EXECUTIVE SUMMARY

The 50 Lives 50 Homes Program

Background

The 50 Lives 50 Homes (50 Lives) program is the first Housing First program in Western Australia (WA), with a second Housing First program 20 Lives 20 Homes having commenced in Fremantle in mid-2019. The 50 Lives program is a collaborative effort, with over 30 participating organisations involved, with Ruah Community Services acting as the Lead agency.

This third evaluation report provides an in-depth examination of housing outcomes and tenancy retention, and reports on changes in hospital use (emergency department, inpatient admissions and ambulance use) and justice system contacts (WA Police Force contacts and court appearances) for those people housed for one year or more and for a smaller cohort of those housed for two years or more. As with all of the 50 Lives evaluation reports, quantitative data is complemented by case studies and insights from clients, lead workers and partnering organisations, as it is the ‘people behind the statistics’ that lie at the heart of 50 Lives and its efforts to end homelessness in Perth.

Since the second evaluation report, there has been a number of key policy initiatives and strategic reports at Commonwealth and State level that are of relevance to 50 Lives and serve as an important contextual backdrop to the findings presented in this report.

The 50 Lives Model

This third report explores the key elements of the 50 Lives model, the types of support provided and new initiatives that have been developed as a result of the program to better support vulnerable rough sleepers across Perth. New initiatives include a purposively designed project designed to meet the needs of Aboriginal families experiencing homelessness (Wongee Mia); a mentoring and social support pilot aimed to help people supported by 50 Lives engage in the community (Re-Engaging in Community); a new database to help learn the names of all people rough sleeping in Perth and their needs (By Name List) and a new WA site for a Housing First model to be adapted from 50 Lives (20 Lives, Fremantle).

The key elements of the 50 Lives Housing First approach that has been developed in WA include:

- Support the most vulnerable rough sleepers in Perth
- Work collaboratively with organisations throughout the sector
- Provide rapid access to housing with no prerequisites
- Provide ongoing, intensive case support
- Provide wrap-around support to maintain tenancies
- Find meaningful use of time and community connections for clients
- Foster innovative solutions and responsive to address needs

Collaboration is a core component of the 50 Lives model with partners spanning the community, housing, health and justice sectors (i.e. homelessness services, housing agencies, health providers and community services). The number of partner organisations involved continues to expand over time.

After Hours Support Service (AHSS)

Foundational to the 50 Lives project has been the commitment to provide wrap-around support, individualised to client need. Both empirical data and the recounted experiences of clients and staff attest to the significant difference made by the AHSS. The close working relationship between the AHSS, lead workers
from all participating partner organisations and Homeless Healthcare has enabled important continuity of care and quick responses to issues as they arise.

The AHSS has supported 176 clients since its inception. The AHSS is able to unravel underlying issues that may arise once housed or may have contributed to homelessness in the first instance and provides assistance in clients’ housing, health and psychosocial needs. Additionally, they can support clients who are having issues with anti-social behaviour, relationships with neighbours or difficulty with property standards and help support them to become engaged in activities that align with their interests.

…I wouldn’t have survived without them, seriously. Even now just knowing they’re there and just touching base with them even though it might be once a month… It’s really comforting to know you have someone to call on if things get a bit wobbly. There’s no judgement, they’re really just there to help and it’s really nice. – 50 Lives Client

Who is Supported by 50 Lives?

Since 50 Lives commenced up until the 30th of September 2019, a total of 341 individuals have been supported by the program.

The majority (52%) of people supported are male, with an average age of 37 years at program consent (ranging from 16 - 73 years). There is a huge overrepresentation of Aboriginal and Torres Strait Islander peoples in this cohort (38%), which is reflected through other evaluations of homelessness services in Perth.

Eligibility for support through the 50 Lives program is scoring ≥10 on the Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT), a tool used to assess the current state of vulnerability of people rough sleeping, their future risk of housing instability and risk of premature mortality. Overall, 6% of individuals scored over 15, with one individual scoring a 19 (out of a maximum 20).

