, 2019/20)³² and other sources. Specifically, estimating the cost of an ED presentation to be \$861, the cost of an inpatient bed day to be \$2,665 and the cost of an ambulance arrival to be \$878, the total cost to the health system of the hospital use by the cohort in the three-year period prior to consent was estimated to be over \$441,000, or approximately \$17,600 per person over three years (or approximately \$5,800 per person, per year; Table 3, Appendix 1, page 35).

Health conditions associated with hospital use

Amongst the 138 ED presentations that occurred amongst the cohort in the three-year period prior to consent, pain in the throat and chest was the leading reason for presentation (i.e., diagnosis), with 13 presentations having that diagnosis (9.4%). The next most common diagnoses amongst ED presentations were mental and behavioural disorders due to alcohol use (8%; n=11); poisoning by narcotics (4.3%); reaction to severe stress and adjustment disorders (3.6%); cellulitis (3.6%) and medical observations and evaluations (3.6%).



PRESENTED TO ED AT LEAST ONCE IN THE THREE YEARS PRIOR TO 20 LIVES



WERE ADMITTED TO HOSPITAL AT LEAST ONCE IN THE THREE YEARS PRIOR TO 20 LIVES



PER PERSON IN ASSOCIATED HOSPITAL COSTS IN THE THREE YEARS PRIOR TO 20 LIVES



PAIN IN THROAT AND CHEST
(9.4% OF PRESENTATIONS)



MENTAL AND BEHAVIOURAL DISORDERS DUE TO ALCOHOL USE
(8% OF PRESENTATIONS)



POISONING BY NARCOTICS
(4.3% OF PRESENTATIONS)

Of the 102 inpatient admissions that occurred amongst the cohort in the three-year pre-consent period, mental and behavioural disorders due to alcohol, and, pain in the throat and chest were the two most common diagnoses.

Changes in Hospital Use Pre/Post Housing

Among the cohort of 25 individuals for whom hospital data were available, 21 were housed for at least six months, 16 were housed for at least a year and 12 were housed for at least 18 months during the program. Given these small sample sizes, it is difficult to infer general trends or the impact of being housed on the cohort. However, it is worth noting that there were some mixed results.

Positively, amongst the subset of six months, there was a 36% reduction in the proportion of people who presented to ED and a small



36%

reduction in the proportion of people who had at least one inpatient admission. Such results are consistent with the decreasing post-housing hospital utilisation trends that were observed for 50 Lives,¹⁰ the cohort of which overlaps, and was larger than, that of 20 Lives.

DECREASED HOSPITAL USE FOLLOWING HOUSING AND SUPPORT

Background: Cyril* is an Aboriginal man in his forties who has had considerable trauma in his life. He was living on the streets for more than 6 years prior to consenting to be part of 20 Lives. Self-reported health issues included heart disease, alcohol and drug dependence and traumatic brain injury.

In the 18 months prior to being housed through 20 Lives, he had 4 ED presentations and 3 inpatient admissions, totalling 10 inpatient days, equating to a cost of around \$31.2 thousand as a cost to the health system.

Support provided and current situation:

Cyril was initially supported to access temporary lodging and now is in permanent public housing. In the first year after housing he had only 1 ED presentation and a single day hospital admission, and has had no hospital use in the past year. He continues to attend a community mental health clinic as an outpatient, which is far cheaper to the health system than hospital admissions.

**Not his real name.*

By contrast, amongst the same cohort, the total number of ED presentations increased from 18 to 19, and the number of inpatient days increased from 13 to 35. However, it is important to note that these increases were largely driven by a few individuals having adverse experiences. For example, the increase in the number of inpatient days in the first six months post-housing was largely driven by a 17-day inpatient admission for one individual for a serious Staph blood infection.

