ZERO PROJECT

A HOUSING FIRST RESPONSE TO ENDING HOMELESSNESS IN PERTH

FINDINGS FROM THE 50 LIVES 50 HOMES PROGRAM
FINAL EVALUATION REPORT 2022

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50 Lives 50 Homes: A Housing First Response to Ending Homelessness. Final Evaluation Report.

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FOREWORD
Debra Zanella, CEO, Ruah Community Services

I am immensely proud to introduce the final evaluation report for the 50 Lives 50 Homes project.

It captures and represents so much of what we at Ruah Community Services know is critical to sustainable, positive change – the courage to step outside traditional service models, the power of collective impact, the importance of evidence-based service delivery, the determination to stay the distance, and a willingness to keep challenging ourselves and others in the quest to end homelessness.

Back in 2015, 50 Lives 50 Homes was born out of a frustration with the revolving door of those experiencing chronic homelessness and wanting a solution that worked – one that would successfully house people and keep them housed. It was, at the time, a radical, collaborative impact response supporting Perth's most vulnerable rough sleepers to access housing and wrap-around support which captured the imagination of the community services sector (with more than 30 organisations participating) – and the courage and generosity of the Sisters of St John of God.

What it has achieved goes beyond the project itself, which saw 284 people who had been chronically rough sleeping supported into homes and provided with wrap-around support. We have reliable data for the first time. We have tested an effective new methodology. We know we can achieve long-lasting change.

The legacy goes on. The 'Housing First' approach is now embedded in State Government policy and the foundation stone of its *All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020–2030.* 50 Lives 50 Homes gave rise to the 20 Lives 20 Homes project in Fremantle – also supported by generous philanthropists.

The fundamental shift in the sector's approach to ending homelessness was cemented with the launch of the Zero Project which evolved from 50 Lives 50 Homes, expanding to other regions of WA and transitioning to an Advance to Zero methodology, where we know those who are experiencing homelessness by name and are counting down to ending homelessness. This was made possible with funding from the State Government's Housing First Homelessness Initiative, with supplementary funding from Lotterywest to run the essential By Name List and to deliver Housing First training to the community services sector.

None of this is easy or comfortable work. At the time of writing, Zero Project is identifying close to 1,000 people on the Perth, Fremantle and Surrounds By Name List, and recording that 65% of these people have no case worker, with many requiring ongoing housing support.

The data keep us all honest and the ongoing frustration drives us harder in the quest to end homelessness. The fact is that every number is a human being who, as the Ruah manifesto says 'but for advantages of birth or circumstance, are us'.

For the first time, the Western Australian community also has free and easy access to the best available data relating to homelessness in their capital city. The public data empowers the community too – and underlines that ending homelessness is everybody's responsibility. It is not

acceptable for members of the community to pay lip service to supporting the quest to end homelessness or make an annual donation to salve guilt and then wish the matter out of sight and out of mind.

One of the lessons of 50 Lives 50 Homes is that none of us – the sector, governments, community – can give up now. The progress we have made, and continue to make, is too strong and too positive to let up. In fact, we must challenge ourselves even more, every day.

Congratulations is due to everyone involved in 50 Lives 50 Homes throughout its entire five years. And we commend the work continuing by the Zero Project team and applaud the State Government for its belief and investment in innovative solutions to the complex issue of homelessness.

I urge you to read this report, which reflects on past experience with a view to the future, and the role of this project in moving forward with bold strides in the quest to end homelessness in Western Australia.

FOREWORD

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

The Sisters of St John of God, inspired by Gospel values, continue to discern and engage in ministries that support vulnerable people by engaging in partnership with others.

The current focus of our Ministry Initiatives programme is "the homeless, particularly women and children, asylum seekers, refugees and vulnerable migrants". We support many programmes here in Western Australia and so are acutely aware of the issues these people are facing.

When we first became aware of the 50 Lives 50 Homes program's 'Housing First' approach to house the most vulnerable people living on our streets, and its collaborative approach involving many diverse organisations working towards this common goal, we were very keen to become involved. Of particular interest to us was the idea of wrap-around services providing an after-hours team to support those who were successfully housed.

We are delighted that the program has far exceeded all expectations with nearly 300 people having been housed and provided with essential support to sustain their tenancies. Perhaps more importantly, this has led to sector-wide reform by contributing to Government action in relation to the WA State Strategy.

We congratulate all involved and wish them every success in their future endeavours.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF BOXES

ACRONYMS AND ABBREVIATIONS

20 Lives	20 Lives 20 Homes
50 Lives	50 Lives 50 Homes
A3HN	Australian Health, Housing and Homelessness Network
AAEH	Australian Alliance to End Homelessness
AHSS	After-Hours Support Service
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other Drugs
CEO	Chief Executive Officer
ED	Emergency Department
DCPFS	Department of Child Protection and Family Services
FDV	Family and Domestic Violence
GP	General Practitioner
HEART	Homelessness Engagement and Response Team
ICD10	International Classification of Diseases, version 10
KPI	Key performance indicator
NDIS	National Disability Insurance Scheme
REC	Re-engaging in Community
Ruah	Ruah Community Services
PTSD	Post-Traumatic Stress Disorder
SAMHS	Specialist Aboriginal Mental Health Service
SHR	Sustainable Health Review
SSJG	Sisters of St John of God
St. Pat's	St. Patrick's Community Support Centre
UK	United Kingdom
US	United States
UWA	University of Western Australia
VRO	Violence restraining order
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool
WA	Western Australia
WAAEH	WA Alliance to End Homelessness
WAPHA	WA Primary Health Alliance

EXECUTIVE SUMMARY

Background

The 50 Lives 50 Homes program (50 Lives), which commenced in late-2015 and was the first Housing First program in Western Australia (WA). It was a collaborative program that aimed to house and support 50 of the most vulnerable chronic rough sleepers in Perth, a goal that was achieved in June 2017.

During 50 Lives, support was provided directly to individuals by over 50 service providers from at least 30 separate organisations across the homelessness, health, and justice sectors. Specialised after-hours nursing and psychosocial support, provided via the After-Hours Support Service (AHSS), was integral to the provision of individualised care and to enabling many individuals to sustain their tenancies.

In October 2020, 50 Lives transitioned into the **Zero Project**, which is based on the Advance to Zero methodology.[2] Learnings from 50 Lives were applied in developing and implementing the Zero Project, and many people who were supported through 50 Lives continue to be supported through the Zero Project.

This fourth, and final, 50 Lives evaluation report provides an in-depth analysis of the housing, health and justice outcomes of individuals who were supported through the program, and reflects on some of the broader highlights and key learnings from 50 Lives over the past six years. As with preceding 50 Lives reports, quantitative data, including hospital records, primary health records, WA Police records, and housing data are complemented by case studies and personal insights from key stakeholders.

Who was Supported by 50 Lives?

Overall, 427 people consented to, and were supported via, 50 Lives over its lifespan. The majority (52%) of the cohort were male, and Aboriginal and Torres Strait Islander people were overrepresented, accounting for 40% of all individuals supported. The average age across all people supported was 37 years at their time of consent, with 26% being aged 25 or under at that time.

Where Are They Now?

Based on the best available information, it is estimated that, between late 2021 and early 2022, 65% (n=279) of people supported through 50 Lives were in some form of housing (including permanent, transitional and temporary accommodation, and couch surfing), while 6% were rough sleeping (n=28), 9% had unfortunately passed away (n=37) and the remainder had either left Perth or were incarcerated, or their housing status was unknown.

427
PEOPLE SUPPORTED

40%
ABORIGINAL AND/OR TORRES STRAIT ISLANDER

37 years
AVERAGE AGE AT CONSENT

52%
MALE

45%
FEMALE
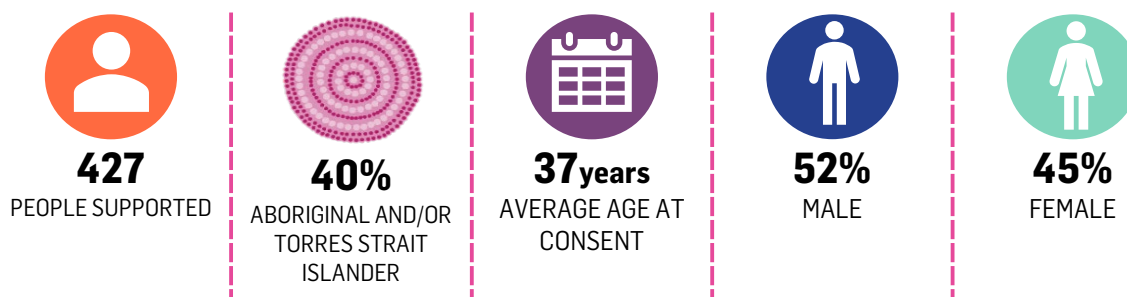
Housing Outcomes

Number of People Housed

As of March 2022, 284 individuals (67%) had been permanently housed at some point during the program, across 352 different properties. 79% had been housed for at least one year, and 7% housed had been housed for at least five years. People were housed in many different types of housing, with half (51%) of all housing placements involving public housing (government housing) and others involving private rentals, supported accommodation (e.g., aged care facilities, mental health) and community housing.

Time Taken to House People

The median time to be housed following a 50 Lives application was 207 days, with 70% of individuals being housed quicker than the current average WA Public Housing wait time of 371 days (53 weeks). Despite the central tenet of Housing First being *rapid* housing, only 13% of individuals (n=33) were housed within one month of completing their 50 Lives application, while one third (33%) were never permanently housed. Most concerning, however, was that it took over five years to permanently house five individuals. The median length of time it took to house Aboriginal applicants was 1.7 times longer than the median time it took to house non-Aboriginal applicants.

While the challenges to achieving rapid housing are many and varied, a key barrier for 50 Lives was the overall lack of housing in both the private rental market and public housing system in WA. Overall demand for public housing in WA has shifted minimally since 50 Lives began, decreasing by just 1% between 2015 and 2021. Meanwhile, private rental markets have seen record low availability and rising costs. The COVID-19 pandemic has further hindered rapid housing efforts and has contributed to the short supply of affordable housing options.

Tenancy Retention

As at 31 December 2021, the overall permanent housing retention rate among housed 50 Lives participants was 73%, with 207 out of 282 people being housed at that date (two people were housed in early 2022). The largest tenancy 'loss' occurred within the first year, with the one-year retention rate being 82% and the two-year rate being 71%. This decline in retention gradually plateaued, with the three-, four-, and five-year retention rates being 64%, 58% and 56%, respectively. Overall, males were slightly more likely than females to sustain their tenancies (2-5% more likely in years 2-5), and non-Aboriginal tenants were slightly more likely (2-5%) than Aboriginal tenants to sustain their tenancies for the first four years. Individuals who were housed through the more tailored 50 Lives working group process were 7% more likely to sustain their tenancies in the first year than those who were housed via other means (i.e., through public housing waiting lists or through sourcing their own accommodation). However, this difference in retention dissipated after approximately 18 months.

Individuals with a "lower" vulnerability score (as ascertained by a VI-SPDAT score of ≤10) were more likely to sustain their tenancies for one or two years, while individuals with a "higher" vulnerability score (VI-SPDAT score of ≥15) were more likely to sustain their tenancies for 3+ years.

284	207 days	1.7x LONGER	73%	82%	33%
PEOPLE HOUSED	MEDIAN TIME TO BE HOUSED	MEDIAN TIME TO HOUSE ABORIGINAL TENANTS	RETENTION AT THE END OF 2021	RETENTION FOR ONE YEAR HOUSED	OF PEOPLE NEVER PERMANENTLY HOUSED

Health and Wellbeing Outcomes

Health Profile of People Supported

Of a subsample of 364 people who were supported by 50 Lives and who were also known to Homeless Healthcare (85% of the cohort), 50% had a dual diagnosis of at least one mental health condition and at least one alcohol and other drug (AOD) issue, while 42% were tri-morbid (at least one mental health issue, at least one AOD use disorder and at least one physical health issue). Hepatitis C was observed in 25% of this cohort, a rate that is more than 35 times higher than in the general Australian population, while 42% of the cohort had experienced depression (4.2 times higher) and 32% had a current or previous amphetamine use disorder (32 times higher).

Health Service Use in the Three Years Prior to 50 Lives

Hospital records for 412 individuals (96%) supported through 50 Lives, across nine metropolitan health service sites were examined in the three years prior to consent. In total, these individuals presented to the emergency department (ED) 4,947 times in that period (4 presentations per person, per year on average), with 89% presenting to ED at least once and 20% (n=84) having at least 10 ED presentations in total. Overall, 40% of all ED presentations involved individuals arriving to hospital via ambulance, a cost which additionally strains the WA health system.

Overall, 80% of the cohort (n=328) had at least one hospital inpatient admission within the pre-consent period, for a total of 1,900 admissions spanning 12,700 days admitted (of which 55% were psychiatric inpatient care).

Together, the above figures translate to a conservative estimate of the cost of the cohort to the WA health system in the three-year pre-consent period of approximately $32 million, or nearly $26,000 per person, per year.

| **4,947** ED PRESENTATIONS | **1,956** AMBULANCE ARRIVALS | **12,770** INPATIENT DAYS | **55%** OF INPATIENT DAYS WERE PSYCHIATRIC RELATED | **$32m** IN COSTS TO WA HEALTHCARE SYSTEM | **$25,969** PER PERSON PER YEAR IN HOSPITAL COSTS |
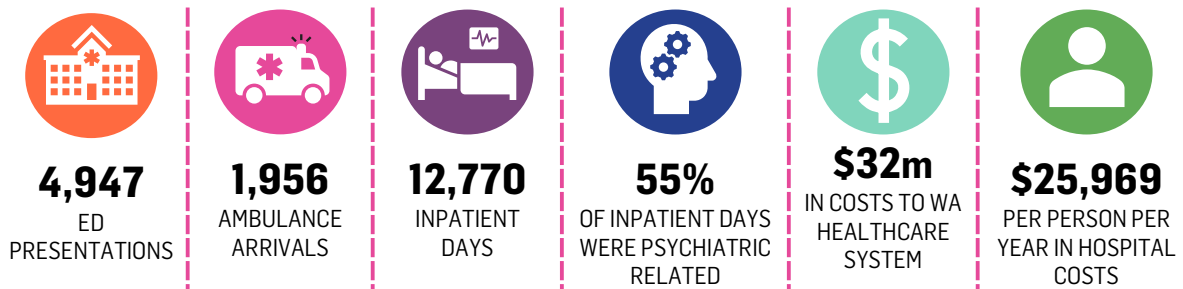
Changes in Hospital Utilisation Once Housed

For this final report, similar methodology to previous 50 Lives reports was used to assess changes in hospital utilisation for individuals who were housed for between one and four years as at 31 December 2021.

Overall, there were observed reductions in both the number of people presenting to the ED after being housed and the number of times each person presented, regardless of the length of time a person was housed for. The greatest reductions in the total number of ED presentations pre/post housing were seen in the first two years after individuals were housed. Specifically, for those housed for at least one year, a 48% reduction in ED presentation was observed when comparing the year before to the year after housing, and

a 43% reduction was observed when comparing the two years period pre-housing to the two-year period post-housing.

Reductions in the number of people admitted and the number of inpatient days were also observed pre/post housing. As for ED presentations, the largest reductions were observed in the first two years post-housing, with smaller reductions observed in the third year and some small increases seen in the fourth year. Specifically, when comparing the year before to the year after housing, 25% less

people were admitted to hospital and there were 51% less hospital admissions, including 52% less days admitted as a non-psychiatric patient and 64% less days admitted as a psychiatric patient.

Associated estimated cost reductions for those housed for between one and four years are shown below. For example, an estimated cost reduction of approximately $21,500 per person was calculated for the one-year pre/post housing period.

	ONE YEAR PRE/POST HOUSING	TWO YEARS PRE/POST HOUSING	THREE YEARS PRE/POST HOUSING	FOUR YEARS PRE/POST HOUSING
TOTAL COST CHANGE PRE/POST HOUSING	↓ 4.8m	↓ 4.1m	↓ 2.5m	↓ 500k
COST CHANGE PER PERSON	↓ 21.5k *over one year for 222 people*	↓ 31.2k *over two years for 133 people*	↓ 29.6k *over three years for 83 people*	↓ 20.3k *over four years for 24 people*
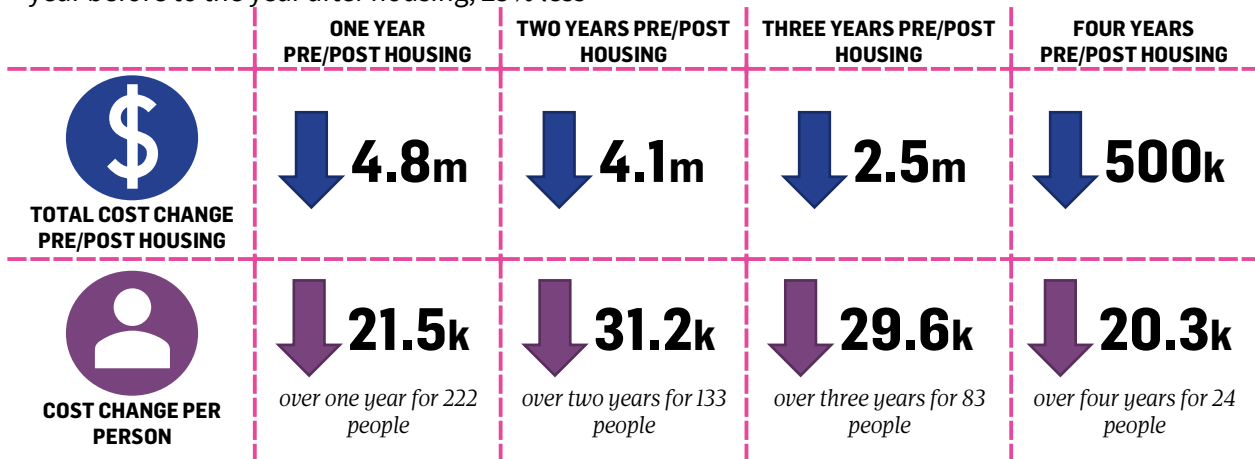
Justice Outcomes

Justice System Contacts in the Three Years Pre 50 Lives

In the three years prior to consenting to 50 Lives, the leading types of offences within WA Police records, for a cohort of 315 people for whom data were available, included drug-related, theft-related, and public disorder offences such as begging or loitering (25%, 23% and 14%, respectively).

Amongst this cohort, 65% of individuals (n=204) had a court appearance in the three years prior to 50 Lives, with 96% of their offences being in the Magistrates Court. This suggests that most appearances were for non-serious crimes. The mean number of court appearances per person was 3.8

over three years, which represents a significant cost to the justice system. It is also an inefficient pathway to addressing complex psychosocial and legal issues.

People supported through 50 Lives were also highly likely to be victims of crime, reflecting the heightened vulnerability that homelessness creates. Overall, 64% (n=201) had been victims of a (reported) crime in the three years prior to consent. Family and domestic violence (FDV) was the leading type of offence committed against this cohort (32%), followed by assault and threatening behaviour (18%) and theft and stealing (18%).

Prison Outcomes

At least 50 people (12%) supported through 50 Lives are known to have been to prison at some point since consenting to support. However, this figure is likely to be conservative, as Department of Corrections records were unavailable to confirm if anyone else was incarcerated during follow-up.

Changes in Justice-Related Outcomes Once Housed

Using the available quantitative data, patterns of offending were analysed for approximately one third of the entire 50 Lives cohort (n=104 individuals). While WA

Police data were only able to be sourced for two time points (2018 and 2020), these data indicated substantial reductions in offending by those supported through 50 Lives once housed.

Specifically, the number of offences committed reduced by 35% one-year pre/post housing and by 43% two years pre/post housing. Similarly, court appearances fell by 68% after one year and by 74% after two years post-housing, while move on notices fell by 62% after one year and by 57% after two years post-housing.

67%	**65%**	**61%**	**64%**	**12%**
HAD COMMITTED AN OFFENCE	HAD A COURT APPEARANCE	HAD A MOVE ON NOTICE	WERE A VICTIM OF CRIME	WERE INCARCERATED DURING 50 LIVES
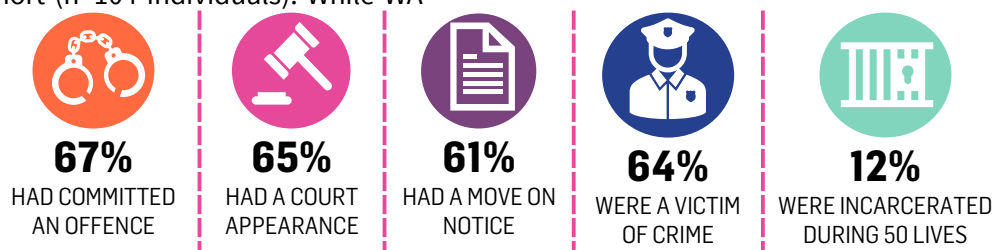
Conclusions and Learnings

This report marks the conclusion of the 50 Lives evaluation; a six-year longitudinal Housing First evaluation, the duration of which is unique, both nationally and internationally. Whilst the program itself has already transitioned into the Zero Project and contributed to the wider embedding of Housing First into the WA homelessness response, many of its learnings remain highly salient.

Significant Achievements of 50 Lives

Key achievements include:
- Embedding Housing First into key policy and funding initiatives;
- Ending rough sleeping for many people;
- Development of youth- and Aboriginal-specific Housing First models;

- Implementing ongoing support measures for people once housed;
- Ongoing sector collaboration;
- Involvement of health organisations in the collaborative model from the outset; and
- Development of innovative and culturally appropriate initiatives for ending Indigenous homelessness.

Recommendations

Notwithstanding the many achievements of 50 Lives, throughout both this and earlier evaluation reports, a range of challenges and learnings have been discussed. The following recommendations are in addition to those contained in the Third Evaluation Report:[3]
- Improve public housing waitlist processes;

- Facilitate rapid access to appropriate housing options;
- Rehousing for those who lose tenancies;
- Enabling individuals to choose where, and how they live;
- Provide support for keeping people housed long-term;
- Provide resourcing for more lead workers;
- Investment in Aboriginal Controlled Organisations to lead Aboriginal housing initiatives; and
- More focus on health in homeless policies and plans.

Summary

The 50 Lives program pioneered the launch of Housing First into the homelessness service system and onto the political agenda in WA in late 2015. Fast forward to this final evaluation report, and the 50 Lives collective impact program has supported nearly 300 people, with 73% still permanently housed.

The 50 Lives program has heralded some significant changes to the landscape of homelessness responses in Perth, demonstrating the viability and adaptability of the Housing First approach to the WA context, and the benefits of a collective impact response that has seen homelessness, health, police, and community organisations working together to house and support 284 people to date.

The evaluation of 50 Lives spans the period late 2016 to early 2022, which makes it one of the longest longitudinal evaluations of a Housing First initiative to date in the world.

While the program itself has now transitioned into the Zero project, the evaluation findings, key learnings, articulation of challenges and recommendations remain highly salient, as WA seeks to embed Housing First as a core platform for addressing homelessness in this State.

Chapter 1

BACKGROUND

1 BACKGROUND

1.1 The 50 Lives 50 Homes Program

The 50 Lives 50 Homes program (50 Lives) was a collective impact, Housing First program that launched in September 2015 with the aim of housing and supporting the most vulnerable rough sleepers in Perth, Western Australia (WA). Being founded on Housing First,[4] the program worked to provide its clients with rapid, safe, stable and permanent accommodation, without preconditions.

Collaboration was a core component of 50 Lives, with participating organisations spanning the community, housing, health and justice sectors (i.e., homelessness services, housing agencies, health providers and community services). Over its lifespan, over 50 different services from over 30 participating organisations were involved, each providing differing levels of support to people in the program. The 50 Lives collaborative approach was underpinned by the understanding that homelessness is a deeply entrenched, multifactorial and multifaceted issue, and that people experiencing homelessness frequently need support across multiple areas.

Ruah Community Services (Ruah) was the backbone organisation for 50 Lives, facilitating housing, youth and rough sleeper working groups that brought together organisations with relevant expertise to collaboratively support participants.[5] Importantly, these organisations provided support and services directly to 50 Lives participants, as opposed to support being delivered indirectly through the program.

In October 2020, 50 Lives transitioned into a broader Zero Project, which involved expanding the model to other communities and adopting the Advance to Zero methodology[2] that aims to end rough sleeping. In total, 427 individuals were supported by 50 Lives prior to the transition; these individuals are the focus of this evaluation. Many people who were supported through 50 Lives continue to be supported through the Zero Project.

Having had the privilege of meeting and spending time with people who have experienced chronic homelessness and who are successfully housed has made the hard work of sector collaboration and influencing government worth it. Their resilience to survive and their appreciation and, I think, profound understanding of what it means to have a home, has been a driving force. The other driving force has been the 'backbone' team. You cannot underestimate the importance of the knowledge and dedication of this team - they really are the spirit of what 50 Lives was and the Zero Project now is. Not only do they facilitate the everyday project management tasks, they are also the advocates for, and experts in, the Housing First approach - able to act as a sounding board to partners and hold the vision of what a Housing First response to homelessness needs to look like. They hold the relationships across the sector and enable coordination, commitment and accountability toward shared goals. **– Debra Zanella, CEO, Ruah Community Services**

1.2   History of 50 Lives

Figure 1 outlines significant 50 Lives milestones – both for the program and for its evaluation.

The Program

The Context
(includes key policy and relevant strategy initiatives)

50 Lives Launch (Sep 2015)

SSJG funding (early 2016)

AHSS launched (Jun 2016)

2016

WAAEH launched (Oct 2016)

Homelessness Clinical Senate (Nov 2016)

WAPHA funding (Mar 2017)

2017

First 50 people housed (Jun 2017)

Wongee Mia commenced (late 2017)

2018

WAAEH Strategy Launch (Apr 2018)

State Homelessness Strategy (Jul 2018)

2019 Community Solutions Action Lab (Feb 2019)

Sustainable Health Review published (Apr 2019)

20 Lives 20 Homes (Nov 2019)

Re-engaging in Community (Jan 2020)

2020

A3HN established (Apr 2020)

Zero Project (Oct 2020)

2021

Quality Data for By Name List (May 2021)

Homelessness Inquiry announced (Nov 2021)

Quality Data for four WA regions (Feb 2022) **2022**

Figure 1: Timeline of 50 Lives Milestones

1.3   Evolution of 50 Lives

Since 50 Lives commenced, a number of related, innovative homelessness initiatives have begun or progressed. These initiatives illustrate how 50 Lives was by no means a static program; rather, adaptions and innovations to address gaps in the homelessness sector originated both from within 50 Lives itself and from within its participating organisations. Some of these initiatives are described below:

The After Hours Support Service (AHSS) | 2016 – present

The AHSS is a collaboration between Ruah and Homeless Healthcare (Australia's largest specialist homelessness GP service, located in Perth) that was initially established to provide nursing and psychosocial support to 50 Lives participants. Overall, **174 people** from 50 Lives were provided with AHSS support, the majority of whom were housed. However, some individuals chose not to engage with the AHSS. There has been no impact on clients and the support they receive since 50 Lives transitioned into the Zero Project.

Wongee Mia | 2017 – present

Wongee Mia is a special initiative, operated by Ruah, that was designed to meet the needs of Aboriginal families experiencing homelessness. The project works closely with **one person and 28 members of their family.** Its premise is that, in order to ensure that the central client sustains their tenancy, all other members of their family who may pose a risk to the tenancy must also be housed. To date, **20 members of the family are housed**, 5 are couch surfing and 4 are rough sleeping.

20 Lives 20 Homes (20 Lives) | 2019 – present

20 Lives is a collaborative impact project that builds off 50 Lives in the Fremantle area of Perth. Overall, 20 Lives has supported **28 people** with accessing housing, case management and referrals to appropriate services. As of March 2022, **15 of the 28 were in permanent housing**, with many others staying with friends and family and only one person remaining homeless.

Re-engaging in Community (REC) | 2020 – present

REC is a pilot program, created to assist people who were experiencing social isolation and disengagement after being housed after a period of homelessness. It is a collaboration between United Way WA and 50 Lives. Participants are referred through community organisations and supported to build social connections by trained volunteers. **32% of REC participants** were linked to the Zero Project.

Zero Project | 2020 – present

The Zero Project uses a methodology that combines quality, real-time data and service coordination to count the number of people who are experiencing rough sleeping and chronic homelessness. It aims to reach 'functional zero', which will occur when there are enough services, houses and crisis beds for everyone who needs them. In March 2022, the Zero Project recorded **956 people as being homeless** (51% rough sleeping) in Perth.[6]

1.4   Previous 50 Lives Evaluation Reports

Since June 2017, six 50 Lives evaluation reports and snapshots, with each differing slightly in terms of content and the cohorts examined:

The **First Evaluation Report**[7] provided baseline, self-reported data on homeless history, health and wellness, and police and justice contacts for **104 people supported by 50 Lives to March 2017**. It compared outcomes between people supported by 50 Lives and over a thousand non-50 Lives, VI-SPDAT (see Section 2) respondents across Perth. A key focus was documenting the collective impact model and the levels of support provided through different working groups. Housing outcomes (including time taken to house people) were examined for 50 people.

The **Second Evaluation Report**[5] described the progress of 50 Lives in relation to housing and supporting vulnerable rough sleepers. The report drew on a wider range of data, including interviews with people supported through 50 Lives, lead workers and AHSS staff; hospital, police and AHSS data; and research team observations for **221 people supported to June 2018**. The report focused on self-reported health and homelessness data, administrative hospital data (n=4 hospital sites) and self-reported health, wellness, police and justice data. It provided a comprehensive overview of the evaluation methodology and highlighted some successes and challenges faced in the program to date.
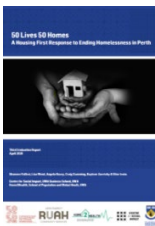
The **Third Evaluation Report**[3] provided an in-depth examination of housing outcomes and tenancy retention for 50 Lives individuals, and reported on changes in hospital use (emergency department (ED), inpatient admissions and ambulance use) and justice system contacts (WA Police contacts and court appearances) for people supported by 50 Lives who had been housed for at least one or two years. Specifically, the report focused on **341 people supported to September 2019**. It included data for additional hospital sites (n=8), as well as hospital use costs and self-reported health and wellness data. A number of relevant key policy initiatives and strategic reports at Commonwealth and State levels were highlighted, providing an important contextual backdrop for the findings presented in the report.

The **Aboriginal Snapshot Report**[8] focused on how 50 Lives supported and engaged with Aboriginal people. Of the **427 people who were supported by 50 Lives to June 2020**, 40% (n=170) were Aboriginal and/or Torres Strait Islander. The snapshot compared experiences and housing outcomes between Aboriginal and non-Aboriginal people who had been supported by 50 Lives, and reflected on how Housing First approaches need to be adapted to better meet the needs of Aboriginal and Torres Strait Islander people.

The **Youth Snapshot Report**[9] explored the challenges and experiences of Housing First for **110 young people supported by 50 Lives to June 2020.** The snapshot drew on a range of data, including interviews with young people supported through 50 Lives and youth service providers; 50 Lives program data; self-reported VI-SPDAT data for participants; and GP and hospital data, where available. The report highlighted the critical role of additional support for young people to maintain and retain their homes, including the availability of after-hours support and the need for brokerage and practical help in navigating services.