Housing Outcomes

Integral to Housing First and to the 50 Lives program is the coupling of housing with wrap-around support. In contrast to many homelessness programs that only have capacity or funding to support people for a defined time period (often 1 year or less), 50 Lives is committed to providing support for individuals for as long as they require, even if they lose their initial housing. Although supporting people to get and remain housed is a key outcome for 50 Lives, the program also recognises that stable housing can enable people to identify and address broader health and psychosocial issues. In turn, supporting clients to address these needs enables tenants to remain housed. In appraising housing outcomes for 50 Lives over four years on, it is important to look not only at metrics pertaining to housing and tenancy sustainment, but also to consider the barriers currently hindering rapid permanent housing.

Time Spent Homeless Before 50 Lives

Prior to completing the VI-SPDAT, people supported by 50 Lives spent an average of over five years homeless (range 3 weeks – 40 years). This equates to a total of 1,721 years or approximately 628,000 days spent homeless for the 340 individuals we had survey data for prior to completing the VI-SPDAT.

Number of People Housed

As at the 30th of September 2019, 341 individuals had consented to be supported by the 50 Lives program. Of these, 162 individuals supported by 50 Lives and their partners/family members have been housed (a total of 237 people) in 186 properties. By the end of Dec 2019, at least an additional eight people had been housed.

Half (50%) of the properties that people housed through 50 Lives were provided by the Housing Authority, with about a quarter (26%) provided Community Housing Providers, with the remaining 24% housed in supported accommodation and private rentals.

Time Taken to House People

The median time to house people was 152 days (~5 months), with a third (33%) housed in less than three months. Challenges to rapidly housing people include people wanting to be housed in specific suburbs, moving out of area and then reengaging, delays in completing paperwork, requiring certain properties (i.e. single bedroom ground floor units) and issues around sector capacity (lacking lead workers). However, one of the greatest challenges to rapidly housing someone is the lack of available of properties. Currently a one-bedroom property on the Priority Housing Waitlist is a ~1.3 year wait.

Sustaining Tenancies

As at 30 September 2019, 132 out of 162 people supported by 50 Lives that had been housed remained housed, for an overall retention of 81.5%. This represents over 88,000 days or approximately 242 years of permanent accommodation provided since the program’s inception.

Overall, despite whether people were housed via a 50 Lives allocated property or were housed otherwise, the one, two- and three-year retention rates were 81%, 73% and 71% respectively.

However, when comparing the carefully considered housing allocations via 50 Lives versus housed
activities and enabling people to have quality lives.

Rebuilding Lives Once Housed

50 Lives and Housing First more broadly is not just about rapid housing and tenancy retention, but also about engaging people community in meaningful activities and enabling people to have quality lives.

It would be nice to get a job by the end of the year... and savings in the bank because I don’t have any savings, so I hope for that. – 50 Lives Client

Health Outcomes

Health and housing are both fundamental human rights, and it is difficult to achieve one without the other. Homelessness is strongly associated with higher morbidity, reduced life expectancy and greater usage of acute services, and there is a costly revolving door between homelessness and the health system. Poorer health outcomes and barriers to healthcare are particularly pronounced among people who are rough sleeping or who have been long term homeless, hence improving health and wellbeing is a key focus of 50 Lives.

Health Profile

As eligibility for 50 Lives is based on a VI-SPDAT score of ≥10, and poor health is a key determinant of vulnerability, it is no surprise that multiple morbidities and complex health issues are the norm among 50 Lives clients. For this third report we have used five sources of data to present a picture of the health issues and health status of 50 Lives clients.

In addition to high self-reported poor health from the VI-SPDAT including 83% of individuals with a tri-morbidity (i.e. serious health issue, mental health issue and problematic substance use). A total of 282 (82%) of people supported by 50 Lives are also Homeless Healthcare (HHC) patients. For this group, the five most common health conditions currently and historically include depression (56%), anxiety (39%), amphetamine misuse (37%), hepatitis c (32%), and schizophrenia (26%). Hepatitis C is experienced at a rate 48 times higher than the general Australian population and both amphetamine misuse and schizophrenia are experienced at a rate of 26 times higher.

