# STAYWITCH'S PEER-SUPPORT, WELLBEING & LIFE SKILLS PROGRAM

*Final Evaluation Report*







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## Acknowledgements

We acknowledge the Traditional Owners of the land on which we work and live, the Whadjuk people of the Noongar nation, and pay our respects to their culture and to their Elders.

Gratitude is extended to Lotterywest for providing funding for this pilot program and its evaluation. This was funded in 2021 as part of Lotterywest's COVID-19 relief funding to support vulnerable populations via prevention and early intervention – people experiencing homelessness and other disadvantages are already among the most vulnerable and marginalised in our country, and the COVID-19 pandemic has only further exacerbated this. The program itself and the lived experience benefits for its recipients is of course the most compelling of impacts, but real-world grounded evaluation of what works (or not) to reduce disadvantage and break the cycle of homelessness is critical, and we thank Lotterywest for recognising the value of an embedded evaluation.

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This program funded the piloting of peer-support workers at the Medical Respite Centre/StayWitch's, and this features significantly in this report, and we particularly thank Ryan Hood the inaugural peer-support worker who worked closely with the evaluation team - we could not have done the photovoice aspect of the evaluation without him.

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# 1 BACKGROUND

*"It is futile to treat homeless patients in hospitals then discharge them back to the abysmal social conditions that made them sick in the first place: to do so perpetuates a revolving door between the hospital and the street or between the hospital and precarious housing." - **Sir Michael Marmot** [1]*

In late 2021, a Lotterywest grant was awarded to Homeless Healthcare (HHC) to facilitate the implementation of a holistic support program at Australia's first medical respite centre for people experiencing homelessness. This facility opened in April 2021 as a non-medical respite residential service (referred to as StayWitch's), and in October 2021, became a medically supported respite centre (MRC), with core funding for the medical care and residential facilities funded through the Department of Health, as a recommendation of the WA Sustainable Health Review.[2]

The overarching aim of the MRC is **to improve physical health, mental health, and social outcomes by facilitating the transition out of homelessness, and prevent hospital discharges of patients back into homelessness.** The primary focus of the MRC is to:

- Support people experiencing homelessness who are medically cleared to be discharged from hospital to receive post-acute care during their recovery from illness or injury in a safe, community-based environment.
- Utilise the 'window of opportunity' provided via respite care to link people with housing, community, and social supports to assist them to exit out of homelessness.

From the outset, StayWitch's has been funded philanthropically, with the core funding for the MRC (the medical respite beds and care) provided by the WA Department of Health, administered via a contract with the East Metropolitan Health Service (EMHS). The core budget for the MRC, however, was tight, and only covered medical staff, case worker support, and basic residential care services such as meal preparation and linen laundering.

Drawing on learnings from similar facilities overseas and early insights from the first few months of MRC operation, Homeless Healthcare quickly identified that were other key critical success factors not covered by the Department of Health budget. Moreover, this facility and service commenced in the midst of the COVID-19 pandemic, and at a time where people experiencing homelessness were being clearly identified as a population group somewhat 'left behind' in terms of mainstream responses to the pandemic. This included:

- The inability of people to 'stay home' if they do not have a home
- The high rates of multiple health issues that pre-disposed people to COVID-19 severity[3]
- The lack of accommodation options for people experiencing homelessness during the WA lockdown and 'stay at home' periods, contrasting to a number of other states that implemented accommodation strategies for people who were homeless during the pandemic
- Barriers to COVID-19 vaccination access, and much lower rates of vaccination uptake compared to the general population in WA[4]

All of these were among factors that heightened the vulnerability of people experiencing homelessness to COVID-19 in Perth, and in particular, the acute vulnerability of people experiencing homelessness who are cycling in and out of hospital.

The *Peer-Support, Wellbeing and Life Skills Program* was therefore designed to complement the medical and healthcare aspect of the MRC/StayWitch's, by trialling the benefits of embedding:

- Peer-support workers with a lived experience of homelessness and/or other issues that are commonly experienced by the target group (including mental health, alcohol and drug dependence, justice system interactions)

- Wellbeing and life skills development strategies in a non-threatening environment; recognising the importance of health, financial and computer literacy, and wellbeing activity engagement in the overall recovery journey for people who have experienced chronic homelessness.

While there is an emerging body of international literature and learnings from other respite facilities for people experiencing homelessness that speak to the value of peer-support workers and life-skills/wellbeing engagement, the reality is that more evidence is needed as to why this works and is needed in a WA context, and the initial limited funding for the MRC pilot has been constrained by its focus on the health and medical needs of residents. This Lotterywest grant was therefore not just a grant that has enabled activities and outcomes to occur, but is a critical 'proof of concept' investment, enabling Homeless Healthcare to trial and demonstrate the critical benefits that are added by the embedding of peer-support workers and wellbeing and life skills development into the core model of a service that is not only seeking to reduce hospital use, but more fundamentally, to support people to exit out of homelessness.

## 1.1 PROGRAM SETTING

The *Peer-Support, Wellbeing and Life Skills Program* has been implemented at the respite centre for people experiencing homelessness, dually known as **StayWitch's** and the **Medical Respite Centre (MRC)**. StayWitch's refers to the non-medical section within the respite property, and commenced operation in April 2021, whilst the overarching Medical Respite Centre opened on the 25th of October 2021, funded as a two-year pilot program as a recommendation of the WA Sustainable Health Review.[2] Both co-exist on the same site on Palmerston Street, North Perth, with all referrals and admissions initially triaged through the MRC, but step-down to StayWitch's non-medical beds and support an option where people have no other alternative but to be discharged back to the street.

**Photo 1: The Perth Medical Respite Centre Property**

When the initial grant to Lotterywest was written, StayWitch's was already operating, and the MRC soon to open. By the time the Lotterywest grant was successful and the associated peer staff worker was recruited and commenced, the model of care had changed slightly, with all initial referrals and admissions routed via the Medical Respite Centre, with StayWitch's beds and support (on the same property) continued with philanthropic funding as a step-down option for residents where intensive medical support is no longer required, but more time is needed to support their recovery or to find suitable accommodation or housing.

The majority of people supported by the Lotterywest funded peer-support worker and wellbeing and life skills program have been solely residents of the MRC, but some (15%) have stayed on via a step-down discharge to a StayWitch's bed. The highly integrated design and nature of the respite centre meant that the opportunities and impact of the Lotterywest supported program transcended the entire facility, equally available to residents whether they were formally documented as an MRC or StayWitch's resident.

## 1.2 PROGRAM SCOPE & KEY ELEMENTS

The *Peer-Support, Wellbeing and Life Skills Program* was initially developed in consultation with Homeless Healthcare staff, and with input from people with a lived experience of homelessness who are part of the HHC patient advisory group. The program development also drew upon the learnings from other similar initiatives in post-hospital respite centres in both New South Wales and Victoria to further inform the program design.

The program as initially described in the grant funded by Lotterywest had several key focal areas encompassing:

- Peer-support workers
- Supporting people to address personal recovery goals
- Therapeutic activities (such as art, music, gardening, access to reading, engagement in cooking)
- Health enhancing activities (such as a walking/fitness program, recreational equipment and activities onsite, encouragement to engage with cooking and meal preparation)
- Life skills development (such as computer and IT literacy, independent living skills)

> The involvement of people who have experienced homelessness is critical to the effectiveness and perceived legitimacy of any programs designed for and implemented with this vulnerable population cohort.

As the grant to Lotterywest was submitted just a few months after StayWitch's opened, and before the MRC commenced, it was emphasised in the grant application that some of the details of the program activities would be refined and developed with input from residents and staff, and learnings from the action research contributing to further refinement over the course of the pilot program. There have thus inevitably, and quite rightly, been some modifications to the program scope and strategy details as it has evolved. This need to be flexible and responsive has further been critical because this program and the wider MRC service was getting up and running in the midst of the COVID-19 pandemic in Australia, which had disproportionate impacts on not only people experiencing homelessness, but services working in this sector too. Consideration was also given to the fact that the Perth Medical Respite Centre (MRC) was a newly established facility and, thus, constructive modifications were likely needed as early teething issues emerged.

The resultant *Peer-Support, Wellbeing and Life Skills Program* remained very true to the original aims and intent of the grant funded by Lotterywest, however, modifications were made to some of the strategies and the ways in which they were delivered, based on resident and staff feedback, and the need to make agile adjustments due to the constraints imposed by the COVID-19 pandemic. As action research was embedded into this pilot project, the evaluation team also worked closely alongside HHC staff to provide interim feedback from residents, and to suggest ways in which the program delivery model might be tweaked.

The diagram below (Figure 1) depicts what the evaluation team identified (with resident and staff input) as the three key themed components of the *Peer-support, Wellbeing and Life Skills Program:*

1. Peer-Worker Support
2. Life Skills Development
3. Wellbeing and Meaningful Use of Time

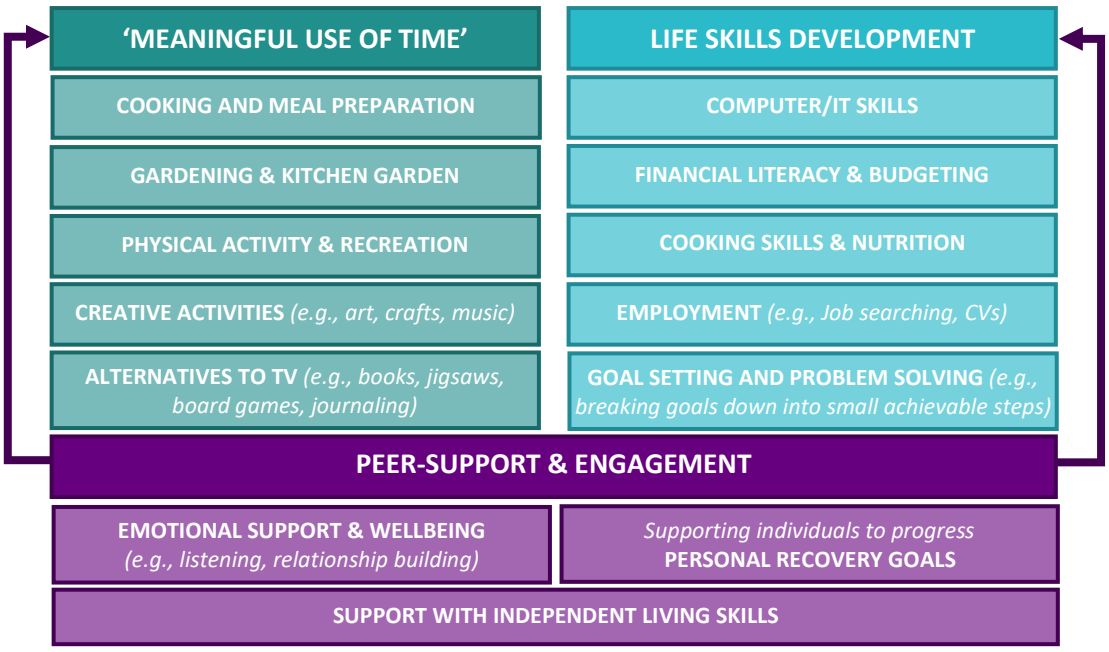


**Figure 1: Key Elements of the Implemented StayWitch's Program**

While much of the financial support received for the *Peer-Support, Wellbeing and Life Skills Program* funded the peer-support worker positions, a proportion of funding was also used to provide professional training opportunities, and to facilitate any necessary purchases of equipment and supplies needed for program activities. Where possible, the MRC/StayWitch's team tried to source donated items to supplement this, and cameras for the photovoice project were provided by the evaluation team.

The specific activities under the umbrella of the program continued to evolve somewhat over the full 14 months in response to resident needs and capacity (for example, the level of health and mobility issues meant that the externally led walking group activity was not as feasible as envisioned, and more incidental physical activity opportunities and encouragement were instead incorporated into the day-to-day operations of the MRC/StayWitch's). Modifications to certain activities was also necessary due to COVID-19, as staffing capacity was affected, and there were long periods where volunteers and external services were not able to run activities on site due to the health vulnerability of residents.

## 1.3 EVALUATION OVERVIEW

### 1.3.1 Evaluation Design

The overall framework for this evaluation is based on an action-research model and is intertwined with the program implementation. As such, it too has been refined over time as the design and structure of the *Peer-Support, Wellbeing and Life Skills Program* evolved to better match residents' wants and needs. This is particularly applicable given the centrality of lived experience involvement in the program, both through the role the peer-support workers and the role of residents themselves in self-determining their own wellbeing and independent living goals.

The **overall aims of this evaluation** were to:

1. Support the co-design and development of the *Peer-Support, Wellbeing and Life Skills Program*
2. Capture the implementation and impact of the program, through action research, on the physical, mental, and emotional wellbeing of residents

The original evaluation objectives as set forth in the grant application were to:

i. Examine the number, demographic profile, and support needs of people who participate in the program
ii. Examine the extent to which resident goals relating to life skills and wellbeing are able to be addressed
iii. Explore the role and benefits of the peer-support workers, from the perspective of residents, other staff, and peer-support workers themselves
iv. Assess the way in which wellbeing and life skill activity options might provide new opportunities or mechanisms for engagement with residents
v. Capture learnings from the co-design development, implementation and evolution of the *Peer-Support, Wellbeing and Life Skills Program* through action research, including the identification of critical success factors, challenges, and enablers
vi. Provide recommendations for program sustainability, including identification of program outcomes that align to other funding options.
vii. Through use of action research, develop an ongoing process of designing and implementing life skills and wellbeing activities which are tailored to clients' changing needs

As the *Peer-Support, Wellbeing and Life Skills Program* was a pilot, and designed from the outset to enable residents themselves to have input into the way that the program evolved, and to incorporate action research, there also had to be some flexibility with the way in which the above objectives could be measured. For objective ii. above for example, it was originally envisioned that all residents would identify some initial recovery goals on admission to the respite centre, and that progress towards these could be examined as part of the evaluation. Whilst some formal documenting of personal goals was carried out, it became clear from discussions with staff early on, that residents often felt highly overwhelmed upon arrival to the centre, particularly by the challenges of multiple health, social, and housing issues. Thus, establishing goals pertaining to wellbeing and life skills tended to emerge more iteratively over the course of residents' stay, especially as residents began to stabilise and engage with support. Staff also noted that for many residents, the hopes and goals that they wished to work towards are not necessarily verbalised or written down as a formal goal, hence qualitative data has been used instead of metrics to demonstrate the way in which the program supported residents to address goals relating to life skills and overall wellbeing.