A key principle of Housing First is the provision of wrap-around support to people who have been housed. For 50 Lives, such support was delivered through the AHSS. The **After-Hours Snapshot Report**[10] explored the impact of the AHSS on **167 people who were supported through 50 Lives and who received AHSS support between May 2019 and October 2021.** It provided a detailed description of the AHSS, the types of support provided, the critical elements of developing an after-hours program, and the benefits the program had upon client outcomes.

4

1.5   50 Lives Policy Traction Thus Far

The 50 Lives program and its effectiveness, the latter as captured by the evaluations of the program to date, has been explicitly referenced in a number of significant national and state reports and strategies. The examples below reflect how evidence from the 50 Lives model and its impacts has contributed to the wider adoption and embedding of a Housing First approach in the WA response to homelessness:

The 2018 *Homelessness in Western Australia* Report,[11] undertaken for the WA Department of Communities to inform the state government's development of a strategic response to homelessness, highlighted 50 Lives as a model of best practice in ending homelessness, noting that the program is grounded in strong theory and independent evaluation and that it supports effective long-term outcomes for program participants.[11]

This was followed by the release in 2020 of the *WA State Government 10-Year Strategy on Homelessness 2020-2030*, which highlighted Housing First programs generally, and 50 Lives specifically, as being effective models of housing and support to meet the diverse needs of people experiencing homelessness.[1] The **Strategy** acknowledges that 50 Lives has a robust evidence base that demonstrates the outcomes and benefits of the program,[1] and, critically, that Housing First, and getting people into permanent housing followed by flexible and tailored supports, is *"a key foundation of the system change needed to end chronic homelessness".*[1, p32]

This is further mirrored in the *Homelessness Action Plan 2020-2025*, which complements the WA Government's *10-Year Strategy*. In the **Plan,** 50 Lives is referenced in the articulation of a Housing First approach as being a key priority.[12] Furthermore, importantly, the **Plan** goes beyond simply representing Housing First as a program or intervention to more broadly and centrally describing how it is necessary to *"embed a Housing First approach in the homelessness response system."*[12, p11]

The WA Mental Health Commission Strategy *A Safe Place*, which covers the period 2020-2025, provides a framework and priorities for developing and delivering safe and stable accommodation for people experiencing mental health and alcohol and other drug (AOD) issues. *A Safe Place* specifically recognises 50 Lives as being an effective model of support for the most vulnerable people experiencing homelessness in Perth, and *"supports the implementation of a Housing First approach in Western Australia, for people with mental health and AOD issues".*[13, p13]

Nationally, 50 Lives, and evaluations of its impact, has been highlighted in the seminal **Productivity Commission** *Mental Health Inquiry Report* that was published in late-2020. The **Inquiry Report** recognised the importance of housing in supporting mental wellbeing, and recommended that Housing First programs be scaled up to meet the needs of specific cohorts of people with a mental illness who are experiencing, or who are at risk of experiencing, homelessness, including young and Aboriginal and Torres Strait Islander people.[14] In particular, in the **Inquiry Report** it was written that: *"homelessness services for people with severe mental illness who are persistently homeless, should follow a Housing First approach — rapid access to long-term housing and mental health supports that is not conditional on participants becoming housing ready or engaging with support services."*[14, p45]

In addition to the above examples, the evidence for Housing First in Australia that has been generated by 50 Lives has been cited in a number of publicly-available **submissions to government inquiries and reviews** (both federal and WA), including:

- The Parliamentary Inquiry into Homelessness in Australia, 2020;

- The Senate Economics Legislation Committee review of Treasury Laws Amendment (National Housing and Homelessness Agreement) Bill, 2017; and

- The Inquiry into the financial administration of homelessness services in Western Australia, 2021-2022.

1.6   Evaluation Summary

Over the past six years, countless people and organisations have provided support through participating in interviews and providing anecdotes, stories and data collection, cleaning and analysis expertise. This support has enabled numerous outcomes for the 427 people who were supported through 50 Lives to be measured and documented. Specifically, the evaluation has provided:

- Analysis of changes in 50 Lives participants' health service use, health and social outcomes, and tenancy sustainment over time;

- Collection and analysis of data on how well the program worked in practice, and any barriers or system blockages encountered;

- Interviews with participants and staff from organisations involved, to capture perceived benefits of the program, changes in outcome measures, and how well participants' needs are being supported;

- Rich case studies and applied examples of outcomes, challenges, and lives that have been impacted, ensuring that the 'people behind the statistics' are seen;

- An action research process – where learnings from data collection and analysis are actively incorporated into the development of working practice and delivery of the program in real time;

- Triangulation of data to report on the overall impact of 50 Lives, and to extract lessons learned that can be applied to the sector more broadly;

- Economic evaluation (where feasible) to assess the cost of program delivery, cost savings attributable to changes in participant outcomes, and return on investment; and

- Engagement at a strategic and systemic level in advocacy, which is informed by learnings from the program.

Chapter 2

WHO WAS SUPPORTED BY 50 LIVES?

2 WHO WAS SUPPORTED BY 50 LIVES?

A core feature of the 50 Lives model was to identify, support, and house the most vulnerable rough sleepers in Perth. From the outset, 50 Lives used a standardised tool – the Vulnerability Index and Service Prioritisation Decision Assistance Tool (VI-SPDAT) – to prioritise support for people based on their relative vulnerability and needs (Box 1).

Box 1: What is the VI-SPDAT

The VI-SPDAT is a survey that is administered to both individuals and families experiencing homelessness, to determine their risk and prioritisation with regards to provision of assistance. The VI-SPDAT merges two tools:[15] the VI, developed by Community Solutions based on the work of Hwang and O'Connell in Boston,[16] and the SPDAT, developed by OrgCode in Canada. The VI ranks an individual's mortality risk based on the presence of certain factors, including the presence of chronic health conditions, injecting drug use and non-fluency in English.[16] The SPDAT was developed as an assessment tool for frontline agency workers to assist in the prioritisation of the health and housing needs of individuals experiencing homelessness.[17] The VI-SPDAT provides services with a rich picture of homelessness in their communities. It is widely used across WA through the implementation of the Advance to Zero methodology, and enables services to allocate scare resources towards those who are most in need.

2.1 Demographics

Between October 2015 and June 2020, a total of 427 individuals completed a 50 Lives application form and subsequently received support through various participating organisations across Perth. The average age of people who were supported was 37 years at the time of consent (range 16 – 73 years), with 26% of people who were supported were aged 25 or under at the time of consent.

427 PEOPLE SUPPORTED THROUGH 50 LIVES

40% ABORIGINAL AND/OR TORRES STRAIT ISLANDER (N=170)

3% CULTURALLY AND LINGUISTICALLY DIVERSE (N=11)

3% IDENTIFIED AS TRANSGENDER OR GENDER DIVERSE (N=11)

52% MALE (N=221)

45% FEMALE (N=194)

37 years AVERAGE AGE AT CONSENT (RANGE: 16 - 73)

26% AGED 25 OR UNDER AT CONSENT (N=110)

50 INDIVIDUALS WERE SUPPORTED WITH THEIR FAMILIES
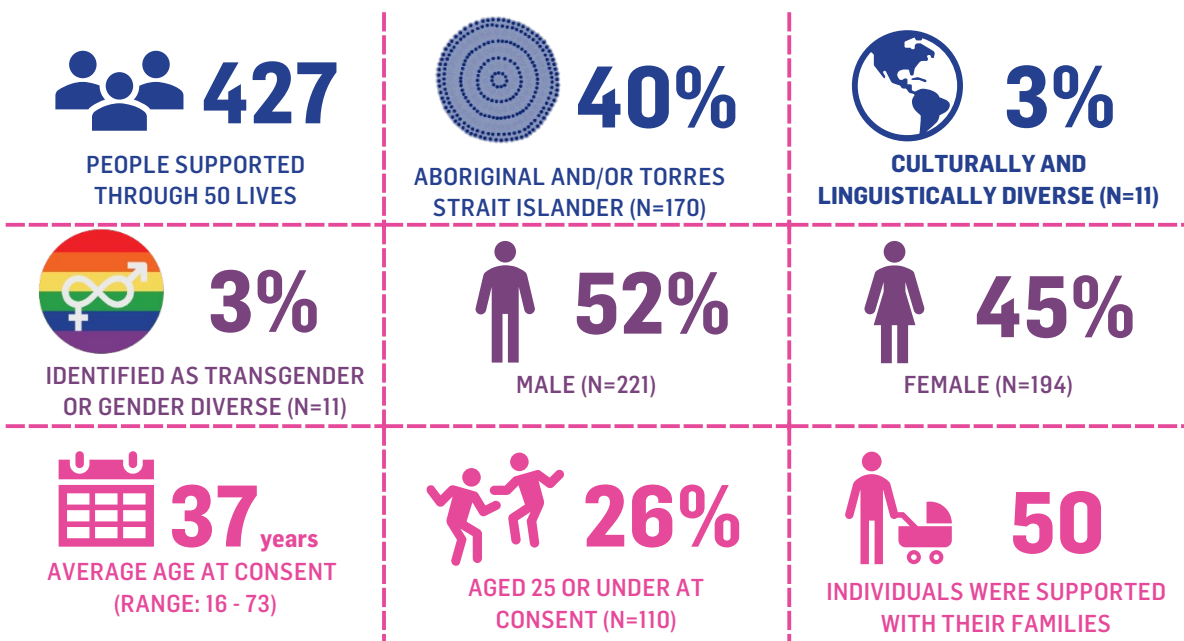
Overall, the majority of people who were supported identified as male (52%), with 45% identifying as female and 3% identifying as transgender or gender diverse. Aboriginal and Torres Strait Islander people were overrepresented, with 40% of participants identifying as Aboriginal compared to just 3.3% of people identifying as such in the general population.[18] This is important because individuals supported through 50 Lives were already considered to be some of the most vulnerable rough sleepers in Perth; therefore, the overrepresentation of Aboriginal people among the 50 Lives cohort suggests a significant degree of vulnerability, as well as a multitude of health, housing, and psychosocial needs. Overall, 50 individuals with their families were supported through 50 Lives; these families comprised individuals with their partners, their children under the age of 18, or both.

2.2   Homelessness History

A total of 386 people supported through 50 Lives (90% of the cohort) completed an individual VI-SPDAT. The following sections focus on these individuals only, as the family VI-SPDAT questions refer to the individuals responding to the survey as well as members of their families.

Prior to completing the individual VI-SPDAT, respondents reported having spent an average of 5.2 years experiencing homelessness (range 3 weeks – 40 years). However, as many individuals completed the VI-SPDAT a substantial period of time prior to 50 Lives (including some as far back as 2012), this value is likely to considerably under-represent the actual time the cohort spent experiencing homelessness.[3] The figures were higher for Aboriginal people who were supported by 50 Lives than for their non-Aboriginal counterparts: on average, Aboriginal 50 Lives participants reported having experienced homelessness for 11 months longer than non-Aboriginal participants.[8] Over a third (37%, n=141) of people supported by 50 Lives indicated that they had spent at least five years experiencing homelessness prior to completing the VI-SPDAT (Figure 2).

5.2 YEARS

SPENT EXPERIENCING HOMELESSNESS
PRIOR TO VI-SPDAT, ON AVERAGE
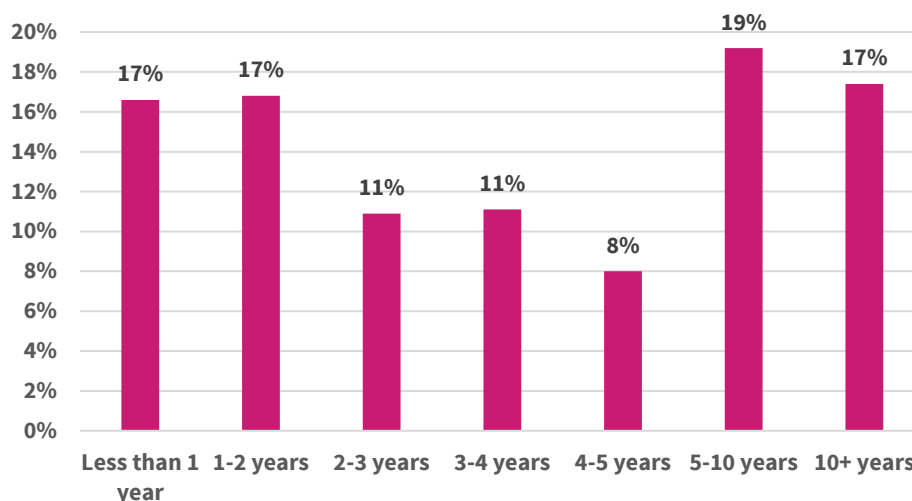
Figure 2: Length of Time Spent Experiencing Homelessness Prior to Completing the VI–SPDAT

Note: An individual may have remained homeless for many years after doing the survey.

2.3   Vulnerability While Rough Sleeping

People who are sleeping rough are some of the most vulnerable among those who are experiencing homelessness, due to safety concerns, exposure to the elements and frequent occurrence of violence and assault. The VI-SPDAT includes numerous questions relating to people's experiences of trauma and traumatic life events. Overall, people supported by 50 Lives reported very high rates of experiences of trauma, victimisation, and assault and other crime, including: trauma they did not seek help for (87%), being attacked (78%), and being stood over and forced to do things against their will (56%).

Self-reported experiences of homelessness:

87%

EXPERIENCED SOME FORM OF TRAUMA THEY DID NOT SEEK HELP FOR (N=332)

78%

WERE ATTACKED OR BEATEN UP SINCE BECOMING HOMELESS (N=299)

56%

WERE STOOD OVER AND FORCED TO DO THINGS AGAINST THEIR WILL (N=170)
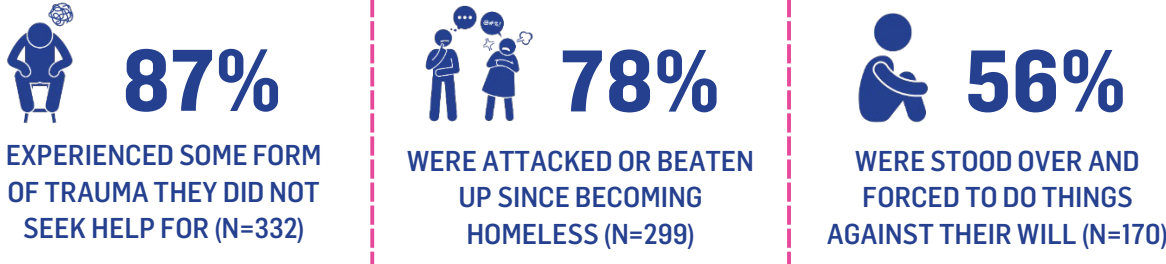
2.4   What do You Need to be Safe and Well?

When asked via the VI-SPDAT, the 386 people supported by 50 Lives who completed an individual survey reported **what they needed to feel safe and well.** Figure 3 summarises the responses to this question, with the most common answer overwhelmingly being safe, secure, stable, and affordable accommodation.

Figure 3: What do You Need to be Safe and Well Answers

Other significant needs identified aligned with Maslow's Hierarchy of Needs[19] (Figure 4), with many people identifying basic needs, including food, shelter, clothing and safety, as being critical. Further to this, family reunification, access to healthcare, the ability to have pets and meeting future goals (such as studying and securing work) were identified as means to improve wellness.

SELF-ACTUALISATION
acceptance of self, creativity, sense of purpose, fulfilment

ESTEEM
respect from others, confidence, responsibility

LOVE AND BELONGING
friendship, intimacy, family, sense of connection, trust

SAFETY NEEDS
personal security, stability, resources, health, protection

PHYSIOLOGICAL NEEDS
air, water, food, shelter, sleep, clothing

Figure 4: Maslow's Hierarchy of Needs

2.5   Where are They Now?

Between late 2021 and early 2022, information was able to be sourced to confirm the most recent known housing situation or location of the majority (72%) of individuals who were supported through 50 Lives. The remaining 28% of the cohort comprised people for whom there was no known information about their current whereabouts, or for whom the last available information on housing and/or current life situation predated June 2021 (including a number of people in permanent housing whose continued housing status was unable to be confirmed). Due to the transient nature of homelessness, this type of 'loss to follow-up' is, unfortunately, very common. In 50 Lives, it was exacerbated by the long periods of time people needed to wait to get housed; not surprisingly, it was extremely difficult to track people's whereabouts over a six-year period when many had a succession of stints in short-term or transitional accommodation, relapses to rough sleeping and movements in and out of the area. These difficulties are described in more detail in Section 3. Based on the best available information and data, the following diagram illustrates the proportional whereabouts of people supported by 50 Lives as at 31 December 2021.

Best Known Whereabouts of People Supported by 50 Lives, as at 31 December 2021:

48%
WERE PERMANENTLY HOUSED (N=207)

13%
WERE ACCOMMODATED (N=55)
(Including transitional, temporary, lodging and unknown types of housing)

4%
WERE COUCH SURFING WITH FRIENDS OR FAMILY (N=17)

4%
HAD LEFT PERTH (N=18)
(Including moving rurally, out of state and overseas; unknown housing status)

1%
WERE CURRENTLY IN A LONG-STAY MENTAL HEALTH UNIT (N=5)

11%
UNKNOWN (N=45)

6%
WERE ROUGH SLEEPING (N=28) *(including in vehicles)*

4%
WERE IN PRISON (N=15)

9%
HAD DIED (N=37)

Chapter 3

HOUSING OUTCOMES

3 HOUSING OUTCOMES

The central tenet of Housing First is the provision of rapid access to housing without preconditions, coupled with wrap-around support, including the support needed for people to maintain their housing.[15,20,21] As noted previously (Section 1.1), the support in 50 Lives was provided via over 50 services from at least 30 organisations across the homelessness, health and justice sectors in Perth, with specialised after-hours support being provided via the AHSS.

Housing First recognises that not all initial housing tenancies may work out for an individual. The collaborative network of organisations involved in 50 Lives, along with the backbone team, were important in trying to keep track of people and maintain their connections to services and support. Housing First also emphasises that support should not have a fixed end date, so that people can continue to access or re-access support at any time, as needed. In 50 Lives, the Housing First approach is central to the ethos of the AHSS, where people can dip in and out of support for as long as they feel they need to. By contrast, many homelessness programs in WA and across Australia are, unfortunately, only funded to support people for a defined period of time (often one year or less).

Over the six-year evaluation, housing outcomes for the 427 individuals supported through 50 Lives were tracked, where possible. As noted in Section 2.5, this was a difficult task for various reasons:

- The intention of housing people <u>first</u> has, unfortunately, not been the reality in many cases, for a raft of reasons articulated elsewhere in this and previous 50 Lives reports. Transitional and short-term accommodation, or other interim arrangements (such as staying with family or in a lodging or share house), has had to be sought for a significant number of people while they waited for permanent housing to become available. Other people continued to sleep rough while awaiting housing, and the transient nature of this situation contributed to some people being lost to follow-up. Tragically, some individuals died or returned to prison while waiting for permanent housing, and, where this occurred outside of Perth, details have been harder to ascertain. The long wait times for people to get housed over the six-year course of 50 Lives meant that it was much harder to track the whereabouts of some individuals, particularly where those individuals had a succession of interim or transitional accommodation arrangements, or relapsed to rough sleeping.

- Over the course of 50 Lives, numerous people lost contact or ceased support with their service providers or lead/case workers. Reasons for this included: moving out of the Perth area (rurally or inter-state), going to prison, disengaging with the sector as they no longer perceived themselves to be "homeless", name changes, time-limited allocation of a lead/case worker, and various other common challenges related to basic contactability, e.g., when people lost phones, didn't have an address, or moved around. In these instances, keeping track of the whereabouts of individuals was difficult, or there were insufficient resources to regularly check up on where people were and to update the 50 Lives records.

- Keeping track of tenancy status was more difficult where people had multiple property allocations and exits, including ones with different housing providers. As addresses were not tracked, it was impossible to determine, for some people, when one tenancy ended and

another began. Additionally, relationship break-ups and reunifications meant that some individuals were moving in and out of the same properties.

- During the evaluation period, three different databases were used. Initially, administrative data pertaining to housing outcomes were captured within an Excel spreadsheet controlled by the 50 Lives Manager. However, as the size of the cohort increased, and individuals starting to accumulate numerous housing placements, the associated information was no longer able to be effectively recorded within Excel. Therefore, at the end of 2019, record-keeping for 50 Lives was transferred into the Nightingale[22] case-management software before being later transferred into the By Name List (BNL) database as part of the transition to the Zero Project in late 2020. Through the process of changing databases, some data were lost or incorrectly entered. However, the evaluation team kept separate records, reconciling data directly from Housing Providers and the AHSS team to confirm housing statuses. Thus, some of the dates of housing and housing placements recorded by the team may differ from official records that are contained within the BNL.

- Finally, due to the large number of different services that were providing support via their own lead workers throughout the program, there were variations in how tenancy entry and exit dates were recorded at different times and for different individuals. In some instances, this led to inconsistencies in the dates pertaining to housing that were reported by the different providers.

Along with the above, it should be noted that, congruent with the Housing First ethos of permanently housing people, only **housing placements that were considered to be "permanent" are included** in this chapter's definition of **"housed."** Such placements most commonly took the form of social housing (government or community social housing) and private rentals brokered for 50 Lives participants (with support for people to secure alternative housing if the rental property was no longer available or became unsuitable).

By contrast, transitional accommodation and lodging placements were not considered to be permanent for the purposes of this evaluation. This is consistent with Housing First definitions of what constitutes permanent housing. However, it is worth noting that, in reality, a number of the people who were supported by 50 Lives were in transitional accommodation for lengthy periods of time over the course of the program. This was true for the cohort of young people within 50 Lives in particular. It is also acknowledged that not all "permanent" housing placements remain as such; this point is discussed further in Section 3.3.

Thus, more broadly, it is acknowledged that every person supported through 50 Lives has differing circumstances, and that, for a given period of time, they may have either: 1) considered themselves to be permanently housed, where their accommodation did not meet the Housing First definition of 'permanent', or 2) vice versa, considered themselves to be temporarily accommodated (e.g., wanting a different type/location of social housing), when, for evaluation purposes, they were categorised as being permanently housed.

Notwithstanding the above caveats and limitations, the following findings describe the nature of housing outcomes for the six-year 50 Lives evaluation.

3.1   Number of People Housed

3.1.1   Who was Housed?

By March 2022, two-thirds (n=284; 67%) of all people supported by 50 Lives had, at some point, and across 352 different properties, been provided with permanent housing. As will be discussed in Section 3.3, not all people retained their initial tenancy, and some were provided with permanent housing on more than one occasion. Whilst

67%

WERE PROVIDED PERMANENT
HOUSING AT SOME POINT (N=284)

Housing First initiatives sometimes use the lexicon of 'a forever home', it has been observed throughout 50 Lives that the notion of a single property meeting someone's needs forever is often unrealistic, particularly given the characteristics of early-onset aging and deteriorating health that are sadly an enduring imprint of prolonged rough sleeping.
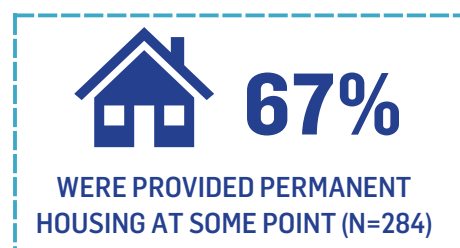
The average age of the 284 people who were permanently housed at least once during the evaluation period was 39 years when first housed (range 16 – 74 years), with 25% of people being aged 25 years or under at that time (Table 1). Among the full cohort of 427 people who were supported by 50 Lives, males and females were equally likely to be housed (67% and 65% housed, respectively), while the majority of people who identified as transgender or gender diverse were housed (91%). Overall, Aboriginal people supported by 50 Lives were less likely to be housed than their non-Aboriginal counterparts (63% as compared to 69%).

Table 1: Demographics of People who were Housed

		N(%) of people Housed	% of Relevant Cohort^
	Number of people housed	284	67%
	Average age at time first housed	39 years (range 16 – 74)	
	25 years or under at time first housed	71 (25%)	65%
Gender	Male	147 (52%)	67%
	Female	126 (44%)	65%
	Transgender or gender-diverse	10 (4%)	91%
Ethnicity	Aboriginal	107 (38%)	63%
	Non-Aboriginal	177 (62%)	69%

^ Note: refers to the proportion of people housed in their specific demographic, for example, of 221 males supported through 50 Lives, 147 or 67% were housed. N=1 people did not report their gender.

3.1.2   When and Where Were People Housed?

During 50 Lives, the number of people housed increased each year, peaking in 2020 (n=88; Figure 5) before decreasing in 2021. The latter decrease is due to 50 Lives officially concluding in late 2020, with the impact of COVID-19 pandemic also exacerbating the short supply of social housing and affordable rentals in WA at that time, further limiting access to affordable housing options.

Overall, across the six-year period, around half (51%) of all housing placements were made through the Department of Housing (see "Public Housing" in Figure 5). The proportion of individuals who were housed in private rentals increased sharply in 2020 compared to the previous three years (Figure 5), partly reflecting the piloting of a private rental scheme as part 20 Lives in that year (20

Lives housed 5 people in private rentals that year), and partly reflecting greater exploration of private rental options by lead workers as the public housing waitlist in WA continued to increase.
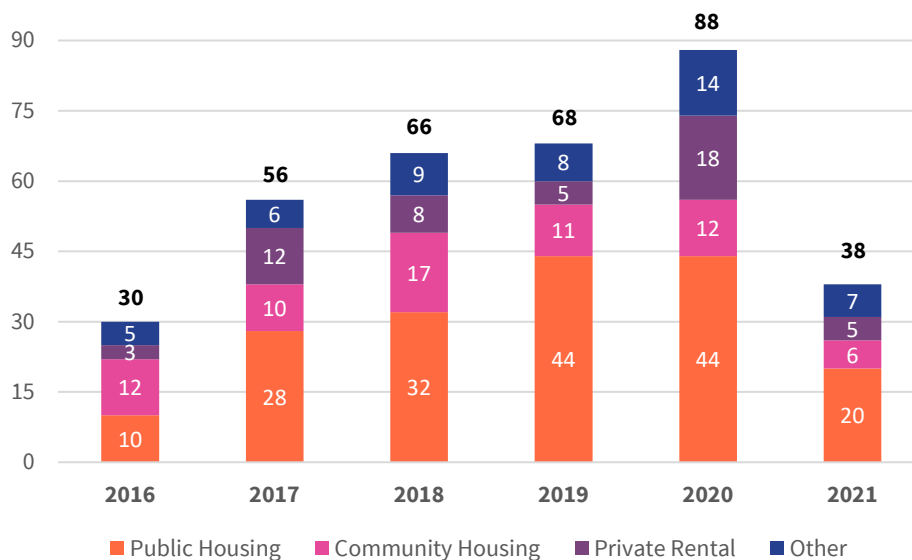
Figure 5: Number of Housing Placements Per Year, By Provider

Note: n=6 placements pre-2016 and post-2021 have not been graphed due to low numbers in each year.
"Other" includes unknown housing types, supported housing (such as mental health and aged care) and permanent boarding.

It is worth noting that the category "Other" in Figure 5 includes several supported housing placements, such as **mental health-supported** residential accommodation and hostels (n=14) and **supported aged care** or disability residential accommodation (n=10). The availability of supported accommodation options is vital, particularly for people with severe and persistent mental illness, disability, cognitive impairment or premature aging. Independent living is not always viable or ideal, and, during 50 Lives, the urgent need for more supported accommodation options for people exiting homelessness in WA was frequently articulated. Of interest, some of 50 Lives' best 'good news' stories in terms of long-term sustained tenancies substantially improving wellbeing and massively reducing hospital use were people who continue to live in supported accommodation (see Box 6, Section 4.4.3 for example).

3.1.3   How Long Were People Housed For?

Of the 284 individuals who were housed at some point during 50 Lives (up to the end of 2021), the majority (79%) were housed for at least a year at least once (Figure 6), while 19 (7%) had been housed for at least five years at least once.

17
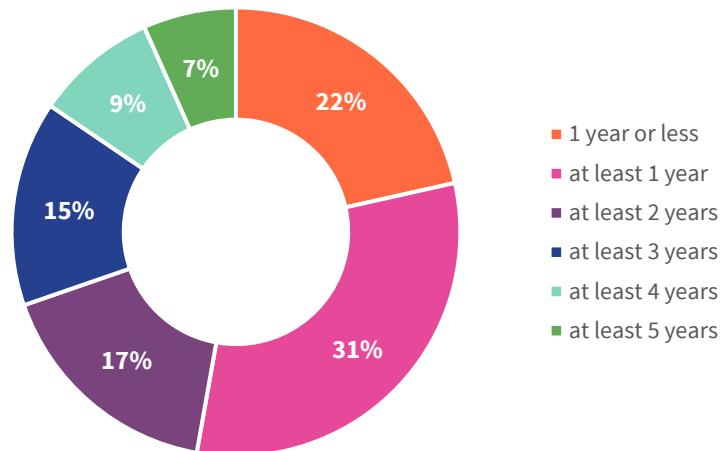
Figure 6: Longest Period Housed during 50 Lives, Per Person

Note: graphed based on the longest tenancy per person, regardless of when that tenancy occurred.

3.1.4 Length of Time Housed and Vulnerability

A key learning from 50 Lives has been that the length of time housed does not always reflect housing stability, or that less supported is needed:

- Some people who had been housed for four or more years continued to need intensive support from lead workers, the AHSS, Homeless Healthcare and a range of other services. Without this support, the risks of returning to homelessness or other adverse events (including serious mental health decline, self-harm or suicide, incarceration, and family and domestic violence, (FDV)) would be significant. This reality has been articulated countless times by 50 Lives participants themselves, lead/case workers, the AHSS team and other services who have been involved in supporting some of the most vulnerable 50 Lives participants.

- Others, after being "permanently" housed, returned to rough sleeping on numerous occasions, abandoned their properties, were incarcerated or were no longer able to maintain their tenancy due to mental health or family issues. One individual, for example, exited their tenancy into prison after five years. Sadly, a number of the individuals described in earlier evaluation reports as being 'good news' case studies of people who had been housed, are either no longer housed or have since passed away.

As reflected in the following case study of one of the earliest people housed through 50 Lives, years of homelessness leaves a damaging imprint on someone's life that is not automatically erased post-housing (Box 2). Further, when capacity to live independently is diminished, people without family supports are far more isolated and have fewer options in terms of navigating alternative accommodation options.

Background

Wes is a man in his early sixties who had been sleeping rough for nearly two decades before consenting to receive support though 50 Lives. He had a long history of alcohol dependence that had taken its toll on his health and resulted in numerous street altercations requiring hospital care for injuries. Wes also had a number of other health issues, including diabetes and epilepsy. He had no family in WA.

Support Received

Wes was one of the first people housed through 50 Lives in early 2016, and still has this tenancy today – six years later. He has been receiving regular support through the AHSS since he was housed, including food packages due to malnourishment. Prior to 50 Lives, Wes was also well known to Homeless Healthcare's Fremantle Street Health outreach team, whose nurses still check in on him regularly.