Mortality

Since the second 50 Lives evaluation report was published, several significant international studies have highlighted the substantial burden of premature death and enormous gaps in life expectancy among people experiencing homelessness. While there is no reliable published Australian literature on mortality, for the subsample of 14 people supported by 50 Lives who have passed away since program commencement, our findings are consistent with international literature with an average age of death of 48 years.

It is important to note that that 50 Lives is a program that supports highly vulnerable rough sleepers, many of whom had multiple co-morbidities prior to being housed, hence this mortality data based on a small number of clients is not necessarily representative of broader homeless populations in WA and nationally.

Hospital Utilisation Pre 50 Lives Consent

The over-representation of people experiencing homelessness in ED presentations and hospital admissions is well documented in the literature, and it is no surprise that this is particularly high among 50 Lives clients given poor health and the risk of premature death is factored into the VI-SPDAT scoring that assesses vulnerability. For this Third Report the number of hospital sites administrative data was available from Report 2, to include an additional four metropolitan hospital sites (8 sites in total).

A total of 337 people supported by 50 Lives could be matched to hospital records, with 327 having the full data period (96% of people overall). In the three years prior to consenting to 50 Lives, 75% of these individuals presented to the ED on at least one occasion for a total of 3,484 ED presentations. This represents an average of 10.7 presentations per person over the three years, or an equivalent of 3.6 ED presentations per-person-year. The majority (66%) of these presentations were to Royal Perth Hospital.

Overall, 66% of people had at least one inpatient admission in the three years prior to consenting to 50 Lives for a total of 1,338 admissions which equated to a total of 7,380 days spent admitted as an inpatient. The average number of inpatient admissions per-person was 4.1 over three years (average of 22.6 days), equating to an average of 1.4 admissions and 7.5 days per-person per-year.

We noted in Report 2 that the figures presented would likely be under-representative of burden as data was only for four hospitals, this report substantiates this prediction with the average ED presentations per person 27% higher, average inpatient admissions per person 37% higher and average days admitted as an inpatient per person 81% higher in this Report.
**Aggregate Cost of Hospital Use Pre-Consent**

Crude costings based on the aggregate ED and inpatient data and ambulance arrivals for 327 individuals equate to a total of over $19.5 million in health service usage in the three years prior to them consenting to 50 Lives support. This equates to $59.7k per person over the three years or $19.9k per-person per-year.

**Changes in Hospital Utilisation Once Housed**

For this Report, we were able to match and analyse hospital data for a cohort of 97 people who have been housed for at least one year, and 50 people who have been housed for at least two years.

Overall, fewer people presented to ED in both the one- and two-years post housing period (18% and 21% reduction respectively), and the total number of ED presentations among those housed one and two years also declined (47% and 34% reduction respectively). The most common primary diagnosis per ED presentation in the year before was mental health, which reduced as the primary reason by 20% in the year after housing.

Overall, fewer people were also admitted as an inpatient in the one- and two-years post housing (25% and 17% reduction respectively), and the number of admissions also reduced (46% and 25%). However, the number of days admitted as an inpatient differed for the one- and two-year periods, where a reduction of 37% days was observed in the one-year period, but an increase in days of 3% was observed in the two-year period. This means that in the two-year post housing period, fewer people were admitted on fewer occasions but they were admitted for longer periods of time.

**Changes in Cost of Hospital Use Once Housed**

For the 97 individuals housed for at least one year with matched hospital data, there was a reduction in hospital and ambulance usage equivalent to $10.1k per person. For the 50 individuals housed for at least two years with matched hospital data, there was a decrease in hospital and ambulance usage equivalent to $466 per person over two years.

**Role of Health Sector Collaborators**

It is important to note that health is by no means just an 'outcome'. The positive changes in health outcomes observed to date would not be possible without the integral involvement of health organisations within the 50 Lives collaboration, ranging from formal involvement through steering group and working groups, through to direct healthcare provided to many 50 Lives clients. This breadth of health sector collaboration is a hallmark of 50 Lives and does not exist to the same extent in all Housing First programs.

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**Justice Outcomes**

The strong association between homelessness and increased likelihood of contact with the Justice system is well documented, with people experiencing homelessness far more likely than the general population to have been victims of crime, to have committed offences, and to have been imprisoned.