### 1.3.2 Evaluation Ethics Approval

Ethics approval for the evaluation of the Medical Respite Centre and StayWitch's was initially granted by The Human Research Ethics Committee (HREC) at The University of Western Australia (UWA) (Reference 2021/ET000610) and then when the research team re-located to The University of Notre Dame (UNDA), cross-institutional approval was provided by the HREC at UNDA (Reference 2022-041F).

### 1.3.3 Data Sources

A number of qualitative and quantitative data sources were used for this evaluation, including:

- Administrative data collected by Homeless Healthcare relating to the MRC and StayWitch's residents
- Activity engagement data documented by peer-support workers and other staff
- Semi-structured interviews with a sample of residents
- Semi-structured interviews with peer-support workers and other staff
- Photo voice participation and visual photo story data captured by participating residents
- Case studies and vignettes

The evaluation period ran for 14 months, from the 1st of January 2022 to the 24th of February 2023.

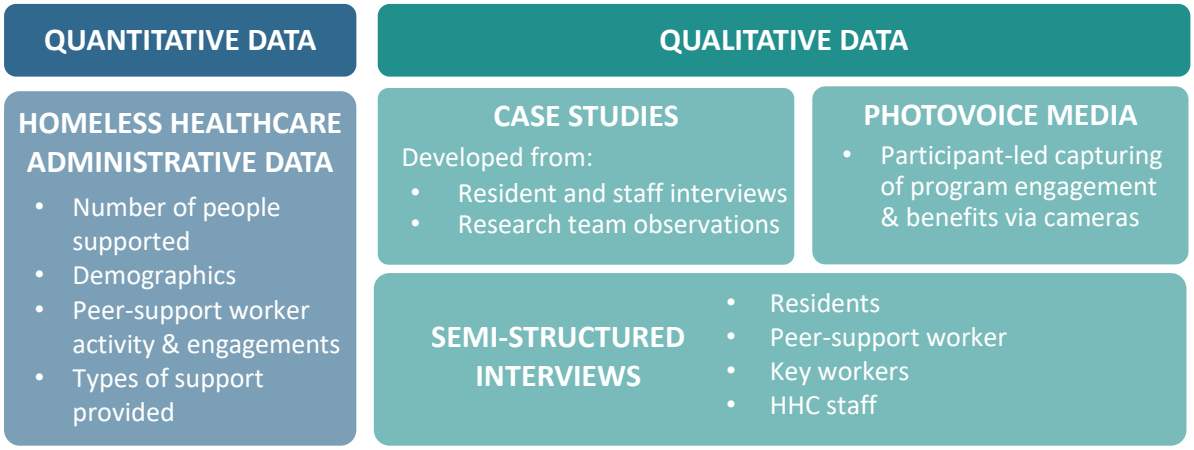


**Figure 2: Evaluation Data Sources**

The **photovoice** aspect of the evaluation warrants additional explanation, as this too evolved over the course of the program in response to feedback from the peer-support worker and residents. Photovoice is a visual qualitative participatory research methodology in which people use photo images to document and reflect their environment and experiences, and has been shown to be a successful and empowering methodology, particularly with people who may face barriers to engaging in more traditional research (such as questionnaires). This methodology has been used effectively by the research team in a Heathway funded evaluation of the Heart Health program at Derbal Yerrigan.

For the *Peer-Support, Wellbeing and Life Skills Program,* the Photovoice aims were to provide residents with the opportunity to take photos of:

- Things that relate to their stay at the MRC/StayWitch's, and how this might have benefited their health, wellbeing, or recovery
- Activities they were involved with, enjoyed, or spent time participating in
- Ways in which they felt supported or encouraged in their recovery journey

Seven cameras and information packs were provided to the peer-support workers, who coordinated the on-site implementation of the photovoice project. Residents who showed an interest in participating were provided with:

- An information sheet and consent form (see Appendix 1)
- Some suggestions of things that they might wish to take photos of (Appendix 2)
- A visual diagram explaining use of the cameras

The peer-support workers were responsible for participant recruitment, collection of cameras from completed participants, and ensuring that signed consent was obtained for any photographs that depicted other residents or staff.

Over the course of the evaluation, 14 residents actively participated in the photovoice project, and many of their photos have been used (with consent) in this report. The original intent was to undertake follow up interviews with participants, using their photographs as a visual device for discussing their experiences of the program and their stay more broadly. However, in reality, many residents had often been discharged (or self-discharged) before an interview could be arranged with the evaluation team, and on other occasions, residents were not well enough to participate in a planned interview. Hence only a couple of the resident interviews were able to incorporate discussion of photos.

As an interesting aside, some residents opted not to participate in the photovoice project themselves, but were very eager and found great joy in being featured in photos taken by other residents, with signed consent obtained on a form that was modified for simpler use following feedback from residents and the peer-support workers (Appendix 3). Overall, in addition to the photovoice participants, there were 20 other residents who consented to be in photos taken by residents involved in the photovoice project. Residents involved in the photovoice often were also keen to take photos with or of staff, or staff involved in activities with them (such as cooking or table tennis). Photographs of people met, and relationships formed while at the MRC/StayWitch's became a common theme in the photos collated by the evaluation team and are used throughout this report.

### 1.3.4 Evaluation Challenges

It should be noted that there were a number of unanticipated data limitations faced by the evaluation team and by Homeless Healthcare, hence the need for the evaluation to be broader in the range and variety of data sources utilised (for example, a greater use of case studies). Limitations included:

- The pilot nature of the overall service and facility in which the *Peer-Support, Wellbeing and Life Skills Program* was embedded. There was steep learning curve in setting up a unique residential respite service for people experiencing homelessness, and the health and trauma complexity of referred patients was far greater than originally anticipated. Understandably, staff time was therefore very much focused on the immediate needs of residents, and complete data capture was often not feasible.
- There was some trial and error regarding of the best ways to capture data for non-medical support, including engagement with peer-support workers and the participation in life skill and wellbeing activities. Here, the action research nature of the program itself was valuable, as at multiple time points the evaluation team spoke to, or sat down with HHC staff, and openly examined how the outcomes relating to the Lotterywest grant could be best captured.
- The COVID-19 pandemic had an enormous impact on the homeless community in Perth and the MRC/StayWitch's facility, including detrimental impacts on staffing. This limited the implementation of a number of the proposed activities at the respite centre, and indeed the ability for the evaluation team to effectively capture data.
- In October 2022, Homeless Healthcare moved its entire facility database platform from Best Practice to MasterCare, which was in part prompted by the need for software that was not as medically focused, and would better enable capturing the type of data relevant to the role of the peer-support workers and the wellbeing program. While there was a transition period built into this software crossover, some setbacks in data continuity occurred that limited some of the quantifiable metrics that would otherwise have been included in this report.


**Photo 2: Evaluation Team in Action at MRC/StayWitch's**

# 2 WHO WAS SUPPORTED?

Overall, over the course of the 14-month evaluation period (January 2022 to end of February 2023), there were 213 admissions of people experiencing homelessness to the MRC/StayWitch's, comprising 181 unique individuals (as some people had more than one admission during this period).

At the time of the Lotterywest grant application, the MRC did not yet exist, and hospitals could directly refer homeless patients to StayWitch's for non-medical respite. Once the MRC opened on 25 October 2021, the non-medical StayWitch's bed remained available, but increasingly were used as a 'step down' option, with all referrals and admissions by the end of 2021 going through the MRC, and then some residents stepped down to StayWitch's when they were medically able to be discharged and no longer needed overt medical care, but either:

- needed a longer time to recoup from the health issues that had led to their admission
- had psycho-social issues that had not yet been fully addressed
- were awaiting completion of an NDIS or aged care assessment that would then facilitate accommodation and support
- or, and commonly, there was no suitable safe housing or accommodation options for them to be discharged to.

Overall, the majority of referrals to the MRC/StayWitch's in this period came from a public hospital, which is not surprising given a key aim of the facility was to provide hospitals with safer discharge options for homeless patients. A small proportion of referrals were from homelessness services in community where they had identified someone who was known to frequently present to hospital and who had health issues of concern that would in the absence of the MRC, led them to send the person to an Emergency Department.

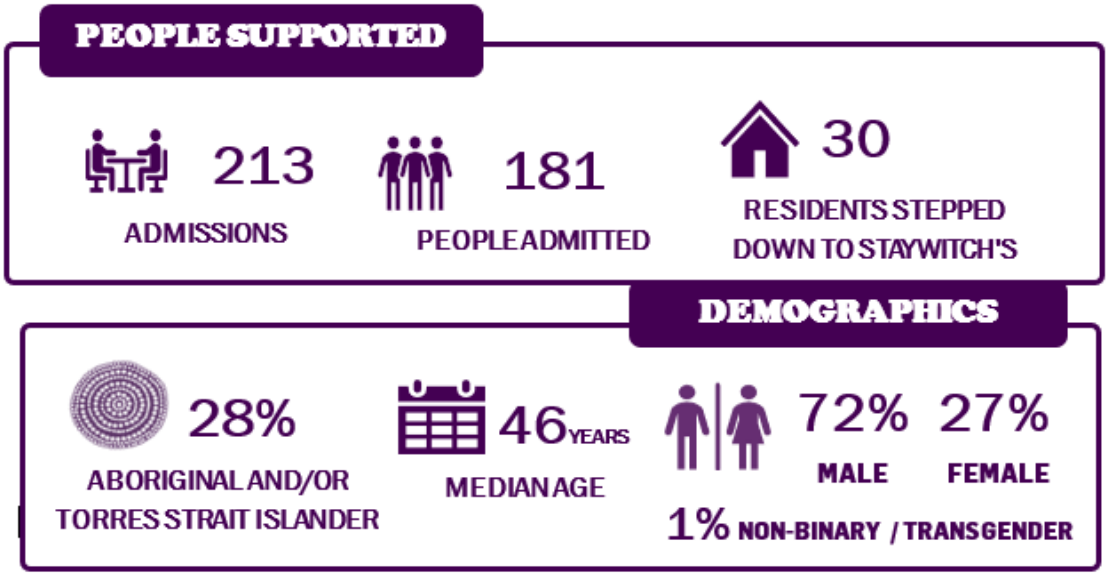


**Figure 3: Who was Supported**

Of the residents admitted to the MRC/StayWitch's in this 14-month period, one third identified as Aboriginal and/or Torres Strait Islander, and this corresponds to the over-representation of Aboriginal people in the Perth homelessness population more broadly, given that Aboriginal and Torres Strait Islander people only constitute about 3% of WA's total population. The average age of residents was

46 years, with a range between 19 and 75 years of age, and congruent with other data on homelessness in WA and elsewhere in Australia, nearly three-quarters identified as male.

The majority of people completed their admission at medical (MRC) arm of the facility, whilst 30 people were stepped down to the non-medical StayWitch's beds; here they continued to have accommodation, meals, peer and key worker support afforded to MRC residents, but had been medically cleared for MRC discharge, and no longer required the more regular or intense medical care from nurses and GPs that occurs when people are still an MRC admission.

Having said this, the medical and health needs of all residents remain a paramount priority, and StayWitch's residents have access to nursing and on-call GP care whenever needed.


**Photo 3: Welcoming Residents**

## 2.1 EXPERIENCES OF HOMELESSNESS

Of the residents with available data (n=167), nearly two-thirds (65%) had experienced homelessness for longer than six months prior to admission, and a quarter had been homeless more than 4 years. Moreover, while almost half (48%) had experienced chronic or recurrent homelessness (Figure 4).

The **time spent homeless** is important, as it can be a significant predictor of the likelihood of entrenched homelessness. There is not a set 'turning point', but in all our evaluation work with Homeless Healthcare and other homelessness services, we see that homelessness that is prolonged beyond six months is more likely to become entrenched and harder for people to escape – in the first few months of being homeless, people often hope that it is temporary, but as time goes on, this hope can start to dissipate, and homelessness becomes an entrenched identity and lived day to day reality. Furthermore, Homeless Healthcare evidence and international data shows over and over again, that the longer people are homeless, the more their health deteriorates. Hence one of the key rationales for the establishment of StayWitch's and subsequently the MRC, was to help break this cycle, and reduce the duration of homelessness and its health consequences.