Current Situation

Being stably housed has had many benefits for Wes. However, sadly, over the years his health has further deteriorated as an inevitable consequence of many years of homelessness combined with heavy alcohol use and poor nutrition. He has experienced cognitive decline, which has made independent living increasingly problematic; examples of this include loss of electricity as a result of forgetting to pay bills, running out of epilepsy medication, poor self-care, and not being able to navigate his way home on public transport. At one point, he lost his house keys and returning to rough sleeping for several weeks. His physical and mental decline means that his current housing is no longer appropriate; even showering has become virtually impossible as the shower is within a bath with a raised edge. Homeless Healthcare nurses and AHSS staff, who check in on him regularly, are concerned about both his cognitive decline and the increasingly lengthy periods of time he goes without eating. However, efforts to get Wes into more supported accommodation are hindered by the fact that he no longer has a lead/case worker due to now having been housed for several years.

This case study, and the other 50 Lives learnings noted thus far, highlights the fact that the imprint of homelessness on people's lives and their vulnerability has a long tail, which in turn emphasises the critical importance of ensuring adherence to the Housing First principle of **access to flexible support that is neither time-constrained nor tied to a particular tenancy, for as long as is needed** (including as related to rehousing if this is required).[23]

3.2   Time Taken to House People

Of the 284 individuals who were housed at least once during 50 Lives, the vast majority (262 people, or 92%) were first housed after they had completed the 50 Lives application form. The remaining individuals (n=22) were housed prior to completing their paperwork; as such, they have been excluded from the following analysis.

Overall, it took an average of 338 days for someone to be housed after completing their 50 lives application. However, the **median number of days to be housed (207)** is a more indicative measure

due to the mean being distorted by the exceedingly long wait times of some individuals (including a wait time of over 5 years for one individual). Regardless, however, both the mean and median wait times mask enormous variability in the times people waited for permanent housing; these times ranged from 0 to 1,951 days (Figure 7).

For the individuals who were housed with a government **priority listing date** on file (n=157; 55% of the cohort), it took an average of 376 days (over one year), or a median of 260 days, to be housed after completion of a priority housing application (range: 0 – 1,842 days). This is concerning, given that the criteria **to be on the priority list in WA is an urgent housing need**, such as homelessness impacting upon medical conditions or a need to leave current accommodation due to FDV.[24]

> 427 individuals consented to 50 Lives between October 2015 and June 2020

> 284 individuals permanently housed at least once in 352 different properties

> Of which 262 individuals were housed after they completed the 50 Lives application form
> **Time from completing application to housed:** Median: 207 days, average: 338 days, range: 0 -1,951 days

> Of which 157 individuals were housed after being priority listed (on Govt. waitlist)^
> **Time from being priority listed to housed:** Median: 260 days, average: 376 days, range: 0 – 1,842 days

Figure 7: Time Taken to be Housed After Application Form and Priority Listing for First Tenancy

^ Note, not all individuals completed a priority listing, as not required for support accommodation or rentals.

Of the 262 individuals who were housed after completing their paperwork, 70% were housed quicker than the current Public Housing waitlist time of 53 weeks (Figure 8). However, it should be noted that the premise of Housing First is *rapid* housing, and **only 13% of individuals (n=33) were housed within one month** of completing their 50 Lives paperwork, while **a third (33%) were never permanently housed.** Most concerning, however, is the 30% of people it took over a year to house, including **five individuals it took over five years to be permanently housed.**

As observed in a recent report on Scotland's Housing First initiative,[25] an inability to actually house people 'first', combined with lengthy wait times, can have a demoralising effect on individuals who have signed up to be part of a Housing First program. In addition to this, it can be demoralising for homelessness services and their staff, who are deeply committed to the Housing First ethos, when numerous obstacles to the rapid housing of Housing First clients are encountered in practice. In the present case, these issues were compounded by the fact that 50 Lives participants already had high-acuity vulnerability before entering the program, so that their health and hope was further eroded the longer they remained homeless.
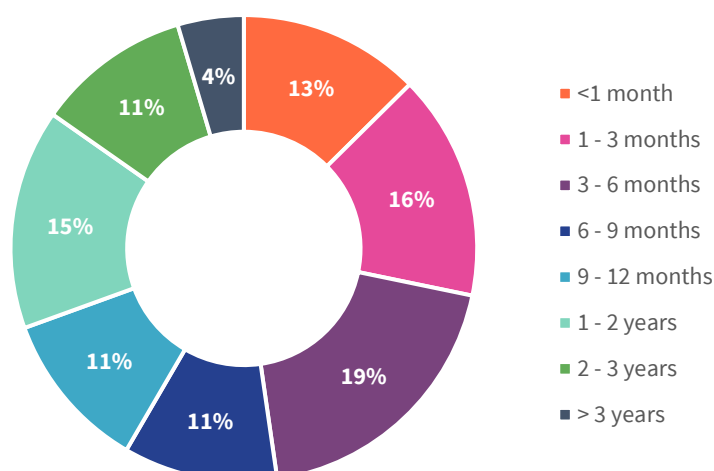
Figure 8: Time Taken to House People Supported by 50 Lives after Completion of Their 50 Lives Application Form

Note: This figure has been generating using each individual's first tenancy only.

As hypothesised would be the case in the Third 50 Lives Evaluation Report,[3] the average time to be housed has increased substantially since that report, with the number of people who had waited two or more years to be housed (and who were subsequently housed) increasing from only nine at the time of the Third Report to 31 after April 2020 (the cut-off for the present report). As such, 15% of people who were housed as of March 2022 had a wait time of two or more years, compared to only 2% of people having had to wait two years to be housed at the time of writing of the Third Report (Figure 8). The reverse is also true: where the Third Report reported 46 individuals as being housed in less than one month, **only nine people were housed in less than a month since April 2020.** In summary, the mean and median times to be housed (after completion of 50 Lives paperwork) have increased substantially since the last report. Specifically:

- The mean time to be housed has increased from 30 weeks in 2020[3] to **48 weeks** in 2022; and

- The median time to be housed has increased from 22 weeks in 2020[3] to **30 weeks** in 2022.

In addressing the issue of homelessness, and across Housing First evaluations more specifically, significant attention has been given to the **rate at which individuals are placed into housing.** The longer people continue to experience homelessness generally, and rough sleeping specifically, the worse their vulnerability and wellbeing will be, particularly in relation to health, mental health, and experiences of trauma.[26] Less consideration has been given to **tracking the long-term outcomes of those who exit homelessness and the rates of re-entry into the homeless system.** As identified in a literature review undertaken by the Homelessness Policy Research Institute in the US,[27] there is a shortage of research examining the outcomes of individuals as they engage with the different interventions and the ability of these to help individuals avoid returning to homelessness.

3.2.1   Differences in Time to Housing for Aboriginal People

A grim finding from the 50 Lives Aboriginal Snapshot Report[8] was that it took significantly longer to house Aboriginal people supported by 50 Lives than their non-Aboriginal counterparts (median times to be housed: 275 and 166 days, respectively, i.e. a 1.7-times longer median wait time after completion of paperwork; Table 21, Appendix 1). This is particularly concerning, given the already heightened vulnerability of Aboriginal people who are rough sleeping, as evidenced by relatively high rates of tri-morbidity and trauma, for example.[8]

1.7x

LONGER MEDIAN TIME TO HOUSE
AN ABORIGINAL PERSON
(after completing 50 Lives application)

It also took significantly longer for Aboriginal, compared to non-Aboriginal people supported by 50 Lives to be housed after completing their priority listing application (median times to be housed: 355 and 200 days, respectively, i.e. 1.8-times longer time to be housed; Table 21, Appendix 1).

3.2.2   Time Unhoused Individuals Have Waited for Permanent Housing

There are myriad reasons why some people have had lengthier wait times for housing. Foremost among these are the continuing dire shortage of social housing options in WA and the sheer number of applicants waiting on both the standard and priority waitlists. Further, as discussed later, there are differences in supply and demand for different-sized properties (which are required for different-size households). Other reasons seen in the 50 Lives data include both individual- and service/system-level factors:

- **Individual-level factors:** e.g., individuals having moved away for a period of time (e.g., regionally or inter-state); not being contactable when a house becomes available (a common difficulty associated with not having a postal address or phone); being incarcerated; having a long-term hospital admission or entering AOD rehabilitation; or having personal circumstances that impact upon the suitability of the available housing (for example needing accommodation suitable for a disability).

- **System/service-level factors:** e.g., the availability of lead workers and/or limitations on their caseloads; people being taken off the priority list without being consulted; short supply of supported accommodation; and mismatches between the most commonly available types of social housing and the areas of greatest need (such as single bedroom properties).

For the 143 people supported by 50 Lives who had not been "permanently" housed at some point up to March 2022, about half (77 individuals, or 54%) remained supported during the program (i.e., they didn't exit support, and remained actively part of 50 Lives while awaiting permanent housing). Incongruent with the intent of Housing First, these individuals have been waiting a considerable time to be housed (range: 1.5 – 5 years from the time of consent to the end of 2021; Figure 9). **All 77 individuals had been waiting for at least 1.5 years to be housed, with five individuals still waiting to be permanently housed after five years.**
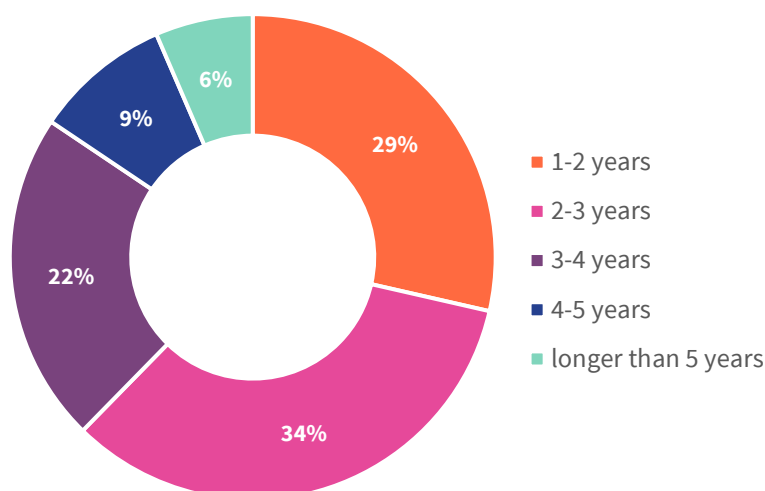
Figure 9: Time Unhoused People Have Been Waiting for Permanent Housing (as at 31 December 2021)

3.2.3   Challenges in Housing People Rapidly

The Third 50 Lives Evaluation Report[3] detailed numerous reasons why Housing First (and in particular rapidly housing people before providing wrap-around support) doesn't always work as intended in practice; these reasons, or challenges, were evident in 50 Lives and have also been observed in other Housing First evaluations.[25,28] 'Sticking points', to borrow a phrase used in a recent evaluation report on Housing First in Scotland,[25] include a shortage of housing that can be allocated, homelessness sector and caseworker capacity limits, and bureaucratic or administrative processes and obstacles. Compounding these factors are the complex needs and lives of many people who are supported by 50 Lives, as they continue to experience homelessness and remain in day-to-day survival mode whilst waiting for housing.

It is, unfortunately, difficult to find and compare wait times for housing between Housing First programs, for various reasons, including the fact that such times are not publicly reported or are computed differently, or because there are differing contextual factors at the local/country level that contribute to (or hinder) the rapidity of housing. Such factors include political will, the level of funding for Housing First, homelessness sector capacity limits and policy alignment across different sectors. Nonetheless, it is insightful to compare the average times taken to house people permanently in 50 Lives with a recent international example: in the two year evaluation report for Housing First Scotland that was released in late 2021, the average time that elapsed between housing application and a person moving in was 175 days.[25]

One of the most significant reasons why rapid housing was not achieved for so many people supported via 50 Lives was the overall lack of housing in WA, both in the rental market[29] and via the Public Housing waitlist. This lack of housing is discussed in more detail below.

3.2.3.1   Waitlist for Public Housing

At several time points in the 50 Lives evaluation, drawing on data provided by the WA Department of Communities, WA public housing and priority housing wait times have been examined to provide additional context. The following analysis examines both the current patterns observed in these waitlist data and what has occurred over time.

Overall, since 50 Lives began in 2015, **the overall volume of demand for public housing has shifted minimally**, with the total number of waiting applications decreasing by just 1% between 2015 and 2021 (Table 2). As at 31 December 2021, there were a total of 18,229 current applications to the Public Housing Waiting List within WA, of which 3,759 were priority applications. This equates to over 31,768 individuals waiting to be housed. For the priority list, there was a 54% increase in demand between the end of 2015 and the end of 2021.

As the premise of Housing First is to house people as quickly as possible, the amount of time people spend waiting for public housing in WA is of particular concern, not only in the context of this evaluation but to the now WA-wide commitment to Housing First that is evidenced by Housing First being flagged as being a key pillar of the Government's 10-year homelessness strategy.[1]

As at 31 December 2021, the average wait time for housing for applicants on the standard waitlist was 109 weeks (including those on the priority waitlist who are typically housed much faster, thereby affecting the overall average wait time). This is a 27% decrease in overall wait time between 2015 and 2021. The average wait time for priority applications alone was 53 weeks, representing a 15.9% decrease between 2015 and 2021. For public housing applicants seeking a one-bedroom accommodation option, the average standard wait time was nearly 216 weeks, and over 580 weeks (approximately 11.1 years) if priority applications were excluded.

Table 2: Total WA Public Housing Applications and Mean Wait Times in 2015 and 2021

Reporting Year	Total Applications	Total individuals	Priority Applications	Standard Wait Time^	Priority Wait Time^
2015	18,434	36,948	2,444	150 weeks	63 weeks
2021	18,229	31,768	3,759	109 weeks	53 weeks

* Note: Data were provided to the research team by the Department of Communities and were correct at the time of publication. Data were sourced from Habitat (Tenancy Management System) and are subject to revision.
^ Average wait time is based on the 12 months of occupations up to and including the above report dates.

Since 2015, there has remained significant variation in wait times for public housing in Perth and wider WA, depending both on the size/form of accommodation sought and regional preference.

Figure 10 shows the variation in wait times across the Perth Metropolitan region by differing zones. The longest wait time was for applicants seeking accommodation in the South Metropolitan Region, with an average of 127 weeks on the standard waitlist, compared to 100 weeks for those in the East Metropolitan Region (i.e., six months quicker on average).

There are enormous **differences in wait time by household size/housing type**. Over the last six years, the highest demand (or greatest lack of supply to meet demand) was for a one-bedroom housing option, where the standard and priority-listed wait times at the end of 2021 were 211 weeks (~4+ years) and 101 weeks (~2 years), respectively. In fact, this demand has continued to grow for single (1 bedroom) dwellings throughout WA (Table 22, Appendix 1). In 2015, there were a total of 7,303 applications for single bedroom dwellings, representing 40% of all public housing applications. By 2021, this number had increased to 8,975 (a 23% increase), and applications for

single-bedroom dwellings accounted for nearly half (49%) of all public housing applications. The shortage of single-person public housing stock in WA has clearly impacted the sobering wait-times observed in the 50 Lives evaluation. A high proportion of people supported by 50 Lives needed single-person accommodation, and this is also true for many other people who are currently experiencing homelessness in WA.

Encouragingly, Department of Communities data show some reductions in the average wait times for most dwelling types between the start of 50 Lives (2015) and the end of this evaluation (2021; Table 23, Appendix 1). However, the long wait times are still of grave concern, as they beg the question: ***where are people meant to live while they wait?*** This is particularly concerning for people on the priority list, who are often literally homeless or who urgently need to escape a FDV situation.

NORTH METROPOLITON REGION
S: 114 weeks
P: 62 Weeks

EAST METROPOLITAN REGION
S: 100 weeks
P: 45 Weeks

SOUTH METROPOLITAN REGION
S: 127 Weeks
P: 59 Weeks

Figure 10: Average Public Housing Wait Time by Zone
Note: 'S' is standard wait time and 'P' is priority wait time

3.2.3.2   *Private Rental Market*

Within the private rental market more broadly, housing remains increasingly unaffordable and unavailable, particularly to those on low incomes or Centrelink support. As of March 2022, the total number of properties available to rent in Australia was the lowest since August 2003, with fewer than 130,000 properties being available nationally.[30] Rental vacancy rates are at record lows across Australia (1.9%), while the cost of renting continues to climb: as at 12 April 2022, the average weekly asking rent across Australia's capital cities had increased by 11.8% over the previous 12 months.[31] Anglicare Australia's annual Rental Affordability Snapshot for 2022 revealed that just **seven out of a total of 45,992 surveyed properties (0.015%) were affordable to rent** for a single individual living on the current Jobseeker allowance.[32] For a single adult working full-time on a minimum wage, this affordability increased to just 1.6% of properties nationwide.[32]

The same 2022 Rental Affordability snapshot[32] showed that the significant drop in rental availability and affordability observed in WA in 2021 had not improved: between the 2021 and 2022 snapshots, median rents in the Perth metropolitan area increased by 12% (to an average weekly rent of $480). Soberingly, the snapshot concluded that, in WA, less than 1% of available properties were affordable for people receiving income support payments, and for someone on Jobseeker there were no affordable rental options.[32] For individuals supported through 50 Lives and other low-income earners, the current private rental market presents a near-impenetrable barrier to housing access, and places further strain on the already limited stock of public housing. Additionally, many people supported through 50 Lives have poor rental histories or limited references to provide to property managers, so even if a property was affordable, they may not be the preferred applicant.
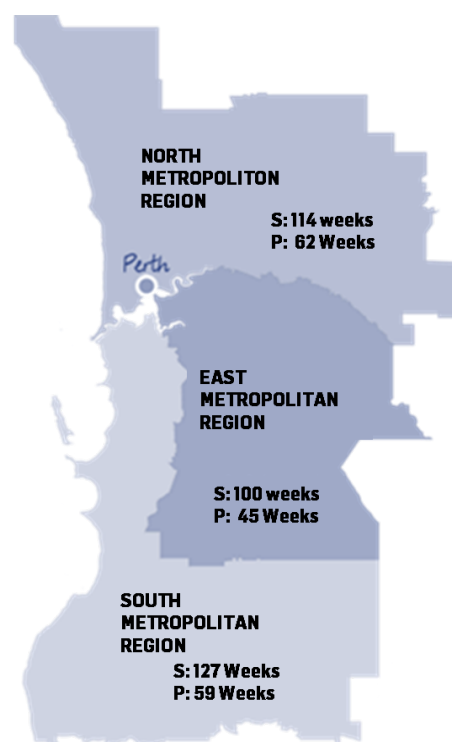
3.3 Tenancy Retention

As at 31 December 2021, 207 of the 284 people who had been housed at some point during 50 Lives remained housed. This equates to an **overall housing retention rate of 73%.** However, overall retention rates calculated in this way can be misleading, as they fail to account for people who may have been housed more recently or for short periods. For example, the housing retention of someone who had been housed within the last 6-12 months cannot be compared to that of someone who was housed 4-5 years ago; this would be like comparing cancer survival rates between people who had chemotherapy six months ago and people who had it four years ago (where there is inevitably a greater risk that cancer may return over time).

However, what both 50 Lives and other Housing First evaluations have shown is that there tends to be a comparatively high tenancy retention 'loss' in the first year of housing (for example, 15% in year one in the current Scottish Housing First initiative),[25] with the rate of this loss gradually decreasing over time. For this reason, as in the Third 50 Lives Evaluation Report,[3] survival analyses have been undertaken to determine the actual tenancy retention rate of the 50 Lives cohort, accounting for individuals who did not have enough follow-up.

3.3.1 What Happens to Tenancy Retention Over Time?

Similarly to results reported in the Third Evaluation Report,[3] in the present evaluation, the one- and two-year retention rates were 82% and 71%, respectively (Table 3, Figure 11). Further, given that data for a longer period of follow-up were now available for a greater number of people housed through 50 Lives, longer-term retention rates, i.e., those at the three-, four- and five-year marks, have been calculated. As noted above, the greatest 'drop' in tenancy retention occurred in the first year that people who were chronic rough sleepers were housed. Following this, the retention rates continued to decrease over time, with the two-, three-, four- and five-year retention rates being 71%, 64%, 58% and 56%, respectively. These values suggest a gradual temporal plateau.

Table 3: Tenancy Retention

Length of Time Housed	Gender		Ethnicity		Housed By		Total	
	Male	Female	Non–Aboriginal	Aboriginal	50 Lives	Other	Overall Rentention	Conditional Retention
1 year	83%	82%	84%	80%	87%	80%	**82%**	–
2 years	74%	69%	73%	68%	71%	72%	**71%**	86%
3 years	66%	63%	66%	62%	63%	65%	**64%**	91%
4 years	61%	56%	59%	57%	57%	58%	**58%**	90%
5 years	58%	56%	57%	57%	57%	55%	**56%**	97%

In addition, *conditional retention* was calculated to demonstrate the likelihood that a given tenancy would be sustained for an additional year, given that it had already been sustained for a certain period of time. For example, if a person successfully sustained their tenancy for one year, they had an 86% chance of sustaining their tenancy for two years (i.e., for one additional year; Table 3). The conditional retention rate was generally proportional to the length of time housed, with individuals who had sustained their tenancies for four years being 97% likely to sustain for a fifth year (Table 3).
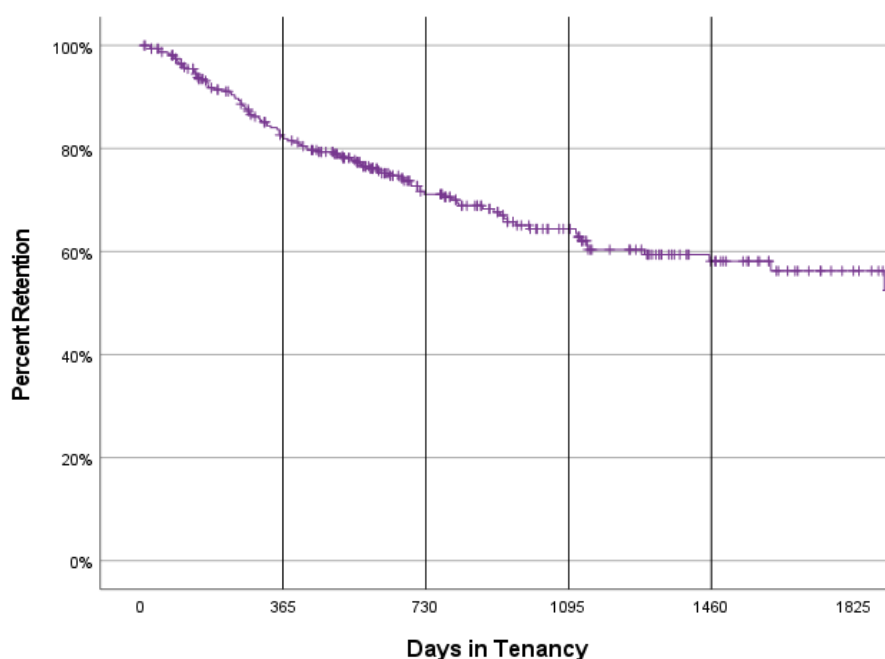
Figure 11: Sustainment of Tenancies Over Time

Note: This was based on 320 unique tenancies (out of 352 in total), as 32 tenancies were direct transfers into other properties and supported accommodation. Vertical lines represent the total time each tenancies was followed for (i.e., a tenancy on 1 December 2021 would only have 30 days of follow up data).

3.3.2 Do Demographic Factors Predict Tenancy Sustainment?

Sub-analyses were undertaken to determine if there were any differences in tenancy sustainment related to gender, or between Aboriginal and non-Aboriginal households. Overall, males were more likely than females to sustain their tenancies for more than two years (2-5% more likely in year's two to five; Table 3, Figure 15 Appendix 1). Although non-Aboriginal tenants were slightly more likely than Aboriginal tenants to sustain their tenancies for the first four years, the difference was small (2-5% more likely). For those still housed at the five-year mark, the tenancy sustainment was on par, with both Aboriginal and non-Aboriginal tenants having a retention rate of approximately 57% (Table 3, Figure 16 Appendix 1).

3.3.3 Does the Method of Housing Allocation Make a Difference?

Analyses were also undertaken to determine whether the way in which housing was allocated (particularly, the extent to which it was matched to individual needs) made a difference to tenancy sustainment. Overall, about a quarter (25%) of tenancies were directly allocated via the 50 Lives Housing Working Group, which explicitly matched individuals to properties that would best suit their needs. The remaining 75% of tenancies were sourced through other means, e.g., through individuals' names coming up on the Public Housing priority waitlist or through individuals sourcing their own accommodation.

In the Third 50 Lives Evaluation Report,[3] it was found that the more tailored nature of housing allocations made via the 50 Lives working group resulted in an increased likelihood of tenancy sustainment, with people housed via 50 Lives being about 20% more likely to sustain their tenancies

than those who were not, regardless of the time period. Here, with more people housed and longer follow-up periods, it is again found that individuals who were housed through 50 Lives were more likely to sustain their tenancies than those were not (87% retention versus 80%). However, this difference dissipated after around 18 months (Table 3, Figure 17 Appendix 1).

3.3.4 Does an Individuals Vulnerability Impact upon Retention?

Additional analyses were undertaken to determine if an individual's vulnerability (as ascertained via their VI-SPDAT score) impacted upon retention. Overall, the findings were mixed: on average, individuals with a "lower" score (10 or less) were more likely to sustain their tenancy for one or two years, while the "highest" scoring individuals (those with scores of 15 or higher) were most likely to sustain their tenancies for three years or more (Table 4, Figure 18 Appendix 1).

Table 4: Tenancy Retention as Related to VI–SPDAT Score

Length of time housed	VI–SPDAT Score			
	≤10*	11–12	13– 14	≥15
1 year	87%	82%	78%	81%
2 years	79%	73%	60%	73%
3 years	67%	67%	49%	73%
4 years	59%	60%	37%	73%
5 years	52%	60%	37%	73%

* Note: Although 50 Lives eligibility was based on a score of 10+, a few people with VI–SPDAT scores below 10 were accepted into the program. These data are based on n=71 tenancies for people who scored 10 or less on the VI–SPDAT, n=122 tenancies for people who scored 11–12, n=82 tenancies for people who scored 13–14 and n=49 tenancies for people who scored 15 or greater.

3.3.5 How Does this Compare to Other Housing First Programs?

The overall one-year retention rate of 82% for 50 Lives somewhat aligns with corresponding, internationally-reported retention rates, which ranged widely between 71% and 100%, depending on the location, type of program, cohort supported (e.g., people with mental health diagnoses only) and method of retention calculation (Table 5). The overall housing retention rate of 73% for people supported by 50 Lives is on the lower end of what international studies have found, with those studies reporting overall retention rates ranging between 70% and 97% (Table 5).

To date, limited research on long-term outcomes for people in Housing First programs has been conducted, and, unfortunately, follow-up over time tends to focus more on those who have remained housed, so less is known about the critical subgroup who do not sustain their tenancies. Other than the 50 Lives evaluation, Chez Soi in Canada is the only other Housing First program with a long-term evaluation looking at housing outcomes for four years and beyond.[33] In that study, the evaluation reported the proportion of days housed in each year of a six-year period, whilst in the 50 Lives evaluation, the overall likelihood of sustainment for periods of between one and five years was examined. This represents a key difference in retention calculation methodology, and accounts for the difference in retention rates between the two evaluations (87% vs 73%, Table 4). In the future, it would be beneficial for further research to be conducted that investigates potential predictors of tenancy retention, as well as longer-term health and social outcomes of Housing First programs.[34]

Table 5: Retention Rates of Housing First Internationally

Country	Program	Total Follow Up Period	1 Year Retention	Overall Retention
Australia	Street to Home Brisbane[35]	1 year	95%	95%
	Street to Home Melbourne[36]	2 years	78%	70%
Austria	Neunerhaus Housing First[37]	2 years	n/a	98%
Canada	Chez Soi[33]	6 years	71%	87%
Denmark	ACT Copenhagen[38]	1 year	91%	91%
France	Un Chez Soi d'Abord[37,39-41]	2 years	80%	85%
Ireland	Dublin HF Project[37]	3 years	n/a	80–85%
Netherlands	Discus Housing First[38,40]	1 year	97%	97%
Portugal	Casas Primeiro[38]	4 years	n/a	79%
Spain	Hábitat[42]	18 months	n/a	96%
UK	Turning Point Scotland HF[38]	1 year	81%	81%
	England Housing First[43]	1 year	74%	74%
	Northern Ireland Depaul HF[40,43]	1 year	79%	79%
USA	Pathways to Housing[44]	47 months	100%	78%

3.3.6   Why Didn't People Sustain Their Tenancies?

As noted earlier, as at 31 December 2021, 207 of the 284 people who had been housed at some point during 50 Lives remained housed. Thus, of the 352 total tenancies that began during the 50 Lives period, 145 tenancies were lost during the program. Of these 145, 20% were direct transfers into either alterative properties (that were more suited to the tenant) or higher support (such as aged care and supported mental health accommodation), i.e., **"positive"** exits (Table 6). A further 18% of tenancy losses were **"unavoidable"**; these represented instances where individuals sadly passed away (n=18) or were sentenced to prison (n=8). The remaining 62% of exits were **"potentially avoidable"**; these represented instances where measures could have been put in place to support tenants who abandoned or vacated their properties without reason (18%), tenants who were evicted (26%) and tenants who vacated for other reasons, e.g., due to relationship breakdowns or issues with neighbours (18%).

Table 6: Reason for Tenancy Exit

Reason	Not Homeless	Returned to Homelessness	Unknown	Total^
Abandoned Property	1 (4%)	18 (69%)	7 (27%)	26 (18%)
Death	–	–	–	18 (12%)
Eviction	8 (19%)	25 (45%)	5 (25%)	38 (26%)
Prison	–	–	–	8 (6%)
Property Transfer / More Supportive Option ('Positive' exits)	29 (100%)	0	0	29 (20%)
Other Reasons *(relationship breakdown, neighbours, unknown)*	5 (19%)	13 (50%)	8 (31%)	26 (18%)
Total	**43 (30%)**	**56 (39%)**	**20 (14%)**	**145**

^ Note, total is greater than not homeless, returned to homeless and unknown as deaths and imprisonments have not been included in these categories.

3.4   Preventing and Responding to Returns to Homelessness

3.4.1   Preventing Returns to Homelessness

The most urgent priority of any Housing First initiative is to get people who are rough sleeping into appropriate, permanent housing. However, this has to be coupled with support in order to maintain housing stability and prevent returns to homelessness. As noted above, during the 50 Lives program, 62% of property exits were potentially avoidable, with many of these exits relating to evictions and property abandonment. Supporting people to prevent them losing their homes is critical, especially in the first year after they have been housed, which is when people are often still adjusting to having their own home. However, as has been shown through the work of the AHSS, periods where people are vulnerable to eviction or to losing their property can occur long after the first year that they are housed.

> *Reducing the number of formerly homeless people re-entering homelessness is the area where direct government intervention has the greatest capacity to deliver a strong result.[45]*

Box 3 is one of many examples of how a slippery slope that jeopardises a tenancy can occur, and, on the other hand, and positively, how the AHSS was able to advocate on behalf of the individual and support him to address the rent arrears and debts that were putting his tenancy at risk.

Box 3: Preventing Eviction

Background

Quinton is a male in his late twenties who had been rough sleeping for three years prior to being housed in public housing in early 2018. He first left home in his early twenties due to violence in the home. Quinton has a long history of non-suicidal self-injury, PTSD, and overuse of alcohol and drugs when he is stressed. However, he denies having a problem with AOD and has declined support to manage his use.

Housing and Other Support Provided

Quinton has fallen behind on rent and utility bills on more than one occasion, often seeking support for this issue via AHSS. After losing his job in mid-2020, his mental health declined and, as a result, he did not pay his rent for six months. Quinton's tenancy became risky with the Department of Communities, who advised him that he would be evicted if no action was taken. He cancelled multiple appointments with the Department, putting further strain on his situation and increasing his chances of eviction.

AHSS workers liaised with the Department and Centrelink on Quinton's behalf, to try and save his tenancy and make arrangements for his payments of arrears.

Current Situation

Quinton was supported to access Jobseeker, has resumed Centre Pay payments and has agreed to pay extra per fortnight to pay down the arrears. The AHSS continue to support Quinton on a weekly basis and assist him with managing his finances. He is now aware of where to seek financial support, and knows he can get financial assistance from local churches to help pay his bills and get food assistance if he were to get behind again. Quinton remains housed with regular support through the AHSS.

As detailed in the AHSS Evaluation Snapshot that was released in 2021,[10] there are a raft of other issues that put a tenancy at risk that the AHSS and other services support people with. These include: complaints from neighbours, financial issues, declines in independent living capacity, disruptive visitors, struggles with property upkeep, social isolation, and many more.

Interestingly, an international review of the issue of returns to homelessness noted that both theoretical and pragmatic solution understandings of what prevents returns to homelessness are not well developed.[27] However, the review went on to note that the vulnerabilities that led to homelessness in the first place offer some valuable insight in this regard. Based on this six-year evaluation of 50 Lives, this evaluation team concurs. The legacies of family breakdown, trauma, incidents causing PTSD, racism and addiction are just some of the factors that scatter the pathways into homelessness for many of the people supported through 50 Lives, and these factors can also be the vulnerabilities that put people at risk of returns to homelessness.

3.4.2   Connecting People to Other Sustainable Supports 'Beyond 50 Lives'

A common limitation of some homelessness housing intervention programs is that there is too much reliance on access to support being dependent on 'the program' itself. This is problematic, since the funding for the program may cease, the priorities of the program provider may change, and key staff who are involved may move on. Sustainability of support is vital for many people who have exited chronic rough sleeping with a litany of complex health, financial, psychosocial and trauma-related issues that can take a long time to unravel or address, or which, as is the case with disability and severe and persistent mental illness, may require lifelong support.

Over time, an important part of the work of AHSS staff, lead workers, Homeless Healthcare staff and others involved in 50 Lives has been to connect individuals who have been housed with other, more sustainable avenues of support that can ensure continuity of care. Good examples of this include:

- ***Connecting people to, and supporting them to have, a regular GP:*** for many people supported by 50 Lives, this has been through Homeless Healthcare, but many people were also connected with local GPs in their areas of residence. Having a trusted relationship with a regular GP is recommended for all Australians, but is particularly critical for this population who often have had limited or no access to primary care, or multiple health issues that need to be addressed simultaneously. In addition to the direct care provided by GPs themselves, many 50 Lives participants have been supported to access chronic disease management plans, mental health care plans and ongoing opiate dependence treatment, to name just a few.

- ***Access to the National Disability Insurance Scheme (NDIS):*** physical and psychosocial disability, acquired brain injury, cognitive impairment, mental health issues and other factors that impact upon capacity for independent living are all common among people experiencing homelessness. Hence, 50 Lives participants are likely to be eligible for NDIS support. Lead workers, the AHSS team, Homeless Healthcare staff and other organisations involved in 50 Lives have collectively spent hundreds of hours advocating to get people onto the NDIS: for some 50 Lives participants who *have* gotten onto the NDIS, it has been life changing, with doors opening to levels and types of support that were just not available to them previously (see Box 4) and the pool of people with a long-term commitment to their support widening. However, there have also been many frustrations, delays and disappointing outcomes to date with regards to getting 50 Lives participants onto the NDIS. The challenges of getting people

experiencing homelessness onto the NDIS and ensuring that support packages cater for their needs have been noted elsewhere in a number of national homelessness forums.[46,47]

- ***Reducing social isolation.*** Loneliness and social isolation are paradoxically a common but sad consequence of being housed and leaving behind one's street-present community and way of life. Conversely, and as noted by the US Homeless Policy Research Institute, relationships and strong social capital and social supports can have a significant positive effect on reducing returns to homelessness.[48] The AHSS does what it can (with limited resources) to support people to engage in community and forge socially supportive networks, but this process can be immensely challenging for people who are anxious or scarred by past experiences of stigma or exclusion. It can also take considerable time before people feel ready or able to get involved in more mainstream community activities, and this is an area with no 'one size fits all' approach. Some 50 Lives participants have countered boredom and forged social connections through art groups, Men's Shed, volunteering and TAFE studies, to name a few. However, others have struggled to find something that fits their interests. A number of people supported by 50 Lives continue to gravitate back to day centres for people experiencing homelessness as an antidote to the isolation they experience after housing, even years after being housed.

Box 4: Linking People to NDIS Support

Background

Katherine is a woman in her early twenties who had been sleeping rough for six years when she presented to the ED in late 2018. She was not linked with any community support services, did not have any family/peer support and felt very isolated. Katherine has a history of significant childhood trauma, and experiences schizophrenia and untreated psychosis, polydrug use and hepatitis C. Katherine has had a multitude of hospital use across Perth, and at one point spent nine months in an extended mental health rehabilitation unit.

Support Provided

In mid-2019, Katherine was supported to get into the 50 Lives program, a Housing Department application was lodged and Katherine was put on the priority listing. In August 2019 she was housed in transitional accommodation while awaiting permanent housing. Katherine's lead worker at the mental health hospital got her access to the NDIS to enable her to receive additional psychosocial support in the community.

Current Situation

Since entering stable accommodation, Katherine has not presented to ED or had any inpatient admissions relating to her mental health. She continues to be fully engaged with mental health services and takes her medication. Collaboration between services to support her mental health recovery and to stay housed has been critical, and has included support from housing services and a Community Mental Health case manager. Katherine is engaging in a recovery program, and her NDIS worker has supported her to join numerous community activities, including a women's health group, a library and a fitness centre. She is successfully attending to activities of daily living such as using public transport, budgeting and cooking her own meals. Her next goal is to obtain her driver's licence and find a volunteer role. As noted by her lead worker *"she is going well and making her own choices, and, in her own words, is "feeling happy".*

3.4.3   A Commitment to Rehousing After Returns to Homelessness

As in all Housing First interventions with chronic rough sleepers, some exits from housing to homelessness inevitably occur, and it can sometimes take multiple housing placements for this cycle to be permanently broken. Overall, 39% of the tenancy exits discussed above resulted in an individual returning to homelessness. However, many of the affected individuals went on to be rehoused (some 3 or 4 times), and the loss of an initial tenancy did not negate the work and advocation that lead workers and organisations continued to undertake on behalf of their clients.

Over the course of 50 Lives, 21% (n=61) of the people who were permanently housed at least once had more than one housing placement, and one individual was housed at least four times (Box 5). Sometimes, even a short "first" attempt at, or experience with, housing, coupled with the associated brief period of stability, can enable someone to start addressing their health or other issues and make them want to attempt being housed again. Throughout the 50 Lives evaluation, many lead workers and support services have noted that, for some individuals, it may take multiple attempts before they can be housed permanently. Emphasis is always placed on ensuring that the individual is not discouraged, and on reassuring them that the service/support is not going anywhere.

Box 5: Not Giving Up on People when they Lose Housing

Background

Daisy is an Aboriginal woman in her late twenties, who has been in and out of homelessness since running away from foster care at 15. In her words: *"I was a ward of the state. Because I got split up from my siblings I kept trying to run away to find them. I just ended up in the street life… at the time I liked it because I had all my friends on the street… I got accustomed to it. Then it got harder and harder… those friends I had, I lost."* Daisy has numerous serious medical conditions, including Type 2 diabetes, liver disease, hepatitis C, asthma, mental health issues, trauma and FDV.

Housing and Other Support Provided

Daisy was first permanently housed through 50 Lives in late 2019. From the outset, Daisy has been supported by the AHSS and has benefited from continuing support from Homeless Healthcare and other homelessness services, to whom she is well known. Due to FDV and drug use, she was unable to maintain her tenancy. However, she has remained part of 50 Lives, and, over the following years, has had four "permanent" housing placements and many other temporary and transitional placements. Unfortunately, sustaining these placements has been difficult due to a raft of factors, including her deteriorating health and her oscillation in and out of an emotionally controlling relationship. For people like Daisy, 'the street life' remains familiar, and, like many others, she continues to frequent drop-in day centres, in part to avert loneliness.

Current Situation

Daisy is currently in her fourth tenancy, and her diabetes has deteriorated to affect her mobility. In the five years that she has been connected to 50 Lives, she has been in and out of various accommodation, prison, and a violent relationship. Her health is dire for someone so young. And her entrenched trauma is a barrier to both physical and emotional healing. But all is not bleak, and it has been inspiring to see the raft of services and people who have not given up on Daisy and others like her. The fact that 50 Lives and AHSS support is not time limited is critical both for Daisy and for many others for whom exiting homelessness is neither straightforward nor linear.

This "not giving up" philosophy parallels the transtheoretical model of health behaviour change,[49] whereby interventions recognise that individuals move through various stages of intention and change in a non-linear way, and that relapse and its associated learnings can be a natural part of this cycle (Figure 12). Although this model was developed for, and is widely used to explain, the non-linear nature of health behaviour change (such as smoking cessation, diet, etc.), it resonates with the observations of this evaluation team over the course of 50 Lives, and with what many formerly homeless individuals and services have shared regarding the importance of 'trying again' and building on the small learnings of what others may describe too simplistically as 'failed housing attempts'.
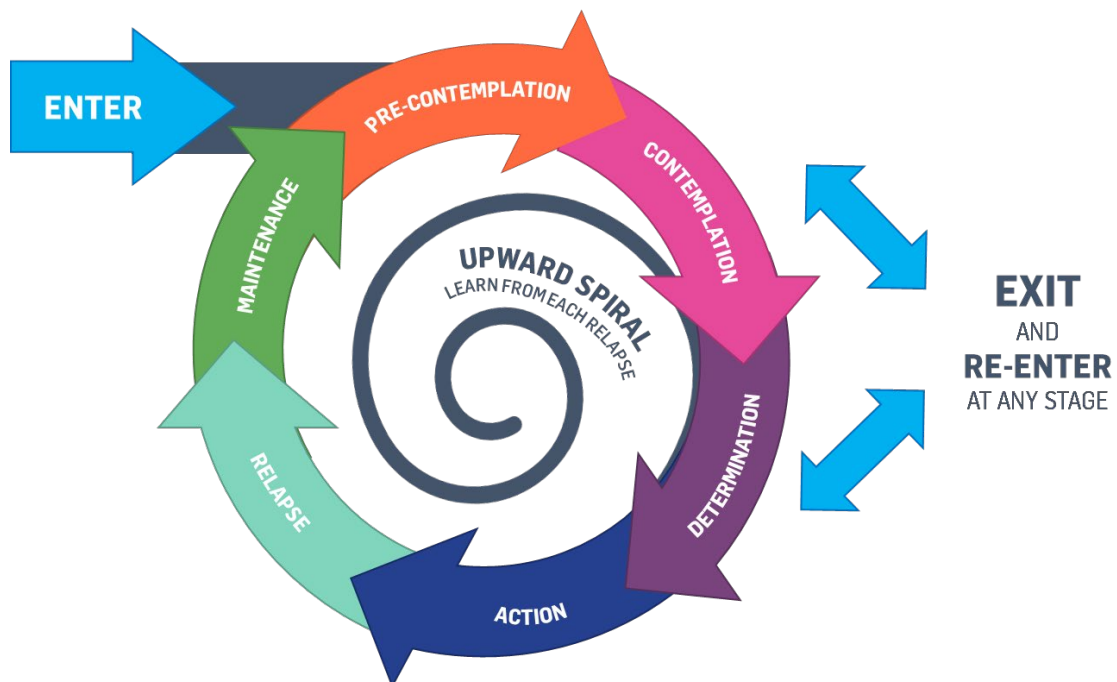
Figure 12: The Stages of Change Model

International evidence indicates that, **the more rapidly people are rehoused after exiting a housing placement, the greater the reduction in the rate at which they return to homelessness.**[48] However, such rapid rehousing was often not feasible during 50 Lives because of the severe shortage of social housing or suitable properties, and, in some instances, due to particular sets of circumstances that limited the pool of appropriate housing alternatives (e.g., if someone needed a disability-friendly home or a larger property to accommodate children returning to live with them).

Chapter 4

HEALTH AND WELLBEING OUTCOMES

4 HEALTH AND WELLBEING OUTCOMES

Health and housing are fundamental human rights, and it is difficult to have one without the other. It is well documented that people experiencing homelessness have exceedingly poor health, with multiple, co-occurring, complex physical and mental health issues being common.[50,51] Premature mortality is also high, with a sobering life expectancy gap of three decades seen in both international[52] and WA studies.[53] Further, many of the causes of premature deaths among homeless people are preventable.[52] More broadly, the poor health of homeless populations is rooted in social determinants of health, including trauma, poverty, racism, family breakdown and social exclusion.[54] These factors are then further exacerbated by barriers to healthcare access, with mainstream health services often struggling to respond to the complexity of psychosocial issues that cluster with homelessness.[55] Consequently, people experiencing homelessness are dramatically over-represented in costly health system utilisation, and in particular in ED presentations and lengthy inpatient admissions.[56] On top of all this, the COVID-19 pandemic has shone an increasingly sobering spotlight on the health and social vulnerabilities of homeless populations, with one WA study reporting that more than one-third of people experiencing homelessness had one or more risk factors for COVID fatality.[57]

Improving health outcomes is a common aim in Housing First programs, reflecting the understanding that housing is an essential pre-requisite for health and the importance of addressing health-related needs via the fundamental Housing First pillars of wrap-around support and person-centred recovery. Accordingly, health outcomes have been a key domain of 50 Lives evaluations from the outset.

This chapter is divided into four subsections:

4.1 independently explores the **health profiles** of cohorts of 50 Lives individuals who a) completed an individual (self-reported) VI-SPDAT prior to consenting to the program (n=386); b) were patients of Homeless Healthcare (including via the AHSS) (n=364); and c) were able to be matched to hospital data and had sufficient pre-consent follow-up (n=412);

4.2 provides an overview of **deaths** that occurred during the 50 Lives period (n=37);

4.3 examines **hospital utilisation (ED presentations and inpatient admissions), including associated costs and common health diagnoses, for the cohort of 412 individuals in the three years prior to consenting** to 50 Lives across Perth's three major tertiary hospitals and six other public metropolitan hospitals in Perth; and

4.4 examines **changes in hospital use for individuals who have been housed** for at least one, two, three and four years, respectively.

4.1 Health Profile of People Supported by 50 Lives

4.1.1 Self-Reported Health Conditions Prior to 50 Lives

Given that eligibility for 50 Lives was based on scoring higher than 10 on the VI-SPDAT, and that poor health is a contributing factor both to vulnerability itself and to how vulnerability is scored in the VI-SPDAT, it is not surprising that many of the people who were supported through 50 Lives reported multiple, complex health conditions. The following self-reported prevalences of health conditions are for the cohort of 386 people (representing 90% of the 50 Lives cohort) who completed an individual VI-SPDAT prior to consenting to 50 Lives. Due to the differing questions between the "Family" and "Individual" VI-SPDATs, only responses received for individual VI-SPDATs are included. Further, it should be noted that the VI-SPDAT did not ask about all possible health issues; the ones examined below are those that have been internationally shown to be particularly prevalent among homeless populations, and likely to contribute to vulnerability.

Overall, a high proportion of respondents reported having: at least one mental health condition (99%), issues with AOD misuse (95%), and serious physical health issues (88%).

99%	**95%**	**88%**
MENTAL HEALTH ISSUES (N=382)	AOD MISUSE (N=368)	SERIOUS PHYSICAL HEALTH ISSUES (N=340)

The most common types of self-reported physical health issues are depicted below, with the four highest among these being smoking (itself a cause of multiple health conditions) (84%), dental problems (70%), brain injury (50%) and asthma (48%).

84% SMOKE (N=301)	**70%** DENTAL PROBLEMS (N=268)	**50%** BRAIN INJURY (N=193)
48% ASTHMA (N=183)	**34%** HEART DISEASE (N=129)	**28%** HEPATITIS C (N=107)
25% LIVER DISEASE / CIRRHOSIS (N=94)	**16%** DIABETES (N=62)	**13%** EPILEPSY (N=48)
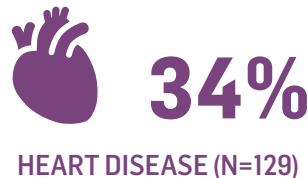
Note: Some respondents declined to answer on various health issues (range of refusals: 1–4 per question)

4.1.2   Diagnosed Health Conditions

For the subsample of 364 people (85% of the full 50 Lives cohort) who were supported both by 50 Lives and by Homeless Healthcare, the latter either via the AHSS or via Homeless Healthcare's GP clinics, additional data on diagnosed health conditions were available. These data indicated high rates of diagnosed mental health issues (71%), AOD issues (62%), and physical health conditions (71%) among the cohort. Additionally, 50% of the cohort had a dual diagnosis (at least one mental health condition and at least one AOD issue), while 42% were tri-morbid (at least one mental health condition, at least one AOD issue, and at least one physical health condition).

71%
MENTAL HEALTH CONDITION
(N=257)

62%
AOD MISUSE DISORDER
(N=224)

71%
PHYSICAL HEALTH
CONDITION (N=257)
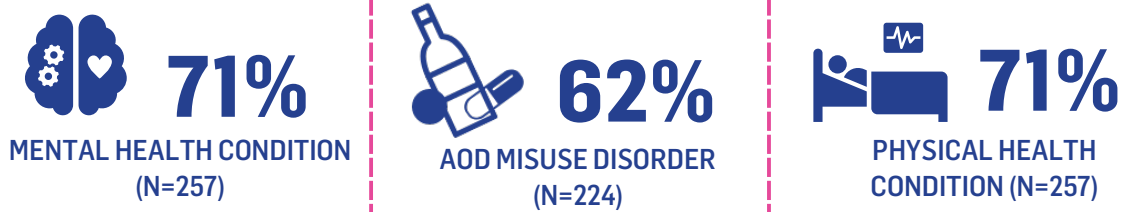
Note: these figures are around 20-30% lower than those reported based on the self-reported individual VI-SPDAT data (Section 4.1.1). However, they are more objective, robust indicators of the health of the cohort, as they reflect health conditions that have been formally diagnosed by a GP. Around two-thirds (64%) of the cohort (n=232) had at least five appointments with a GP during the 50 Lives evaluation period, and so can be considered to be 'regular' Homeless Healthcare patients. The remaining individuals, i.e., approximately one third of the cohort, may only have seen the AHSS or a Homeless Healthcare GP a few times during the period; thus, the figures reported above may underestimate the true prevalences of the conditions being examined due to extensive medical histories likely not having been captured for those individuals.

4.1.2.1   *How this Compares to the General Australian Population*

The high prevalences of adverse health conditions observed in people supported by 50 Lives are concerning; however, their gravity is further emphasised when compared to statistics for the general Australian population (Table 24, Appendix 2). Of particular note, the prevalences of hepatitis C, amphetamine use disorder and schizophrenia are particularly high among the 50 Lives cohort (35 times, 32 times and 21 times higher than in the general population, respectively).

HEPATITIS C
35x
higher

AMPHETAMINE USE DISORDER
32x
higher

SCHIZOPHRENIA
21x
higher

EPILEPSY
13x
higher

PTSD
7x
higher

BRAIN INJURY
3x
higher
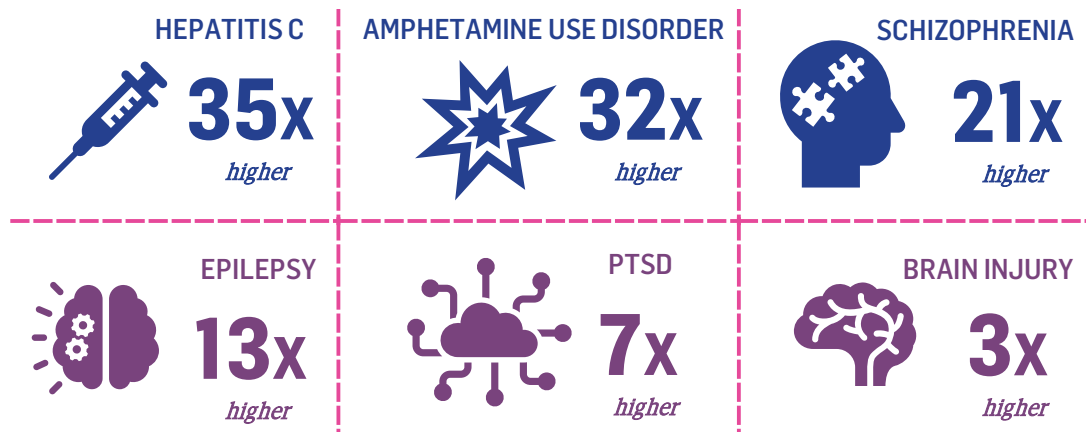
4.1.3   Top Three Reasons Why People Supported by 50 Lives went to Hospital

Further insight into common health conditions and their impact on people's lives can be gleaned through examining administrative hospital records for the subset of 412 individuals who were able to be matched to hospital data and who had at least three years of follow-up pre-consent. Table 7 shows the three most common diagnoses (reasons for hospital use) among ED presentations and inpatient admissions for this cohort. These diagnoses mirror what is shown in the self-reported VI-SPDAT data and Homeless Healthcare GP data, with the most common reasons for hospital presentation/admission being related to AOD and mental health diagnoses.

Table 7: Top Three Most Common Diagnosis (Reason for Hospital Use) in the Three Years Prior to 50 Lives Consent

ED Presentations		Inpatient Admissions	
Diagnosis	% of all diagnoses	Diagnosis	% of all diagnoses
Alcohol-related mental and behavioural disorders **[ICD F10]**	11%	Alcohol-related mental and behavioural disorders **[ICD F10]**	13.8%
Stress and adjustment disorder related **[ICD F43]**	6.7%	Stimulant-related mental and behavioural disorders **[ICD F15]**	7.3%
Drug-related mental and behavioural disorders **[ICD F19]**	3.2%	Personality Disorders **[ICD F60]**	6.3%

Note: Top 3 primary diagnoses shown only. Many patients presented with additional secondary and tertiary health concerns. ICD: International Classification of Disease. Top 3 ED diagnoses exclude ICD Z53 (Persons encountering health services for specific procedures, not carried out, 7.2%) and Z91 (Personal history of risk-factors, not elsewhere classified, 3.2%).

4.2   Mortality

Over the last two years, there has been increasing concern and media attention pertaining to deaths occurring among people experiencing homelessness in Perth, and heightened attention to the issue of homeless mortality generally, nationally in the homelessness sector.[53,58,59] However, deaths amongst people experiencing homelessness continue to remain largely invisible, despite many being attributable to preventable causes.[52]

37
DEATHS SINCE THE START OF 50 LIVES

Overall, 37 people who were supported through 50 Lives (9% of the cohort) have died since the program commenced in mid-2015. The average age of death was just **45 years** (range 21 – 67 years), more than three decades below the average life expectancy of the Australian population (84 years).[60] Of the 37 deaths, over a third (35%) were among people who identified as being Aboriginal, and only 46% of the people who died were housed at the time of their death (Table 8).

Table 8: Deaths Among People Supported by 50 Lives, as of March 2022

	N(%)
Total deaths	37 (9%)
Average age at death (range)	44.8 (21.2 – 67.2)
Male	17 (46%)
Female	17 (46%)
Transgender or gender diverse	3 (8%)
Aboriginal and/or Torres Strait Islander	13 (35%)
Permanently housed at time of death	17 (46%)

As sombrely conveyed by the CEO of the Australian Alliance to End Homelessness:

> *This is a national emergency. If 424 people died in a plane crash last year, no expense would be spared in finding out what happened and how we can prevent this occurring in the future. If we are to drive change in this area, we must measure and publicly report what is an all-too-frequent but hidden occurrence in communities across Australia – that people are dying without a safe place to call home.* **– David Pearson, CEO, Australian Alliance to End Homelessness**

4.3 Health Service Utilisation

The over-representation of people experiencing homelessness in ED presentations and unplanned hospital admissions is well documented in the literature.[3] Briefly, people experiencing homelessness are more likely than housed patients to access tertiary, rather than primary, care; leave the ED without being seen; self-discharge against medical advice; and not attend follow-up outpatient appointments.[61]

This section explores firstly the cumulative burden of hospital use for the 50 Lives cohort in the three years prior to consenting to receive support, and secondly changes in hospital use for individuals who had been housed for between one and four years as at 31 December 2021.

Of the 427 individuals in the 50 Lives cohort, 422 (99%) were able to be matched in administrative hospital records for nine major metropolitan hospitals that were covered by the research ethics approvals associated with this evaluation.[i] The hospital sites and health services for which data were available included the three main tertiary hospitals and six other public metropolitan hospitals in Perth, including two that are specifically focused on mental health. The sites are listed in Table 9:

Table 9: Hospital Sites Included in Analysis

East Metropolitan Health Service	South Metropolitan Health Service	North Metropolitan Health Service
• Royal Perth Hospital • Bentley Health Service • Armadale Kelmscott Health Service • Kalamunda District Community Hospital	• Fiona Stanley Hospital • Rockingham Kwinana Mental Health Service	• Sir Charles Gairdner Hospital • King Edward Memorial Hospital • Graylands Hospital

4.3.1 Pre-50 Lives ED Presentations

Overall, 412 individuals (96% of the full cohort of 427) were both able to be matched to hospital records and had at least three years of follow-up pre-50 Lives consent. Of these 412, nearly all (89%) had at least one ED presentation in the three-year pre-consent period (Table 10).

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[i] Approval to conduct the evaluation of the overarching 50 Lives 50 Homes project was granted by the University of Western Australia Human Research Ethics Committee on 20 January 2017 (RA/4/1/8813).

4.3.1.1   Frequency of ED Use

Overall, the cohort of 412 individuals presented to ED a total of 4,947 times in the three-year pre-consent period. This is equivalent to an average of four presentations per person, per year over that period (Table 10). Notably, 84 individuals (20% of the cohort) had at least 10 presentations in at least one of the three pre-consent years; these individuals can be considered to be "frequent ED presenters". Astonishingly, two individuals had over 100 presentations during the three-year pre-consent period.

89%

OF PEOPLE PRESENTED TO ED AT LEAST ONCE
(in the 3 years prior to 50 Lives)
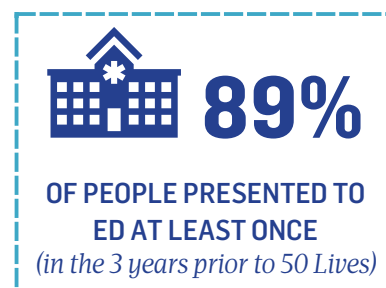
Congruent with previous 50 Lives evaluation reports, almost half of all ED presentations occurring in the three-year pre-consent period occurred in the year immediately prior to consent. This result is also congruent with other Australian and international evidence that notes that acute and crisis healthcare use increases the longer someone is rough sleeping. Further, it represents an upward trajectory that would likely continue in the absence of a housing intervention such as 50 Lives.

Table 10: ED Presentations in the Three Years Prior to Consenting to 50 Lives

n= 412	Third Year Prior	Second Year Prior	First Year Prior	Three-Year Prior Period
Total people (%)^	233 (57%)	273 (66%)	321 (78%)	368 (89%)
Total presentations	1,195	1,364	2,388	4,947
Mean ^	2.9	3.3	5.8	12
Range	0 – 67	0 – 32	0 – 95	0 – 181

^ Calculated based on the cohort of 412 individuals who were able to be matched and who had at least three years of follow-up pre-consent.

4.3.1.2   Mode of Arrival to ED

Overall, 40% of the 4,947 ED presentations that occurred in the three-year period pre-consent involved arrivals via ambulance (Table 11). While ambulance costs are not borne by the hospitals, they do represent a cost to the WA Health system. Further, they are a significant pressure point for hospitals, given heightened policy and public concerns about ambulance ramping, particular in the face of COVID-19. The data also reflected the fact that it is common amongst homeless populations to be brought to the ED by the police, with an arrival rate by police or correctional services of 7% in the three-year pre-consent period.

40%

OF ED ARRIVALS WERE VIA AMBULANCE
(in the 3 years prior to 50 Lives)
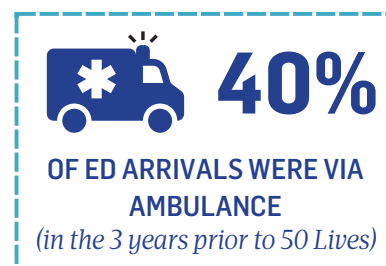
Table 11: Mode of Arrival to the Emergency Department in the Three Years Prior to Consenting to 50 Lives

Mode of Arrival	Third Year Prior	Second Year Prior	First Year Prior	Three-Year Prior Period
Ambulance	494	511	951	1,956 (40%)
Police / Correctional Services	97	120	126	343 (7%)
Private Transport	578	714	1,263	2,555 (52%)
Other	26	19	48	93 (2%)

4.3.2   Pre-50 Lives Inpatient Admissions

Overall, 328 people (80% of the cohort) had at least one hospital admission that began in the three-year pre-consent period. These individuals began a total of 1,900 admissions in that period (Table 12), equivalent to an average of 1.5 admissions per person, per year.

80%

OF PEOPLE WERE ADMITTED TO THE HOSPITAL AT LEAST ONCE
(in the 3 years prior to 50 Lives)
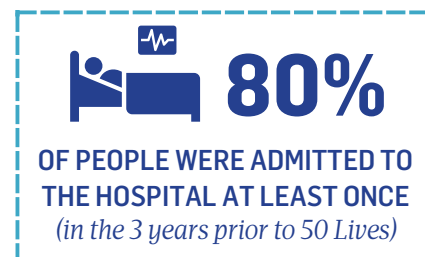
Table 12: Inpatient Admissions and Inpatient Days in the Three Years Prior to Consenting to 50 Lives

n= 412	Third Year Prior	Second Year Prior	First Year Prior	Three-Year Prior Period
Inpatient Admissions				
Total people (%)^	162 (39%)	206 (50%)	250 (61%)	328 (80%)
Total admissions	436	542	922	1,900
Mean^	1.1	1.3	2.2	4.6
Range	0 – 29	0 – 15	0 – 40	0 – 84
Days Admitted				
Total inpatient days^^	3,091	3,701	5,978	12,770
Psychiatric days^^^	1,881	1,888	3,263	7,032
Mean^	7.5	9	14.5	31
Range	0 – 136	0 – 365	0 – 324	0 – 717

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

^ Calculated based on the cohort of 412 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.

Length of stay in hospital is a widely used metric and key performance indicator (KPI) in the health system, not only because bed days contribute substantially to hospital costs but because longer inpatient stays add to the pressures on hospitals to free up beds for incoming patients. As shown in Table 12, the mean length of hospital stay increased annually over the three-year pre-

$32 MILLION

IN ASSOCIATED HOSPITAL USE COSTS
(in the 3 years prior to 50 Lives)

consent period, and averaged 14.5 days per person in the year immediately prior to consent. There were 31 people (7.5%) who were admitted for more than 50 days in hospital in the year prior to 50 Lives, again highlighting the deterioration of physical and mental health that occurs the longer people remain rough sleeping. Over the three-year pre-consent period, one in five people (19%) accumulated more than 50 inpatient days in hospital, and over one third (35%) of the cohort had more than 20 accumulated inpatient days.

Frequency of hospital readmission is also a common KPI for hospitals in Australia. This metric is most often couched in terms of 28-day readmissions, i.e., admissions within 28 days of the previous discharge. Admissions that occur within a month of a prior admission are also sometimes referred to as *avoidable admissions,* particularly where people re-present to hospital for a health condition they were recently treated for as an inpatient. However, it is beyond the scope of the 50 Lives evaluation to examine readmission rates for particular treatment types or procedures (e.g., organ transplant, mental health treatment).[62] In the 50 Lives data, 166 individuals (40% of the cohort) had

at least one 28-day readmission (either mental health-related or non-mental health-related) in the three-year pre-consent period, and 40% of all admissions occurring in that period were 28-day readmissions. The latter figure is much higher than readmission targets that have been articulated recently in Australia, e.g., a target of ≤12% for 28-day mental-health related readmissions by the East Metropolitan Health Service of WA in 2020/21,[63] and targets of ≤5% (for non-mental health-related admissions) and ≤14% (for mental health-related admissions), set a few years ago in Tasmania.[64] This suggests that, with improved housing and healthcare, a substantial proportion of readmissions among the 50 Lives cohort could potentially be avoided.

4.3.3   Pre–50 Lives Hospital Utilisation Costs

Crude costings based on the aggregate ED presentations, ambulance arrivals and inpatient days for the 412 individuals over the three-year pre-consent period amounted to approximately $32 million (Table 13). This equates to around $78k per person over the three years, or $26k per person, per year.

However, it is likely that the above figures are conservative, i.e., an underestimate of the hospital-related expenses associated with the cohort, for a few reasons: first, ED presentations and inpatient admissions are based on only nine metropolitan hospitals in Perth, and do not, for example, include use of the public arms of Midland and Joondalup hospitals, where some individuals in the cohort may also have presented (or been admitted). The data also do not include use of hospitals outside of the metropolitan area, and it is known that some people supported by 50 Lives moved around and between Perth and regional WA during the program. Similarly, if someone moved interstate, no hospital data were available. The cost estimate is also conservative in that the cost per ED presentation used ($861 per presentation) is based on the average cost of an ED presentation to a public hospital in WA, whereas it is known that homeless people experience **emergency admissions** (which cost nearly twice as much, at $1,464 per presentation)[65] at higher rates than non-homeless people (e.g. at twice the rate among housed people).[66] Similarly, an average inpatient cost per day has been used. However, regardless of the fact that the cost estimates above are likely conservative, they illustrate the enormous potentially preventable cost burden that is associated with prolonged chronic rough sleeping.

Table 13: Aggregate Health Service Usage in the Three Years Prior to 50 Lives Consent and Associated Costs

	Presentations / Days / Arrivals	Unit Price^	Aggregate Cost	Cost Per Person (n=412)	Cost Per Person Per Year
ED Presentation	4,947	$861	$4,259,367	$10,338	$3,446
Inpatient Admittance (day)	5,738	$2,665	$15,291,770	$37,116	$12,372
Psychiatric Inpt. Admittance (day)	7,032	$1,540	$10,829,280	$26,285	$8,762
Ambulance Arrival	1,956	$878	$1,717,368	$4,168	$1,389
Total			$32,097,785	$77,907	$25,969

^Costs based on the latest Independent Hospital Pricing Authority (Round 23) figures for the 2018–19 financial year for average ED presentation cost and average inpatient day for WA.[65] Average psychiatric admission is based on the mental health patient day cost for 2018–19 from the 2021 AIHW Mental Health services in Australia.[67] Costs for ambulance based on the 2022 Report on Government Services, Part E, Section 11 on Ambulance services for 2018–19.[68]

4.3.4 Summary of Hospital Utilisation in the Three Years Prior to 50 Lives Support

In summary, the 412 individuals with administrative hospital data had the following hospital use in the three years prior to consenting to 50 Lives:

4,947	**1,956**	**12,770**	**55%**	**$32m**	**$25,969**
ED PRESENTATIONS	AMBULANCE ARRIVALS	INPATIENT DAYS	OF INPATIENT DAYS WERE PSYCHIATRIC RELATED	IN COSTS TO WA HEALTHCARE SYSTEM	PER PERSON PER YEAR IN HOSPITAL COSTS
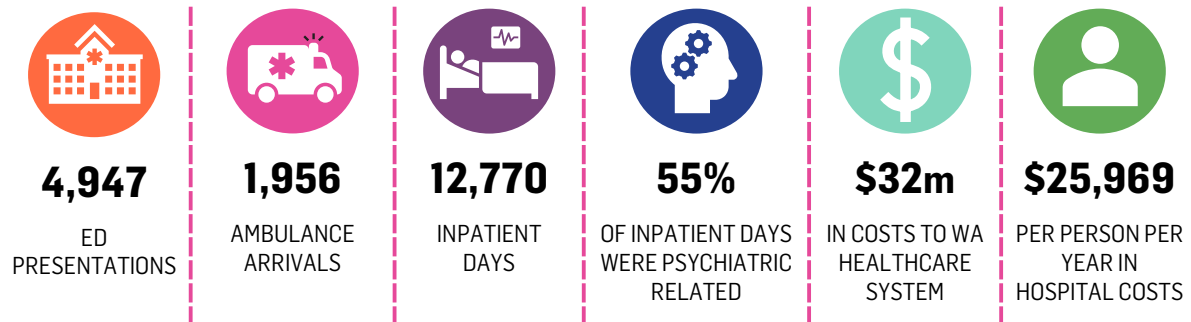
4.4 Changes in Hospital Utilisation Once Housed

Having safe, stable housing is, in and of itself, a hugely protective factor for health. However, it is recognised that years of rough sleeping takes its toll on health, and housing is not an instant panacea. Indeed, in some Housing First evaluations, initial health service and hospital use increased in the first year after people were housed, as previously undiagnosed or untreated issues were addressed.[69] Nevertheless, in the previous 50 Lives evaluations, significant reductions in hospital use at both the one- and two-years post-housing marks were observed. Here, the same methodology as that described in the Third 50 Lives Evaluation Report[3] is used to calculate changes in hospital use pre/post housing for individuals who had been housed for 1-4 years as at 31 December 2021.

- Of the 223 individuals who had been **housed for at least one year**, 222 (99.6%) were able to be matched to hospital data and had sufficient follow-up (i.e., at least 1 year of follow-up both before and after their housing date);

- Of the 134 individuals who had been **housed for at least two years**, 133 (99.3%) were able to be matched and had sufficient follow-up (i.e., at least 2 years of follow-up both before and after the date they were housed);

- Of the 86 individuals who had been **housed for at least three years**, 83 (96.5%) were able to be matched and had sufficient follow-up;

- Of the 44 individuals who had been **housed for at least four years**, 24 (55%) were able to be matched and had sufficient follow-up; and

- Finally, while all 19 individuals who had been **housed for at least five years** were able to be matched, none had sufficient follow-up. Therefore, results are not presented for this group.

4.4.1 Changes in ED Presentations Once Housed

Overall, regardless of how long someone had been housed, there were observed reductions in both the number of people presenting to the ED after being housed and the number of times they presented (Table 14).

Table 14: Changes in ED Presentations Pre– and Post–Housing

		Total People (%)^	Total ED Presentations	Mean Presentations (SD)	Range
One year housed (n=222)	Pre Housing	177 (80%)	1,363	6.1 (12.4)	0 – 113
	Post Housing	141 (64%)	703	3.2 (6)	0 – 57
	% Change	–20%	–48%		
Two years housed (n=133)	Pre Housing	117 (88%)	1,421	10.7 (21.6)	0 – 170
	Post Housing	95 (71%)	811	6.1 (12.9)	0 – 91
	% Change	–19%	–43%		
Three years housed (n=83)	Pre Housing	76 (92%)	1,214	14.6 (24.7)	0 – 170
	Post Housing	63 (76%)	677	8.2 (16.8)	0 – 128
	% Change	–17%	–44%		
Four years housed (n=24)	Pre Housing	23 (96%)	420	17.5 (21.5)	0 – 78
	Post Housing	20 (83%)	354	14.8 (18.3)	0 – 62
	% Change	–13%	–16%		

Note: Values with denominators are calculated based on the total number of housed individuals for each period, excluding individuals who a) were not able to be matched or b) did not have sufficient follow-up.

Among individuals who had been **housed for at least one year** (n=222), the number of people presenting to ED reduced by 20% in the one-year period post-housing as compared to the one-year period pre-housing. Further, over the same period, a more dramatic decrease of 48% was observed in the total number of ED presentations pre- to post-housing. The average number of presentations decreased substantially, in fact by half, from an average of 12.4 presentations per person pre-housing to an average of 6 presentations per person post-housing. The proportion of presentations that arrived by ambulance decreased by 43%.

Among individuals who had been **housed for at least two years** (n=133), the observed changes were similar, with the number of people presenting to ED in the two-year period post-housing decreasing by 19% compared to the two-year period pre-housing, and the total number of ED presentations decreasing by 43% over the same time-period. The average number of presentations also decreased substantially, from an average of 21.6 presentations per person pre-housing to an average of 12.9 presentations per person post-housing (over two years). The proportion of presentations that arrived by ambulance decreased by 28%.

The above decreases in ED presentations followed similar patterns over time, with the numbers of individuals presenting to ED at least once in the **three- and four-year periods pre/post housing** decreasing by 17% and 13%, respectively, and the total numbers of ED presentations in those periods decreasing by 44% and 16%, respectively. For the three-year pre/post period, the average number of ED presentations per individual decreased from 24.7 to 16.8, while the corresponding decrease for the four-year period pre/post housing was 21.5 to 18.3. Finally, the proportions of presentations that arrived by ambulance decreased and increased by 27% and 14% for the three- and four-year pre/post housing periods, respectively. The latter increase was driven by a small number of individuals who had a large number of arrivals by ambulance in the four-year post-housing period; among these, one individual in particular, who had 23 ED presentations in the four-year post-housing period, 20 of which were by ambulance, was influential.

Of interest, in the one-, two- and three-year periods pre/post housing, there were notable reductions in the number of 'frequent presenters', i.e. people who had an average of 10 or more presentations

per year: among individuals who had been housed for at least one, two and three years, the number of frequent presenters reduced from 34 to 21, from 14 to 10 and from 10 to 6, respectively, in the relevant pre/post housing periods. For the four-year periods pre/post housing, the number of frequent presenters remained the same (three in both periods).

	ONE YEAR PRE/POST HOUSING	TWO YEARS PRE/POST HOUSING	THREE YEARS PRE/POST HOUSING	FOUR YEARS PRE/POST HOUSING
PEOPLE PRESENTING TO ED	↓ 20%	↓ 19%	↓ 17%	↓ 13%
TOTAL ED PRESENTATIONS	↓ 48%	↓ 43%	↓ 44%	↓ 16%
AMBULANCE ARRIVALS TO ED	↓ 43%	↓ 28%	↓ 27%	↑ 14%

4.4.2 Changes in Inpatient Admissions Once Housed

As with changes in ED presentation, changes in inpatient admissions pre/post housing were examined for subgroups based on the length of time housed. Overall, predominantly reductions were observed in the periods after housing (Table 15).

Table 15: Changes in Inpatient Admissions Pre and Post Housing

		Inpatient Admissions			
		Total People (%)^	Total Admissions	Mean Admissions (SD)^	Range
One year housed (n=222)	Pre Housing	132 (59%)	517	2.3 (3.8)	0 – 28
	Post Housing	99 (45%)	252	1.1 (2)	0 - 16
	% Change	–25%	–51%		
Two years housed (n=133)	Pre Housing	97 (73%)	539	4.1 (6.2)	0 – 37
	Post Housing	74 (56%)	303	2.3 (4.1)	0 – 25
	% Change	–24%	–44%		
Three years housed (n=83)	Pre Housing	65 (78%)	453	5.5 (8)	0 – 40
	Post Housing	54 (65%)	267	3.2 (5.1)	0 – 22
	% Change	–17%	–41%		
Four years housed (n=24)	Pre Housing	19 (79%)	177	7.4 (10)	0 – 41
	Post Housing	21 (88%)	152	6.3 (8.5)	0 – 29
	% Change	11%	–14%		

Note: Values with denominators are calculated based on the total number of housed individuals for each period, excluding individuals who a) were not able to be matched or b) did not have sufficient follow-up.
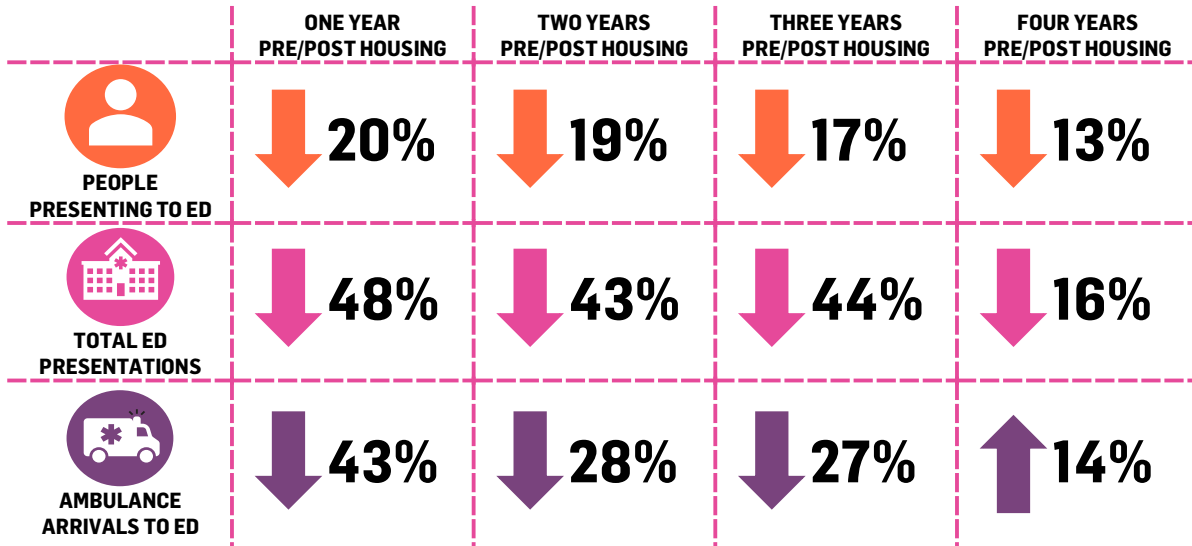
Among individuals who had been **housed for at least one year** (n=222), the number of people who were admitted to hospital at least once reduced by 25% in the first-year post-housing, as compared to the one-year period pre-housing. Over the same period, the total number of inpatient admissions reduced more dramatically by 51% (Table 15), with the proportion of 28-day readmissions decreasing by 10% from 42% to 38%. Among individuals who had been **housed for at least two years** (n=133), similar reductions were observed: the number of individuals admitted to hospital at least once reduced by 24% in the two-year period post-housing as compared to the two-year period pre-housing, while over the same period the total number of admissions reduced by 44% and the proportion of admissions that were 28-day readmissions decreased by 32% from 44% to 30%.

Among individuals who had been **housed for at least three years** (n=83), smaller reductions were observed: a 17% reduction in the number of individuals who were admitted at least once was observed in the three-year post- as compared to the three-year pre-housing period, while over the same period the total number of admissions reduced by 41% and the proportion of admissions that were 28-day readmissions decreased by 26% from 45% to 34%.

Finally, among individuals who had been **housed for at least four years** (n=24), the number of individuals who were admitted at least once actually increased by 11%. However, this result was impacted by the small sample size for the four-year pre/post period, with only two additional people actually being admitted to hospital (n=19 in the pre- period compared to n=21 in the post- period). By contrast, a 14% reduction in the total number of admissions was observed in the four-year post-housing period. Thus, for the four-year pre/post period, while a slightly higher number of individuals were admitted at least once post- as compared to pre-housing, these individuals had fewer admissions overall. Examining readmissions for the four-year pre/post housing period, the proportion of admissions that were 28-day readmissions decreased by 36% from 47% to 30%.

	ONE YEAR PRE/POST HOUSING	TWO YEARS PRE/POST HOUSING	THREE YEARS PRE/POST HOUSING	FOUR YEARS PRE/POST HOUSING
PEOPLE ADMITTED TO HOSPITAL	↓ 25%	↓ 24%	↓ 17%	↑ 11%
TOTAL ADMISSIONS	↓ 51%	↓ 44%	↓ 41%	↓ 14%
TOTAL NON-PSYCH DAYS ADMITTED	↓ 52%	↓ 51%	↓ 38%	↑ 5%
TOTAL PSYCHIATRIC DAYS	↓ 64%	↓ 48%	↓ 31%	↓ 38%

Figure 13 illustrates the number of inpatient days in each of the pre/post housing periods, stratified by psychiatric/non-psychiatric bed days. For exact figures, see Appendix 2, Table 25. Consistent with the observed decreases in the total numbers of admissions noted previously, the total numbers of inpatient days decreased for all periods. Further, decreases were observed for both psychiatric and non-psychiatric days for the one-, two- and three-year periods pre/post housing. By contrast, there was a 5% increase in the total number of non-psychiatric inpatient days in the four-year period post-housing, while the number of psychiatric inpatient days decreased by 38% for the same period. This indicates that the observed decrease in the number of inpatient days for that period was driven by a disproportionate decrease in psychiatric days.
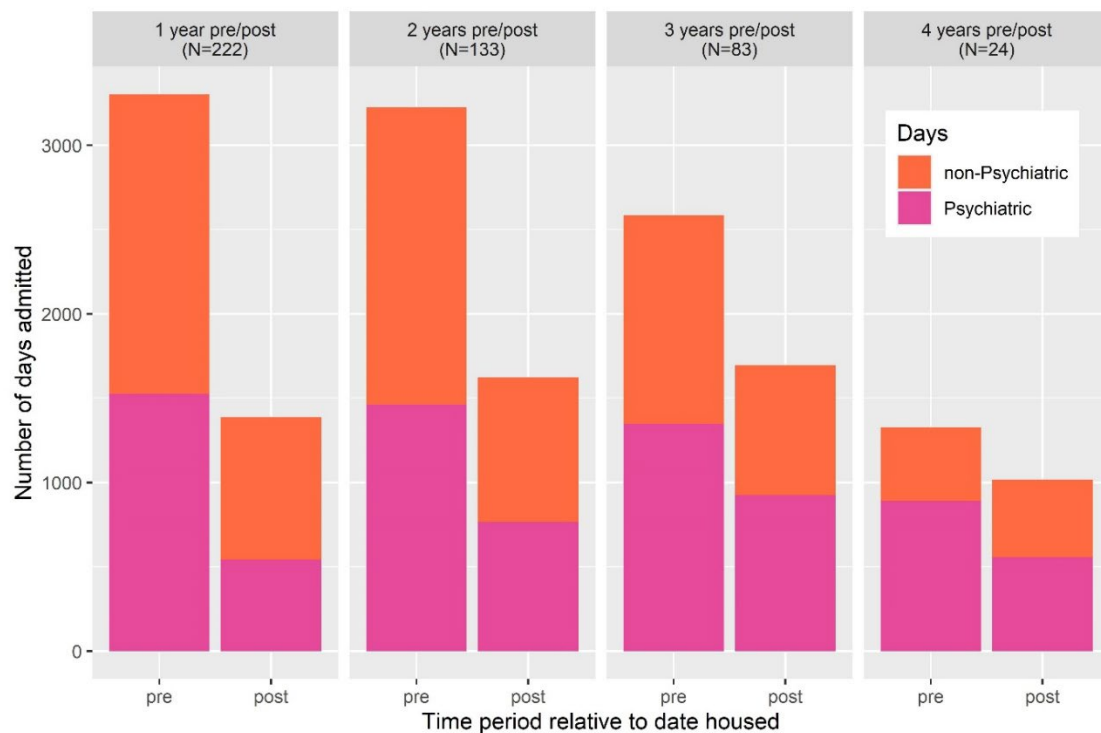
Figure 13: Changes in Number of Days Admitted to Hospital (Psychiatric and Non–Psychiatric) Pre and Post Housing

Although Housing First is premised on housing being the first step, with health and other supports following, it is unrealistic for some people to be placed in independent housing when they are seriously mentally unwell, or where cognitive or physical health issues render independent living infeasible. As illustrated in Box 6, "Una" is one of many individuals who were supported by 50 Lives, where accurate diagnosis, and some essential treatment, of acute mental health issues (that had gone untreated for a prolonged period of time due to her being homeless) was necessary before she was able to be housed, and some form of supported mental health accommodation was needed.

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Background

Una is an Aboriginal woman who was in her early thirties when she was first connected to 50 Lives in early 2016. She is one of many examples of inter-generational homelessness within the 50 Lives cohort: at the time, both she and her mother were sleeping rough. When she completed a VI-SPDAT in early 2016, Una had been in unstable accommodation for three years, and had also been in youth detention and prison. She had an array of health issues, including mental health issues; asthma; poor heart health and physical disability.

Support provided

Una had a lengthy mental health admission that facilitated more effective diagnosis and treatment, and this was followed up with regular community mental health support by the WA Specialist Aboriginal Mental Health Service (SAMHS). Through the support of 50 Lives and SAMHS, she was housed in Community Housing in late 2017.

In the two-year period prior to being housed, Una had 54 ED presentations, 17 inpatient admissions and 129 inpatient 'bed' days in total, corresponding to an estimated cost to the health system of approximately $292k. Many of her hospital visits were for reasons that could have been resolved outside of hospital, e.g., repeat issues of prescriptions. Other reasons for her hospital visits prior to being housed included: chest pain; stress; headaches; joint pain; and general problems related to being homeless.

Current situation

Una transferred properties in mid-2018 and remains in this tenancy nearly four years later. Her hospital use has drastically reduced in the years since being housed in stable accommodation: in the two-year period after being housed, she had just 5 ED presentations, 1 inpatient admission and 3 inpatient days in total, corresponding to a cost saving to the health system of approximately $28k.*

</div>

* Costs based on the latest Independent Hospital Pricing Authority (Round 23) figures for the 2018–19 financial year for average ED presentation cost of $861 and average inpatient day for WA of $2,665.[65] Average psychiatric admission cost of $1,540 is based on the mental health patient day cost for 2018-19 from the 2021 AIHW Mental Health services in Australia.[67]

4.4.3 Changes in Hospital Utilisation Costs Once Housed

As noted previously, while secure housing is a fundamental element of efforts to address the many overt and complex health needs of people experiencing homelessness, it also offers a platform from which individuals and health service providers can begin to address other underlying medical and psychosocial issues that may be in play. In some cases, this might result in some individuals increasing their level of health service use once housed.[69] Nevertheless, analysis across the entirety of 50 Lives indicates a group-level reduction in aggregate hospital utilisation costs following housing in stable accommodation.

Specifically, for the **one-year pre/post housing period** (n=222), reductions in ED presentations, ambulance arrivals and both non-psychiatric and psychiatric inpatient days were observed. These reductions equated to a total aggregate cost reduction of around $4.8m, or $21.5k per person (Appendix 2, Table 26). For the **two-year pre/post housing period** (n=133), similar reductions were observed, equating to an overall aggregate cost reduction of approximately $4.2m, or $31.2k per person over two years. Similarly, for the **three-year pre/post housing period** (n=83), reductions

were still observed, equating to a total aggregate cost reduction of approximately $2.5m, or $29.6k per person over three years.

Finally, for the **four-year pre/post housing period** (n=24), hospital utilisation both decreased and increased, with minor increases in both non-psychiatric inpatient days and ambulance arrivals being offset by decreases in ED presentations and the number of psychiatric days. Taken together, these changes equate to a total aggregate cost reduction of approximately $500k, or $20.3k per person over four years.

	ONE YEAR PRE/POST HOUSING	TWO YEARS PRE/POST HOUSING	THREE YEARS PRE/POST HOUSING	FOUR YEARS PRE/POST HOUSING
TOTAL COST CHANGE PRE/POST HOUSING	↓ 4.8m	↓ 4.1m	↓ 2.5m	↓ 500k
COST CHANGE PER PERSON	↓ 21.5k *over one year*	↓ 31.2k *over two years*	↓ 29.6k *over three years*	↓ 20.3k *over four years*

4.4.4   Synergistic Benefits of Health and Housing Support

Whilst safe, secure housing is the most fundamental prescription for improving health, ensuring that the provision of such housing is coupled with necessary healthcare treatment and support is critical for enabling people to live full and independent lives beyond homelessness.

Housing First recognises that housing is an essential pre-requisite for health, but this has to go hand in hand with supporting people to address their medical and psychological needs. This takes time. 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. Sadly, some health conditions have already taken their toll on people's physical and mental health, but 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**

There are dozens of examples of this reality within the 50 Lives cohort. However, to illustrate, the following case study has been selected for this final evaluation report as it powerfully illustrates how even complex mental health issues can be overcome through the provision of appropriate housing and support (Box 7).

Background

Hamish, a male in his early sixties who had a long history of mental health issues and who had been residing in a psychiatric hostel prior to becoming street present. He has multiple mental and physical health issues, including a brain injury, liver disease, asthma and is wheelchair dependent. Hamish came to the attention of the RPH Homeless Team and Homeless Healthcare in 2016 after repeatedly presenting to ED after being discharged from mental health hospital to the streets in a wheelchair. As noted at the time by Dr Amanda Stafford, Clinical Lead of the RPH Homeless team: "*The system really failed when a wheelchair bound man was booted out onto the streets without working out what changed his behaviour acutely (likely started drinking), resulting in 2 years of street homelessness and an appalling waste of hospital resources for want of supported accommodation.*"

Hamish consented to be part of 50 Lives in early 2017, but remained street present until mid-2018, during which time he repeatedly presented to ED and was admitted to hospital. In the two-year period prior to being housed, Hamish had 170 ED presentations and 25 inpatient admissions in total, the latter for a total of 108 inpatient days. His presentations and admissions were for a variety of reasons including many homeless-related issues such as: cellulitis, infections, pneumonia, and wound care.

Support provided

Although his initial VI-SPDAT score did not reach the nominal cut-off score of 10, his acute vulnerability to life on the streets as a wheelchair-bound person with mental health issues led to strident advocacy from the RPH Homeless Team for him to be accepted in to 50 Lives. Because of his mental health issues and physical limitations, independent unsupported accommodation was not appropriate, and in early 2018, Hamish got accepted into a long-term supported hostel.

Current situation

Hamish is still residing in the same supported accommodation hostel. After being housed, he experienced a dramatic reduction in hospital use: in the two-year period post-being housed, his hospital use decreased to just one ED presentation and zero inpatient days. This corresponds to an estimated cost saving to the health system of approximately $425,000, an outcome which not only reflects the cost effectiveness to the health system of appropriate housing, which effectively constitutes a health intervention, but also powerfully illustrates the role that homelessness- and trauma-informed health professionals can play in advocating for appropriate housing and community support as a cost-effective alternative to recurrent hospital use.

* Costs based on the latest Independent Hospital Pricing Authority (Round 23) figures for the 2018–19 financial year for average ED presentation cost of $861 and average inpatient day for WA of $2,665.[65] Average psychiatric admission cost of $1,540 is based on the mental health patient day cost for 2018–19 from the 2021 AIHW Mental Health services in Australia.[67]
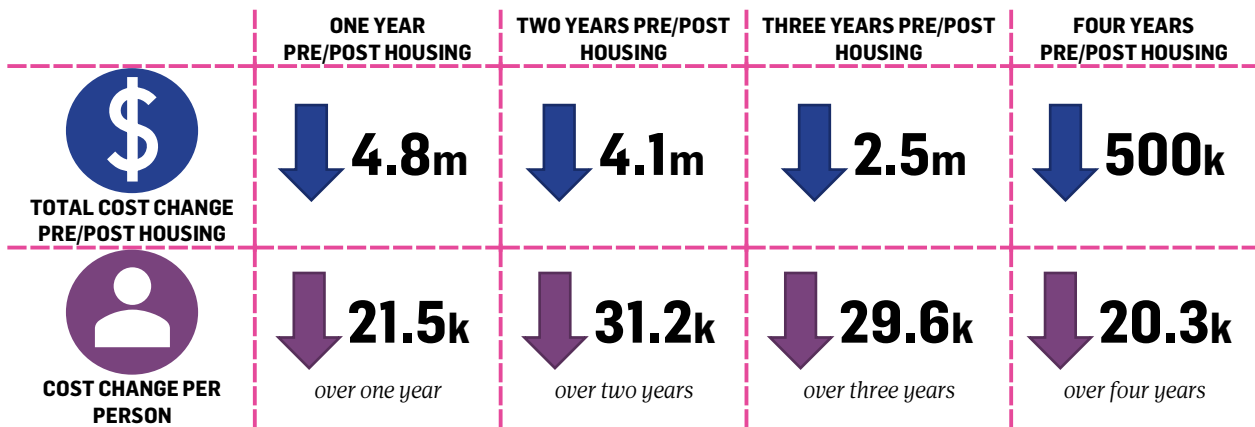
Chapter 5

JUSTICE OUTCOMES

5 JUSTICE OUTCOMES

The relationship between homelessness and the justice system is complex. People experiencing homelessness have an increased likelihood of contact with the justice system, and are far more likely than the general population to have been victims of crime, to have committed offences, and to have been imprisoned.[3] Factors that can contribute both to criminal offending and to the

> *The legal needs of those who are experiencing or who are at risk of experiencing homelessness are complex and inextricably connected with other social and wellbeing issues, including access to stable housing and health issues, including mental health and substance misuse issues.*[70]

likelihood of victimisation can include early life circumstances, trauma, mental health issues, and alcohol and other drug use.[3]

A number of published Housing First evaluations have looked at justice outcomes, and have generally reported a reduction in contacts with the justice system after people are housed.[5,71-74] However, the findings are not consistent, and some studies have reported no difference, or even an increase, in justice contacts.[75,76] This inconsistency may be partially explained by differences in follow-up periods and the data used to quantify justice contacts, the latter having included incarcerations (jail time), arrests, police contacts and court appearances. There are also temporal complexities associated with justice system data; Ly and Latimer (2015),[75] for instance, note that people may have been incarcerated for crimes committed prior to their entry into Housing First programs, and that longer follow-up periods are required to obtain more definitive results. Recognising that, firstly, having safe and stable housing can mitigate some of the drivers of previous offending or crime victimisation, and secondly, that housing and support can help prevent the advent or escalation of legal and other issues that put people at risk of contacts with the justice system, **reducing the risk of justice system contacts was one of the key outcome domains for 50 Lives**.

This chapter draws data from numerous sources (Table 16), including self-reported VI-SPDAT data and longitudinal data from WA Police, the latter being obtained at two time points: August 2018 and February 2020. The COVID-19 pandemic has impacted upon the availability of more recent police and justice data, as key staff have been reallocated to support contact tracing and other COVID-related activities, and due to other competing demands on police resources. Nevertheless, collectively, the available data have enabled reflection on experiences of crime by 50 Lives participants and quantification of changes in criminal offending over time for those participants.

Table 16: Type of Justice Data and Source

Type of Justice Data	Source	When
Self-reported contacts with the justice system	VI-SPDAT	Pre-consent to 50 Lives (n= 386)
Offending and Victimisation	WA Police data	Pre-consent to 50 Lives (n= 315) Pre/Post one year and two years housed (n= 104 and n= 49)
Returns to prison	50 Lives data By Name List data	Post-consent to 50 Lives (n= 50)
Qualitative data	Interviews with stakeholders	Throughout the evalution (2016 – 2022)

While reducing contacts with the justice system is a common aim of Housing First programs, accessing comprehensive data that facilitate longitudinal measurement of such reductions is difficult. Confidentiality and sensitivity issues associated with accessing administrative correctional and crime data at an individual level are, understandably, paramount, and obtaining reliable self-reported data on justice system interactions is also problematic, as people are often reluctant to disclose such information. A further problem that can be encountered is the loss to follow-up of people who re-enter the justice system.

5.1 Justice System Experiences Prior to 50 Lives

5.1.1 Self-Reported Justice Outcomes Prior to 50 Lives

A number of self-reported, justice-related questions were included in the individual VI-SPDATs that were completed by a total of 386 people who were supported by 50 Lives, prior to consenting to the program. These self-reported data indicated that almost three quarters (73%) of the cohort had been detained in a Police Watch House at some point in their life, while over half (57%) had been to prison and over a third (37%) had spent time in youth detention as a child.

Self-Reported Justice System Interactions:

73% WATCH HOUSE (N=280) **57%** PRISON (N=216) **37%** YOUTH DETENTION (N=142)

5.1.2 Offending

As detailed in the Third 50 Lives Evaluation Report,[3] the availability of WA Police data facilitated an examination of the types and frequencies of offences for a cohort of 315 people who were supported by 50 Lives and who were able to be matched in the system. These individuals represent three quarters (74%) of the entire 50 Lives cohort (n=427).

A clear upward trajectory in offending was observed over the three-year period prior to consenting to 50 Lives. This pattern is consistent with that seen in the health data (see Chapter 4), with the clear implication being that **vulnerability to both health and justice impacts increases the longer people remain rough sleeping.**

Overall, 212 individuals (67%) had committed at least one offence in the three years before consenting to 50 Lives, with a total of 1,561 offences being committed.

The three most common types of recorded offences in three years prior to 50 Lives consent are shown below:

The Top 3 Offences Prior to 50 Lives:

25%

DRUG RELATED

Mirroring high levels of AOD addiction and common use as coping mechanisms associated with trauma among the 50 Lives cohort and in homeless populations elsewhere.[77-80]

23%

THEFT RELATED

Whilst homelessness does not at all legitimise theft, struggling to meet basic needs when homeless can drive people to 'crimes of necessity or survival' (e.g. the theft of food and shoplifting).[81]

14%

PUBLIC DISORDER (E.G., BEGGING, LOITERING)

The very circumstances of sleeping rough contribute to issues such as loitering or begging in public places.[82,83]

5.1.3   Move on Orders

'Move on orders' are one of the most common instances of police interaction for people who are rough sleeping.[85] In WA, police are able to issue move on orders[86,87] in a range of circumstances where it is suspected that an individual is in the process of committing, or is about to commit, an offence in a public place. An order can be active for a maximum of 24 hours. The visible presence of people sleeping in shop

People who occupy public spaces (because they lack private ones), and whose poverty is highly visible, are subject to extra attention from the criminal justice system not so much for what they do, but for who they are and where they are.[84p.7]

doorways, on pavements and in other public places in Perth has been the source of considerable media and public discourse over the course of 50 Lives, with police often being called upon by retailers and others to 'move people on'.

While move on orders are not themselves classified as offences as such, non-compliance brings a maximum penalty of a $12,000 fine or 12 months imprisonment.[87] Then, continued non-payment of fines can eventually result in a custodial sentencing, an issue that is of particular relevance to people experiencing homelessness, who may have few material resources to pay a fine.[88]

61%

HAD AT LEAST ONE MOVE ON ORDER 3 YEARS PRE-50 LIVES
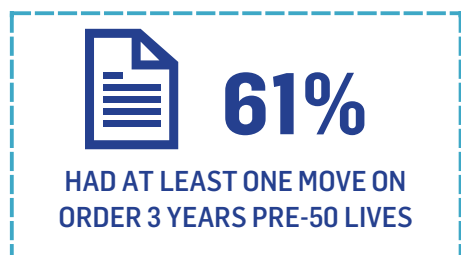
Overall, 191 people (61% of the cohort) had been issued with a move on order in the three years prior to consenting to 50 Lives. One person supported by 50 Lives, who had a long history of rough sleeping, trauma and substance use, received a total of 737 move-on orders over a 12-year period, the vast majority prior to being housed in late-2017. His failure to obey the orders led to 41 court appearances and 39 fines, with the resulting sizeable debt further compounding his difficulties.

Aside from the legal ramifications of being issued with a move on order, many people supported by 50 Lives have experienced having to repeatedly bundle up their possessions and bedding (if they have any) and find another safe or protected location to sleep. The palpable relief at no longer having to do this once housed has often been recounted to the evaluation team and to the AHSS.

> *The volume of move on orders accumulated while homeless by some people in the 50 Lives program is staggering, and accentuates the futility of repeatedly issuing notices when there are so few accommodation options that people sleeping rough can 'move on' to.* - **Craig Cumming, LLB (Hons)/B Crim & Justice**

5.1.4   Court Appearances

'Going to Court' is common among people with a history of rough sleeping, and court processes contribute to the cost of justice services associated with homelessness in WA and Australia. Of individuals who were supported by 50 Lives and for whom justice data were available (n=315), 65% had at least one court appearance in the three years prior to consent. The majority (96%) of these appearances were in the Magistrates Court, suggesting that the majority of the underlying offences were not serious crimes (such as fraud and assault, which are seen in the District Court, or armed robbery or murder, which are seen in the Supreme Court).[89,90]

Justice Interactions in the Three Years Prior to 50 Lives Consent:

65%	**96%**	**3.8**
HAD A COURT APPEARANCE (N= 204)	**OF COURT APPEARANCES WERE IN THE MAGISTRATES COURT**	**COURT APPEARANCES PER PERSON** *(over 3 years)*
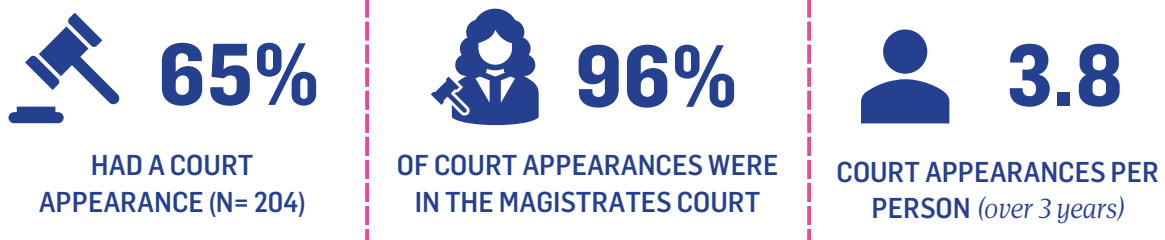
As conveyed by the Principal Solicitor at the Street Law Centre WA, a free legal outreach service for the homeless and those at risk of homelessness in WA, better approaches are needed to address social issues rather than putting an individual through the justice system:

> *The cost of apprehension, detention, interaction with the Court system and associated legal services mean this is an inefficient way to address the interwoven health, accommodation and social issues leading to and exacerbated by homelessness.* - **Principal Solicitor, Street Law Centre WA**

5.1.5   Victim of Crime Occurrences Prior to 50 Lives Consent

As is documented in the literature and detailed in the Third 50 Lives Evaluation Report,[3] people experiencing homelessness are at greater risk than the general population of being victims of crime, and, as they have no choice but to live and sleep in the public realm, they can be particularly vulnerable to predation and inter-personal crime.

5.1.5.1   *Self-Reported Experiences*

As observed in Section 2.3 of this report, 78% of people who were supported by 50 Lives and who completed an individual VI-SPDAT (n=386) self-reported having been attacked or beaten up while experiencing homelessness, while 56% reported having been stood over and forced to do things against their will. This reflects the heightened vulnerability to being a victim of crime of people who are experiencing homelessness.

5.1.5.2   *Police Data on Victimisation*

Of the 315 people who were supported by 50 Lives and for whom justice data were available, 201 (64%) had been a victim of crime in the three years prior to consenting to 50 Lives. Among these crimes, the most common were family and domestic violence (32%), assault and threatening behaviour (18%), and theft and stealing (18%). However, it should be noted that these figures only relate to crimes that were reported to police; therefore, they are likely to be underestimates, since, and as discussed in the Third Evaluation Report,[3] there are a multitude of reasons why someone would not report a crime (e.g., lack of phone and internet to report, distrust of people in authority).

Victimisation in the Three Years Prior to 50 Lives Consent:

64%

HAD AN OFFENCE COMMITTED AGAINST THEM (N= 201)

3.7

OFFENCES AGAINST THEM PER PERSON *(over 3 years)*

The Top 3 Reasons of Victimisation:

32%

FAMILY AND DOMESTIC VIOLENCE

18%

ASSUALT AND THREATING BEHAVIOUR

18%

THEFT AND STEALING

5.2   Changes in Justice-Related Outcomes During 50 Lives

Whilst the potential to reduce interactions with the justice system is both a common element and a desired outcome of Housing First initiatives worldwide, it has often been translated into outcome measures that are defined by patterns of offending, court system interactions and imprisonment.

Here, from a review of studies that relied on available quantifiable metrics (such as changes in offending or prison recidivism) to measure justice-related impacts, three major limitations are noted:

- It can be exceedingly difficult to access timely individual-level and longitudinal data on criminal offending, convictions, sentencing and imprisonment, and reliance on only one or two measures as a proxy does not tell the full story. For example, in the Aspire Program in

South Australia, the justice outcome is measured primarily in terms of available data on convictions from courts data.[91]

- Prevention, be it of returns to homelessness, health service use or legal and other issues that put people at risk of contact with the justice system, is a core intent of Housing First. However, prevention of something occurring (such as a heart attack or criminal act that didn't happen) is always much harder to capture in quantifiable outcome measures than instances where something has actually taken place.[92]

- From an upstream prevention perspective, the precursors (or antecedents) to contacts with the justice system for people who have experienced homelessness often lie in issues that may not appear, prima facie, to be 'legal'. Financial issues are a typical case in point, and the imperative to support clients around financial issues (such as debts, arrears, unpaid fines, access to welfare benefits) is well recognised by community legal services who work with people who are, or who are risk of, experiencing homelessness.[70,93]

Given these limitations, and as this is the final evaluation report for 50 Lives, and, internationally, the longest longitudinal evaluation of a Housing First intervention to date, **the importance of considering preventable or mitigatable legal issues as valuable outcomes and forms of support in their own right is emphasised**. The following section thus examines how 50 Lives participants have been supported to prevent legal issues arising or escalating, prior to considering offending and imprisonment outcomes.

5.2.1 Preventing Legal Issues Arising or Escalating

Many people supported through 50 Lives, even once housed, face issues of a legal nature or issues that could escalate to have legal ramifications. Hence, an important aspect of the work of agencies involved in supporting individuals and the AHSS is supporting people to recognise, prevent, or address legal issues that could lead to interactions with the justice system. This includes issues that can also be risk factors for returns to homelessness, such as tenancy issues, accumulated debts, or eviction warnings.

5.2.1.1 *Common Legal Issues and Types of Support Provided*

The key types of issues with legal implications that 50 Lives participants have been supported with are summarised in Table 17. All of the examples provided have been drawn from a content review of AHSS visit notes over the course of 50 Lives. They range from prevention and early intervention on possible legal issues to supporting people to deal with legal and justice-related issues. However, as reflected in Table 17, though many of the examples are of the latter type, only some actually require referral to a legal service per se. There are also a raft of other practical and emotional supports that the AHSS, lead workers and other homelessness services have been able to provide to 50 Lives participants that prevent issues arising or escalating that could otherwise have legal consequences.

Table 17: Examples of Common Issues that 50 Lives Participants have been Supported With

Type of Issue	Examples of Issues/Needs	Examples of Support Provided
Financial issues	• Unpaid fines • Accumulating debt • Access to funds managed through Public Trustee Guardianship • Debt collector demands • Needing evidence to support Centrelink or disability payments • Non-payment of utility bills	• Working out a debt repayment plan and assistance to develop a budget • Support with attending court or corresponding with courts in relation to unpaid fines • Support letter to State Administrative Tribunal or to the Public Trustee • Liaising/negotiating with debt collectors • Letter/report from Homeless Healthcare GP supporting victim of crime compensation application, redress application or motor vehicle insurance claim. • Assistance with navigating access to National Disability Insurance Scheme • Liaison with utility providers • Support with establishing Centrepay • Support with accessing Emergency Relief funds
Tenancy issues	• Warnings/eviction notifications from the Department of Housing • Disputes with neighbours • Property no longer suitable for individual/family circumstances • Damage to property caused by other people (e.g. due to FDV)	• Liaison with housing providers around tenancy arrears or debts for damages • Advocacy for removal of damages debts where caused by non-tenant (e.g. FDV from former partner) • Support to find more suitable accommodation
Personal safety concerns	• Intimidation, fear, or threats from a former partner, family member, or others • High-risk behaviour due to AOD use	• Listening to concerns about safety and assistance to develop safety and self-care strategies • Support to apply for Restraining Orders if applicable (Family Violence, Violence, and/or Misconduct Restraining Orders) • Case conferencing with other services to develop treatment management plan to help prevent AOD relapse
Child protection issues	• Wanting to regain care of child(ren) in out-of-home care • Concerns about a child being taken into out-of-home care • Wanting to regain access to and visits with child(ren)	• Transport and other support to attend appointments • Assistance with understanding government correspondence • Referrals to low-cost community legal services
Victim of crime or abuse or injury	• Institutional abuse as a child • FDV • Injury due to accident (motor vehicle, pedestrian) or due to being victim of crime	• Support with accessing National Redress Scheme services • Applying for compensation for injury • Assistance to source trauma counselling and support
Needing legal advice	• Criminal charges • Institutional abuse as a child	• Referrals to low-cost community legal services • Accessing compensation • Support to attend Police stations and Court as required to respond to charges and comply with legal orders

5.2.1.2   *Preventing a Domino Effect on Housing Sustainment*

Throughout the 50 Lives evaluation, clear evidence of cascading domino effects of events or circumstances that have justice ramifications, and that can render some people more vulnerable to being at risk of returning to homelessness, have been observed. The aftermath of experiences of FDV is a common example of this phenomenon, as described in Box 8.

Box 8: Cascading Domino Effect of FDV on Legal Issues and Housing Precariousness
Financial: The psychological harm from financial control and abuse can result in people not having the confidence or skills to manage their daily financial activities.[94] This in turn can lead to financial stress and debt accumulation, which can impact upon housing stability.   **Safety concerns:** Many of the people supported by 50 Lives who have had past experiences of FDV express concerns about it recurring. These concerns can manifest in: physical fear of someone finding them, leading to a violence restraining order (VRO) being taken out; emotional fear that FDV could recur; or vulnerability to other manipulative relationships.   **Impacts on children:** FDV can lead to ongoing legal issues, including as related to custody issues, maintenance payments, child removals to state care, and fear of child abduction, etc. Such issues do not disappear once someone is housed; as tragically noted by one 50 Lives participant, *"now that I have a house, an address, it can be easier for them to find me."*

Psychosocial issues such as loneliness and isolation, which can lead to individuals allowing additional people to say in their houses, have also become risk factors for tenancy loss in some instances. Such practices can result in complaints from neighbours or property damage, which, if not addressed, can put a tenancy at risk. This is an example of how a cascading legal problem can occur even several years after obtaining housing, highlighting the importance of access to support not being time-limited if Housing First is to achieve high tenancy retention rates long-term.

5.2.2   Changes in Offending Once Housed

Unfortunately, and as noted previously, police data on offending were only available at two time points for this evaluation. However, for around one third (37%) of 50 Lives people who were housed, those data allowed for examination of pre/post housing patterns of offending at either one year post housing (n=104) or two years post housing (n=49). Overall, significant reductions were observed:

	OFFENCES COMMITTED	COURT APPEARANCES	MOVE ON NOTICES
ONE YEAR PRE/POST HOUSING	35%	68%	62%
TWO YEARS PRE/POST HOUSING	43%	74%	57%
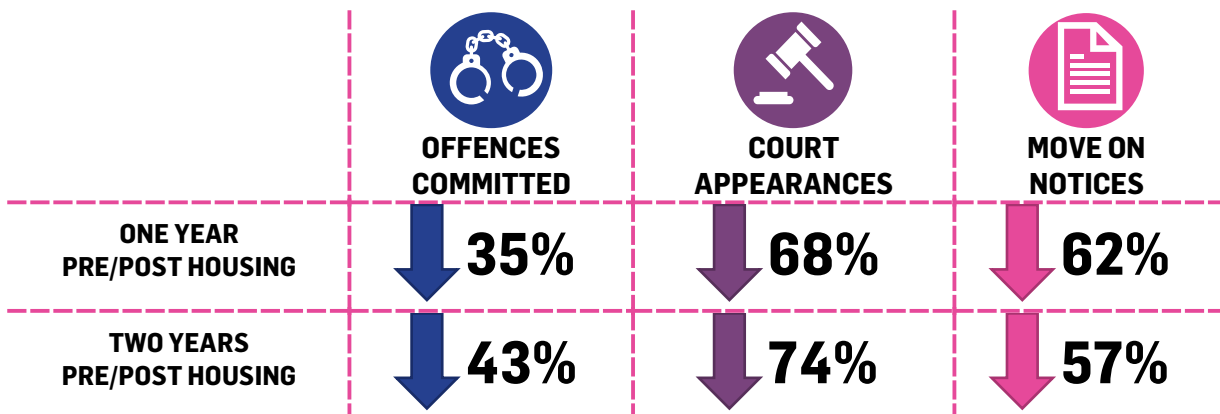
The greatest reductions were seen in burglary, property, and public order offences, all of which are types of offences that have been shown in the literature to frequently co-occur with rough sleeping. The impact that housing can have on offending is demonstrated in Box 9.

Box 9: The Impact of Housing in Reducing Offending

Background

Lincoln is an Aboriginal male in his late 30s with a chronic history of street present homelessness, complex trauma, and fractured family relationships, including children in the care of the Department of Child Protection and Family Services (DCPFS). In 2010, he was diagnosed with treatment-resistant schizophrenia, and frequently experienced auditory and visual hallucinations, at times of a violent nature. On numerous occasions he stated he *"would kill himself because he can't take it anymore"*. While illicit drug use exacerbated his schizophrenia, it also became part of his way of coping with the hallucinations. In the year before being housed, Lincoln spent 49 days as a mental health inpatient.

Interactions with the justice system and legal issues were frequent during Lincoln's years of rough sleeping. As noted by the social worker who connected him with 50 Lives, *"he was in and out of prison, usually for 'streetie crimes' like trespassing and public disorder. He had multiple infringements and accumulating debts that were being pursued by a debt collector"*.

Housing and other Support Provided

Lincoln was connected to 50 Lives through Mental Health Homeless Pathways (Bentley Mental Health), and was housed in Community Housing in late-2020. His schizophrenia has stabilised with regular treatment from a community mental health clinic. Lincoln has also been supported to get a National Disability Insurance Scheme (NDIS) package, and has a public trustee who is assisting him to pay off his accumulated debts. Through his NDIS package, he is being supported with social activities, connecting to culture, literacy classes, building independence and finding opportunities to volunteer.

Current Situation

Securing a NDIS package, and regular engagement with community mental health, has been important for the sustainability of Lincoln's support. He continues to be supported by the AHSS. In his own words: *"having this home keeps me happy, keeps me safe, keeps me well and now family are proud of me"*. He has had no hospital admissions or interactions with the justice system since being housed, and, with the support of a public trustee, his debts are being dealt with.

5.2.3   Changes in Victimisation Once Housed

In the Third 50 Lives Evaluation Report,[3] analysis of police data showed a concerning and somewhat paradoxical increase in incidents of victimisation among the 50 Lives cohort post-housing. While this was not the case for all individuals, there was a significant overall increase in the number of reported incidences of victimisation among people who had been housed for at least one year as of February 2020 (n=104). Specifically, for that cohort, a 70% increase in reported incidences of victimisation was observed in the first-year post-housing compared the one-year period pre-housing. For the 49 individuals who had been housed for at least two years, there was an increase of 48% in reported

incidences of victimisation in the two years after- compared to the two years pre-housing. The largest increases in specific offences were for property damage, fraud, burglary and FDV.

As discussed in more detail in the Third Report,[3] these results do not necessarily mean that individuals become more vulnerable to crime after being housed. Rather, they could, in part, reflect the fact that people became more likely to actually report crime (perhaps due to having access to a phone or computer). However, it is also known from qualitative 50 Lives evaluation data (interviews with participants) that, for some people, having property that can be stolen, or an address at which people can 'find you', are unanticipated, potentially negative ripple effects of being housed.

Unfortunately, due to the unavailability of updated Police data, longer-term trends in victimisation pre/post-housing were not able to be examined. However, it is plausible that the rates of victimisation might have started to decrease for individuals who had been housed for longer periods of time. This hypothesis merits further investigation in other Housing First evaluations.

5.3   Prison Outcomes

5.3.1   Incarceration During the 50 Lives Period

Drawing on diverse sources of information, including administrative data collected via 50 Lives and By Name List records, the research team is aware of at least 50 people (12%) who were supported by 50 Lives who have **been incarcerated at some point since they consented**. While this could well be an underestimate, it is the most complete information that could be collated. Of the 50 individuals, at least four were incarcerated twice over the six-year period. Males and Aboriginal people were more likely than females and non-Aboriginal people, respectively, to be sentenced to prison during this time period (60% of individuals who were incarcerated were male, and 60% were Aboriginal).

*In Australia, the majority (70%) of prisoners currently serving short sentences are in prison for non-violent offences, such as theft and drug offences. **These offences are often rooted in poverty, drug addiction, homelessness and poor mental health.** Short prison sentences for these types of offences disrupt family ties, housing, employment and treatment programs, but are likely to offer little in terms of deterrence and rehabilitation.[95]*

Table 18: Demographics of People who went to Prison During 50 Lives

		N (%)
People who went to Prison		50 (11.7%)
Prison Sentences		54
Gender	Male	30 (60%)
	Female	20 (40%)
	Transgender or gender diverse	0 (0%)
Ethnicity	Aboriginal	30 (60%)
	Non–Aboriginal	20 (40%)

Unfortunately, prison sentence duration and antecedent offence data were not available for this report. However, the most common types of post-housing offences observed in the Third Evaluation Report[3] were non-violent crimes (such as theft, drug offences and public order offences), which typically result in comparatively short sentences.

5.3.2   Tenancy Loss to Incarceration

Tenancy losses due to incarceration were also examined as part of this evaluation. With such a high correlation between rough sleeping and justice system contacts, including multiple periods of incarceration in some cases,[96] it is not surprising that imprisonment may be a reason for tenancy loss for some. In 50 Lives, imprisonment accounted for a small proportion of tenancy exits, with only 2.3% (8 out of 352 total tenancies) being lost due to incarceration. This figure is similar to the only other comparable statistic that could be identified in the literature: in the most recent evaluation report for Scotland's Housing First program, at the two-year post-housing mark, 2% of people who had been housed had lost their housing due to long-term imprisonment.[25] Given that the 50 Lives evaluation includes people who had been housed for a longer period of time than that study (up to four years), 2.3% as an overall loss of tenancy due to imprisonment is considered to be low, particularly given the high rates of previous incarceration (57%) among the 50 Lives cohort.

5.3.3   Reducing Returns to Prison

Recidivism is a term that is widely used in justice policy and literature, which refers to the notion of people relapsing into criminal activity. Sadly many of the occupants of Australian prisons have been to prison more than once in their lives.[95] Being homeless after being released from prison has been shown in Australian studies to be a significant risk factor for recividism,[96] and this is evidenced in some of the life-time narratives of people supported through 50 Lives.

Reducing re-offending and imprisonment has been articulated as an aspirational goal in some Housing First programs, and, while such reductions have been shown to occur in some studies (e.g., Somers et al. 2013[97]), overall, evidence is mixed[76] and often impeded by limited access to reliable justice outcome data.

In this evaluation, the VI-SPDAT provided a self-reported baseline measure of incarceration, with over half of the cohort self-reporting being imprisoned at some point in their lives. Among the 50 people who were known to have been incarcerated in the period following 50 Lives consent, the majority (n=42, or 84%) had previously been incarcerated (based on VI-SPDAT data). Reflecting difficulties of breaking away from the cyclical nature of the justice system, whether housed or not.

In terms of overall recidivism among the 50 Lives cohort, the proportion of people who had ever been to prison who returned to prison at some point after commencing support with 50 Lives, was 19%. While this may seem high, it should be considered in light of overall rates of recidivism that are observed in Australia, where, for example, around 35% of people released from prison in WA return to prison within two-years.[98]

5.4   Costing the Impact of Reduced Justice System Interactions

In relation to justice outcomes, Housing First evaluations have generally shown reductions in criminal justice system contacts for program participants pre/post housing, with associated savings to the system.[71-74] In the Third 50 Lives Evaluation Report,[3] changes in costs associated with offending (e.g. police time and court appearance costs) for people who had been housed for at least one and two years were reported. However, for the present report, since updated WA Police data were unavailable, mean reductions in costs observed in the Third Report were used to estimate cost reductions for the present, updated cohorts of individuals who had been housed for at least one or

two years by the end of 50 Lives (n=223 and n=134, respectively). The estimated justice cost reductions for the one- and two-year-housed cohorts were approximately $348k and $429k, respectively (Table 19).

Table 19: Estimated Changes in Costs Associated with Justice Contacts Pre/Post Housing for 50 Lives Participants

Cohort	Report	Number of Individuals	Mean Change in Cost Pre/Post Housing ^	Estimated Total Change in Cost Pre/Post Housing ^^
Housed for at least one year	Third 50 Lives Report	104	–$1,562	–$162,488
	Present (and final) report	223		–$348,326
Housed for at least two years	Third 50 Lives Report	49	–$3,203	–$156,960
	Present (and final) report	134		–$429,202

^ Taken from the Third 50 Lives Evaluation Report.
^^ One year pre/post housing for the one-year-housed cohort; two years pre/post housing for the two-years-housed cohort.

Several caveats underpin these calculations. Foremost, they assume that the estimated costs of offences to the police and courts have remained constant over time, whereas in reality they might have changed, e.g., in line with inflation. Further, they assume that the mean cost reductions reported in the Third Evaluation Report were not unduly impacted by some individuals having either particularly high, or low, individual-level reductions. If the previous mean costs were skewed, then the estimated one- and two-year cost savings above may either underestimate or overestimate reality. However, given that the previous values were based on cohorts of size 49 and 134 individuals, respectively, it is deemed unlikely that such skew would overly impact here. And finally, the previous cost estimates for particular offences have not been updated. This was unavoidable, since, as noted, updated WA Police data were unavailable. However, it is again deemed to have minor impact.

> *In dollar terms, housing an ex-prisoner in a public housing tenancy generates, after five years, a net benefit of between $5,200 and $35,000, relative to the cost of providing them with assistance in private rental and/or through homelessness services.*[96, p86]

Further to the above, it is worth noting that costs associated with police and court interactions are, of course, not the full picture of justice system costs. In practice, a 'big ticket item' in the justice system is custodial and prison costs, with the most recent WA figures being reported as $354 per day spent in prison.[99] However, given the domino effect of offending and court sentencing on imprisonment, it is reasonable to infer that there would also have been a drop in prison days post-housing for the 50 Lives cohort. This inference is supported by findings from a recently-released Australian Housing and Urban Research Institute (AHURI) study that compared justice system contacts between 1) a cohort of ex-prisoners with complex support needs who received public housing, and 2) a cohort of individuals who received private rental assistance only, in NSW. A reduction in police incidents and court appearances was observed for individuals in the public housing group, and this reduction also correlated with reduced time in custody.[96]

Chapter 6

CONCLUSIONS AND LEARNINGS

6 CONCLUSIONS AND LEARNINGS

The 50 Lives program was a collective impact, Housing First program that launched in September 2015 with the aim of housing and supporting 50 of the most vulnerable rough sleepers in Perth, WA. By June 2017, it had already achieved its initial goal of supporting 50 people, and the program was continued and expanded. In October 2020, 50 Lives officially transitioned into the **Zero Project**, with participants continuing to be supported through the AHSS and through their individual engagements with the different services they were connected with.

The evaluation of 50 Lives spans the period late 2016 to early 2022, which makes it one of the longest longitudinal evaluations of a Housing First initiative to date. This concluding chapter reflects on the insights and data gathered over the six-year program, to provide an overview of **significant achievements** and **recommendations** going forward. However, it should be noted that these reflections do not render redundant the critical success factors and recommendations of the Third 50 Lives Evaluation Report[3] or the snapshot reports that followed, the latter of which had specific focuses: young people,[9] Aboriginal people,[8] and the role of after-hours support.[10] Each of these reports contain unique data and learnings, and it is recommended that they be viewed as a suite.

The *Housing First Principles for Australia*[23] were launched in March 2020 and were designed to promote and support the implementation of Housing First services across Australia. Table 20 outlines the *Principles* and details how 50 Lives aligns with them. Using a five-point Likert scale (from never to always), the evaluation team have reviewed how well 50 Lives meets the Australian Housing First Principles.[23] Note: this is our reflection based on our involvement with the evaluation, rather than with on-the-ground services delivering the support. Positively, no element was scored "never", and those that were scored "rarely" or "mixed" were often limited by external factors such as housing availability rather than the ability of the program to deliver support.