In this third evaluation report, WA Police Force administrative data was matched for 315 (92%) people supported by 50 Lives (as at the end of September 2019), and this data has been used to look at patterns of offending and victimisation in the three years prior to people becoming part of 50 Lives and for the subsample that had been housed; the changes in offending and victimisation one and two years pre/post housing.

**Offending Pre 50 Lives Consent**

For the 315 that could be matched, 212 people (67%) had a total of 1,561 offences recorded in the three years prior to consenting to 50 Lives. The three most common types of recorded offences were drug related offences (25%), theft (23%) and public order offences (14%), such as begging, loitering or being drunk in a public place. A total of 191 people (61%) received at least one move on order at some time in the three years prior to consent, with a collective total of 2,065 move on orders received during this period. Two-thirds (204 people) had a court appearance during the three years prior to 50 Lives consent, with a total of 1,223 court appearances, the majority (96%) of these were heard in the Magistrates Court.

**Aggregate Cost of Offending Pre-Consent**

The cost of court appearances and offences committed is estimated at $4.1 million for the 315 individuals that were able to be matched in police data in the three years prior to consenting to 50 Lives. This equates to $13.2k per-person or $4.4k per-person per-year.
Changes in Offending Once Housed

In published Housing First studies, it has been highlighted that once they are housed, participants typically live on very low incomes and in disadvantaged neighbourhoods, increasing the odds of criminal justice interaction. As demonstrated, there was an overall decrease in reported offending once housed, however certain offences did increase. For this report we looked at changes in police interactions for a subset of 104 people housed for at least one year and a subset of 49 people housed for at least two years. For the 104 people housed for at least one year there was a 35% decrease in reported offending with the largest reductions seen in burglary and property offences and public order offences, with an observed increase including family and domestic related offences including breaching restraining orders, theft and fraud. There was an even larger reduction in recorded offences observed (43%) among the 49 people housed for at least two years. In addition to looking at changes in the number of offences committed across the housed 50 Lives cohort, changes in the number of people committing offences is an important barometer of impact. Overall, 59% of people who were housed for at least a year had no offending in the year before they were housed, this increased to 75% of people with no offending in the year after being housed.

For the 104 people housed for at least one year, there was 62% reduction in move on orders received in the year after being housed with a 57% reduction for the 49 people housed for at least two years. Further evidencing the role that long-term housing (with support) could play in reducing police burden for those experiencing homelessness. Additionally, there were statistically significant reductions (p<0.001) in the number of court appearances post housing; with an observed reduction of 68% in the one-year housed group and a 74% reduction in the two years housed group.

While the total number of offences is high, it is important to note that overall, the severity of offences and the degree of harm caused to others for this cohort is overall low. Using the WA Crime Harm Index (WACHI) we have computed crime harm scores for those people in the 50 Lives cohort using offence data. For evaluation purposes, a crime harm index allows harm thresholds to be defined, with the cohort analysed as high, moderate or low harm offenders. Analysis using a harm index lens is relatively new in the field of Criminology and thresholds have not been widely agreed upon. For this study a harm score of 30 was used to define high harm offending. When looking at the three years prior to consenting to 50 Lives, the most common offence categories were drug related offences with WACHI scores between 2-5; theft and stealing with WACHI scores between 3-8, and; public order offences with WACHI scores between 4-5, thus the majority of the offences reported for this cohort are much lower than the threshold. This is the first time to our knowledge that a crime harm index has been applied in a homelessness context, and it provides empirical support for a common contention in the literature, namely that people experiencing homelessness are more likely to be involved in non-violent and less severe crimes.

Changes in Cost of Justice Use Once Housed

For the 104 individuals housed for at least one year with matched WA Police Force data there was reduction in justice contacts equivalent to $1.6k per person. For the 49 individuals housed for at least two years with matched WA Police Force data, there was reduction in justice contacts equivalent to $3.2k per person.

Victimisation Pre 50 Lives Consent

It would be false to define and portray the homeless population as predominantly perpetrators of crime, as homelessness also goes hand in hand with susceptibility to suffering harm and crime at the hands of others. For the 315 people supported by 50 Lives that were matched in WA Police Force records, 201 people (64%) were recorded as victims of crime a total of 749 times in the three years prior to consent. The majority of these offences were related to FDV (32%), offences against the person (20%, this includes non-family related assaults and threatening behaviour) and theft (18%).