EXAMPLE OF INCREASED HOSPITAL USE POST-HOUSING

Jane* came into housing at a time of instability, when she was still injecting methamphetamine; a proper *Housing First* pathway (i.e. without pre-conditions for housing). Post-housing, she developed a very serious blood infection with Staph, with abscesses in both thighs and both liver and kidney failure, which would normally require 4-6 weeks of intravenous antibiotics. She found the hospital environment very hard to tolerate, and left hospital against advice after 15 days, returning the next day for two more days before again leaving against medical advice, though this time with antibiotic tablets, to return home. It would appear that the antibiotic therapy she did receive was sufficient to cure her infection, as she has had no contact with the hospital system since October 2020.

**Not her real name.*



Furthermore, since the 20 Lives cohort had complex needs, with many individuals having severe underlying health conditions and histories of trauma, it is not necessarily expected that hospital use post-housing would decrease, particularly in the shorter term, or where people already have serious chronic health conditions that may at times require hospital care.

The following case study illustrates how it can take some time for health and psychosocial issues to be stabilised, but also that this can really only occur once people are stably housed. This is congruent with the principles of *Housing First*; that people need to be housed first so that health and other issues can then be addressed.

ENGAGEMENT IN COMMUNITY HEALTHCARE PREVENTS HOSPITAL USE

Background: Prior to joining 20 Lives, Brenton* had experienced eight years of unstable accommodation and had struggled with severe alcohol dependence and escalating physical and mental health issues. He often felt unsafe on the streets and had been assaulted and had prescription medication stolen from him while rough sleeping. In the year prior to 20 Lives, he had at least 5 ED presentations and his health was deteriorating.

Support Received: Brenton was able to be housed within a fortnight of consenting to be part of 20 Lives. This exemplifies the intent of *Housing First*: rapid housing, without pre-conditions, prior to the provision of support to help people address their health and other issues. Once housed, Brenton was provided with wraparound support to address his various physical and mental health issues, at a pace of his choosing. In addition to support from the 20 Lives caseworkers, he commenced receiving regular visits and support from the AHSS team, who supported him with his AOD issues and mental health and who also provided him with emotional support.

While he still had a number of ED presentations relating to heavy alcohol use after being housed, his drinking began to stabilise. Once housed he was able to have an elective inpatient admission for an endoscopic and colonoscopy investigation, which is a procedure that requires 24 hours of home preparation – near impossible to achieve when living on the streets. Brenton began to regularly attend outpatient appointments to support rehabilitation in the home. Being housed has also enabled Brenton to be referred to the WA Health CoNneCT program (Complex Needs Coordination Team), which supports housed individuals to address their complex medical issues with the aim of reducing the use of hospital-based healthcare and supporting people to access and attend community-based health services such as AOD, mental health and regular GP primary care.

Current Situation: While Brenton's first tenancy inadvertently came to an end in late 2021, he was supported by the 20 Lives team to immediately find alternative housing. He remains housed in this second location and as at July 2022, has had no hospital admissions for 14 months and no ED presentations for 9 months. He continues to regularly attend outpatient appointments and to engage in community based healthcare.

*Not his real name.

8 RECOMMENDATIONS AND CONCLUSION

This final 20 Lives evaluation report marks the conclusion of the three-year program.

Although 20 Lives, in its current format, will no longer be operated by St Pat's, it is important to acknowledge that, through the hard work of the caseworkers and other St Pat's and AHSS staff, all participants have been connected to other ongoing supports to ensure their greatest possible success in not returning to homelessness.

Many learnings have been identified over the life of the 20 Lives program and a process of continual improvement has been a hallmark. The recommendations that follow acknowledge that 20 Lives as a unique program has

concluded, hence focus more generally on learnings that are applicable to the broader imperative to end homelessness and to effectively implement *Housing First*.

Recommendations

Within the body of this report are imbedded many learnings relevant to the homelessness sector and government services involved in planning, funding or commissioning programs to end rough sleeping. For the purposes of this concluding chapter, we have synthesised five key areas of recommendation.



Figure 7 Recommendations for Future Housing First Programs to Consider.