Table 20: Comparison of 50 Lives and the Australian Housing First Principles

THE PRINCIPLES	Key Elements	Achieved?	50 Lives
PEOPLE HAVE A RIGHT TO A HOME	**Access –** Immediate access to permanent housing that meets an individual's needs.	**Rarely**	No housing stock available. Long delays in housing access.
	Eligibility – No treatment or behavioural eligibility pre-conditions.	**Always**	Treatment not required for eligibility.
	Tenancy – Full tenancy rights and standard rental conditions with security of tenure.	**Mostly**	Dependant on provider and type of housing accessed.
	Suitability – Location, affordability, access to services and quality of property meets needs.	**Mixed**	No housing stock means limited options.
	Sustainability – People can keep homes they leave and are assisted to quickly be rehoused.	**Mostly**	Not all rehoused.
	Safety – Housing must be safe and secure.	**Mixed**	Dependant on the individual and housing location/density.
HOUSING AND SUPPORT ARE SEPARATED	**Separation –** Housing & support must be separate and not contingent upon each other.	**Always**	Support through the AHSS.
	Tenancy – No additional need to engage in support or treatment as part of the tenancy.	**Always**	No requirements to engage.
	Continuity – Support stays with the person if they choose to move home or if a tenancy fails.	**Mostly**	Support available through the AHSS if remaining in catchment.
	Security – People are supported to follow the terms of their tenancies.	**Mixed**	Dependent on housing provider.

THE PRINCIPLES	Key Elements	Achieved?	50 Lives
FLEXIBLE SUPPORT FOR AS LONG AS IT IS NEEDED	**Continuity –** Support is ongoing for as long as needed.	Always	Ongoing support through the AHSS.
	Holistic – Support is available across a variety of domains and is sensitive to context & identity.	Mostly	Dependant on lead organisation.
	Intensity – Support intensity is responsive to people's need on a day-to-day basis.	Mixed	Limited availability and capacity of case workers across sector.
	Accessibility – People can quickly re-engage with support without a new assessment.	Always	Key aspect of the AHSS.
	Relationship – Support is practical, flexible, creative, and responsive to circumstances.	Mostly	Dependant on lead organisation.
CHOICE & SELF-DETERMINATION	**Home –** People have a choice of where they live and the type of housing in which they live.	Rarely	Gap between supply in demand, resulting in limited choice.
	Support – People are able to make real choices about how they live their lives.	Mostly	Constrained if in supported or shared accommodation.
	Household – People can choose who they live with, and who visits and stays in their home.	Rarely	Often not congruent with Department or tenancy policies.
	Person-centred – Acknowledge people's needs, concerns, dreams, and strengths.	Always	Organisations and workers ensure support is person-centred.
ACTIVE ENGAGEMENT WITHOUT COERCION	**Responsibility –** Workers employ creative and imaginative approaches to ensure engagement.	Mixed	Dependant on the organisation.
	Persistence – People can refuse support, but staff make ongoing and regular offers.	Mixed	Dependant on the organisation and their capacity.
	Compassion – A deep understanding of people, with support designed to fit the individual.	Mostly	Dependant on the organisation.
	Availability – Support is available outside of normal working hours.	Mostly	AHSS on evenings, weekends and public holidays however not 24/7.
	Trust – Services build trust, and are trauma- and gender-informed, reliable, and transparent.	Mostly	Dependant on the organisation.
SOCIAL & COMMUNITY INCLUSION	**Belonging –** Connect to others and build social and community inclusion and connection.	Mixed	Impacted by service capacity and individual's interest.
	Relationships – Support to build relationships with family, culture, and community.	Mostly	Dependant on the organisation.
	Participation – People are supported to participate in education, jobs, volunteering, culture, arts, and recreation.	Mixed	Not all individuals are interested or able, there is scope to do more to connect people to this locally.
	Community – Support for people to connect & build acceptance of diversity within community.	Mixed	Impacted by service capacity and individual's interest.
RECOVERY ORIENTATED PRACTICE	**Recovery –** People focus on recovering a sense of themselves and their place in community.	Mostly	Dependant on the organisation.
	Hope – Encourage people to dream and imagine a good and secure future for themselves.	Mostly	Dependant on the organisation.
	Dignity of risk – Learning from experiences of pain and frustration without a sense of shame.	Mostly	Dependant on the organisation.
	Strengths – Celebrate people's capacity and abilities.	Always	Strengths-based support, at the individual's pace.
	Appropriate – To developmental stage, cultural and gender identities.	Mostly	Dependant on the organisation.
HARM REDUCTION	**Safety –** Support strategies assist people to reduce negative impact of high-risk behaviours.	Mixed	Dependant on the organisation and their capacity.
	Education – Non-judgmental information helps people make choices.	Mixed	Dependant on the organisation and their capacity.
	Change – Support is guided by individual choice. Recovery does not require abstinence.	Mixed	Dependant on the organisation and their capacity.
	Inclusion – Housing and/or support are not withdrawn if people choose high-risk activities.	Mostly	Dependant on housing type, provider and policies.

6.1 Significant Achievements and the 50 Lives Legacy

The 50 Lives program pioneered the launch of Housing First into the homelessness service system and onto the political agenda in WA. The program was initiated by the CEOs of major WA homelessness organisations, who, in 2015, met and decided that a different approach was needed if homelessness was to be ended in Perth. The collaboration was launched with no additional funding or support, only with the dedication and commitment of working together to house and support 50 of the most vulnerable chronic rough sleepers in Perth – people who had often fallen through the gaps of all available services. Funding soon followed to enable the establishment of the backbone support team and the AHSS, but the collaboration continued to be underpinned by the generous in-kind commitment and shared vision of many organisations. Below, an overview of some of the achievements of 50 Lives over its six-year lifespan is provided.

Embedding of Housing First in Policy	Ending Rough Sleeping for Many	Development of Youth and Aboriginal Models	Availability of Ongoing Support

Ongoing Sector Collaboration	Increased Emphasis of the Housing–Health Nexus	Development of Innovative Solutions to Ending Homelessness

6.1.1 Embedding Housing First in Key Policy and Funding Initiatives

Housing First has increasingly been recognised both nationally and internationally as an effective approach to reducing and even ending rough sleeping. The 50 Lives program was the first iteration of Housing First in WA, and the largest and longest-running Housing First program in Australia. When 50 Lives was launched in 2015, Housing First, as a concept and approach to ending homelessness, was not well known or understood in WA. Fast forward to 2022, however, and this has change has changed dramatically, with Housing First being a central pillar of the current State Government's *10 Year Strategy on Homelessness,*[1] which seeks to guide WA's homelessness response through to 2030. There is no doubt that the effectiveness of 50 Lives and its impacts, the latter as captured through robust evaluation over the first two-to-three years of its operation, contributed to the ongoing commitment made to the Housing First approach by the homelessness sector and the Government in WA (see Section 1.5 for evidence of this). The referencing of 50 Lives in various national and state policy papers, strategies and submissions further testifies to its legacy.

> *The first and primary goal of Housing First is to provide people access to safe and stable housing without precondition or judgement… individual supports can then be provided as required, to address other needs. To enable this approach, the system must be supported by low-barrier and low-threshold accommodation and housing options as well as flexible and appropriate services that are tailored to individual needs, acknowledging that for some people these may be needed long-term.*[1 p,9]

As reflected by the Executive Officer of the WA Alliance to End Homelessness (WAAEH), 50 Lives has provided critical guidance and insight both into "what works" and "what else" needs to be done.

50 Lives provided the evidence that ending homelessness is only achievable through a Housing First approach. The program has given us a range of insights and learnings about how to improve the systems of support and value of choice and control and has demonstrated the importance of providing safe and appropriate social housing, underpinned by choice, to sustaining tenancies and ending homelessness. Additionally, the evaluations have demonstrated the need to reform policy and practice within the homelessness system. **– John Berger, Executive Officer, WAAEH**

However, while not detracting from the contribution of 50 Lives to a more sustained commitment to Housing First in WA, it is critical to stress that the core tenet of the Housing First model is 'Housing First', with the intention being that people are housed rapidly before being supported with recovery and to sustain their tenancies.[20,25,100] On the criteria of housing people rapidly, 50 Lives has, unfortunately, struggled for a host of reasons, foremost among which has been the dire shortage of public housing stock and other affordable, suitable housing options in WA. The barriers to housing people rapidly over the course of 50 Lives have been discussed earlier in this report, and are further detailed in the Third 50 Lives Evaluation Report.[3] It is important to recognise that **Housing First cannot work without considerable investment in diverse housing stock options**.

The Housing First principle of choice (e.g., housing location) has also been hampered by supply and demand issues in WA; hence the solution is not simply "more housing" - but establishing diverse housing options to meet the diversity of needs of people experiencing homelessness in WA. Thus, on balance, while the clear contributions of 50 Lives to showing that Housing First is needed and can work in WA are beyond dispute, its inability to house many people rapidly has been its Achilles heel.

6.1.2   An End to Rough Sleeping for Many People

The programs' original goal of housing 50 of the most vulnerable rough sleepers in Perth was achieved in the first eight months, which is a testament to the action-focused, collaborative efforts of all involved. It was well known, however, that there were still many other highly vulnerable people sleeping rough in Perth, so the program continued to identify and support people who were eligible. Following a further injection of funding from the Sisters of St John of God and the WA Primary Health Alliance (particularly for the backbone team and the AHSS), an aspirational target was set to house 300 people by June 2021. While this target was not quite met (it was impacted by housing supply and other challenges described elsewhere, including the COVID-19 pandemic), overall, **284 people were permanently housed by the end March 2022, of whom 73% were confirmed as being in some form of housing at that time.** Of note, only 6% (n=28) of individuals who consented to 50 Lives (and who were known to still be alive) were known to be rough sleeping at the end of 2021.

In the absence of 50 Lives, it is highly likely that many of the people it supported would still be rough sleeping, or, worse, that additional premature deaths may have occurred amongst the cohort. This is not to say that some of the individuals supported by 50 Lives would not have been assisted by another program in its absence, but only that the 'housing success rate' would probably have been lower, given the complexity of people's needs, their duration of homelessness and the number of accumulated attempts many of them had had to get off the streets in the years prior to 50 Lives. On average, those who were housed had spent 5.2 years homeless prior to 50 Lives consent, and, as reflected in a review of the international literature, Housing First or permanent supported housing

approaches are considered to be the most effective interventions for people with a chronic history of cycling in and out of homelessness.[27]

6.1.3 Development of Specific Youth and Aboriginal Housing First Principles

A "one size fits all" approach to Housing First is often inappropriate, as it fails to account for the diverse needs of specific groups. Building on traction from *The Housing First Principles for Australia*[23] and 50 Lives, the WA community services sector identified that different approaches to Housing First were required. This recognition was particularly important for WA's First Nations people, as many international examples of Housing First do not have a high proportion of Indigenous homelessness that is sadly seen in Australia. Young people were the other priority group identified by the sector as needing a more targeted plan of action. Accordingly, two population-specific documents were developed: *The Western Australian Strategy to End Homelessness: Youth Homelessness Action Plan*[101] and the *Noongar Cultural Framework and Noongar Housing First Principles*[102] document.

The *Youth Homelessness Action Plan* was developed by the Youth Affairs Council of WA, in close consultation with the Youth Homelessness Advisory Council, an advocacy group of young people with lived experience of homelessness. The *Plan* highlights the unique needs of young people who are experiencing homelessness, as well as strategic areas for action to address youth homelessness.[101] It recommends that Housing First programs for young people recognise 1) that *"many will not have previous experience with living independently in a house and will therefore need support to adapt to the program,"*[101, p12] and 2) the need for intensive wraparound support for young people who are experiencing homelessness, to address the underlying causes of their homelessness – including mental health issues, FDV, experiences of out-of-home care, trauma, and poverty.[101]

> *We know that young people experience homelessness significantly differently to an adult population. It is critical that we adequately resource, implement, and evaluate a Housing First for Youth model in WA that will not only reduce youth homelessness, but have a significant impact on future adult homelessness over time.* **– Sandy McKiernan, CEO, Youth Affairs Council of WA**

The *Noongar Cultural Framework* was developed by Noongar Mia Mia – an Aboriginal Community Controlled Organisation and housing provider that is located in Perth. This *Framework* was designed to support the implementation of the *Noongar Housing First Principles,*[102] which were also guided by *The Housing First Principles for Australia.*[23] Development of the *Noongar Housing First Principles*[102] incorporated *"the cultural knowledge, understanding and experiences that are associated with a commitment to Noongar ways of thinking, working, and reflecting, incorporating specific and implicit cultural values, beliefs and priorities from which these Noongar cultural connections are derived, validated and practiced."*[23, p1] The aim of the *Noongar Housing First Principles*[102] is to support service providers to create culturally safe environments and housing and support services for Noongar people experiencing homelessness, their families, and their communities.

> *Over time they lost so much space [they] that have moved into homelessness - You are focusing on housing and they need belonging... I am not an educated man but have experience of my mob and the trauma they have been through... surviving on the streets takes the belonging out... my people are troubled and we need to do more to help them.* **– Wongee Mia Elder**

6.1.4   Sustaining the Availability of Ongoing Support

Averting returns to homelessness and losses of tenancy are key challenges for all Housing First programs. Thus, the availability of flexible support for as long as people need it is a core principle. However, in practice, Housing First interventions around the world vary in terms of the breadth, flexibility and duration of the support that is available. A key component of the original theory of change that underpinned 50 Lives was the provision of an after-hours, wrap-around support service that complements, and is integrated with, the role of case management and nursing care. This led to the development of the AHSS, a collaboration between Ruah and Homeless Healthcare (Figure 14). The pairing of a specialist homelessness nurse and case worker for home visits has enabled both psychosocial and health needs of individuals to be supported in evenings and on weekends.

1. Immediate response to requests for service (no waiting list or appointment processes)
2. Assertive outreach model (responsibility for engagement lies on workers, not individuals)
3. High levels of integration with external providers and caseworkers
4. Capacity for individuals to become their own lead workers and to continue to receive support
5. Health and psychosocial needs are intertwined

Figure 14: The Underlying Principles of the AHSS

The longevity, renewed funding, and sheer number of people who were intensively supported by the AHSS over the last six-years warrants recognition as an important achievement of the 50 Lives legacy. Further, it sets a high bar in the field of international Housing First interventions. Throughout the evaluation, numerous organisations and people who were housed and supported AHSS have described the service as the single most important factor in enabling people to remain housed.

That the AHSS has continued to secure funding from the WA Primary Health Alliance (and the Sisters of St John of God) emphasises the vital role that community-based health and psychosocial support can play in improving health and wellbeing outcomes among a population that has high levels of trauma and co-existing chronic health conditions and mental health or AOD issues. Additionally, social isolation and loneliness have been common struggles amongst many 50 Lives people who have been housed, and this underlies much of the work of the AHSS team.

6.1.5   Ongoing Sector Collaboration

As highlighted in the Third 50 Lives Evaluation Report,[3] the collective impact ethos and breadth of collaboration involved in 50 Lives have been critical factors underpinning the longevity and the effectiveness of the program. Over 50 different services from over 30 participating organisations were involved, spanning the homelessness, community and social services, housing, health, and justice sectors. This departed from the typical siloed sector response, recognising that people experiencing homelessness frequently need support across multiple areas that no single service, or even sector, can address. This collaborative way of working was critical to more effectively supporting people with a range of needs, particularly in sectors that had stretched resources.

After securing funding in early 2016, a **backbone support** group was established. Individuals in this group were employed by Ruah Community Services; however, their role was to support the entire sector in achieving the goal of housing and supporting the most vulnerable, chronic rough sleepers.

The establishment of the **fortnightly working groups** provided a dedicated space for workers across the sectors and agencies to meet to discuss individuals they were concerned about, to make decisions surrounding housing allocation, to provide updates on people who had been "lost to follow-up" by other services, and to ensure that individuals were connected to other services as needed (e.g., Centrelink). As highlighted by a previous 50 Lives Manager, the program enabled organisations to meet together to determine the appropriate support for individuals. It was, from the outset, about the individuals being supported and their needs.

> *50 Lives 50 Homes enabled us to work together and lay the groundwork for Housing First into WA. In the absence of a fully funded Housing First service, organisations were able to come together through a collective impact approach to jointly provide the long-term intensive support that people needed. By working collaboratively, we were less limited by our individual contracts and service models, and able to piece together between us what people really needed*. **– Leah Watkins, Manager Tenant Engagement & Capacity Building, Housing Choices WA**

This collaborative sector support continues today through the Zero Project, which provides Housing First coordination for WA. Currently, the Zero Project works with communities across the Perth metropolitan area, as well as in Geraldton, Mandurah, Bunbury, and Rockingham, providing place-based coordination and training for local services to more effectively allocate housing and support.

The breadth of collaboration and 'new ways of working together' forged by 50 Lives has been referred to as a significant paradigm shift in the response to homelessness in WA, with genuine buy-in from executive and coalface workers alike in the non-government and government organisations involved. As articulated by one of its founding, steering group members from the health sector:

> *The 50 Lives program was an absolute revolution in the Perth homelessness sector when it started on a shoestring budget. It deliberately targeted the most complex, chronic rough sleepers, bringing Perth's many homelessness organisations together in collaboration and cooperation with great success, showing that individuals who were sometimes regarded as "unhousable", could retain and thrive in housing with the right permanent accommodation and support services. -* **Dr Amanda Stafford, ED Consultant and Clinical Lead, Homeless Team, Royal Perth Hospital**

However, it should be noted that, and as with any collaborative effort, there is always 'room for improvement', with working group attendance and other competing priorities changing over time.

6.1.6 Increased Emphasis on the Housing–Health Nexus

While improving health outcomes and reducing hospital use are common outcomes attributed to or aspired to in Housing First interventions, the strength of collaboration and the role of health sector partners in 50 Lives warrants mention as a significant achievement.[103] No other Australian state or territory has the degree of health service collaboration, involvement, and advocacy in the homelessness space observed in WA. What has been commonly part of the 50 Lives landscape is not actually common; it is not conventional for GPs or doctors in busy EDs to be advocating for patients

to be housed, to be notifying homelessness services of patients who have left hospital against medical advice, or to be advocating for reforms to housing policy.

In other Housing First interventions, 'health' is mainly framed as an outcome, underselling the role it can play as a critical collaborator and facilitator to accessing and sustaining housing. In 50 Lives, the strong collaborations with Homeless Healthcare and the RPH Homeless Team from the outset have had both individual- and system-level benefits:

- **Individual-level benefits:** access to trauma-informed primary care (including GP home visits), nursing home visits as part of the AHSS, advocacy for other health and social care support, connection to support if hospitalised, reductions in barriers to healthcare and other specialist health access, and collaborative case coordination.

- **System-level benefits:** advocacy for homeless health services and their funding, raised profile of homelessness on health system agendas, active engagement of homeless health services in the By Name List, and data sharing that demonstrates the health system cost savings of 50 Lives

Stable, secure housing is a fundamental prescription for good health, and without this, the health of people sleeping rough continues to deteriorate. Many of the 50 Lives participants had been street present for years, and this has inevitably taken its toll on their health. You cannot separate the urgent need for housing from health when someone is just trying to survive on the streets. - **Dr Andrew Davies, CEO and Medical Director, Homeless Healthcare**

6.1.7 Development of Innovative and Culturally Appropriate Initiatives for Ending Indigenous Homelessness

Prior to the completion of the *Noongar Housing First Principles* in 2021, 50 Lives had already been extremely mindful of the imperative of meeting the specific cultural, community, and family connections and needs of Aboriginal and Torres Strait Islander people. Early learnings from 50 Lives conveyed that different ways of thinking about housing and supporting tenancies were needed for these people, with the raft of obstacles and additional challenges that are faced by Aboriginal people who need housing in Perth making the housing process akin to a complex and unwieldy snakes and ladders board game (as depicted here[104]).

An innovative response to this reality was the development, in conjunction with Aboriginal Elders and community members, of the Wongee Mia initiative.[104] Family and cultural considerations are central to Wongee Mia, which has the input of Elders on kinship relationships, preferred living arrangements, and culturally appropriate responses. Wongee Mia recognised the critical influence of strong kinship relations and the obligations people who are housed feel to extended family members who remain homeless, and that these factors can cause challenges for tenancy retention.[104] Starting with one 50 Lives participant who had a long history of homelessness, Wongee Mia took a family-centred approach and looked at their extended family network and their homelessness circumstances. As of April 2022, 28 family members of that individual had been supported through Wongee Mia, and 20 family members had been permanently housed.

6.2   Recommendations

This report marks the conclusion of the 50 Lives evaluation; a six-year, longitudinal, Housing First evaluation, the duration of which is unique, both nationally and internationally. Over the years, many achievements, challenges and learnings have been identified, and whilst the program has already transitioned into the Zero Project, and contributed to the wider embedding of Housing First into the WA homelessness response, many of its learnings remain highly salient. This section describes a final set of recommendations that relate to identified challenges and issues of 50 Lives that, in the view of these authors, need to be urgently addressed if Housing First and other efforts to end rough sleeping in WA are to succeed. The below figure depicts these recommendations, and shows how they build on, or extend, those provided previously in the *Third 50 Lives Evaluation Report*[3] (released in 2020). It is hoped that they will help support future Housing First initiatives to build on the challenges and early successes of 50 Lives, in order that further strides may be taken towards ending rough sleeping and homelessness in WA.

Improve Public Housing Waitlist Processess	Facilitate Rapid Access to Appropriate Housing	Rehousing for Those who have Lost their Tenancies	Enable Individuals to Choose Where and with Who they Live
Provide Support to Keep People Housed Long–Term	Provide Resourcing for Case Workers	Investment in Aboriginal Controlled Organisations	More Focus on Health in Homelessness Policies

Complemented by and Building off Recommendations from Report 3:

- Learn from key challenges faced by 50 Lives in implementing a Housing First approach
- Building capacity in communities and sectors to 'do' Housing First
- Better matching of housing supply to demand
- Availability of other options for people for whom Housing First may not work or be suitable
- Ensure services aren't just trauma aware, but are trauma informed and trauma responsive
- Increase involvement of peer workers and people with a lived experience of homelessness
- Improve shared data collection and monitoring
- Involve more non-homeless sector services
- Advocacy on systemic challenges to ending homelessness

6.2.1   Improve Public Housing Waitlist Processes

Barriers to getting onto the public housing waitlist in WA, and retaining your place on that list, have been a recurrent issue identified throughout the 50 Lives evaluation, and more broadly in the homelessness sector. Through the work of the Zero Project, there is current advocacy to modify the ***annual review process***[ii] for the public housing waiting list to ensure that people who are sleeping rough aren't taken off the waitlist. The futility of removing homeless people from a public housing waitlist when they remain homeless has also been noted in the submission of the Street Law Centre WA to the current Parliamentary Inquiry into the financial administration of homelessness services in WA.[70] The current annual review process involves sending out a letter to the supplied address, which may be the address of a drop-in centre or a homelessness service, or which may be incorrect. If an email address is recorded, an attempt to email will be made. If details of a next of kin have been

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[ii] A yearly review is undertaken by the Department of Housing to confirm an individual is still waiting to be housed. This is required for them to stay on the Public Housing waitlist for another year.

provided, an attempt to contact that next of kin will be made. However, **if no contact is made via the above means, the person will be removed from the waiting list.** This is significant as:

- People often believe they are still on the waiting list and are just waiting to be allocated housing, when in reality they may have been taken off the list many years prior due to non-contact. This means that there are individuals who continue to experience homelessness, including rough sleeping, with no measures in place for them to secure housing.

- People who are sleeping rough, by their very nature, do not have an address, regularly lose their phones (or have them stolen), and/or do not have regular access to their emails (if they even have an email address). Many people who are sleeping rough in Perth do not have an allocated case worker to advocate on their behalf. This adds to the complexity and vulnerability of people who are sleeping rough, and should be a further reason to prioritise them on the waiting list, rather than remove them from that list.

There are a range of ways that the annual review process could be improved. For example:

- For people who are known to be sleeping rough, the Department of Communities could provide the names of people they are unable to contact to the Zero Project for follow-up. Using the existing forum of the working groups established through 50 Lives, the Zero Project would liaise with the sector to see who can be located for their annual review.

- Dates of annual reviews could be provided to the Zero Project to be added to the By Name List, so that Zero Project staff can monitor if anyone is due for a review.

- An exemption to the annual review process could be granted for people who are sleeping rough. The fact that a person is sleeping rough should be sufficient evidence of their need for priority assistance for housing.

- Individuals who are sleeping rough could remain at the top of the priority waitlist until they are tracked down. If not feasible, alternatively, additional time could be granted for workers to be able to locate known rough sleepers and accept housing allocations/confirm they are still waiting before they are removed from the waitlist.

Reducing public housing waitlist administrative barriers more broadly for people who are homeless (and the services supporting them) needs to be elevated as an urgent priority in WA. Administrative barriers contributed to delays between people consenting to 50 Lives and getting onto the priority waitlist. Calls to streamline the waitlist process for people rough sleeping was a common thread in many submissions to the *Parliamentary Inquiry into the Financial Administration of Homelessness Services in WA*, particularly in submissions from community legal services and homelessness agencies. The existing priority waitlist application process is long and convoluted, with individuals needing to manually submit, wait for information to be processed, and then sign and hand back information, just to be registered. People waiting to be priority listed then have to select the services they wish to apply for by completing more forms; this is not an easy process for someone who is sleeping rough, who may have limited literacy or a brain injury and who may have no means of setting up calendar reminders and accessing transport to get to housing meetings.

6.2.2   Facilitate Rapid Access to Appropriate Housing Options

Housing people rapidly is central to the Housing First model, but, to put it bluntly, it has been impossible to do so in 50 Lives. Only 13% of those permanently housed were housed within a month

of completing their 50 Lives application, and, as shown in Chapter 3, the median time-to-be-housed of seven months is abysmal. Reasons for this have been discussed elsewhere in this report, but the biggest and most fundamental block has been the dearth of available public housing in Perth and WA, with lengthy waits even for those on the priority list. This has been exacerbated further by marked reductions in the availability of affordable rentals over the 50 Lives period. Although COVID-19 has undeniably contributed to the pressured rental market and, sadly, to more people entering homelessness in Perth, the vast majority of people in 50 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 has to be accelerated.** People having to remain on the streets for months or even years while waiting for a home or having to move through a succession of transitional or short-term accommodation options, is NOT Housing First. While beyond the scope of this report to detail solutions, **substantial and immediate investment in new public housing stock** in WA (like the Victorian government has done), particularly single person dwellings which have the longest wait time; support for innovative private and community-led housing options (such as My Home, growing community housing stock),[105] and more supported accommodation options for people sleeping rough whose mental health or disability needs preclude independent living. It is suggested that **concrete targets** be set around reducing wait times, with similar **transparency** to what now occurs via the By Name List dashboard each month. Such transparency could for example take the form of a dashboard on the Department of Communities website to show the current number of applicants, people waiting and wait times across areas, dwelling types and priority status.

> *The value of being able to have a safe place to live, wash, sleep, eat, and plan around living your life is fundamental. Young people (need) to have these opportunities, when their lives are often chaotic, unstable, and full of complexities, uncertainty, and anxiety. There needs to be the right housing available in a quick response, with the right people supports available – this has been the success!* **– Andrew Hall, Executive Officer, Perth Inner City Youth Service**

6.2.3   Preventing Tenancy Exits, and Ensuring Rehousing for Those who have Lost Tenancies

There are many potential reasons why an individual may exit a tenancy, with legacies of family breakdown, trauma, racism and addiction being just some of the many factors that put people at risk of returning to homelessness. While supporting people to prevent them losing their homes in the first instance is critical (especially in the first year when they may still be adjusting to having their own home), for those who do exit a tenancy, efforts need to be made to ensure individuals are not "abandoned" and that additional attempts to rehouse them continue. Within 50 Lives, over a third (39%) of tenancy exits resulted in an individual **returning to homelessness.**

Throughout the 50 Lives evaluation, many lead workers and support services have noted that, for some individuals, it may take multiple attempts before they can be housed permanently. Emphasis is always placed on ensuring that the individual is not discouraged, and on reassuring them that the service/support is not going anywhere. Sometimes, even a short "first" attempt at, or experience with, housing, coupled with the associated brief period of stability, can enable someone to start addressing their health or other issues and make them want to attempt being housed again.

Numerous steps can be taken to ensure that people do not unnecessarily exit a tenancy, and, for those who do, that they are rehoused:

- **Improve matching of property allocations** to individual/family needs to prevent avoidable exits. Relating to the type of dwelling and geographic area, as well as proximity to triggers (e.g., not placing people on main roads frequented by sirens if they have previous related trauma).

- **Ensure "work-arounds" for tenancy loss challenges,** rather than opting for punitive approaches (such as eviction and banning people from Public Housing altogether).
  - o <u>For those behind on rent:</u> instigating payment plans and providing financial counselling. Or investing in insulation and solar panels to bring down the cost of living for tenants.
  - o <u>For those with issues with property standards:</u> providing support or brokerage for a forensic cleaner or a bulk waste bin is cheaper and more humane than eviction.
  - o <u>For issues with neighbours:</u> finding out what the issues are and creating systematic ways of approaching and addressing these issues. Where unsolvable, investigate property transfers. Or, alternatively, if there are issues around noise, investing in soundproofing for properties may prevent these issues from arising in the first place.

- **Support people to reduce social isolation and loneliness**. Sadly, a paradox of housing long-term rough sleepers is the fracturing of social and support networks, and even more fundamentally, of how people spend their daily awake hours. This has been acutely observed by the research team, and by services working with people supported through 50 Lives, with loneliness, boredom, loss of social connection recurrent themes. This is not unique to 50 Lives, with the MISHA Project soberingly capturing how loneliness is an unsettling consequence of people leaving behind their past life and habitual locale.[106] Explanatory factors include the loss of familiar social networks, loss of 'identity', lack of day-to-day companionship, and perceived rejection by residents in their new community.[106] Breaking ties with people who were associated with 'the past' such as drug use affiliations can also have an unsettling impact on social identity.[107] All of these factors resonate strongly with 50 Lives evaluation findings, and serves as a sobering clarion call for addressing such intended consequences in the expansion of Housing First in WA. This intersects with our earlier recommendation regarding better matching housing to individual needs. For example, one person was housed three bus rides away from her baby who had been taken into state care (who she was encouraged to visit frequently) in a one-person unit where no visitors were allowed and located far away from family and support services. She recently returned to street living, citing that *it was just too lonely to be that far away.* Meaningful use of time and community involvement have long been on the radar of the AHSS and other homelessness services, but we strongly recommend a sharper focus on connecting people to sustainable social supports and community activities, and overcoming barriers to this. To quote a former AHSS team member, *"it is tragic if a person's main point of social contact is someone paid to visit them as part of their job."*

- **Improve rehousing pathways for people who inadvertently exit their tenancies** into an institutional setting (i.e., prison, long-term mental health admission). Having to start back at the beginning to procure housing when a long hospital admission or prison sentence has triggered a tenancy loss is demoralising for the individual, and undermines the work that went into getting that person housed. More agile pathways to support people to rapidly return to housing are needed. This may involve "holding" properties for their return, or creating fast-track pathways

into other tenancies people don't return to homelessness. This is particularly salient for those who are housed, but then were sentenced, and as seen throughout this evaluation, the court and sentencing processes can 'catch up' on someone even once they are attempting to turn their lives around. As highlighted in the recently released AHURI report on prison exits to homelessness,[96] it is far more cost effective and rehabilitative to ensure that people do not exit correctional services to homelessness, and it seems low hanging fruit to implement this for people who had already been supported by the homelessness sector to be housed.

6.2.4   Enable Individuals to have Choice in Where and How They Live

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. In the original Housing First model, *Pathways to Housing,*[108] there was an emphasis on the importance of supporting people to have choice – choice in determining their own goals, needs,

> *[In Housing First] consumers are allowed to make choices—to use alcohol or not, to take medication or not— regardless of their choices they are not treated adversely, their housing status is not threatened, and help continues to be available to them.[108 p652]*

treatment, and engagement with support and services. Where possible, this principle has been embedded into both 50 Lives and 20 Lives. As reflected below, it is essential to find the most appropriate accommodation for individuals that embodies choice; sometimes this may not be what is typically considered to be "permanent":

> *One of the most important lessons of Housing First in WA has been the importance of supporting and facilitating choice. One of the first people we worked with in 20 Lives Fremantle had been living on the streets for many years. We offered him his own apartment to live in and we were surprised when he turned us down. He explained that he would much rather live in more of a community setting alongside others, with just a room of his own, one simple bill to pay – easy to manage and with lots of social interaction and support around him. So we adapted and offered him a long-term place in one of our lodging houses. Two years later he is still happily living with us, his physical and mental health has improved, and he is like a different person.* **– Michael Piu, CEO, St Pat's**

In the case of 20 Lives, this emphasis on choice saw a number of people opt for lodging as their long-term preferred accommodation option, challenging the notion that lodging arrangements are impermanent. Similarly, the notion of a 'forever home' has not resonated with some of the young people supported by 50 Lives, which is not surprising given that their adult lives are just beginning. Other young people have chosen to be in share houses, not wanting the isolation of a single person dwelling. 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.[109]

The importance of choice **must be reflected in future investments in public housing stock** and the housing sector more broadly in WA. The dire shortage of public housing and other affordable options in WA not only impedes 'choice' but makes it challenging to even find appropriate housing that is suited to health, psychosocial and relational needs. Many individuals supported through 50 Lives, for example, require accessible, single-bedroom properties in low housing density areas; however, as noted in Chapter 3, such properties have long wait times and are in short supply.

Proximity to public transport and walkable amenities is also critical, particular for those with limited mobility due to health issues.

The experiences of individuals supported through 50 Lives highlights the urgent need for housing options that better meet the needs of **Aboriginal families** (and within this, recognition that this means extended family and mob, well beyond western notions of family). Ultimately, this needs to embody Aboriginal involvement in the design, configuration and location of housing,[104,110-112] and the fact that little has changed in Australia over the last three decades is frankly, a national and state travesty. There is no end of reports and advocacy confirming that western notions of housing do not meet the cultural nor familial needs of our First Nations people, yet there has been very little evidence over the course of 50 Lives, of more innovative housing options for Aboriginal people and their families in WA. Even more basic solutions, such as multi-bedroom detached properties with backyards, are in short supply, and throughout the evaluation we have heard haunting accounts from housed Aboriginal people who are immensely conflicted because they cannot have visitors stay over, hence cannot honour familial obligations when others have nowhere to sleep.

6.2.5   Amplify Support for Keeping People Housed Long Term

One of the clearest take-home findings from 50 Lives and its evaluation, is that ongoing, wraparound support is imperative in enabling people who have been sleeping rough to retain longer-term housing, and support them navigate their lives after homelessness. A core element of 50 Lives has been the provision of dedicated, after-hours support (via the AHSS)[3] which has been available to people in their homes, for as long as they feel they need it, in the evenings, on public holidays and on the weekend. Across the 50 Lives evaluation, this has been one of the most significant factors in supporting people to not only remain housed, but also as a conduit for practical, emotional, health and independent living support. Critically, the type of support provided by the AHSS does not replace the on-the-ground support that is provided by other services, and a key strength has been the integration of health and case worker support within the model.

Long term, wrap-around agile support for individuals is vital, even well after permanent accommodation is secured. Long term in Housing First parlance has no 'end date', and as shown in 50 Lives, the intensity of support needed can vary over time, for many years. Services such as the AHSS, therefore, must be embedded at the heart of future Housing First initiatives to ensure holistic support for people who are housed long-term to maintain their tenancies:

- **Embed face-to-face, after-hours support services that are neither time limited nor tied to a particular tenancy** within all Housing First initiatives. Solely phone-based support is no substitute for the trust and rapport built from home visits, and visiting people in situ provides enormous insight into their day to day lives and helps prevent problems escalating (e.g., if someone is no longer able to manage independently or struggling with rent).
- **Provide brokerage funds to organisations to take pre-emptive approaches to prevent eviction**. For example, supporting a tenant to invest in a skip bin or arrange for forensic cleaning is much less traumatic for the individual, and considerably more cost-effective than that individual being evicted.
- **Support people to access to NDIS**. While there have been challenges in securing this for some 50 Lives participants to date, it has been life changing for others, and substantially expands the supports people can access and their quality of life.

6.2.6 Provide Resourcing for More Case/Lead Workers

As of mid-May 2022, only 12% of people who were sleeping rough (on the By Name List) had a lead worker. This is a grim statistic, and does not bode well for ending homelessness in WA, nor the expanded roll out of Housing First. This evaluation and other literature resoundingly emphases that having a case worker/advocate at the individual/family level is critical to accessing, navigating, maintaining, and retaining housing for people who have previously been sleeping rough. As just one common example, not having a lead worker to advocate on your behalf or 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. The assignment of case/lead workers to highly vulnerable rough sleepers, has, in our view (and supported by evaluation findings), been critical in ensuring that people don't fall back through the cracks, and the tenacity and follow up of all case and lead workers involved in 50 Lives is a significant success factor those who got and remained housed.

There is an urgent need to significantly expand case worker availability and capacity to take on new clients who are rough sleeping in WA. The Zero Project has already been advocating for **variations in existing contracts** to allow for flexibility within service models to enable people to have 80% caseloads. This would allow the current caseworkers a 20% leeway, so that they are able to temporarily support individuals who don't have an allocated worker while awaiting a "permanent" caseworker. This may alleviate some initial pressure or demand for services but would require additional funding to bridge the gap. This is a cost-effective measure in the face of rising rough sleeping in WA, with Chapter 4 highlighting the costs to government associated with health system usage due to prolonged homelessness alone, far outweighing the cost of case worker salaries. Many case workers and hours of person-centred support could be purchased for the accumulated costs to government and society of prolonged rough sleeping.

In the wake of COVID-19 and the associated government response in Perth to the rise of rough sleeping, specific strategies and funding were made available to support individuals in 'tent cities' into housing. It is also pertinent to stress here that there are many other highly vulnerable people sleeping rough in Perth beyond those who were identified as part of the 'tent cities', and we would urge that accelerated access to a case/lead worker is made possible for all chronic rough sleepers in Perth, as waiting until people reach crisis point and congregate in a tent city for safety, is not congruent with Housing First nor meeting the needs of some of those most vulnerable.

6.2.7 Dedicated Investment in Aboriginal Controlled Organisation Lead Aboriginal Housing Initiatives

As outlined earlier, there are numerous systemic barriers and cultural sensitivities which heighten the complexity of securing stable housing for Aboriginal people. Through discussions with stakeholders and with Aboriginal people supported through 50 Lives, factors such as housing policy and bureaucracy, suitability of housing options and cultural appropriateness of housing providers emerged as some of the many additional challenges Aboriginal people experience in trying to secure stable housing.

Services for Aboriginal and Torres Strait Islander people must be culturally informed and culturally led. Including the provision of housing supply and services managed by Aboriginal Community Controlled Organisations.[113]

Despite Aboriginal and Torres Strait Islander people comprising only 3% of the Australian population, 40% of individuals supported through 50 Lives identified as such. Overall, a smaller proportion of Aboriginal people supported through 50 Lives were housed compared to their non-Aboriginal counterparts (69% vs 63%), whilst Aboriginal people were also less likely to sustain tenancy for one year (80% vs 84%). It took nearly four-months longer to house an Aboriginal person supported through 50 Lives than a non-Aboriginal person (median time to be housed: 275 days vs 166 days). These figures illustrate the overwhelming **necessity to ensure that Housing First initiatives are both driven by, and responsive to, the needs of Aboriginal people themselves**. This includes offering flexible models of support which are inclusive of the unique social and cultural needs of Aboriginal people, including family and kinship connections and understandings of country and place. There is a particularly critical need for additional **Aboriginal support workers to provide culturally appropriate support for tenants,** and **Aboriginal-controlled housing providers are best placed to provide holistic responses** to the many systemic barriers to housing that Aboriginal people experience.

6.2.8 More Focus on Health in Homeless Policies and Plans

Locally, nationally, and internationally there is a strong evidence base that confirms that health issues are a cause of homelessness, and that deteriorating health is a major factor which keeps people trapped in long-term street homelessness. Yet, concerningly, **health has been largely overlooked in WA's *10-Year Strategy on Homelessness* and the associated *Action Plan*.**

This omission fails to recognise:
- the strong bi-directional relationship between homelessness and poor health, which, at worst, is seen in the 'revolving hospital door' for many people who are experiencing homelessness;
- the enormous and largely preventable cost of homelessness on the WA health system;
- the critical role of health-related support (including mental health, physical health and disability) in enabling people to sustain their tenancies once they are housed; and
- the significant role that dedicated homelessness health services in WA have in proactively and collaboratively responding to homelessness in WA.

Further, it has serious knock-on implications for the achievement of the outcomes of the Strategy and the associated financial administration of homelessness services in WA.

Although the Strategy notes it will "provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020-2025,"[13] this is only one minor aspect of health. Of far greater impact to WA is the substantial over-representation of people who are experiencing homelessness in frequent ED presentations, recurrent hospital admissions with lengthier stays, and, topically, high rates of ambulance arrivals to hospitals.

The greatest cause of homelessness is ignoring it, which all too often is our response as a society. We can't just leave solving this problem to housing and homelessness organisations, it requires a whole of community, whole of government response. We keep making the case that when it comes to chronic rough sleeping in particular, it is more expensive to leave people on the streets than it is to provide them with the housing and support they need. We continue to make the case that rough sleeping reduces life expectancy by up to 30 years. We need to treat homelessness like the health care issue that it is. That it is solvable but only if we set that ambition and work collaboratively in new ways to achieve it. **– David Pearson, CEO, Australian Alliance to End Homelessness**

6.3   Summary

Over 50 Lives' six-year evaluation period, there have been many triumphs, challenges, and moments of growth for the homelessness sector in Perth. When the program was established in late 2015, it was done so without any funding, nor any particular guidance on what a Housing First program should look like in a local context. Since then, the *Housing First Principles for Australia*[23] were launched in 2020; designed to promote and support the implementation of Housing First services across Australia, and the States Homelessness Strategy was released launching Housing First in the homelessness lexicon in WA.

This final evaluation report for 50 Lives is rich with data, outcomes and learnings around both *"what works"* and *"what else needs to be done"* to support people out of entrenched homelessness. However, we conclude with what is the most powerful evidence of all, a quote from one of the 279 people who are no longer rough sleeping in Perth.

> *I've got a roof over my head. It's changed my world… it's something you wake up each day and you embrace it and it's like, okay, today is a beautiful day because I don't have to worry about where I'm gonna sleep or get a feed, and if I need assistance, it's there.* **– Person Supported by 50 Lives**

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APPENDIX 1: ADDITIONAL HOUSING OUTCOME TABLES

Table 21: Time to be Housed, Aboriginal and Non-Aboriginal for First Tenancy

	Time from Application^ to House			Time from Priority Listing^^ to House		
	Aboriginal (n= 101)	Non-Aboriginal (n= 161)	Total (n= 262)	Aboriginal (n= 58)	Non-Aboriginal (n=99)	Total (n= 157)
Mean (SD) (days)	382	309	**338 (361)**	460	327*	**376 (346)**
Median (days)	275	166**	**207**	355	200**	**260**
Range (days)	0 – 1,527	0 - 1,951	**0 - 1,951**	9 – 1,842	0 - 1,439	**0 – 1,842**

* $p<0.05$,** $p<0.01$; ^ The 50 Lives Application form is a comprehensive document an individual completes upon program consent outlining housing preferences. N=12 individuals were housed prior to completing this form and thus have been excluded from these estimates; ^^ n= 127 individuals either did not complete a Priority Housing Application form before they were housed (such as those going into rentals), or may have had a historical application that preceded joining 50 Lives and thus have been excluded from these estimates.

Table 22: Number of Public Housing Applications and Dwelling Type between 2015 to 2021

Dwelling Type^		Number of Applications			
		Standard Wait List (Including Priority)		Priority Wait List	
		2015 Applications (%)	2021 Applications (%)	2015 Applications (%)	2021 Applications (%)
Singles	1 Bedroom	7,303 (39.6%)	8,975 (49.2%)	999 (40.8%)	1,544 (41.1%)
	2 Bedrooms	710 (3.8%)	395 (2.2%)	132 (5.4%)	134 (3.6%)
Seniors	1 Bedroom	2,650 (14.4%)	2,380 (13.1%)	197 (8.1%)	244 (6.5%)
	2 Bedrooms	335 (1.8%)	261 (1.43%)	67 (2.7%)	64 (1.7%)
Family	2 Bedrooms	3,450 (18.7%)	2,777 (15.2%)	494 (20.2%)	771 (20.5%)
	3 Bedrooms	2,296 (12.5%)	1,709 (9.38%)	309 (12.6%)	540 (14.4%)
	4 Bedrooms	995 (5.4%)	705 (3.9%)	154 (6.3%)	237 (6.3%)
	5 Bedrooms	246 (1.33%)	148 (0.81%)	30 (1.2%)	42 (1.1%)
	6 Bedrooms	65 (0.35%)	46 (0.25%)	15 (0.6%)	8(0.2%)
To be determined		384 (2.1%)	833 (4.6%)	47 (1.9%)	175 (4.7%)
TOTAL		**18,434 (100%)**	**18,229 (100%)**	**2,444 (100%)**	**3,759**

* Note: Data was provided to the research team by the Department of Communities and was correct at the time of publication. Data was sourced from Habitat (Tenancy Management System) and is subject to revision; ^Dwelling Type does not always correspond with the family structure of the household. Caution is recommended when using this field. The Department is progressing a more accurate solution to identify family structure.

Table 23: Average Weeks to Public Housing for Standard and Priority Wait Lists

Dwelling Type^		Average Weeks to Housing^^			
		Standard Wait Time (Incl. Priority)		Priority Only Wait Time	
		2015	2021	2015	2021
Singles	1 Bedroom	204	202	100	96
	2 Bedrooms	187	95	75	80
Seniors	1 Bedroom	127	82	29	28
	2 Bedrooms	107	86	27	33
Family	2 Bedrooms	143	116	72	57
	3 Bedrooms	148	92	72	47
	4 Bedrooms	169	94	71	67
	5 Bedrooms	172	61	78	57
	6 Bedrooms	79	34	21	47

* Note: Data was provided to the research team by the Department of Communities and was correct at the time of publication. Data was sourced from Habitat (Tenancy Management System) and is subject to revision; ^ Dwelling Type does not always correspond with the family structure of the household. Caution is recommended when using this field. The Department is progressing a more accurate solution to identify family structure; ^^ Average wait time is based on the 12 months of occupations up to and including the above Report Dates.
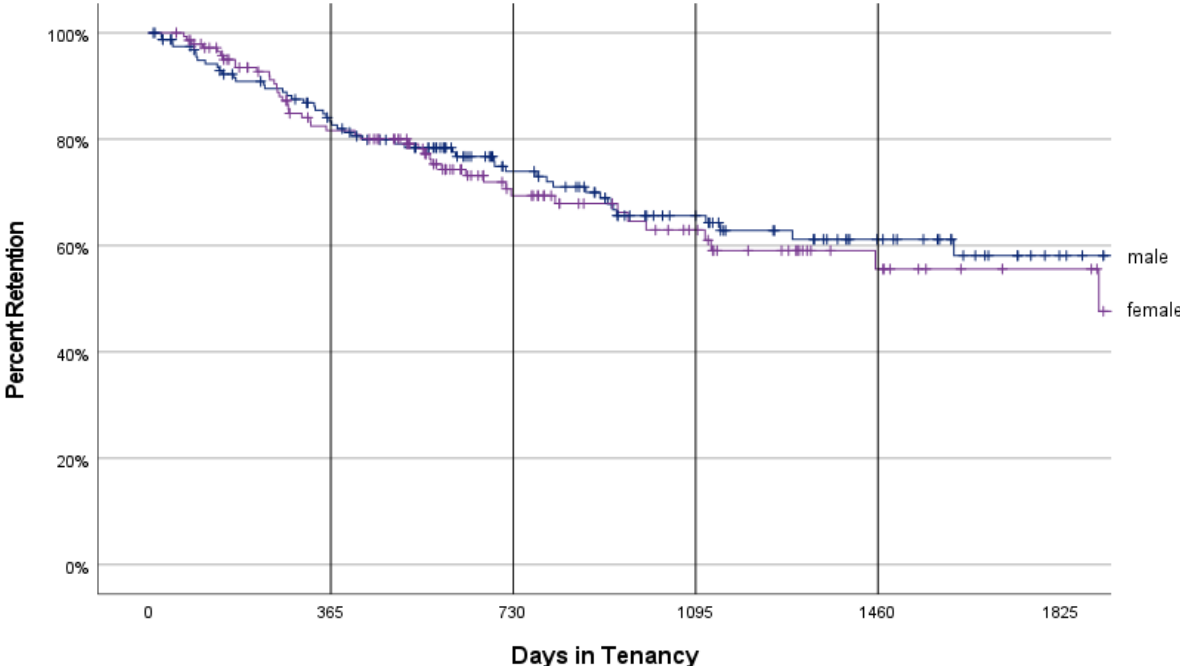
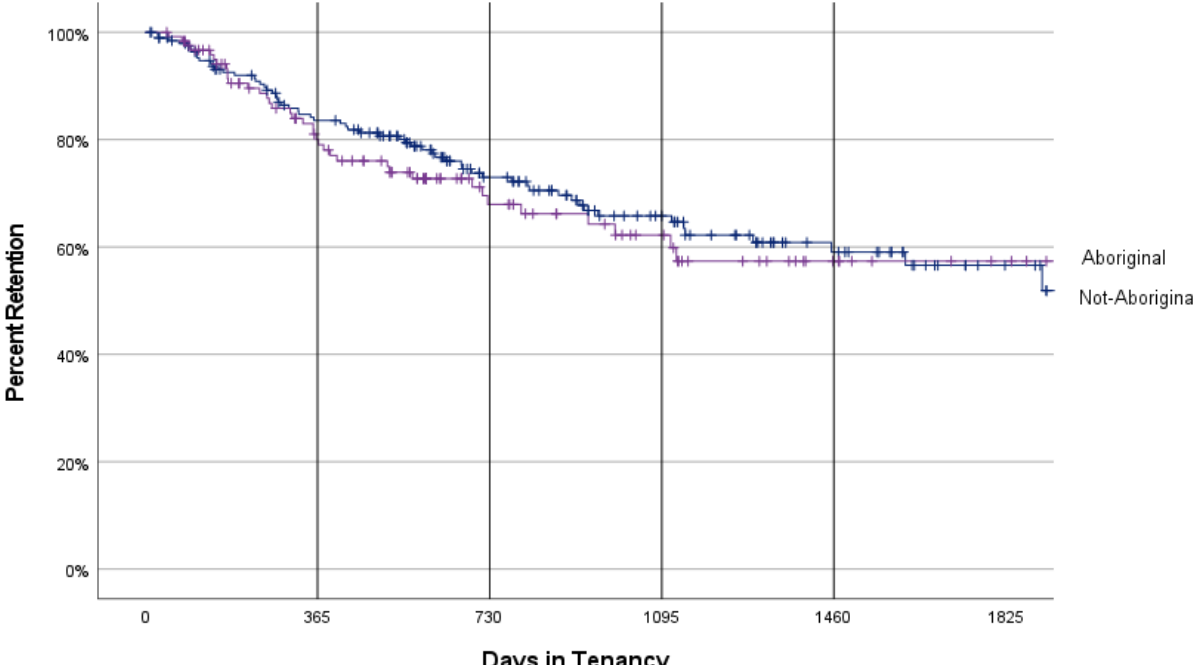Figure 15: Sustainment of Tenancies Over Time, Comparing Gender

Figure 16: Sustainment of Tenancies Over Time Comparing Aboriginal and Non–Aboriginal Tenants
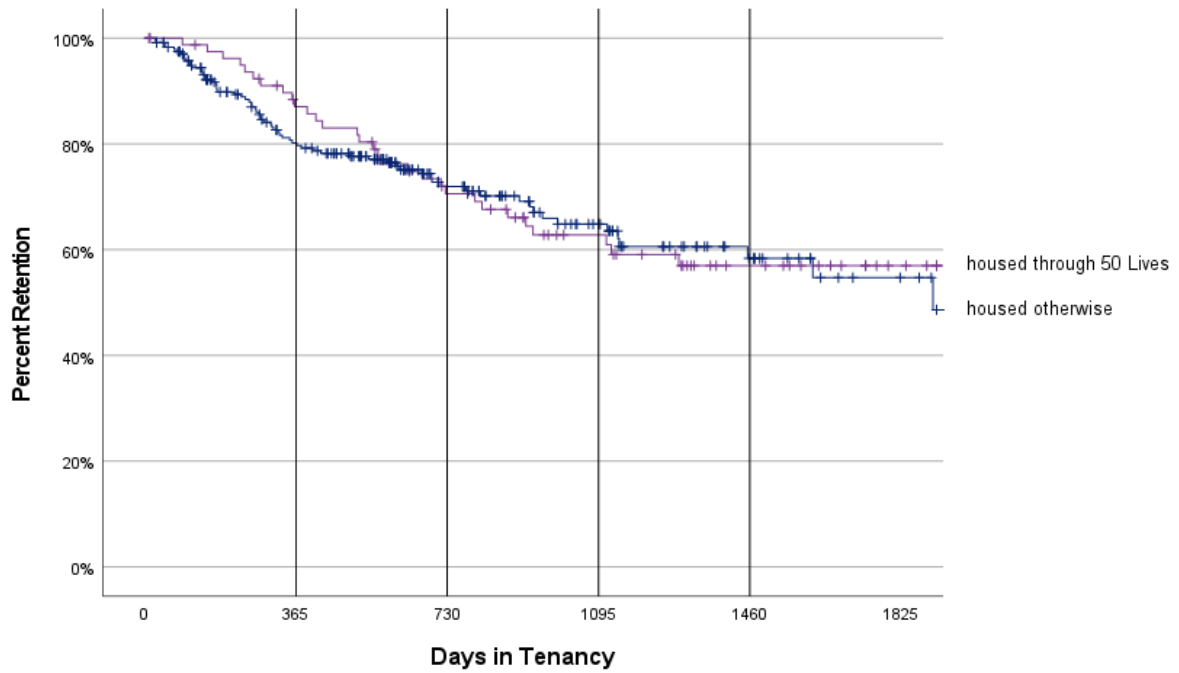
88

Figure 17: Sustainment of Tenancies Over Time, Comparing Those Housed Through 50 Lives and Housed Otherwise

Note: in the beginning of 50 Lives, people were allocated specific housing via the 50 Lives Housing Working Group (i.e., housed through 50 Lives), where as others were housed by their name coming up on the priority waitlist or sourcing their own accommodation (housed otherwise).
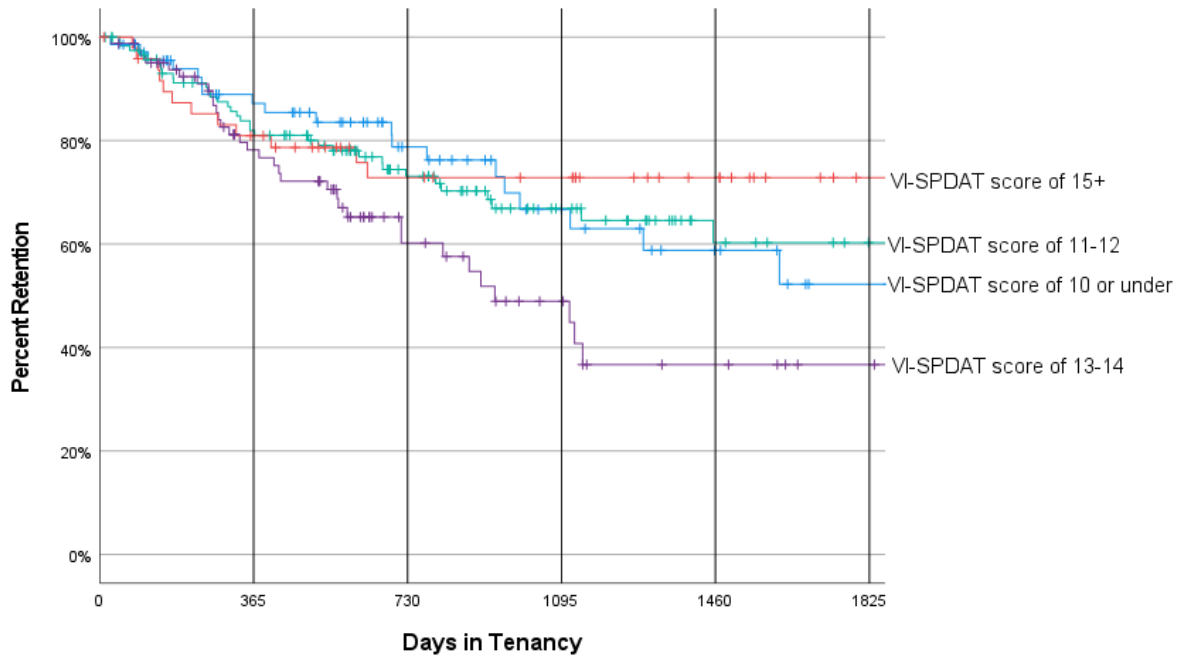

Figure 18: Sustainment of Tenancies Over Time, Comparing VI–SPDAT Score

Note: This was based on 320 unique tenancies (out of 352 in total, with the drop – representing adjustments made to account for those tenancies that were direct transfers into other properties and supported accommodation).

APPENDIX 2: ADDITIONAL HEALTH OUTCOME TABLES

Table 24: Prevalence of Health Conditions in the General Population Compared to 50 Lives Homeless Healthcare Patients

	N (%)	% of General Population	Times Higher than General Population
Mental Health Conditions			
Depression	151 (42%)	10% [114]	4.2 x higher
Anxiety	88 (24%)	13% [114]	1.8 x higher
Schizophrenia	77 (21%)	1% [115]	21 x higher
PTSD	73 (20%)	3% [114]	6.6 x higher
Borderline Personality Disorder	39 (11%)	1-2% [116]	5.5-11x higher
Bipolar Disorder	28 (8%)	1% [117]	8 x higher
AOD Use Disorders			
Amphetamine use disorder	115 (32%)	1% [118]	32 x higher
Alcohol use disorder	102 (28%)	4% [119]	6.3 x higher
Benzodiazepine use disorder	44 (12%)	2% [120]	7.5 x higher
Opiate / Heroin dependence	41 (11%)	3% [121]	4 x higher
Physical Health Conditions			
Chronic Pain	107 (29%)	20% [122]	1.5 x higher
Hepatitis C	92 (25%)	0.7% [123]	35 x higher
Asthma	74 (20%)	11% [124]	1.8 x higher
Diabetes type 2	41 (11%)	4% [124]	2.7 x higher
Hypertension	36 (10%)	11% [125]	1.1 x higher
Epilepsy	28 (8%)	1% [126]	13.3 x higher
Brain Injury	23 (6%)	2.2% [127]	2.7 x higher

Table 25: Changes in Number of Days Admitted Pre and Post Housing

		Days Admitted			
		Non-Pyschiatric Days Admitted	Psychiatric Days Admitted	Mean Days Admitted (SD)^	Range^
One year housed (n=222)	Pre Housing	1,777	1,525	14.9 (28.3)	0 – 161
	Post Housing	845	542	6.2 (17.7)	0 – 137
	% Change	–52%	–64%		
Two years housed (n=133)	Pre Housing	1,763	1,462	24.2 (37.3)	0 – 190
	Post Housing	856	766	12.2 (30.8)	0 – 177
	% Change	–51%	–48%		
Three years housed (n=83)	Pre Housing	1,239	1,347	31.2 (55.7)	0 – 309
	Post Housing	771	925	20.4 (51.4)	0 – 335
	% Change	–38%	–31%		
Four years housed (n=24)	Pre Housing	437	890	55.3 (92.6)	0 – 361
	Post Housing	461	556	42.4 (71.5)	0 – 270
	% Change	5%	–38%		

^ Note: Values with denominators are calculated based on the total number of housed individuals for each period, excluding individuals who a) were not able to be matched or b) did not have sufficient follow-up.

Table 26: Changes in Costs Associated with Changes Pre and Post Housing

	Change in Presentations / Days^	Unit Price*	Change in Aggregate Cost	Change in Cost Per Person
One year pre/post (n=222)				
Change in ED Presentations	−660	$861	−$568,260	−$2,560
Change in Inpatient Days	−932	$2,665	−$2,483,780	−$11,188
Change in Psychiatric Days	−983	$1,540	−$1,513,820	−$6,819
Change in Ambulance Arrivals	−246	$878	−$215,988	−$973
TOTAL			**−$4,781,848**	**−$21,540**
Two years pre/post (n=133)				
Change in ED Presentations	−610	$861	−$525,210	−$3,949
Change in Inpatient Days	−907	$2,665	−$2,417,155	−$18,174
Change in Psychiatric Days	−696	$1,540	−$1,071,840	−$8,059
Change in Ambulance Arrivals	−154	$878	−$135,212	−$1,017
TOTAL			**−$4,149,417**	**−$31,199**
Three years pre/post (n=83)				
Change in ED Presentations	−537	$861	−$462,357	−$5,571
Change in Inpatient Days	−468	$2,665	−$1,247,220	−$15,027
Change in Psychiatric Days	−422	$1,540	−$649,880	−$7,830
Change in Ambulance Arrivals	−115	$878	−$100,970	−$1,217
TOTAL			**−$2,460,427**	**−$29,644**
Four years pre/post (n=24)				
Change in ED Presentations	−66	$861	−$56,826	−$2,368
Change in Inpatient Days	24	$2,665	$63,960	$2,665
Change in Psychiatric Days	−334	$1,540	−$514,360	−$21,432
Change in Ambulance Arrivals	23	$878	$20,194	$841
TOTAL			**−$487,032**	**−$20,293**

^ Calculated or derived based on the total number of housed individuals for each period, excluding individuals who a) were not able to be matched or b) did not have sufficient' follow-up.

* Costs based on the latest Independent Hospital Pricing Authority (Round 23) figures for the 2018-19 financial year for average ED presentation cost and average inpatient day for WA.[65] Average psychiatric admission is based on the mental health patient day cost for 2018-19 from the 2021 AIHW Mental Health services in Australia.[67] Costs for ambulance based on the 2022 Report on Government Services, Part E, Section 11 on Ambulance services for 2018-19. [68]