

HOUSING FIRST IN PERTH

Findings from the 50 Lives 50 Homes Evaluation

Prof Lisa Wood & Shannen Vallesi 31st May 2022









ACKNOWLEDGMENT OF COUNTRY

We acknowledge the Traditional Owners and Custodians of the lands on which we meet today and pay our respects to Elders past, present and emerging.

Sovereignty has never been ceded.

It always was and always will be, Aboriginal land.

WHO WAS SUPPORTED BY 50 LIVES?

For the Cohort Consenting Between October 2015 and June 2020:



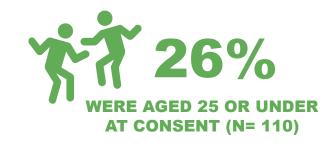






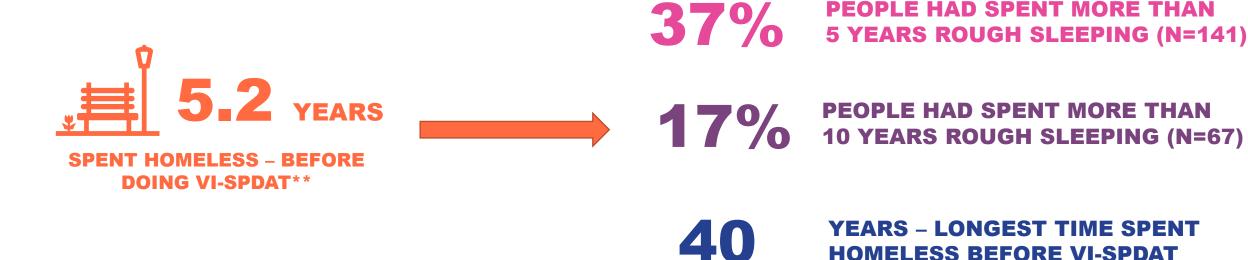






YEARS SPENT HOMELESS

Of the 386 Individual* VI-SPDAT Respondents:



^{*} There is a Family and an Individual version of the VI-SPDAT, only version 1 of Individual surveys have been included here

^{**} An individual could have remained homeless for many additional years after completing VI-SPDAT before being housed

HOUSING OUTCOMES



WERE PROVIDED PERMANENT HOUSING AT SOME POINT

(67% of 427 people supported)

With 64 (out of 284) people being housed more than once



MEDIAN TIME TO BE HOUSED

(approximately 7 months)

Average approx. 11 months.

1.7X longer

MEDIAN TIME FOR AN ABORIGINAL PERSON SUPPORTED BY 50 LIVES TO BE HOUSED



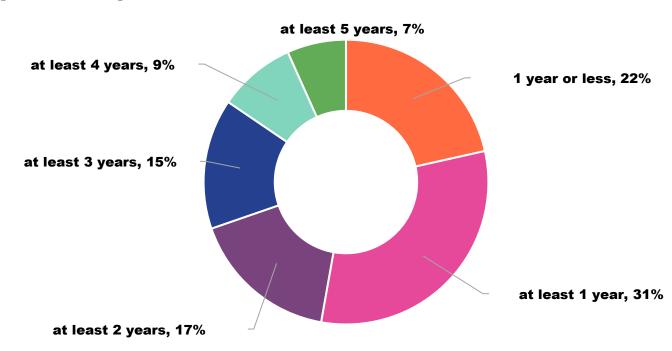
WERE NEVER PERMANENTLY
HOUSED, AND DID NOT EXIT
SUPPORT



Many waiting for 5+ years

HOUSING OUTCOMES cont...

Longest period each person was housed as at Dec 2021:



SUSTAINING TENANCIES

Of the 284 people who were permanently housed:





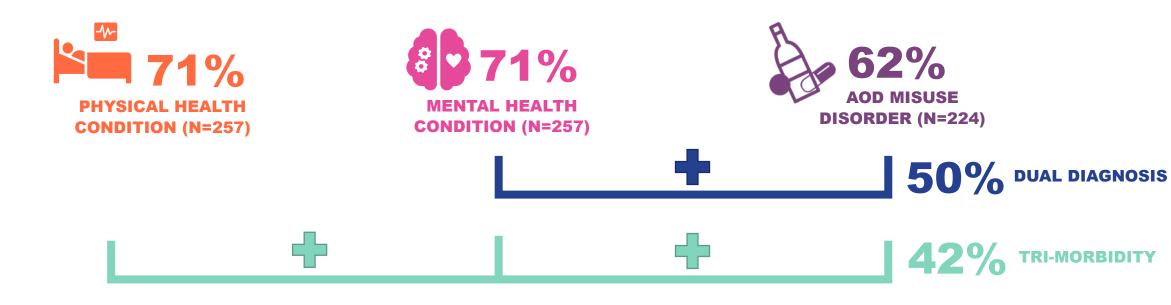




- No real differences between gender and Aboriginality in sustainment in the long term
- Those who score ≥15 on VI-SPDAT were most likely to sustain for 5 years (i.e., those considered the "most vulnerable" chronic rough sleepers)
- After-Hours Support Service (AHSS) elicited through interviews AHSS was single most influential factor for supporting people to sustain their tenancies, respond to health and psychosocial needs and prevent eviction.
- Very few examples in international literature for long-term evaluation

HEALTH OUTCOMES

Of the 364 people who saw Homeless Healthcare (85% of cohort):

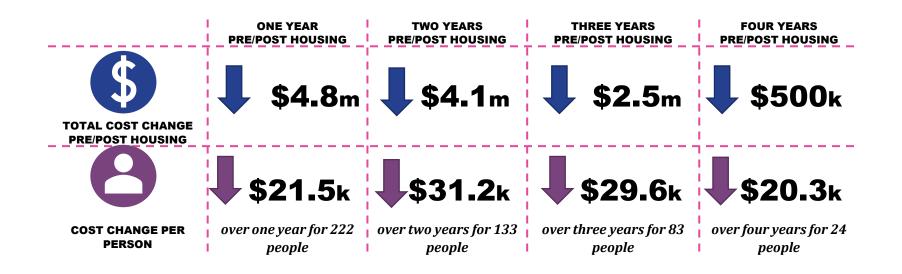


- It can be long process to *identity, unravel, & treat* health conditions that have onset/worsened while experiencing homelessness
- Nurses as part of AHSS & access to no cost primary care (e.g., Homeless Healthcare) has been vital in supporting people, particularly those with multiple chronic health conditions

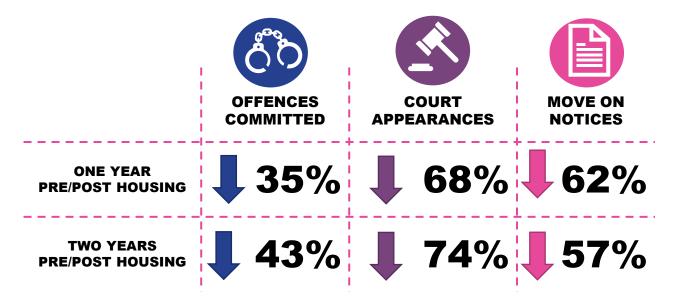
HEALTH OUTCOMES ONCE HOUSED

Decreases observed in:

- total ED presentations, ambulance arrivals to ED and number of people presenting to ED
- total inpatient admissions, people admitted and total days admitted



JUSTICE OUTCOMES



Ways people in 50 Lives were supported for legal issues (to prevent justice contacts):

- Financial support (e.g., unpaid fines) → supported into debt repayment plans, financial counselling
- **Tenancy issues** (e.g., rent arrears, property damage) → liaison with housing providers
- **Victim of crime** (e.g., FDV, child abuse) → assistance to source community legal advice, trauma counselling, support to apply for compensation

KEY ACHIEVEMENTS

Embedding of Housing First in WA Policy Ending Rough Sleeping for Many

Development of Youth and Aboriginal Models

Demonstrating Benefits of Ongoing Support

Breadth of Sector Collaboration

Increased Emphasis of the Housing-Health Nexus

Development of Innovative Solutions to Ending Homelessness

OVERVIEW OF RECOMMENDATIONS...

Improve Public Housing Waitlist Processess Facilitate Rapid Access to Appropriate Housing Rehousing for Those who have Lost their Tenancies Enable Individuals to Choose Where and with Who they Live

Provide Support to Keep People Housed Long-Term

Provide Resourcing for Case Workers Investment in Aboriginal Controlled Organisations

More Focus on Health in Homelessness Policies

Complemented by and Building off Recommendations from Report 3:

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

RECOMMENDATIONS

Three dominant themes across these recommendations:

HOUSING • ↑ ↑ public housing availability so that people can be housed first



better matching of supply to demand and need

↑ Aboriginal organisation led housing providers & management

↓ barriers to getting and staying on waitlist

↑ case workers, including longer term support for those with complex needs



≠ water down after hours support↓ barriers to NDIS & other sustainable long term supports



↑ investment in trauma informed health services to support people once housed (primary care, dual diagnosis (e.g., mental health + AOD), allied health, trauma therapy)

WHERE ARE THEY NOW? As at 31 December 2021



















WHERE ARE THEY NOW? continued...

While 50 Lives has now morphed into the **Zero Project**, it remains essential to ensure for this cohort:

- ongoing access to AHSS, trauma informed healthcare, support to build community integration & reduce loneliness;
- Pathways to rapid re-housing (if tenancy lost or no longer appropriate);
- Longer-term sustainable support options (including supported accommodation) as people age or health deteriorates.

A FINAL WORD

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