Increase Appropriate Community and Social Housing Availability in Fremantle and South Metro Area

Increasing housing options (including stock and providers) would facilitate rapid access to appropriate housing for individuals, couples and families. This would, also, undoubtedly resolve housing issues for a great many individuals and more broadly the services supporting them. With a private rental market as tight as it currently is, more people are finding themselves in a critical situation, with the economic fallout of increased pressure on supply and demand forcing prices of rentals even higher. This will inevitably lead to more people requiring assistance from homelessness organisations. Lack of suitable public or private rental accommodation is identified as a significant barrier to ending homelessness in the Fremantle and South Metropolitan area, pushing many people into short term lodging, who may not select lodging as their preferred housing choice.

Housing people rapidly is central to the *Housing First* model, and the lack of available public housing, affordable rentals and other suitable housing options did impact on *Housing First* for 20 Lives. An important learning however was that of how to pragmatically find ways to get people off the street, in an environment where ideal permanent housing options are scarce. Further compulsion for this emerged when the COVID-19 pandemic unfolded, as in some instances, temporary accommodation options (such as couch surfing) were still a far better option than being on the street, unable to isolate.

Overall, the average time to house for 20 Lives participants was 104 days. Whilst this is a shorter time period than what is experienced by people generally on the public housing waitlist in the Fremantle zone, it is important to note that 104 days cannot be construed as 'rapid housing'. This equates to more than three months, and contrasts significantly to the aspirational goal articulated in the WAAEH strategic plan that advocates for housing rough sleepers **within five nights**.³³

As discussed earlier in this report, the biggest underlying block to rapid housing for 20 Lives was the sheer lack of public or community

housing in Fremantle, and WA, with no evidence that this has improved over the course of the 20 Lives program. Although COVID-19 has been a contributing factor to the pressured rental market and, to more people entering homelessness in Perth, people in 20 Lives had already been waiting for housing long before the pandemic hit Perth.

Given *Housing First* is a key pillar of WA's *10-year Strategy on Homelessness*, the pace at which people experiencing homelessness are housed in WA urgently must be accelerated.¹⁰ People having to remain street present for extended periods of time while waiting for a home or having to move through a succession of transitional or short-term accommodation options, is NOT conducive to the *Housing First* model.¹⁰

As we noted in the Zero Project Final Report,¹⁰ the lack of suitable housing in WA requires a substantial and immediate investment in new public housing stock in WA, particularly single person dwellings which have the longest wait time and support for innovative private and community-led housing options. The My Home initiative is a great example of this, and it is pleasing to see the City of Fremantle and St Pat's as early adopters and supporters of this.

Ensure Continuity of Resourcing for Caseworkers and Support for People Once Housed

An important and valued feature of 20 Lives was that it had two dedicated caseworkers based within the auspicing organisation (St Pat's). This contrasts to some other *Housing First* initiatives where individualised casework support is more limited, or time constrained (i.e., only for a set period such as 12 months). That 20 Lives has retained the same two core caseworkers for the duration of the program is also to be commended, as for people impacted by trauma and past negative experiences of fragmented services/support, this continuity of trust, relationship and informed support is paramount in its benefits.

As reflected in the literature, having a caseworker/advocate at the individual/family level is critical to accessing, navigating, maintaining, and retaining housing for people who have previously been sleeping rough.¹⁰

Indeed, it is accepted amongst the sector that, not having a lead worker to advocate on the behalf of someone experiencing homelessness nor to support someone in navigating bureaucratic processes (e.g. applying for a priority listing, maintaining contact with and advocating to the Department of Communities) severely limits the ability of people who are sleeping rough to exit homelessness.¹⁰ Yet sadly, at the time of writing this evaluation report, the majority of people on the By Name List in Perth and Fremantle, do not have an assigned caseworker, and even where people who are rough sleeping do have a case worker, funding and program boundaries often preclude that same case worker being able to follow through and support someone long term once they are housed. By contrast, and as reflected in the 20 Lives evaluation, the assignment of the outreach caseworkers to people supported by 20 Lives has been critical in ensuring that people have been provided the dedicated care to not only get them off the street into accommodation as quickly as possible but then to continue to advocate for them to enter the housing of their choice and seek to re-house those who have not had successful tenancies. This has been a significant success factor for those who got and either remained housed or were re-housed.

Ensure Choice as a Critical Component of Housing Options

A core principle of *Housing First* is *consumer choice*, which needs to apply not only to housing but also to the centrality of enabling people to identify and pursue their own goals and recovery pathways.³⁴ In the case of 20 Lives, this emphasis on choice saw several people opt for lodging as their long-term preferred accommodation option, challenging the notion that lodging arrangements are impermanent. By providing people with choice, they are given **a voice as to what form of housing and support best suits their needs**, and for many people experiencing homelessness, this level of self-determination can play a critical role in recovery.¹⁰

Expanding housing options to facilitate choice is important in a state that has endorsed *Housing First* its priority ethos for ending homelessness. Furthermore, when the options people wish to choose are not available, there needs to be processes and accountability to respond to this within the WA 10-Year Strategy to address homelessness and the accompanying five-year Action Plan.^{21,35} The unmet demand in WA for supported mental health accommodation and the dearth of housing options that suit extended Aboriginal families experiencing homelessness, are two very salient examples of this that need to be addressed if *Housing First* in WA is to be effective.

Ensure Access to Non-Time Limited Wrap Around and After-Hours Support

One of the critical success factors of both the 20 Lives and 50 Lives *Housing First* programs has been the non-time limited access to after-hours wrap-around support. This support was provided via the AHSS, and enabled people to simultaneously address health and psychosocial issues, but also support people to sustain their tenancies through teaching individuals' life-skills such as budgeting, cooking, and cleaning (particularly salient to prevent eviction due to poor property standards). It is critical that this support is offered face-to-face to enable rapport and trust building, as the cohort supported through a *Housing First* program have typically fallen through the cracks of many services and supports over time.

Long term, wrap-around agile support for individuals is thus vital, even after permanent accommodation is secured. Services such as the AHSS need to be embedded at the centre of future *Housing First* initiatives to ensure holistic support for people to maintain their tenancies.

Ensure Rapid Re-Housing for People who Lose Tenancies to Reduce Re-entry into Homelessness

There are many reasons a person may either lose their tenancy or exit their tenancy voluntarily. Congruent with the *Housing First* ethos, the commitment to support people to

access and remain housed does not cease even if their first tenancy ends. Throughout the 20 Lives Program, caseworkers have identified that some individuals can take several attempts, before adapting to their new situation and feeling a sense of belonging within their “home”.

Additionally, the early ending of the private rental subsidy scheme in 2021 meant that there was an intense effort by the 20 Lives caseworkers to ensure that people did not have to return to homelessness. Given the dire shortage of social housing and affordable rentals at the time, it is highly commendable that the 20 Lives team was able to find rapid alternative accommodation for all of those who had been in rental properties as part of the rental subsidy scheme.

Conclusion

The 20 Lives program has been Western Australia’s first local place-based iteration of *Housing First*. This three-year evaluation has sought to capture not only its successes, but also key learnings and insights relevant not only to *Housing First* programs, but also to the broader challenges of preventing and ending homelessness across Australia.

The accomplishments of the 20 Lives program are particularly commendable given the onset of the COVID-19 pandemic in its first year, and which continues to impact the sector today. COVID-19 has shone a spotlight in the acute vulnerability of people experiencing homelessness, and created enormous, unprecedented challenges for the homelessness sector. Yet the pandemic has also brought to the forefront some of the critical success factors of a place-based program such as 20 Lives; rapid accommodation was found for those still rough sleeping (awaiting permanent housing), alternative housing was found for rentals that ceased, and the caseworkers and AHSS worked collaboratively to provide practical and emotional support, complimented by other pandemic response initiatives auspiced by St Pat’s. Wrap-around support is often the nomenclature used to describe one of the principles of *Housing First*, but as highlighted by the 20 Lives pandemic response, continuity, responsiveness, and coordination of such support are also critical.

Enormous credit is also due to the 29 individuals who became part of the 20 Lives program – they are the living proof that ending homelessness is possible, and that chronic homelessness, adversity and trauma need not define one’s future.



If I wake up at 6 o’clock in the morning I can go back to sleep with no stress, no problems, no nothing. Knowing that I can get up about 9 o’clock, go and make myself a cup of tea. Have some toast and boiled egg. Sit in front of the TV with the heater on now in winter... I’m like really happy... I couldn’t do that on the street.

– *Person supported by 20 Lives*

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APPENDIX 1 ADDITIONAL DATA TABLES

Table 1 Supporting Agencies 20 Lives Participants were Referred to

Type of Service	Organisations Involved
AOD Services	<ul style="list-style-type: none"> Palmerston AOD Services Fremantle Next Step AOD Services East Perth
Health Services	<ul style="list-style-type: none"> After Hours Support Service (Ruah Community Services and Homeless Healthcare) Homeless Healthcare Street Doctor Silver Chain Alma Street Mental Health Services RFBG Mental Health Services East Metropolitan Health Service Specialist Community Services
Housing Services	<ul style="list-style-type: none"> Department of Housing Housing Choices
Legal Services	<ul style="list-style-type: none"> Street Law Fremantle Community Legal Centre
Other Services	<ul style="list-style-type: none"> St Pat's Emergency Relief Service Jacaranda Financial Counselling Service

Table 2 ED Presentations, Inpatient Admissions and Days Admitted Prior to 20 Lives Consent

n= 25	Third Year Prior	Second Year Prior	First Year Prior	Total
ED presentations				
Total people (%) [^]	12 (48%)	14 (56%)	18 (72%)	22 (88%)
Total presentations	39	43	56	138
Mean [^]	1.6	1.7	2.2	5.5
Range	0 – 15	0 – 7	0 – 8	0 – 28
Inpatient Admissions				
Total people (%) [^]	7 (28%)	8 (32%)	12 (48%)	15 (60%)
Total admissions	11	10	23	44
Mean [^]	0.4	0.4	0.9	1.8
Range	0 – 3	0 – 2	0 – 4	0 – 9
Days Admitted				
Total inpatient days ^{^^}	21	28	58	107
Mean [^]	0.8	1.1	2.3	4.3
Range	0 – 6	0 – 10	0 – 17	0 – 19

Note: Inpatient admissions relating to renal/dialysis admissions and chemotherapy have been excluded. [^] Calculated based on the cohort of 25 individuals who were able to be matched and who had at least three years of follow-up pre-consent. ^{^^} Total days admitted is inclusive of psychiatric days. ^{^^^} As the dates of psychiatric admissions were not specified within overall admission dates, psychiatric days were randomly apportioned for each admission per time period.

Table 3 Aggregate Health Service Usage and Associated Costs in the Three-Year Prior to 20 Lives Consent to

n= 25	Presentations/ Admissions/Days	Unit Price [^]	Aggregate Cost	Cost Per Person	Cost Per Person Per Year
ED Presentation	138	\$922	\$127,236	\$5,089	\$1,696
Inpatient Admittance (day)	107	\$2,758	\$278,558	\$11,142	\$3,714
Ambulance Arrival	50	\$938	\$46,900	\$1,876	\$625
Total			\$462,126	\$18,485	\$6,162

Note: [^]Costs based on the Independent Hospital Pricing Authority (Round 24) figures for the 2019-20 financial year for average ED presentation cost and average inpatient day for WA.³² Average psychiatric admission is based on the mental health patient day cost for 2019-20 from the 2022 AIHW Mental Health services in Australia Report.³⁶ Costs for ambulance based on the 2022 Productivity Commission Report on Government Services, Part E, Section 11 on Ambulance services for 2020-21.³⁷