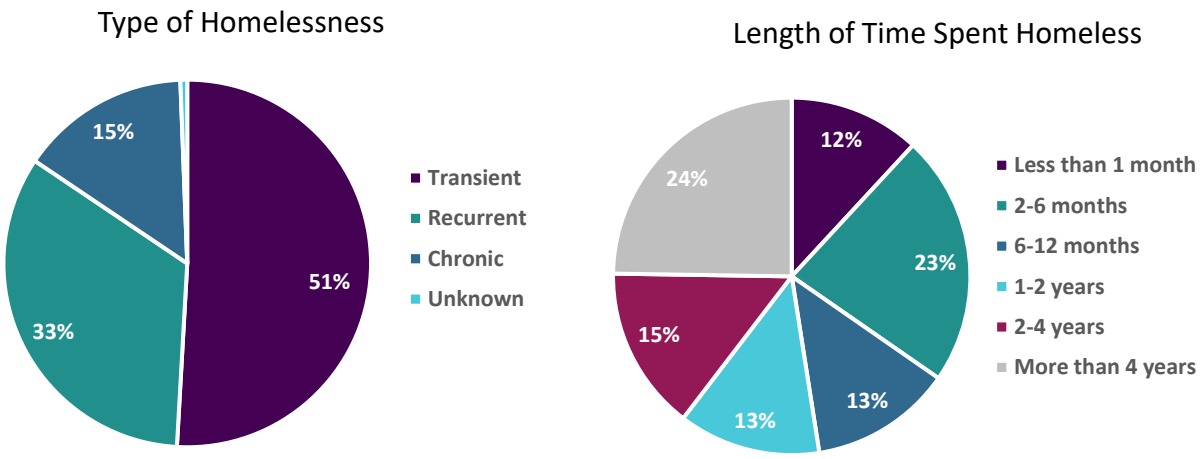


**Figure 4: Type of Homelessness and Length of Homelessness**

# 3 SUPPORT PROVIDED

This chapter describes the implementation of the key elements of the *Peer-Support, Wellbeing and Life Skills Program* and incorporates evidence and examples of the impact that this has had. This is presented under the headings of:

- Peer-support and engagement
- Personalising resident recovery
- Creating a warm, safe and therapeutic environment
- Practical support and independent living skills
- Meaningful use of time activities

## 3.1 PEER-SUPPORT AND ENGAGEMENT

The concept of peer-led support has had a longer history in the areas of AOD, mental health and sexual health in Australia, but is still in its relative infancy in homelessness, compared to the UK, Finland and a number of other countries. Peer-support is a recovery-oriented approach that seeks to utilise the shared understanding of another person's experiences, allowing for greater connection, insight, and support only obtainable from others with similarly shared experiences.[5] Peer-support workers therefore, bring unique skills and perspectives to their role, drawing on their own experiences and specialised knowledge of homelessness to assist others in similar circumstances.[6]

The Initial Lotterywest proposal included funding for a single, full-time peer-support role at for a period of 12 months, with a successful candidate employed by mid-January 2022. The inaugural peer-support worker is employed at 0.6 FTE, with a second peer-support worker commenced in early August 2022 at 0.5 FTE. The combined peer-support role is now 1.1 FTE, with at least one peer-support worker employed for afternoon and weekend shifts 7 days a week. This increase recognises not only the directly observed benefits for residents, but also the unique ways in which the peer-support staff complement and enhance the work of the clinical and key worker staff at the MRC/StayWitch's.

> *The addition of peer-support staff at the MRC/StayWitch's has proved integral to the person-centred model of care provided to residents, and quickly became a crucial part of the day-to-day functioning of the respite centre, benefiting staff and residents alike.* **– Manager, Residential Services**

> *Initially the peer-support worker shifts were during the day, but we quickly discovered that the afternoons and evenings and also weekends were critical times when peer-support is needed. A number of factors contributed to this, mostly a greater number of residents on site as during the day they can come and go if they're medically cleared. Also discharges and new admissions happen more frequently in the afternoon, and not as many staff members are on site at night and on weekends. It's also useful as resident boredom can also be greater in the evenings and weekends, as often mornings are often busy with health and other appointments.* **– Staff Member**

Pre-requisites for peer-support worker roles are a combination of lived experience of one or more of the challenges or circumstances experienced by the client group, and a qualification in community support, peer work, or similar.

The Lotterywest grant included some funding and recognition of the importance of workforce training, and the peer-support workers and other MRC/StayWitch's staff have received training as required in:

- Trauma-informed practice
- Situational Awareness and De-escalation training

- Legal Aid toolkit (run by Street Law)
- AOD Recovery toolkit (run by WAAHM)
- Mental health training day (run by WAAHM, with additional access to online courses, webinars and other resources)
- Financial literacy (online training & colleague to colleague sharing)

Additionally, one of the peer-support workers is now undertaking a TAFE Certificate IV in AOD support.

Importantly in peer work, there can be additional or unanticipated challenges around personal and professional boundaries by virtue of the role, and regular support for the peer-support workers in this regard has been provided by the Manager of Residential Services at the MRC/StayWitch's, and all staff are encouraged to provide informal debriefing and support for each other.

Almost by definition, peer-support roles are not rigidly structured, as engagement with people and supporting them with their own personal goals and recovery journey is paramount, so 'what the job looks like' can vary by setting, by the clientele, and by individual and organisational needs. However, there are common elements in peer-support descriptions that are reflected in the key aspects of the peer-support worker role that has evolved at the MRC/StayWitch's, which includes:

- Providing personal and practical support to residents across a wide range of needs with the overall goal of assisting and championing their recovery
- Building rapport and trust and breaking down barriers to engagement with health, support and external services (health, social, legal, financial)
- Reflective listening and supporting person-led problem solving
- Providing feedback to management and other staff members around ways to further build inclusivity into the service/facility
- Engaging residents in identifying wellbeing and therapeutic activities they would enjoy, and gently encouraging participation
- Assisting residents to navigate and access services (including online, via phone, making and attending appointments)
- Be a lived experience role model for residents and supporting a framework of hope and aspiration
- Informing current and future practices and policy at the MRC/StayWitch's to ensure lived experience perspectives are heard and incorporated

While the embedding of peer-support workers into the MRC/StayWitch's was one of the key funded strategies of the Lotterywest funded program, it was also integral to all other elements of the *Peer-Support, Wellbeing and Life Skills Program.* Thus, in addition to this specific report section on the peer-support roles, the types of support provided by the peer-support workers, and the impacts of this, are discussed throughout the report.

### 3.1.1 Types of Support Provided by Peer-Support Workers

As much of the vital work of peer-support workers is face-to-face, client led, and opportunistic, it is not geared towards onerous case notes and forms, and therefore, there was a substantial learning curve for both staff and the evaluation team in terms of how best to capture the frequency of key types of support being provided. Given the intent for the program and the role of peer-support workers to be led by the needs of residents, it was not appropriate to set up rigid data collection metrics at the outset. Several months into the program however, the evaluation team met with staff to distil some of the most common types of support being provided via the peer-support worker, and this was incorporated into the case worker data system being used at the time by the keyworkers within the MRC/StayWitch's. The six most common types of support identified at this time are shown

in Figure 5 below, with the frequency of each of these as recorded for a subset of 103 residents, shown in the graph.

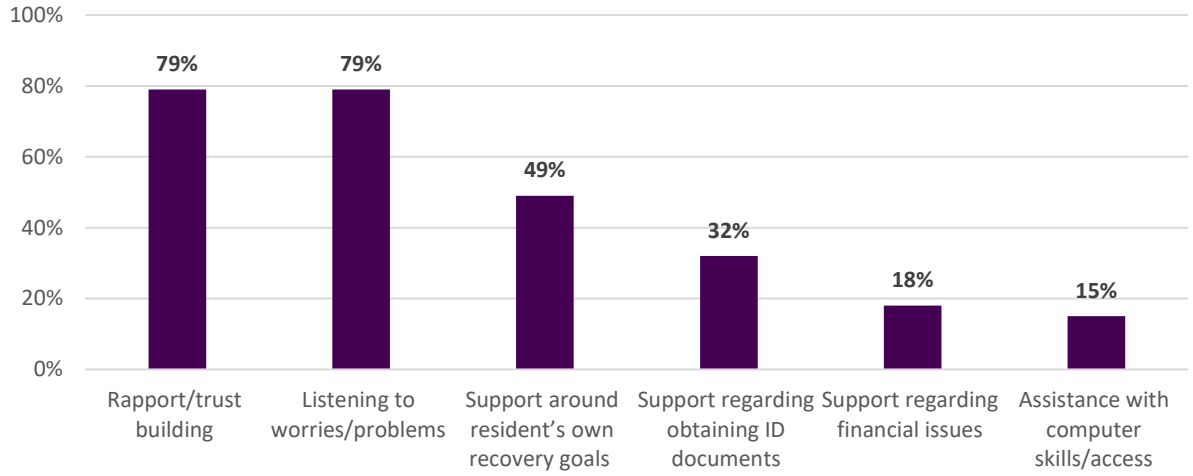


**Figure 5: Types of Peer-Support Worker Engagement**

While this data already indicates a high level of resident engagement, it must be noted that it is often difficult to effectively capture the true extent and impact of the peer-support workers' efforts due to the highly informal and ad-hoc nature of support provided. A single engagement with one resident may include hours of in-depth discussions and support before the resident is ready to share their experiences and needs with the peer-support workers. Additionally, engaging with the peer-support workers is entirely voluntary, and the level of engagement by residents is highly dependable upon a number of variable factors, including their physical and mental health upon discharge from hospital. Thus, while this data indicates that supporting residents' emotional wellbeing is a core tenant of the peer-support role, the true extent of engagement and support provided is likely underreported.

In the data that was available and presented in Figure 5 above, trust and rapport building, and spending time listening to people are significant features of the peer-support worker role. The 'listening' is important to note, as this is where the peer-support workers valuably complement the work of clinical and case worker staff, who often, by the nature of their jobs, have to be more task oriented. The responsiveness of the peer-support worker role to resident needs is also reflected in Figure 5 above, as it has transpired that obtaining ID, financial issues, and computer literacy are among the most common hurdles many residents face in even getting onto the priority housing waitlist, accessing Centrelink, or being able to navigate the internet for making appointments or applying for rental properties or jobs.

### 3.1.2 Benefits of Embedded Peer-Support Workers

As the evaluation team has observed directly at the MRC/StayWitch's, the way in which the peer-support workers go about building trust and rapport is intentional but can often appear incidental, as the aim is to be non-threatening, and to give residents space and a chance to open up in their own time. Some residents enjoy chatting or yarning in the outdoor area, over meal preparation, or while journeying to an appointment. Others have been seen to open up while playing cards or asking for assistance at the computer. As conveyed by many staff and residents, a key benefit of having the peer-support workers on site is that they can relate to residents because they have often had similar experiences, and even if this is not spoken about overtly, residents see that this is that extra level of understanding via lived experience. Recognising the importance of this, StayWitch's staff have also worked to ensure peer-support workers are not responsible for carrying out any formal disciplinary tasks, in order to maintain this level of peer trust and understanding. Residents have also expressed

how beneficial it was to engage with a staff member who was once in a similar position to the residents, giving many a renewed perspective and motivation to work towards recovery.

> *I think [the peer-support workers] are essential. There's the medical side, but if no one's really checking in on you - I started talking to [Peer-support worker], I think it was the first day that I got in here. He was telling me about what he'd managed to achieve on his own and that made me realise that, because I've got myself in a similar situation and he's gone through a very, very similar circumstance. It makes me realise that it's not impossible. If he's gone about it doing it his way, then maybe there's a way that I can achieve this.* **– Resident**

> *That was a bit of a turning point as well because I was feeling pretty low those first days. I was feeling s*** and seeing someone that was far ahead in the process was a bit of an eye-opener as well. Sometimes you can feel like there is no end goal, or it's too far away. Even [peer-support worker] telling me that he's not perfect and this and that, it was a big thing, It's good. I thinks it's an essential part of [StayWitch's] because I can see how this place kind of really works. The staff – their attitude towards it, it's brilliant.* **– Resident**

When asked about the benefits of the peer-support worker, many residents spoke highly of how the lived experience of the peer-support workers helped to break down barriers between themselves, other residents, and staff. Residents also spoke of how it worked to foster a greater sense of understanding and willingness to seek support from someone they feel 'just gets it'.

> *… I've been to quite a few counsellors and psychiatrists and they really - they haven't lived very well - I mean, they haven't been through a lot of rough stuff, tough times. You can tell they're just working out of a textbook, and say you should be doing this and that and the other and you know, sort of not understanding that when you're on the streets, it's really hard to get yourself motivated to do anything... a peer-support worker can empathise a lot more and understand what you're saying to them* **– Resident**

> *Yes, I spend a lot of time with the peer-support worker. He's awesome because he's on a different path than the workers here. He's been through a lot of it. Yeah, he knows, so he can offer that support as well. Just his attitude, he's a good worker because he knows where we're at. We have fun. We cooked a meal the other day and that was really good fun.* **– Resident**

These sentiments were also echoed by other staff members, who found the addition of the peer-support worker to be highly insightful and beneficial to both residents and themselves. They too spoke of the ways in which the peer-support workers were able to bridge the gap between residents and the other staff to create a more empathetic and constructive recovery environment.

> *I love having [peer-support worker] here so much. I think he's able to get a sort of knowledge of the patient that maybe we might not be able to, because there might be that barrier from a clinical perspective and he's able to chat with them, like you say, from a peer level. I know he's been chatting with [resident] a little bit, because he found that their situations are similar to how he was back when he was going through everything. I think it's also good not only for the patients, but for staff as well. I feel like I've learnt so much from just talking with him that I might not know, because patients might not be keen to discuss certain topics, whereas [peer-support worker] is an open book. It's great. If I have a question – because sometimes I might be a bit naïve about drugs or whatever it is, I just ask him* **– Staff Member**

> *… a lot of our patients find that the people they're talking to don't have lived experience and feel like they're not talking from an equal level. I think that's why [peer-support worker] is such a great person to have here, because he's able to relate them on a personal level, I guess, from previous experience. Yeah, I've had patients in the past tell me, oh, thanks, but I just don't want to talk to [other staff member] again, because I just don't feel they know what it's like.* **– Staff Member**

## 3.2 PERSONALISING RESIDENT RECOVERY

From the outset, the MRC/StayWitch's has been committed to providing more than just simple transitional accommodation and medical support to people experiencing homelessness and rough sleeping. Instead, the centre and its staff have sought to deliver truly comprehensive and holistic care that is inclusive, trauma-informed, and culturally sensitive. This recognises that everyone has different backgrounds, issues, needs, hopes and aspirations, and there is no 'one size fits all' approach that will work.

Trust and rapport building is critical in a trauma-informed service, but particularly an important aspect of the peer-support worker role, as many residents arrive with existing trauma from previously negative experiences with healthcare providers and homelessness services. As noted by MRC/StayWitch's staff, this can often lead to an initial mistrust or wariness among residents when they arrive, particularly if they have often felt let down by other services or had negative or traumatic experiences in health or other service settings. As expressed by one of the peer-support workers, it can take several weeks before a resident is settled and ready to engage with staff:

> *…building trust obviously takes time, sometimes people come in here who are chronically homeless and have zero trust. So sometimes it takes two weeks for them to open up to us and start telling the truth. Which is understandable, I wouldn't trust anyone either if I had been homeless… or when they've been surviving for so long, they come through [the doors] and are emotionally exhausted when they get here, because they can turn that survival mode off, they're not numb anymore…* **– Staff Member**

Supporting residents to identify and then work towards their own personal or recovery goals is a key part of the day-to-day role of the MRC key workers and peer-support workers. From interviews with residents and staff, it is clear that people often feel overwhelmed at first by the challenges of multiple health, social, and housing issues. Part of the role of the key workers and peer-support workers at the MRC is to support residents to tackle their goals or issues incrementally, identifying small things at first that can be done to progress towards a longer-term goal.

> *If someone's goal is to get public housing, we might support them to check if they are on the priority waitlist, update their phone or mailing address so that they can be contacted about housing, or set up a bank account so they can start saving for a rental bond. Or if a goal is to find a job, the first step might be to support a resident with computer skills so that they can create a resume and search for job vacancies online* **– Staff Member**

> *It feels less overwhelming if residents can break down their goals into smaller achievable steps – so if their goal is to stop drinking or to stabilise their diabetes or reconnect with their children, the MRC staff and environment provides a safe space, and the support to work out manageable steps they can take each day. People seem to find this less daunting, and it helps them to keep going, to maintain their hope* **– Staff Member**

Focusing on the resident's self-identified needs and goals is particularly critical for a service working with people who have experienced chronic homelessness, trauma and often multiple other forms of disadvantage. When people first arrive at the MRC/StayWitch's, the needs they identify are often very basic but fundamental to life, health and dignity, and often resonate strongly with Maslow's Hierarchy of Needs (Figure 6: Maslow's Hierarchy of Needs).[7] Helping people to meet basic needs regarding regular meals, good nutrition, sleep, clothing and safety has emerged as a critical first rung of support provided to all residents.


**Figure 6: Maslow's Hierarchy of Needs**

One resident reflected on how they would use the ED to satisfy the most basic of fundamental needs, shelter and sleep:

> *During summertime, I would sit up all night. A couple of times when I was homeless - you know before COVID and all that came in - I used to go to the hospital and sit down in the waiting room. Not to see a doctor or anything, I'll pretend I'm going to see a doctor. I'll sit out the back and sit on the stairs and have a little sleep. I'll wait till the sun came up, then I'm gone.* – **Resident**

As noted by one of the MRC staff, residents often arrive to the MRC with nothing:

> *Often people arrive from hospital with literally the clothes they are wearing, or their sole belongings in a small shopping bag* – **Staff Member**

## 3.3 CREATING A WARM, SAFE, AND THERAPEUTIC ENVIRONMENT

An important aspect of the MRC/StayWitch's model of care is to create a therapeutic recovery environment in which people who have typically been immersed in day-to-day survival or 'fight or flight' mode, can see and explore a future beyond homelessness, and equip themselves with the confidence and skills to achieve this. The ability for medical respite to provide rest and restitution to facilitate self-reflection and feel hopeful for the future has also been noted in international literature:

> *…a medical respite care stay can contribute to the creation of a temporary condition in which the basic needs of the homeless people are met, enabling them to be more hopeful and to think more positively about the future* - **Pederson et al. 2018**[8]

### 3.3.1 Home and 'family like' Environment

There are a number of additional activities and informal engagements that the peer-support workers and StayWitch's staff members have undertaken with the support of the Lotterywest grant, that aim to create a warm and welcoming 'home-like' environment for residents to truly decompress and recover in. This includes many things that may seem insignificant, but set it apart from a clinical hospital environment, such as:

- Preparing tea/coffee/snacks for residents upon arrival to make them feel welcome
- Purchasing cakes and organising small birthday celebrations for residents

- Helping residents to prepare their favourite meals to share with staff and other residents
- Identifying and procuring equipment to encourage residents to take up old hobbies and passions (i.e., art, basketball equipment, musical instruments)
- Supporting residents to keep their pets with them for the duration of their stay
- Providing residents with haircuts, and addressing other personal hygiene needs
- Maintaining a library with a wide selection of books, games, puzzles and welcoming resident suggestions

**Photo 4: Staff Engaging with Residents (Haircuts and Birthday Parties)**

While these actions may appear are small, their impacts on resident's self-esteem, sense of self, and overall mental wellbeing can be significant, and further aids the ability for residents to fully recover in a safe and welcoming environment.

> *When I got here, I was pretty anxious and stressed. I think the first thing one of the staff did was make me a toastie when I came in, so that says it all doesn't it? Here's something to eat. It was like, 'oh God finally, somewhere safe.'* **– Resident**
>
> *I think the small things, like giving residents haircuts - they're one of the most beautiful ways we support people, it helps them feel like themselves again.* **– Staff Member**
>
> *Yeah. It's like a house… a home. They've done a good job with the staff hiring. It's kind of just like a family.* **– Resident**

### 3.3.2 Therapeutic Benefits of Pets

The therapeutic benefits of animals and pets is increasingly recognised, and from the outset the MRC/StayWitch's staff were keen to see how this could be integrated into the model of care, and the Lotterywest grant application noted that the facility aimed to be pet friendly. This is also important, as having a pet can be a significant barrier to accessing health services and accommodation for people who are homeless, as their pet is often their one constant and companion, and it compounds other traumas to be forced to leave their pet behind.

To facilitate the MRC/StayWitch's being pet friendly, staff drew up a pet policy and agreement for residents with pets to sign (see Appendix 4). The case study below describes the first 'beneficiaries' of this pet friendly approach, and highlights the ripple effect benefits for other residents and staff.

## Box 1: Man's Best Friend

**Background:** 'Ronald' is an Aboriginal male in his early 50s who was admitted to the MRC following surgery on an abscess which required extensive wound care in the weeks after. He had previously been sleeping rough in his car, with his dog 'Buddy', and whilst admitted for surgery Buddy was taken to the pound and was likely to be adopted out or euthanised. When Ronald learned of this, he became extremely distressed, he stopped engaging with support services and his mental health deteriorated rapidly.

**Support provided:** Staff were able to assist Ronald to locate Buddy, and gained approval from the property manager and HHC senior staff to have Buddy stay for the duration of Ronald's admission. Ronald signed a 'pet policy agreement' taking full responsibility for Buddy's care and that afternoon the peer-support workers went with Ronald to collect Buddy from the pound. Ronald's mental health improved immeasurably, and he began to re-engage with mental health and AOD services. Having Buddy by his side motivated Ronald to continue his recovery journey. Buddy also brought other residents a lot of joy, spending time in the common room socialising and going for walks with staff.

Eventually Ronald's wounds improved, and he was connected to further services, including Next Step to continue his AOD recovery. Without the pet friendly policy and staff going the extra mile for residents, Ronald would be without his only companion and his recovery journey would have suffered significantly.

**Photo 5: Buddy, the Inaugural StayWitch's Resident Pet**

Staff have also been welcomed to bring their own dogs to visit on occasions, and this has become a popular occurrence for residents and staff alike. Most recently, one of the AOD team lead nurses at the MRC has been fostering a former rescue dog, and Bee (the dog), spends her days at the facility four shifts a week. Additionally, one of the members of the Home2Health evaluation team often brings her dog Nala to the facility when undertaking data collection or interviews with residents or staff, and this has been advantageous in an unanticipated way, with residents often open to chatting or giving feedback informally as they enquire about or 'talk to' the dog.

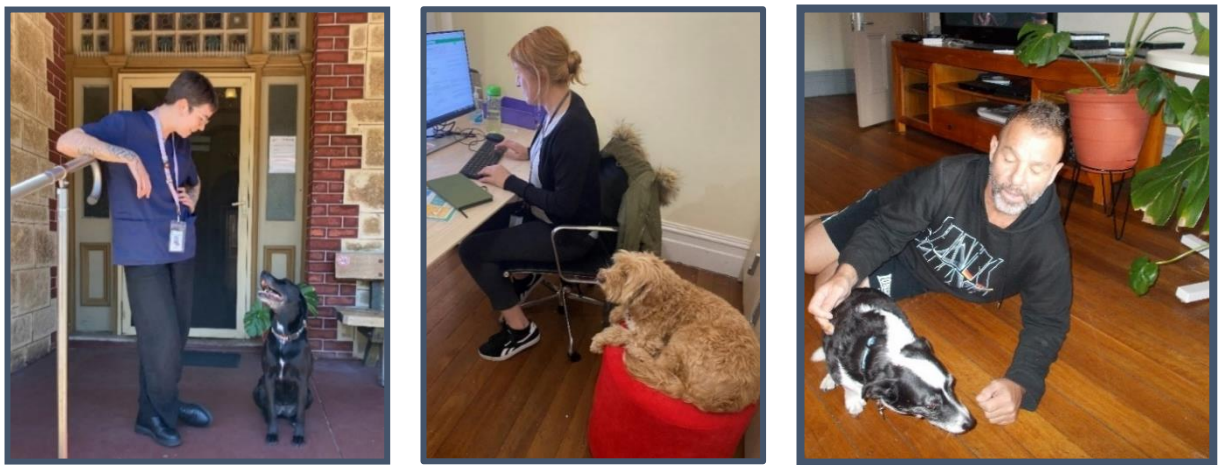

**Photo 6: Regular Visitor's to MRC/StayWitch's as Part of Informal Pet Therapy**

## 3.4 PRACTICAL SUPPORT AND INDEPENDENT LIVING SKILLS

Another key component of the program involves the provision of practical support to residents, oriented around the individuals' goals and needs. A unique benefit of a residential environment is that this doesn't have to occur in a set time-limited meeting, but rather, residents can ask for assistance at any point in the day, and staff can take an opportunistic approach to offering support. For example, the computers available to residents are located in the dining/common room area, and residents are often on the computers looking for accommodation options or searching for jobs, and navigating government or bank websites. As there is nearly always peer-support workers and/or key workers around onsite, they can informally check in with residents to see if they need assistance, or are 'on hand' if they have queries or need help.

Having support staff on site during residents' stay allows them to build trust and rapport, and take the time to sit down with residents and guide them through these processes when residents are comfortable to do so. Residents also expressed how the safety and stability of their stay at the MRC/StayWitch's allowed them to finally address these barriers without needing to worry about more pressing priorities such as food and shelter.

> *Well, getting through things. Like dealing with things. Getting my appointments sorted out which on the streets, you didn't even feel like it. Getting back into a routine of eating properly. Just relaxing and not having to look over my shoulder all the time and worry who the next person was that was going to bash you. Yeah, and that feeling of safety brings your confidence back as well. –* ***Resident***

People experiencing homelessness often face knowledge and practical resource barriers (i.e., access to finances, computer access, financial literacy) to start overcoming these issues and, consequently, often struggle to navigate complex social and legal systems such as Centrelink, procuring ID, or setting up a bank account. For many residents, addressing these barriers would simply not be possible without the support of the peer-support workers and this was conveyed to the evaluation team in many conversations with both residents and staff.

### 3.4.1 Computer Literacy and Internet Navigation

Peer-support workers and staff frequently provide ad-hoc support to residents on a number of matters throughout their stay, including assisting residents to register for MyGov and Centrelink online, searching for and applying to jobs, re-issuing IDs, as well as teaching residents how to navigate online appointments with health or other services, or assisting them to navigate rental or accommodation websites such as Booking.com or REIWA.

Of the 103 respite centre residents with available data, 32% engaged the peer-support workers for assistance with obtaining identification and other important documents, and a further 15% sought assistance from the peer-support workers with computer literacy skills, including navigating online portals, creating and updating resumes, and searching for accommodation online ( Figure 5).

> *Yeah, the doctors and nurses have all made my appointments and got me back on track with my care. Yeah, but they're very thorough here…they've kind of taken all that on and made my appointments and yeah and then the peer-support workers here are helping me to get all the documents I need together and things like that. Yeah, so it's kind of like - we call it a one-stop shop.* ***– Resident***

The case study below illustrates an example of how practical support from the peer-support workers complements the health and other supports provided to residents, and the critical importance of trauma informed and integrated support in cases like this where there has been elder and financial abuse.

**Box 2: Practical Support**

**Background:** "Olivia" is a woman in her early fifties, with recurrent experiences of homelessness and high hospitalisation as a result of family violence, PTSD, and multiple major mental health diagnoses, as well as harmful substance use behaviours. Olivia had previously been living with her son, and was regularly subjected to financial, emotional, and physical abuse which resulted in her rough sleeping throughout 2021, with no mobile phone, and no access to her own finances. In November 2021, she self-presented to ED in crisis, reporting suicidality and general deterioration of her mental health. Olivia was referred to the MRC for intensive psychosocial support, as well as management of her generally poor health.

**Support Provided**: Upon arrival, Olivia was very fearful and distrustful of the respite services due to the significant trauma she had recently experienced. Slowly, staff managed to build a trusting relationship with Olivia, and were able to provide her with extensive medical and social support. Peer-support workers assisted Olivia in obtaining ID, regaining access to her own bank accounts and Centrelink payments, and linking her with a counselling service to provide support for survivors of FDV. While at the MRC, Olivia received preventative health screenings, was stabilised on her regular medications, and received health education to assist in understanding her many chronic health conditions. Once medically cleared from the MRC, Olivia was stepped down to a StayWitch's bed while awaiting appropriate supported accommodation. Here, she continued to receive extensive psychosocial support with the peer-support workers helping her to access bond assistance, enabling her to secure private rental accommodation. Upon discharge, Olivia was linked in with HHC and After-Hours Support Service (AHSS) to help her transition to her own accommodation.

**Current Situation:** In the 8 months after discharge from StayWitch's, Olivia has remained in her private accommodation and continues to be supported through home visits by the AHSS and HHC case workers. She has engaged with community based AOD services, mental health and FDV support, and now has a local GP who is helping her to continue her physical recovery.

### 3.4.2 Financial Literacy and Support

A high proportion of residents convey to staff that they are facing significant financial issues, including outstanding debt, fines and debt-collector demands, not to mention, the basic struggles to procure food and accommodation when living below the poverty line. Nearly all are reliant on Centrelink or disability support, and some have not been able to even navigate these services as yet to get any kind of regular payment. Banks and many other institutions often require 100 points of ID, and this is almost impossible for people whose homelessness has meant that they do not have a passport, often have not had the opportunity to learn to drive and obtain a licence, and fundamental ID documents such as a birth certificate are difficult to store and keep track of without a home. Outstanding debts (e.g., ambulance charges, rent arrears, phone bill debts) are not uncommon among the MRC/StayWitch's residents, and this is similarly common across the homeless population in WA.

In an effort to help boost resident's financial literacy and independent living skills, the initial Lotterywest funded program had proposed that a number of external workshops on financial literacy would be held at the respite centre. However, it soon became clear to staff that this was not going to be a feasible nor effective strategy for a number of reasons, including;

- The high level of medical and psycho-social support that residents required whilst at the respite centre meant they had a number of competing priorities, and many were already extremely busy attending several appointments each day.
- Residents also needed a significant amount of time to decompress to physically and mentally recover when first arriving at the centre before they could start to address other broader issues such as finances.
- A reluctance from residents to participate in group sessions, especially with external stakeholders with whom they have little trust or rapport.
- The difficulty of discussing highly personal and potentially traumatic issues with others, especially considering the level of shame often associated with debt and financial hardship.

To overcome this, the intended financial literacy support was revised to provide residents with a more embedded and readily available form of financial support via upskilling of the peer-support workers and other staff via access to online training and engaging with financial literacy services. Many of the residents' needs were very basic, such as struggles to get ID to set up a bank account, being able to use online banking, accessing, and dealing with Centrelink, paying off debts, or working out how to save for a rental bond. This type of assistance is already within the scope of work for support workers in the homelessness sector, and the additional financial literacy skills training enhanced staff capacity to assist residents. Financial hardships are common among residents, and it was observed that people often felt more comfortable talking about this or their financial literacy challenges with the peer-support worker, or even asking for advice from another resident, who had previously been assisted by a member of staff.

Being able to support residents opportunistically (whether in relation to financial literacy, health literacy, or psychosocial support) has emerged as a critical success factor for the MRC/StayWitch's model of care. This approach proved to be far more beneficial, and trauma informed, allowing tailored support around financial related issues to be provided by trusted workers at a more opportunistic time and on a level more suited to residents' levels of understanding and capacity.

> *Sometimes a resident will be at the computer and just call out and ask if we can help them get into their bank account, or help them with an application, or help them set up online banking. Or they will have a goal of saving up for a deposit to get a rental property, and we can talk through some practical ways they can achieve this goal* **– Staff Member**

> *Helping people to try and get rental bond assistance is one of the things we often do. It is really hard to save up for a $700 bond if you are on a disability pension. There is a government scheme for bond assistance, but people can feel daunted about how to go about this. So we can sit alongside them and apply for it together* **– Staff Member**

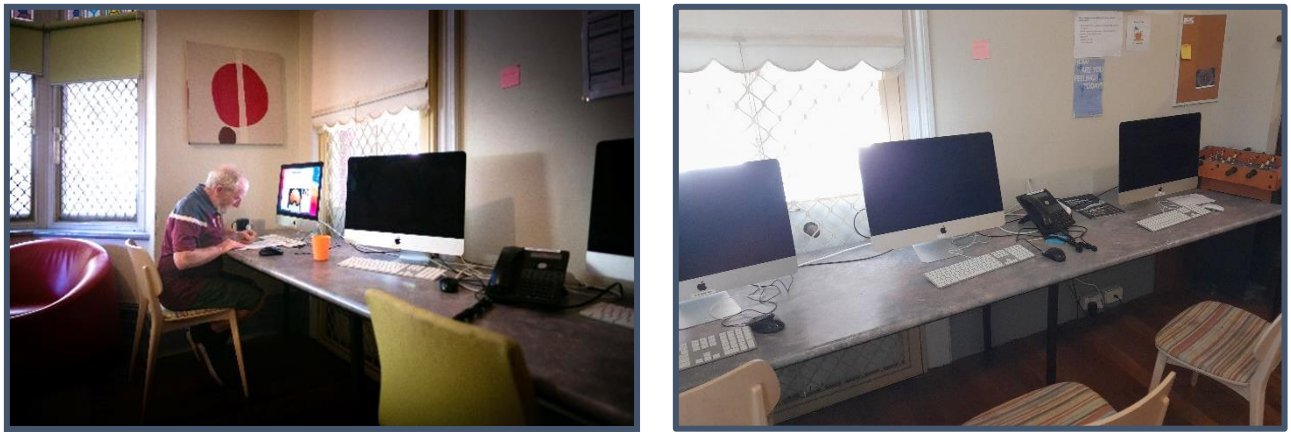

**Photo 7: Residents in the Dedicated Computer Space**

### 3.4.3 Cooking and Meal Preparation and Planning

An important but often overlooked aspect of recovery from issues of homelessness, AOD use, and mental health issues is poor health literacy. People experiencing homelessness, especially those that are street present are often unable to source regular and nutritious meals, or forgo meals as they balance competing priorities such as securing shelter or remaining safe.[9, 10] This can exacerbate health issues, and this is evident in the fact that 19% (n=29) of people admitted during Year 1 of the MRC had diabetes and consequences of unmanaged diabetes, exacerbated by poor diet and nutrition.

One of the learnings from the 50 Lives 50 Homes project in Perth was that when people with a long history of chronic homelessness finally get housed, they can feel overwhelmed by the prospect of grocery shopping, and the need to regularly plan and prepare meals, and budgeting for this.[11]

The MRC/StayWitch's provides a unique and non-threatening window of opportunity to support residents to build skills relating to nutrition and meal preparation. Together with the peer-support workers and other staff, residents can opt to engage in assisting to prepare simple meals using food donated weekly via SecondBite, which illustrates how to be creative with cooking meals from 'what is available'. Staff also encourage residents to choose a favourite meal, or prepare one with special meaning attached (such as a childhood favourite or family recipe), whilst also assisting residents to substitute healthier ingredients in where possible.

**Photo 8: Donated Fresh Products Used in Meal Preparation**

As quite a high proportion of residents have diabetes, meal preparation has become a non-threatening way to encourage people to learn about healthier options to manage their health conditions.

> *"we had one resident who had only recently been diagnosed with diabetes. He was overwhelmed about what this meant for what foods he could eat. Together with staff, he got involved in preparing or adapting meals to help manage his diabetes, and when he was discharged, he was given a set of recipes that he had already leant to make, that he could take with him to use at his new accommodation"* **– Staff Member**

Residents can also pick fresh produce from the onsite kitchen garden (see 3.5.4) to incorporate fresh foods and herbs they have helped grow into particular meals to highlight the importance of fresh produce.

**Photo 9: Residents and Staff Cooking Together**

The following case study provides an example of how nutrition and healthier eating were able to be addressed once a resident's health had been stabilised and sense of hope bolstered.

**Box 3: Support to Develop a Healthy Lifestyle**

**Background:** "Felicity" is a woman in her late forties who has a history of homelessness and challenges with AOD use. On admission to the MRC, Felicity disclosed that she had not prioritised self-care as she did not expect to live much longer.

**Support provided:** The respite centre staff supported Felicity to become engaged in the management of her own health. As her physical health stabilised and health literacy increased, Felicity began making changes to her health and discussed dietary changes with the GPs and nurses and well as increasing her exercise. Previously a heavy smoker, Felicity quit smoking while at the respite centre, with support from the staff and nicotine replacement therapy provided on site. Felicity became highly involved in cooking at the MRC to broaden the range of healthy meals that she knew, and quickly began to regain her passion for healthy food.

**Current situation:** Felicity was discharged from the respite centre and is now housed in a private rental. She has returned to employment and continues to proactively manage her health, including preparing fresh meals and recipes she learned at the centre.

## 3.5 MEANINGFUL USE OF TIME

Another major component of the *Peer-Support, Wellbeing and Life Skill Program* sought to engage residents in meaningful use of time activities during their stay. This is an important aspect of recovery, particularly in relation to AOD and tobacco use, where boredom can precipitate relapse.

With the support of the Lotterywest grant, staff and residents designed and secured resources for a range of engaging and constructive activities, including cooking classes, financial workshops, and art therapy sessions. These initiatives worked to not only support the development of resident's independent living skills, but also fostered improved relationships amongst staff and residents, and helped address issues of boredom and social isolation for residents.

> *Yeah, the activities on offer here might seem mundane to some, but they really help residents to regain confidence… The daily activities especially like cooking or cleaning also help to create a sense of participation and a bit of ownership in the centre I guess.. they really break down that power dynamic between staff and residents that often exists at other homelessness services.* **– Staff Member**

### 3.5.1 Creative Activities

Creative activities such as art, music, and photography have also been incorporated into the wellbeing program at the MRC due to the significant therapeutic and reflective benefits they can bring.[12] Lotterywest funding was used to purchase a small amount of art and drawing supplies, while community donations provided musical instruments such as a guitar, keyboard, and a didgeridoo specifically gifted to one resident from a respected Aboriginal community Elder.


**Photo 10: Resident and Social Worker Engaging in Arts and Crafts**

In the original grant application, it was intended that an external social worker would facilitate art therapy activities. However, given the vulnerable health of residents, strict COVID-19 restrictions came into effect, and core staff and peer-support workers instead took on the responsibility for facilitating arts and crafts activities. All activities were optional for residents to participate in and included:

- Painting & water colour pastels
- Mindfulness colouring
- Knitting, crocheting, and cross-stitching
- Sketching and drawing activities
- Journaling

Art has been a particularly valuable avenue for expression and reflection for the MRCs' Aboriginal residents, with many taking up traditional art paintings. Several pieces completed by residents were donated to the MRC and are now on display.


**Photo 3: Examples of Resident's Artwork**

**Box 4: Art as Means of Healing**

**Background:** 'Gloria' is an Aboriginal woman in her early 60s with an extended history of homelessness and experiences of FDV and heavy alcohol use. After a short stay at RPH following a fall, she was discharged to StayWitch's as she had no safe accommodation to return to, and still required some assistance to monitoring her blood pressure. Upon arriving at the respite centre, Gloria was nervous, and slightly apprehensive to engage with others, but quickly felt at ease in the "lovely old building" and was linked with a case worker, and the Homeless Healthcare GP service for further medical support.

**Support Provided:** During her stay, Gloria expressed how she used to paint regularly, and so a small amount of Lotterywest funding was used to purchase paints, small canvases and other art supplies for Gloria and other residents. Gloria created several art pieces that reflected her journey over the past few years, and expressed how it not only kept her busy during her time at the centre, but was also a nostalgic and therapeutic way to re-engage with her culture and self. Several of Gloria's pieces were donated to the respite centre upon her discharge and are now proudly on display throughout the building.

Music also proved to be a highly beneficial activity for residents, with many making use of the various instruments donated to the respite centre, including several guitars, didgeridoos, and an electronic keyboard. Some residents describe music as a good way to 'escape the world' for a brief moment, and engage in broader reflections about life. For others, it was a good way to engage other residents, by teaching new songs and techniques, while staff also enjoyed playing along with residents, believing it to be an excellent way to 'level playing field' and break down boundaries between the staff and residents.

> *Music helps to get me outside of my head, stops me thinking and worrying about things and regrets.* **– Resident**

*Yeah, actually. A lot of people like to just pick up the instruments and play and that. A lot of the Indigenous boys like to play the guitar and stuff.* – **Staff Member**

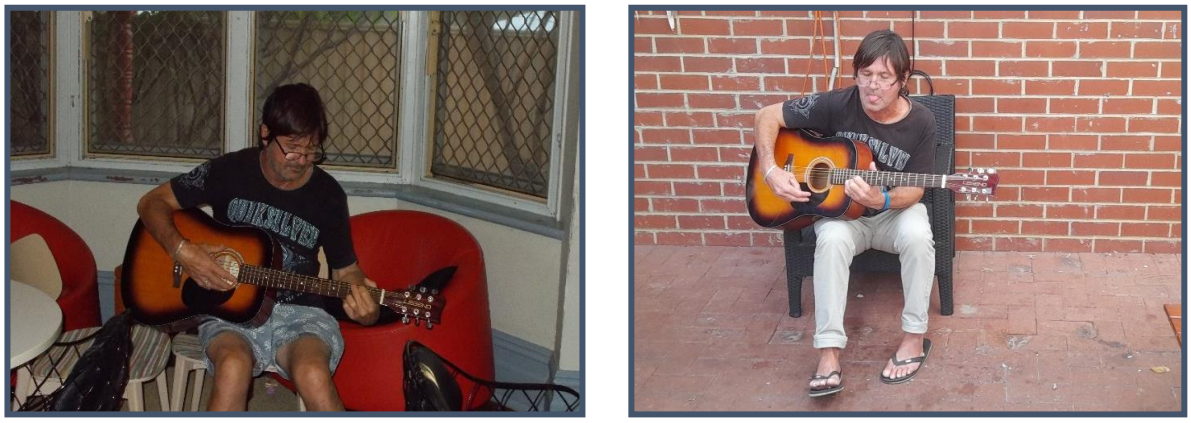

**Photo 4: Resident Enjoying Playing a Donated Guitar**

### 3.5.2 Reducing Boredom and Mindfulness

Not having something to do can be confronting for residents who have been living in fight or flight mode on the streets for a long time, and having ways to pass the time is important. But as stressed by staff, people can't be forced or cajoled into activities, and instead, it is important to make the resources available for them to make that decision and pick up an activity when they are ready. This has taken the form of a well-stocked library of donated books (of all genres), boardgames and cards, mindfulness colouring in books, and an arts and crafts cupboard.

> *… Yeah, we even had one resident who was a self-professed expert on sci-fi books I think. He was really enthusiastic and would share daily updates on characters and plot developments from across the range of books in the StayWitch's library.* **– Staff Member**

> *Residents actually really enjoy having a wide selection of books they can read or just peruse through… when one of our residents discharged, he donated his reading glasses to another resident so that he could finish the book he was reading.* **– Staff Member**

Cards and board games proved popular for residents to pass the time and socialise with staff and other residents, while some residents found unique ways to reflect and process their past experiences, including through poetry and jigsaw puzzles.

> *… when I first started doing a jigsaw, there was a few of us doing it and the support workers were coming in and the nurses were coming in… one or two at a time and helping. So, for me, on a mind and spirit level, it was quite cathartic. As if I was putting the pieces of my life back together and… it's kind of like one piece at a time and if it didn't fit – like in real life - the pieces that don't fit are gone and the pieces that do fit, yeah…* **– Resident**


**Photo 5: Games, Arts, and Crafts Available to Residents**

**Box 5: Knitting**

**Background:** 'Drewe', a 44-year-old man had two referrals to the MRC, the first for management of acute complications secondary to a diagnosis of end-stage liver cirrhosis. His goal was to maintain his newly established sobriety and attend residential rehabilitation. From the MRC, he was successfully discharged to residential AOD rehabilitation, where he stayed for roughly four weeks. Unfortunately, Drewe then had an accident and sustained an injury to his ankle, resulting in transfer to hospital and readmission to the MRC.

**Support provided:** On his second MRC admission, Drewe was in extreme pain and struggling to manage his health, and expressed a high degree of distress and hopelessness about having to leave AOD rehab. Staff worked closely with the rehab service in order to develop a plan for him to return, which was his goal. Drewe remained at the MRC while waiting for a place at rehab. This was an extremely challenging time for him as he struggled due to the volatile nature of congregate living settings, and he expressed that he came very close to relapsing. Significant time was spent with him by the AOD nursing team and peer-support workers, assisting him with distress tolerance skills to remain on his path of sobriety.

Drewe expressed interest in learning to knit, as a distraction technique while in what he described as 'limbo' waiting for rehab placement. Some Lotterywest Wellbeing grant funding was used to buy knitting and other craft supplies, and staff spent time teaching Drewe to knit and engaging in therapeutic activities. During this time, he began to open up about his childhood, the roots of his problematic relationship with alcohol, and the trauma of processing his terminal diagnosis. He shared a deep feeling of being alienated by the medical system and feeling stigmatised for his substance use.

Drewe feels confident that he would have relapsed into his illicit drug use causing him to be unable to return to rehabilitation, if he had not been able to return to the MRC and provided the opportunity to participate in therapeutic wellbeing activities such as knitting. From the MRC, Drewe was successfully discharged back to rehabilitation, after maintaining what he reported to be his longest period of abstinence from illicit drug use.

### 3.5.3 Cooking and Food Preparation

The initial Lotterywest grant included a plan to trial an adaptation of 'Recipes for Life' nutrition initiative, based on a program overseas with people from disadvantaged backgrounds that uses a narrative approach enabling people to share their experiences with food through hands-on kitchen activities and recipes, thus integrating therapy with cooking and eating sessions. The idea is to tap into people's memories and experiences of meals and food as a conduit for gently talking about nutrition, food insecurity and empowering people to share and talk about recipes they love.

Unfortunately, the onset of COVID-19 pandemic restrictions placed heavy restrictions on the ability for external volunteers to visit the respite centre, and so the recipes for life strategy that was to be run by a volunteer nutritionist could not be implemented as intended. When restrictions finally eased, the volunteer nutritionist had returned to her home country, again as a consequence of COVID-19. In place of this, peer-support workers and other staff have sought to 'tap into' this idea of supporting people to reconnect with memories and traditions relating to food and cooking, and this has been a meaningful bonding and learning opportunity on a number of occasions.

> *We had a resident who really wanted to cook some meals from her home country, so we went off to the Asian store together, and got some ingredients, and she really enjoyed being able to cook for others food that connected her to her culture.* **– Staff Member**

The following case study is another example of a resident who found it healing and empowering to be able to make for others a meal from his family origins:

**Box 6: Processing Past Trauma Through Cooking**

**Background:** 'Anthony' is an Australian-Italian male in his mid-50s. He has had a life-long history of homelessness and AOD use stemming from institutionalised abuse he suffered as a child. Prior to admission to the respite centre, Anthony was living in a tent and was hospitalised after a dog bite to his hand caused significant wounds.

**Support Provided:** Anthony was referred to the MRC for support with ongoing wound care, and during his stay, his substance use and mental health issues came to light. Much of Anthony's mental health issues related to his traumatic past, including a loss of family and culture, and the recent passing of his mother. Staff were able to link Anthony to a number of support services, including AOD and mental health outreach whilst providing ongoing medical care for his hand.

Once his hand had recovered sufficiently, Anthony was stepped down to StayWitch's so that he could continue to receive further AOD and psycho-social care whilst accommodation options were explored. Anthony expressed that he was eager to participate in day-to-day activities throughout the centre, and was once an avid cook. StayWitch's staff encouraged Anthony to return to the kitchen, and assisted him to prepare his Mum's homemade spaghetti bolognaise recipe to share with staff and residents. This brought Anthony a lot of joy, and helped him on his journey to process his traumatic past, remarking that his mother would have been very proud of him.

More broadly, cooking and food preparation with residents has proven to be a powerful way to combine rapport and trust building with some gentle education and skills around healthy eating. While there is no expectation for residents to contribute to the preparation of food, many residents are eager to participate, and see it as a good way to give back, and contribute to the home-like environment of the respite centre.

> *…people often want to help out with cooking. We don't expect them to, but having a sense of purpose and feeling useful matters to many residents who stay here. The residents can suggest a recipe or come up with an idea about something to cook, and it is a great way for staff to just informally spend time with residents and get to know them better* **– Staff Member**

These informal cooking sessions have also become one of the most successful ways for the peer-support workers and staff to connect with residents and break down barriers to engagement.

> *Cooking is one of the main activities we do with the residents. That's a good way to build up rapport with them.* **– Staff Member**

> *Just his attitude, [Peer-support worker's] attitude, he's a good worker because he knows where we're at. We have fun - we even cooked a meal the other day and that was really good fun… I love cooking. That's one of my ways of calming down and [peer-support worker], he's just awesome, just his attitude towards it all.* **– Resident**

**Photo 6: Resident's Sharing Meals Together**

### 3.5.4 Kitchen Garden

As a means of further advancing resident's awareness of healthy nutrition and providing opportunities to undertake activities outdoors, some of the Lotterywest funding was used to set up a kitchen garden, comprising of moveable garden beds planted with various herbs and vegetables. Previous literature has strongly demonstrated the ample benefits that gardening brings to the physical and mental health of individuals.[13-15] Increased involvement in community gardening and green spaces has also been shown to provide an increased sense of belonging for individuals in public housing, as well as positive effects on healthy eating and exercise uptake.[16]

Residents had the opportunity to get involved with the garden project from the outset, helping to assemble the garden bed containers, work out where best to position them (for appropriate sunlight, rain catchment, etc.), filling the garden beds with soil, and setting up a sustainable form of self-watering. Residents were also asked for suggestions on what to grow, and a range of seedlings and seeds were donated. The peer-support worker suggested decorating the garden beds with paints and this was carried out by a number of eager residents.

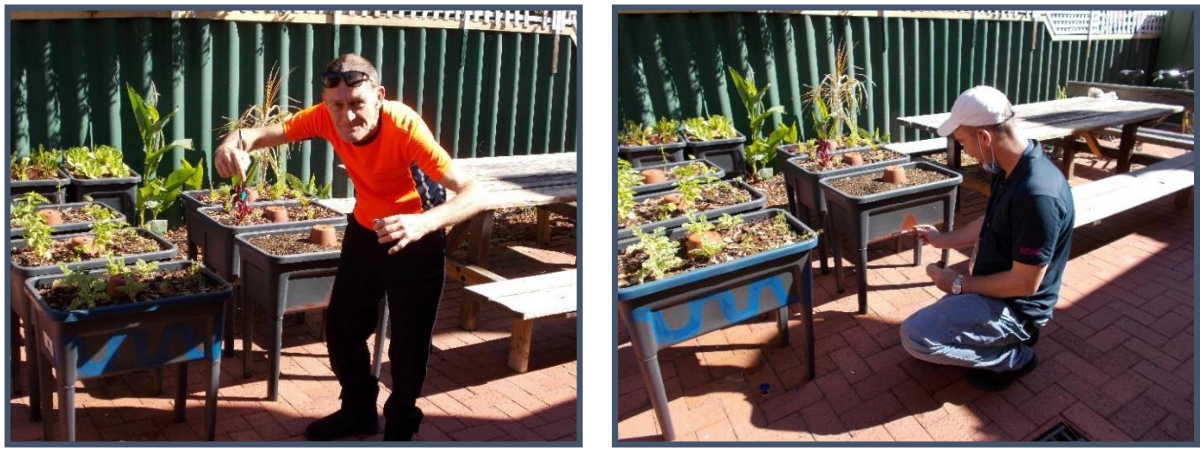

**Photo 7: Residents and Staff Painting the Garden Beds**

As observed by staff, some residents quickly and enthusiastically engaged in setting up the garden beds, whilst others enjoyed looking on, or commented that it had made the outside area more pleasant to sit in. Various residents over time have volunteered to water the plants, and prune them as required, and any resident may make use of the herbs or produce for cooking.

Given the high representation of Aboriginal people at the respite centre and indeed, within the wider homelessness population in Perth, an explicit effort was also made to incorporate specific native bush tucker plants into the garden program, making it more familiar and engaging to these residents.

**Photo 8: Onsite Kitchen Garden**

Residents have been highly receptive to the low-key kitchen garden program, and have enjoyed the relaxing and gentle nature of the duties associated with tending to the garden. Staff noted that the garden was especially well-embraced by quieter residents, such as older females who were more reluctant to engage in social activities and large groups settings.

Residents initiated their own custodial-like role over the garden, taking responsibility for things like watering, weeding, picking produce for use in the kitchen, or rotating the location of the movable beds to take advantage of the sun. This was observed by staff to not only provide these residents with a meaningful use of time activity, but also generated a sense of ownership, fulfillment, and pride.

> *The addition of the community garden has been great, especially as we find that not every activity is going to appeal to every resident, so it's important to have a range of activities available. The garden has been particularly beneficial to some of the quieter residents who enjoy tending to the plants away from the hustle and bustle of the centre*. **– Staff Member**

> *One of the residents was often anxious but enjoyed helping out around the property, offering to water the kitchen garden or help out with handyman tasks*. - **Peer Worker**

**Box 7: Gardening as a Therapeutic Activity**

**Background:** 'Aubrey' is an Aboriginal woman in her 50s who has a long history of heavy alcohol use, and a complex relationship with her family, which often resulted in periods of rough sleeping and homelessness. Following hospitalisation for her alcohol use, Aubrey was discharged to StayWitch's as she had nowhere to stay whilst waiting for rehabilitation intake.

**Support Provided:** Whilst at StayWitch's, Aubrey was linked with a caseworker and peer-support staff, who helped her access AOD support and secured a place for her at a nearby alcohol rehabilitation centre. Whilst waiting for intake, Aubrey was trying to abstain from alcohol use, and expressed to staff that she was feeling distressed and anxious, and was fighting the urge to return to her drinking habits. Support staff recommended Aubrey spend some time in the garden as a simple way to calm her anxiety and worries. Aubrey took to this enthusiastically, and was out in the garden regularly throughout the day tending to the herbs and tomato plants. She reported that this was very beneficial to her mental health, and kept her distracted throughout the day when her urge to consume alcohol arose.

The garden also offered opportunities to foster social interactions between staff and residents, and promoted light physical activity, particularly useful for those residents who are less mobile or active.

> *The garden has been a really good way to get people out of their rooms, spend time in the sun, and have a chat with staff while watering the garden or picking herbs for dinner…* **– Staff Member**

### 3.5.5 Physical Activity & Recreation

The betterment of resident's physical health is a fundamental objective of the respite facility, and while much of the centre's functions are largely focused on the post-hospital recovery of residents, the centre still aims to improve many aspects of resident's physical health, including fostering increased physical activity and appropriate exercise. There is overwhelming evidence that highlights the beneficial effects of regular exercise on both physical and mental health,[17, 18] including the prevention and improved management of non-communicable diseases such as diabetes, and other health issues highly prevalent in homeless populations.[18, 19] However, international studies indicate that the average level of physical activity amongst homeless populations is very low compared to the wider population, and access to appropriate community-based physical activity and exercise programs is nearly non-existent.[17]

> *Part of recovery is not just medical care, but it's about helping people learn or remember how to keep themselves well and healthy both physically and mentally. Especially our residents who have diabetes or other conditions that they might not really know how to manage. Teaching them the importance of exercise, of eating well, the benefits it all has on their medical health and on how they feel* **– Staff Member**

### 3.5.5.1 On My Feet

Engaging residents in walks and fitness via 'On My Feet' was one of the planned activities under this grant. Implementation of this was complicated by COVID-19, but for a few months, there were regularly scheduled walking sessions facilitated by volunteers who were themselves formerly homeless. The intent was to encourage residents to go for a walk in in the surrounding neighbourhood and parklands, undertake regular group exercise and socialisation, and then conclude with a group coffee catch-up at a local café. A number of residents shared how valuable they found this, not only as a way to engage in low-impact exercise, but also as a conduit for connecting with other individuals with previous experiences of homelessness, and share unique insights and motivational support.

> *I find it crazy because the support [On My Feet] can offer is different at each stage of your recovery. We were chatting about everything yesterday, and how good I felt at that group and then coming back [to the respite centre] … I was just on such a buzz, I felt great, and it made me realise that [On My Feet] is going to be a big part of my journey* **– Resident**

Other residents noted that the walking sessions were a great way to socialise with fellow residents, and to keep themselves occupied during the day. For some, it was noted to be a good form of routine, and assisted them with their AOD recovery.

> *[On My Feet] was really good. I was excited about it all day and it gave me a reason not to even think about drinking or using, because I had to be sober and clean because there were going to be Year 11 students there.* **– Resident**

> *My anxiety, that's what it's around, I sometimes feel this crushing anxiety and that's what I was drinking for. Then it would be a cycle because then I'd feel worse, and then I'd drink more, but with exercise it's kind of the opposite, and especially with the support you get from [On My Feet] as well. I'm not ready yet to understand it but, I'm finding that exercise has changed everything.* **– Resident**

While the 'On My Feet' program proved highly beneficial to those residents who took part, overall participation in the program was relatively low due to a number of competing factors including volunteer availability and COVID-19 restrictions making the program unviable for much of 2022. Residents were also often busy attending medical and social support appointments (i.e., AOD sessions or Centrelink interviews), making routine group exercise a difficult activity to schedule. Additionally, participation in the walking groups was heavily dependent on residents' physical and mental health, and with a majority of residents still recovering from their prior hospitalisation, this meant only the most active and physically stable residents were likely to participate.

> *Once people have been medically stabilised, they've recovered and been stepped down to StayWitch's, then they have more capacity to engage in activities… usually this is where we find exercise and other activities are really important. Helping people get back a sense of routine, structure their days and keep them busy.* **– Staff Member**

### 3.5.5.2 Other Efforts to Encourage Walking and Movement

Nevertheless, staff continued to actively encourage residents to undertake a range of appropriate physical activities during their stay, including social walks in the adjacent park and neighbourhood, with many residents more receptive to the idea of exercising at a time and manner that best suited their own needs.

> *That's where I spend all day walking. I'll go down to the river and I'll walk back, go to [rehabilitation centre] or go down to the [local café] and I'll walk all the way down to Highgate. I've got like a little morning routine. Get up, make my bed and have breakfast, porridge, shower, shave and go. It's great in that aspect, but it is an interesting place.* **– Resident**

The photos below were taken by one of the residents participating in the photovoice project as part of their daily walk:


**Photo 9: Photos Taken by Resident During Daily Walk**

Light walks are sometimes suggested also on an ad-hoc basis by the peer-support workers, and serve as another non-threatening way to build rapport and also help to familiarise residents with the local area and locations of nearby homelessness services.

> *Once people have been medically stabilised, they've recovered and been stepped down to StayWitch's, then they have more capacity to engage in activities… usually this is where we find exercise and other activities are really important. Helping people get back a sense of routine, structure their days and keep them busy.* **– Staff Member**

More generally, staff have been highly proactive in facilitating other recreational activities that promote light physical activity, and based on resident suggestions, were recently able to organise for the purchasing of a table-tennis table and basketball equipment. These activities have proven to be very popular with staff and residents alike, fostering great comradery and socialisation within the centre, and offer more accessible alternatives to exercise programs such as On My Feet. Engaging residents in these recreational activities has also proved to be a good way to improve cohesion, and avoid boredom and frustration, particularly amongst residents with longer stay durations whose recovery journeys may be complex.

> *But, yeah, I just felt awesome when I'm outside doing something. Those two things go together for me, mental health, and exercise. It's always been a massive thing for me. Being so unhealthy where I was before, and then as healthy as I am now. You can be in a very bad frame of mind when you're really not healthy. It can be like a flow-on effect.* **– Resident**

**Photo 10: Staff and Resident's Participating in Recreational Activities**

# 4 PROGRAM LEARNINGS, SUSTAINABILITY AND CONCLUSIONS

*The dire shortage of public housing and supported mental health accommodation in WA coupled with the pressure on public hospital beds, means that tragically, hospitals often have no option but to discharge patients back to homelessness. The MRC and StayWitch's has thus filled a vital gap, providing an important 'stepping-stone' safe space for people to recoup and regenerate hope, confidence and life-skills, whilst also providing opportunities for peer-support and healing* – **Dr Amanda Stafford, Clinical Lead, RPH Homeless Team**

## 4.1 IMPACT SUMMARY

While there is an emerging body of international literature and learnings from other respite facilities for people experiencing homelessness that speak to the value of peer-support workers and life-skills/wellbeing engagement, the reality is that more evidence is needed as to why this works and is needed in a WA context, and the initial limited funding for the MRC pilot has been constrained by its focus on the health and medical needs of residents.

This Lotterywest grant was therefore, not just a grant that has enabled activities and outcomes to occur, but is a critical 'proof of concept' investment, enabling Homeless Healthcare to trial and demonstrate the critical benefits that are added by the embedding of peer-support workers and wellbeing and life skills development into the core model of a service that is not only seeking to reduce hospital use, but more fundamentally, to support people to exit out of homelessness.

Through this program, Homeless Healthcare has also been able to better document many of the common lived-experience barriers that hinder exits out of homelessness and work alongside residents to navigate and overcome some of these obstacles.

The foremost intractable challenge to supporting people to exit homelessness in WA remains the disheartening lack of public housing and other suitable accommodation options. This has worsened over the last year, and as the MRC/StayWitch's has a commitment to not discharging people back into homelessness, has contributed to longer lengths of stay at the facility. However, as shown in this evaluation report, whilst housing itself remains the biggest challenge, there are many other smaller contributing hurdles people who have been homeless face, such as computer illiteracy, a lack of ID or bank account access, an inability to save for a bond to apply for accommodation, and so on. These are basic yet daunting roadblocks that thwart many people experiencing homelessness and the services seeking to support them. The *Peer-Support, Wellbeing and Life Skills Program* has enabled nearly 200 people to overcome some of these hurdles, whilst simultaneously working to build resident's capacity for independent living through life skills development.

Harder to quantifiably measure, but no less important, has been the role of this program in helping to provide a therapeutically supportive and restful environment that is a stark contrast to the stress and challenges of surviving on the streets, and a stark contrast also to clinical or institutional settings. This in turn, has helped to foster an environment conducive to physical, mental, and soulful recovery, whilst also working to restore hope and confidence for a future beyond homelessness.

> *I arrived weeks ago scared, abused, mentally ill, and very confused with life. I was referred to StayWitch's after a week on the streets, terrified and alone. I was treated with no judgement or any embarrassment. I was given a room, toiletries, a bed and food, towels, a hot shower, and medications… I was taught some skills, my confidence grew, my mental health eased, and I wasn't scared of myself - I was no longer alone. The staff opened their arms, heart, and mind to all my needs, and no one was uncaring. The staff did an amazing job, my angels who will always have a special place in my heart forever. I'll miss you all.* **– Resident**

*Our hospital now regularly refers homeless patients to the MRC - the facility offers a welcoming and safe space for people to recoup after a hospital admission, and they are more able to engage in recovery when no longer in daily survival mode on the street. The introduction of the Peer-Support Wellbeing and Life Skills Program has exponentially increased the direct and indirect benefits for people we refer there, and reducing relapses in homelessness and poor health*. **– Dr Amanda Stafford, Clinical Lead, RPH Homeless Team**

## 4.2 CRITICAL SUCCESS FACTORS

From the evaluation of this pilot program and the action research learnings, there has emerged a number of critical success factors underscoring the impact that the *Peer-support, Wellbeing and Life Skills Program* has had. This includes:

### Embedded peer-support roles

- The establishment of peer-support staff roles would not have been possible without the pilot program funding, and this has rapidly come to be seen by residents and other staff as a critical essential aspect of the model of care.
- The intentionality of allowing the role to evolve in response to resident and service provision needs has proven invaluable – almost by definition, a peer-led role should not be rigidly scripted, and this pilot program has enabled the MRC/StayWitch's and its peer-support workers to evolve the role to best meet the needs of residents, with a bigger picture view always focused on recovery and supporting people to exit out of homelessness.

### Relational nature of peer-engagement and trust building

- So often funding is directed to service provision and metrics relate to outputs or quantifiable outcomes. But as clearly evident in this evaluation, relational engagement is fundamental to working with people who have experienced extensive trauma, or broken trust, or who are worn down by the revolving door of health and social sector interactions.
- The small things are actually the big things in terms of what matters and has cut through with a target population group who has too often felt judged, marginalised, and excluded. This came through time and time again during the evaluation in relation to the benefits of the peer-support workers at the MRC/StayWitch's – being listened to, feeling that someone 'gets it', and trusting another person to share your inner doubts and hopes is immensely powerful, and medical staff attest to the way in which this has not only been beneficial in its own right, but has also increased the likelihood of residents completing their admission and continuing on in their recovery journey.

### Synergies between therapeutic environment and wellbeing/life skills activities

- Staff actively engaged residents to formulate their own recovery goals (even if small) and to suggest ideas for the *Peer-Support, Wellbeing and Life Skills Program*.
- Linking the peer-support roles with the wellbeing and life-skills program via this grant, has enhanced the embedding of the peer-support workers within the overall model of care, and has provided the peer-support workers with a unique modality for gentle incidental engagement, and ways of broaching life skills and wellbeing in a non-confronting way.

### Resident and peer shaping of program activities, creating a sense of program ownership

- Enabling clients/residents to engage in co-design is increasingly touted in funding guidelines and the literature, but when a service already exists, it is less clear how to facilitate this. At the MRC/StayWitch's, the *Peer-Support, Wellbeing and Life Skills Program* has thus provided a practical platform for genuinely engaging residents in shaping the program and its activities.

The peer-support workers have gone about this in an informal yet highly effective way. For example, conversationally asking residents about the pros and cons of activity ideas, sitting alongside people as they 'try things out', and feeding back to management and the evaluation team when a planned activity is not working out as intended.

- Encouraging people to tap into past interests or hobbies has been an unanticipated engagement strategy, and has powerfully provided residents with a way to relate back to a time before homelessness defined their existence. Cooking recipes from their childhood, sitting down to do a jigsaw, and picking up a long-forgotten hobby (such as painting or knitting), are just some of many examples.
- Sense of responsibility has been subtly nurtured – the kitchen garden is a great example of this, with various residents over time informally taking responsibility for different aspects such as watering, weeding, moving beds into the sun, or turning the compost.

#### Options and choice, self-autonomy and agency

- All activities and peer-worker engagement remained voluntary, with resident's given the choice to engage as much or as little as they liked.
- For most of the activities on offer, there was no set time or schedule, and this has helped the facility and its environment to seem more home-like, and not clinical, or like a formal residential program.

#### Flexible and adaptive program design

- The *Peer-Support, Wellbeing and Life Skills Program* was always responsive to resident feedback, ranging from input into arts or other recreational activities residents might want to partake in, through to the timing of activities, or other small concepts such as the need to move the position of table tennis table to avoid the sun and improve player experience.
- Modifications to some intended activities had to made due to COVID-19 constraints & staffing limitations, however the *Peer-Support, Wellbeing and Life Skills Program* has always remained true to its overarching aims, and some of the modifications actually enabled elements of the program to become more sustainable, as internal staff were upskilled, rather than being reliant on activities being delivered by an external service.
- Changes in frequency and timing of peer-support worker shifts to better match high need periods (i.e., weekends and afternoons)

#### Sustainability via staff upskilling and building the capacity of staff to deliver program

- Investing in staff training and upskilling to bring activities and support 'in-house' (i.e., financial literacy training for staff in place of third-party volunteers)

### 4.2.1 Benefits of the Action Research Approach to Evaluation

As an action research approach was taken throughout the evaluation period, many of the emergent learnings were relayed to the MRC/StayWitch's Manager of Residential Services prior to the final conclusion and evaluation of the project. Moreover, residents themselves articulated in a number of interviews, that they felt that their feedback was not only welcomed, but listened to and actioned:

> *… I said something, and you know, [the staff] take that on board, they do. It's not like they just go 'oh f***ing whinging again'. No, they actually are concerned for the residents and concerned for the safety and the comfort as well for the residents here. So, absolutely, very approachable.*
> **– Resident**

The need to be flexible and responsive and receptive to feedback was also critical because this program and the wider MRC/StayWitch's service was established in the midst of the COVID-19

pandemic in Australia, which had disproportionate impacts on not only people experiencing homelessness, but services working in this sector. What was encouraging to observe from an evaluation team perspective, was that alternatives were always explored and tried whenever there was an intended activity that was thwarted by COVID-19 restrictions, or that did not garner the interest of residents has had been imagined. A good example of this was the early learning that structured set time activities (e.g. for walking groups, art) did not work so well, as the health, mobility and support needs of residents varied enormously, and people were often having to come and go to attend medical or other appointments off site. Hence it was not cost effective to fund external service providers to come on site to run an activity, as participant numbers were often low. This led to an intentional shift, with the focus becoming on upskilling existing staff who are there daily, to support residents with things like computer or financial literacy, navigating job seeking, engaging in art therapy or simply going for a walk.

The resultant *Peer-Support, Wellbeing and Life Skills Program* remained very true to the original aims and intent of the grant funded by Lotterywest, however modifications were made to some of the strategies and the way in which they were delivered, based on resident and staff feedback, and the need to make agile adjustments due to the constraints imposed by the COVID-19 pandemic.

## 4.3 PROGRAM SUSTAINABILITY

The *Peer-support, Wellbeing and Life Skills Program* has proven to be an integral feature of the MRC and StayWitch's day-to-day service delivery. While the Lotterywest grant funding has now ceased, the program is set to continue and expand with the eager support of staff and residents, with sustainability demonstrated via:

- Three years of philanthropic funding secured to continue the employment of the peer-support workers. This would not have been possible without the support of the Lotterywest grant, which enabled the clear benefits of peer-support staff to be trialled and demonstrated.
- Staff ownership of the meaningful use of time and wellbeing activities – offering and facilitating these is now embedded into the day-to-day ethos of the MRC/StayWitch's, and staff continue to show initiative in giving residents the opportunity to identify other ideas for activities or ways to enhance the therapeutic nature of the setting.
- Infrastructure and materials sourced through the Lotterywest grant are to remain at the respite centre, and can continue to contribute to the wellbeing of residents with little ongoing costs (e.g., table tennis table, community garden beds, donated instruments, art supplies).

## 4.4 CONCLUSION

In all, the *Peer-Support, Wellbeing and Life Skills Program* has demonstrated the significant contributions that peer-led support and wellbeing/life skills development strategies can have on the overall recovery journey of people experiencing homelessness. Indeed, many of the activities and instances of support provided to residents have had an impact that extends far beyond their 'face value'. This program has helped to fill a number of small but unique voids in the provision homelessness support services, and worked to create a more holistic and encompassing model of care at Perth's medical respite centre that is receptive to residents' needs and self-agency. In doing so, many residents are able to leave the centre not only with an improved level of health and wellbeing, but greater life skills and a sense of hope for their journey towards a life beyond homelessness.

*I will always hold this place close to my heart. I believe that StayWitch's has the hand of God over it and somehow amongst all of life's challenges, you repaired my mind, body, and soul. This is attributed to all of you going above and beyond! Thank you* **– Resident**

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# APPENDIX 1: PHOTOVOICE INFORMATION & CONSENT FORM

THE UNIVERSITY OF NOTRE DAME AUSTRALIA

HOME 2 HEALTH
Institute for Health Research
The University of Notre Dame Australia

## HOMELESS HEALTHCARE STAYWITCH'S/MEDICAL RESPITE CENTRE (MRC) PHOTOVOICE PROJECT PARTICIPANT INFORMATION SHEET

### WHAT DOES THE PHOTOVOICE PROJECT INVOLVE?

You are invited to participate in a **photovoice project** during your stay at StayWitch's and/or the Medical Respite Centre (MRC). This project involves being loaned a digital camera during your stay, to take photos of thing that mean something to you about your time here and how it may have benefited your health, wellbeing or recovery. This project forms part of the evaluation of StayWitch's and the MRC, and is being done as a collaboration between Homeless Healthcare and our Home2Health research team.

The photovoice project will use photos, stories, and yarning to explore the following:

- Things you have got involved in, enjoyed or spend time doing while staying here
- any benefits or changes you have noticed (e.g. getting enough sleep, regular meals, access to healthcare, time out from stresses etc.)
- any challenges you have experienced or are wanting to work on as part of your recovery journey
- Anything else that you associate with your time here!

If you want to participate and have read this information sheet, then please sign up to be loaned a camera and complete the consent form.

### WHO IS UNDERTAKING THE PROJECT?

This project is being undertaken by the Home2Health team led by Professor Lisa Wood from the Institute of Health Research at the University of Notre Dame.

### WHAT WILL I BE ASKED TO DO?

If you consent to take part in this photovoice project, it is important that you understand the purpose of the project and what you will be asked to do. Please make sure that you ask any questions you may have and that all your questions have been answered to your satisfaction before you agree to participate. What does it involve?

- During your stay here, you are encouraged to take photos that help to tell a story about your experiences here. You can take as many or as few photos as you wish.
- When you feel you have taken enough photos, one of our research team would like to sit down with you and listen to what you wish to share about the photos you have taken. If you don't want to talk about any of the photos, that it totally fine.
- After we chat with you about the photos you took, we can arrange to get some of them printed for you if you wish. We may also include some of the photos in a photo book we will be making about StayWitch's and the MRC, based around photos and stories shared by its residents.
- Please respect other people's privacy and do not take photos of other people unless they provide signed consent. If someone is happy to be in a photo for/with you, there is a consent form they will need to sign (this is in your camera pack).

### POSSIBLE BENEFITS OF THIS PROJECT?

This photovoice project will help to capture benefits and feedback about StayWitch's and the MRC as part of its evaluation. As StayWitch's and the MRC are both pilot projects, it is important to document learnings from residents themselves about their experience staying here, so that improvements can be made for the future.

### ARE THERE ANY RISKS ASSOCIATED WITH PARTICIPATING IN THIS PROJECT?

**There are no specific risks anticipated with participation in this study.** It is totally up to you what photos you take and what you choose to share with the research team. However, if during your chat with the research team you find that you are experiencing difficult feelings or becoming distressed, Homeless Healthcare staff are available onsite to support you.

## WHAT ARE WE ASKING YOUR PERMISSION FOR?

| | |
|---|---|
|  | **To be able to talk with you about the photos** you take and your experiences at StayWitch's/MRC and any suggestions you have to improve the experience for future residents |
|  | We would like to **record our chat** with you about your photos and your experience here, so that we capture your story correctly and don't miss anything important.<br>We do not share the recording with anyone, and do not use any identifying information<br>If you choose not to be recorded or you agree to being recorded but change your mind for any reason, we will take written notes from our Photovoice discussion instead. |
|  | Use some of the photos you have taken to **make a photo book** about people's experiences at StayWitch's<br>If you would like your own individual small book with your photos in it, this may also be possible. |

## CAN I CHANGE MY MIND ABOUT PARTICIPATING?

**Participation in this study is completely voluntary.**

Even if you agree to participate, you are free to withdraw from further participation at any time without giving a reason and with no negative consequences. You are also free to ask for any information which identifies you to be withdrawn from the study. Participation in this Photovoice project or withdrawal from it will not affect your involvement in StayWitch's/MRC or in any other projects or services.

## HOW WILL YOU KEEP MY INFORMATION PRIVATE AND CONFIDENTIAL?

The feedback you provide us will not be linked to your name or any of your personal details. The audio recordings will be stored at the Institute for Health Research (IHR) at the University of Notre Dame Australia (UNDA), Fremantle Campus, in accordance with the requirements for the management, storage, access, retention and disposal of research data laid out in the UNDA policy and procedure documents on research data management (*Policy: Research Data Management; Procedure: Research Data Management* and in the *WA University Sector Disposal Authority*. Audio recordings from interviews will be transcribed by a professional transcription company with strict confidentiality procedures. Only researchers directly involved in the analysis and interpretation of the data will have access to it.

The research ethics requirements are that materials collected from this study must be kept in secure storage for 7 years after which time the data will be destroyed by shredding of paper copies/deleting electronic pictures and databases. It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication or presentation, information will be provided in such a way that you cannot be identified.

## WILL I BE ABLE TO FIND OUT THE RESULTS OF THE PROJECT?

Once we have analysed the information from this study we will create a user-friendly infographic that will be made available on the Homeless Healthcare website (www.homelesshealthcare.org.au/. If you specifically want a copy, please provide us with a method to contact you (such as an email) to enable us to send you a copy on completion.

## WHO DO I CONTACT IF I HAVE QUESTIONS ABOUT THE PROJECT?

If you have any questions, you can contact the research team using the following details home2health@uwa.edu.au or at https://www.home2health.org/contact-us

## WHAT IF I HAVE CONCERNS OR A COMPLAINT?

The study has been approved by the Human Research Ethics Committee at The University of Notre Dame Australia (Reference 2022-041F). If you have a concern or complaint regarding the ethical conduct of this research project and would like to speak to an independent person, please contact UNDA's Research Ethics Officer at (+61 8) 9433 0943 or research.ethics@nd.edu.au.

**Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.**

## HOW DO I SIGN UP TO PARTICIPATE?

If you would like to take part in this study, please complete the consent form and we will collect it from you. You can keep this information sheet.

# PARTICIPANT CONSENT FORM

| *I consent for researchers to:* | | | *Yes* | *No* |
|---|---|---|---|---|
| **What** | | **Why** | | |
|  | I agree to talk to researchers from the University of Notre Dame about my experiences of being at StayWitch's and/or the Medical Respite Centre. | You can tell us about any changes there have been in your life since being at StayWitch's and/or the Medical Respite Centre.<br><br>You can change your mind about talking to the researchers at any time without needing to explain why. | | |
|  | I give permission for University of Notre Dame to use the photos that I have taken for the project. | Photos will be used in reports, exhibits and presentations related to this project | | |
|  | I give permission for researchers from the University of Notre Dame to record interviews and yarning groups I am involved in. | Recordings will be used to check our notes from our discussions are correct. Your name and any other identifying information will be removed from any findings that are reported or presented. | | |
|  | I give permission for comments I make in the interview or yarning session to be used by University of Notre Dame in reports and publications. | Quotes from interviews and yarning sessions may be used in final publications, reports and presentations. All quotes will be de-identified and no names will be used. | | |

**Name:** _____

**Signed:** _____

**Date:** _____

# APPENDIX 2: PHOTOVOICE INSTRUCTIONS

**HOMELESS HEALTHCARE MRC/STAYWITCH'S PHOTOVOICE PROJECT**

The aim of this photovoice project is that people use the digital camera to:

- Take photos of things that reflect or mean something to you about your time at StayWitch's
- Take photos of things that relate in some way (even if just to you personally) about how staying at StayWitch's may have benefited your health, wellbeing or recovery (for example: getting enough sleep, regular meals, access to healthcare, time out from stresses etc)
- Take photos of activities you have got involved in, enjoyed or spend time doing while staying here
- Take photos of things that challenged you, or that you are wanting to work on as part of your recovery journey
- Anything else that you associate with your time here!

There are NO rules about what makes a good photo, and you can be as abstract or random as you wish 😊. These are your photos that reflect something about what you have valued, done, enjoyed or felt while staying here

The photos will used to create a photobook that capture stories and experiences from residents who have stayed here.

***Just remember: don't take photos of other people without their consent****; this is important to protect the privacy of others. If someone is happy to be in a photo for/with you, there is a consent form they will need to sign (this is in your camera pack)*

*Version 2- 09/03/22*

# APPENDIX 3: PHOTO CONSENT FORM

## STAYWITCH'S AND MRC PHOTOVOICE PROJECT
## CONSENT TO INCLUDE OTHER PEOPLE IN PHOTOS

- As part of this photovoice project, it is important to respecting other people's privacy and not to take photos of other people unless they provide signed consent. This includes other residents staying here, as well as staff.
- If you would like to include someone in a photo you are taking and they are happy to about this, please ask them to sign this form.

*If people have not consented to have their photo taken, please respect this and do not take their picture!*

### Consent to have photograph taken

I give permission for _____, to take a photo that includes me in it, as part of
^Name of person in photo^
their participation in the StayWitch's photovoice project. I understand that my name will be kept confidential, and that any photos taken will only be used as part of the photovoice project and the evaluation of StayWitch's /MRC.

| Full Name: | Signature: | Date: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Thank you for your participation in this project**

# APPENDIX 4: PET POLICY

Medical Respite Centre (MRC) Pet Policy

1. I understand that I am fully responsible for my pet and that all food and vet bills are to be covered by me.
2. I understand that I may have to share a room with another resident at times and will ensure that my pet does not negatively affect the other person.
3. If required, I will keep my pet outside +/- on a leash or in a crate for safety reasons.
4. When I leave the MRC (apart from approved medical leave) I will take my pet with me or find an alternative carer for me pet. I understand that my pet cannot stay at the MRC if I am discharged/choose to leave.
5. I agree to cleaning all food and water bowls daily and will not feed my pet inside.
6. I understand that if my pet shows any signs of aggressive behaviour that I may be asked to source an alternative home for my pet.

| | |
|---|---|
| Resident name | |
| Pet name/type | |
| Resident signature | |
| Staff witness name | |
| Date | |