Changes in Victimisation Once Housed

While it varies by type of offence, the disturbing inverse relationship between being housed and the likelihood of victimisation remains; for the individuals who were housed for either one or two years, the number of times they were a victim of crime increased, by 70% in the one year post housing, and by 48% in two years post hosing. Overall for the 104 individuals that were housed for either one or two years, an increase was observed for the majority of offence categories, with the largest increase seen in property damage. As the majority of people supported by 50 Lives were rough sleeping prior to being housed, not having property to damage prior to being permanently housed is unsurprising. Additionally, other reasons such as being more confident and supported to report crime could contribute to this increase.

Victimisation and Offending

Finally, there was a large overlap between the number of people who were both an offender and victim of crime (45%). In part this reflects the commonality of risk factors for both offending and victimisation – behavioural responses to childhood abuse and trauma,
family conflict, criminal behaviour among peers, substance use and circumstances of homelessness itself are among some of the factors that studies have shown to be antecedents for both offending behaviour and experiences of victimisation. There are no Housing First evaluations to our knowledge that have enabled the magnitude of the overlap between offending and crime victimisation to be quantified.

You have to change the people around you. You have to do it. I still talk to some of them, they phone me and say thing like, “I am so proud of you. I wish I could do that.” I say to them, “Look, you can. You just need to get away from the influences”. – 50 Lives Client

Summary
Over the past four years, the 50 Lives program and all its participating organisations have made significant headway in housing some of the most vulnerable, chronic rough sleepers in Perth, many of whom have experienced decades of rough sleeping and extensive trauma and adversity. The 50 Lives program recognises the extreme need of the cohort in which it supports, and in prioritising service provision to the most vulnerable individuals, it has avoided the temptation to help the “easiest” clients first, thereby generating more “success stories”. The overall results of 50 Lives are therefore impressive with 81% of all housed individuals retaining their tenancy one year after being housed. More broadly, the 50 Lives program has heralded some significant changes to the landscape of homelessness responses in Perth, demonstrating the viability and adaptability of the Housing First approach to the WA context, and the benefits of a collective impact response that has seen homelessness, health, police and community organisations working together to house and support over 240 people to date.

This third evaluation builds on the previous evaluation reports and has provided a more comprehensive look at health service use with the addition of four extra hospital sites and has also provided costings of program delivery. Overall, there was mixed results in health and justice outcome changes pre and post housing. While most people had reduced health usage, there were several people in which this increased quite substantially, and while most individuals’ offending reduced, victimisation often increased after being housed. Highlighting that getting a house does not simply solve homelessness and that ongoing support is indeed required.

This report elucidates some of the critical success factors of 50 Lives to date, and provides recommendations for the future of Housing First in Western Australia. Critical successes include the collaborative nature of the project including the involvement of many organisations outside of the homeless and housing sector, regular feedback and support between and within the organisations/services involved, having a dedicate backbone organisation and afterhours support service, provision and coordination of a continuity of care model that enables individuals to access support as required and promoting choice and self-determination of support and housing.

Key recommendations put forward based on the learnings of this program to date will enable the upscaling of Housing First across WA. These recommendations include learning from challenges experienced in 50 Lives, building the sectors capacity to do Housing First, matching housing supply to housing demand, providing alternative solutions where Housing First is not suitable or appropriate for individuals, providing trauma-led services, involving peers and individuals with lived experience of homelessness, improving shared data collection systems, involving ‘non-homeless’ services and advocating for broader systemic change to ending homelessness.

While 50 Lives may not always reflect typical Housing First models (where housing indeed comes first), it does reflect the reality of a housing system under significant pressure and a homelessness sector responding to the needs of their clients to the best of their ability with available resources. The influence of this program on State policy to date reflects the impact that a collaborative approach across the sector can have on the ability to house and support the most vulnerable and complex clients in Perth.

Recommended Citation

This document is the executive summary for the third evaluation report. Please scan here to view full report: