The Western Australian Alliance to End Homelessness

ENDING HOMELESSNESS IN WESTERN AUSTRALIA 2021

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The Western Australian Alliance to End Homelessness (WAAEH)

The WA Alliance to End Homelessness is comprised of a group of individuals and organisations that have come together to end homelessness in Western Australia.

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Western Australian Alliance to End Homelessness or any of its organisations.

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1. INTRODUCTION

1.1 Background

In 2018, the Western Australian Alliance to End Homelessness (WAAEH) released a 10-year strategy to end homelessness through a community-based response. The Western Australian Ten-year Strategy to End Homelessness was developed by a group of organisations that came together with the goal of ending homelessness (Zanella et al., 2018). The nine Strategy targets are focussed primarily on *responding to existing homelessness* and *preventing homelessness* (Table 1). The WAAEH developed a measurement, evaluation, and reporting framework to measure, understand and assess how Western Australia is progressing towards ending homelessness against the WAAEH Strategy. This framework consists of the Outcomes Measurement and Evaluation Framework itself (Mollinger-Sahba et al., 2019, 2020), the related Dashboard (Flatau et al., 2019, 2020a, and 2021), Data Dictionary (Flatau et al.,2020b) and the Ending Homelessness Report (Kaleveld et al., 2019) which provides an overall assessment of how Western Australia is progressing. This report represents an update for 2021 of the first Ending Homelessness Report.

Following the release of the WAAEH community and sector-based Strategy, the Western Australian Government released its Homelessness Strategy for 2020–2030, All Paths Lead to a Home. All Paths Lead to a Home reinforces the whole-of-community approach to ending homelessness advocated by the WAAEH Strategy and adopts principles endorsed by international best practice for ending homelessness including the Housing First approach to responding to existing homelessness (Tsemberis et al., 2004, Tsemberis 2011, Busch-Geertsema, 2013). The Housing First approach seeks to rapidly connect people experiencing homelessness with long-term, permanent housing without preconditions.

Since 2010, a number of homelessness agencies working with the Australian Alliance to End Homelessness, have adopted a methodology used internationally but adapted to the Australian environment to measure the needs of those experiencing homelessness, particularly those rough sleeping, and develop a framework for reporting on ending homelessness in the regions within which they work. This approach began with the administration by agencies of the Vulnerability Index (VI) survey, first developed in the United States, in annual Registry Week events analogous to a Census. The VI survey was focused on chronic health and mortality risks (Hwang et al., 1998, Cronley et al., 2013) and sought to assess risk acuity as a means of prioritising those experiencing homelessness for housing. The VI Survey was first implemented in Perth in 2012. To account for broader social vulnerabilities and mental health concerns, homelessness agencies in 2014 across Australia adopted the augmented Vulnerability Index – Service Prioritisation Decision Assessment (VI-SPDAT) tool (Brown et al., 2018).

Data collection broadened around 2017, with some agencies surveying people experiencing all types of homelessness at intake and/or during service provision and moving away from a sole reliance on Registry Week data collections. A number of agencies around Australia contribute their survey data into a national database, administered by Micah Projects in Brisbane, creating a large-scale primary dataset pertaining to homelessness in Australia (the Advance to Zero database).

In 2019, the Australian Alliance to End Homelessness (AAEH) convened an Action Lab on the Advance to Zero methodology for measuring and achieving 'functional zero' homelessness. This methodology has been adopted in Perth in the Perth Zero Project, a collaboration between the Western Australian Government and homelessness service agencies, coordinated by Ruah Community Services. In terms of data, organisations using the Advance to Zero database maintain a By-Name List which captures, in real time, inflows and outflows of homelessness in a given community by engaging with people experiencing homelessness. The By-Name List data has now been added into the national Advance to Zero database.

Since 2018, the Centre for Social Impact at The University Western Australia (CSI UWA) has worked closely with the Western Australia Department of Communities (Communities), the AEEH and the WAAEH to produce research that informs and progresses Western Australia's efforts to end homelessness. This work has comprised analysis of national Registry Week data (Flatau et al., 2019a); reviews of the research and statistical evidence pertaining to homelessness in Western Australia (Kaleveld et al., 2018; 2019a) and among particular cohorts (Kaleveld et al., 2019b); and the WAAEH outcomes measurement and evaluation framework and related Dashboard, Data Dictionary and Report.

This Ending Homelessness in Western Australia 2021 report builds on CSI UWA's previous work by presenting an analysis of homelessness in Western Australia, using the Advance to Zero database, presenting the first comprehensive analysis of Western Australia's Advance to Zero data from 2012 onwards, undertaking an analysis of Western Australia's homelessness policy and service context, and detailing the important initiatives that are on the ground now to end homelessness in Western Australia.

TABLE 1 WAAEH Strategy targets

Ending Homelessness in Western Australia by 2028	
Responding to Homelessness Targets	*Preventing Homelessness Targets*
Target 1: Western Australia will have ended all forms of chronic homelessness including chronic rough sleeping. *Target 2*: No individual or family in Western Australia will sleep rough or stay in supported accommodation for longer than five nights before moving into an affordable, safe, decent, permanent home with the support required to sustain it. *Target 3:* The Western Australian rate of homelessness (including couch surfing and insecure tenure) will have been halved from its 2016 level. *Target 5:* The current very large gap between the rate of Aboriginal homelessness and non-Aboriginal homelessness in Western Australia will be eliminated so that the rate of Aboriginal homelessness is no higher than the rate of non-Aboriginal homelessness. *Target 6:* Those experiencing homelessness and those exiting homelessness with physical health, mental health, and alcohol and other drug use dependence needs will have their needs addressed. This will result in a halving of mortality rates among those who have experienced homelessness and a halving in public hospital costs one year on for those exiting homelessness. *Target 7:* Those experiencing homelessness and those exiting homelessness will be supported to strengthen their economic, social, family and community connections leading to stronger wellbeing and quality of life outcomes. Employment among those experiencing homelessness will be significantly increased. Over half of those exiting homelessness will be employed within three years of moving into housing. Wellbeing and quality of life will equal those of the general population in the same timeframe.	*Target 4:* The underlying causes that result in people becoming homeless have been met head-on, resulting in a reduction by more than half in the inflow of people and families into homelessness in any one year. *Target 8:* A strong, collaborative and adaptive network of services and responses across the community services, health, mental health, justice, and education sectors will exist working collectively to address the underlying causes of homelessness and meeting the needs of those who become homeless. *Target 9:* Measurement, accountability and governance mechanisms that are robust, transparent and open to external review will be operating, providing an on-going means for assessing progress in meeting the goals of Ending Homelessness in Western Australia in 10 years.

Source: WAAEH Strategy to End Homelessness (2018).

1.2 Purpose

The purpose of this report is to:

- Provide an updated review of the state of homelessness in Western Australia since the 2018 Strategy and 2019 Report;
- Undertake a comprehensive analysis of the Advance to Zero data for Western Australia from 2012 to the first quarter 2021 in order to provide a profile of the experience of homelessness in Western Australia, including health, financial and social outcomes, health service utilisation, justice system interaction, and the prevalence of adverse experiences while homeless and present an analysis of the Western Australia By-Name List data;
- Provide insight into the homelessness policy and practice context in Western Australia; and
- Give an account of various initiatives underway to address and end homelessness in Western Australia, including the work of the WAAEH itself.

1.3 Data Sources

There are three main sources of data that can be used to provide a view and profile of homelessness in Western Australia: The Census of Population and Housing; Specialist Homelessness Services data; and the Advance to Zero national database.

The Census triangulates data collected from all members of the population to determine whether someone was experiencing homelessness on Census night. The Specialist Homelessness Services (SHS) data relates to people who sought help for homelessness and housing support from what are termed specialist homelessness services who receive funding from Australian and State/Territory governments. The Advance to Zero database includes responses to VI-SPDAT surveys and the By-Name List data. We take a deep dive into the Advance to Zero database in Part II of the report.

The Census, SHS, and Advance to Zero data provide very different lenses on homelessness in Western Australia. The Census covers all Western Australia, adopts a broader definition of homelessness (including severe overcrowding), and is not based on the service system. The SHS data is based on government funded services providing support to those experiencing homelessness as well as those at risk of homelessness. The Advance to Zero database is based on data collected by participating agencies whose prime focus has been on rough sleeping and, in the case of Western Australia, agencies working in Perth and more recently major regional towns in the south west of Western Australia. As such, information from each source should not be directly compared; rather, they should be considered complementary means to provide a more comprehensive view of homelessness in Western Australia relative to using a single data source.

Policy and practice information was sourced from publicly available policy documents, WAAEH workshop notes, meeting minutes, and other documents, and materials from service providers.

1.4 The Western Australian homelessness service system

The service system for people facing homelessness in Western Australia includes a range of supports and responses across government and the community sector. These can be broadly categorised as crisis responses, housing support, wraparound support, and transformative approaches:

Crisis responses: Services for people who would otherwise be without shelter, such as crisis accommodation including refuges, short-term and transitional accommodation (usually for 12 weeks or less), and other supported accommodation designed as a stop-gap between the street and more permanent housing arrangements.

Housing support: Support for people with housing but who, without support, are at risk of homelessness. This may include tenancy support such as utility relief, financial counselling, home maintenance, and advocacy for tenants.

Wraparound support: Specialised support to meet a broad range of needs such as alcohol and other drug issues, mental health support, education, training and employment, and financial counselling. Wraparound support can be provided as a preventative measure to address the circumstances in a person's life that increase their risk of homelessness, or as a post-housing measure to help people maintain their housing.

Transformative approaches: Initiatives, often involving system-level change, that deviate radically from the traditional approach of supporting people for housing readiness prior to providing housing. Examples include alliances to end homelessness, the Advance to Zero approach, and Housing First approaches.

The homelessness service system in Western Australia has been evolving over the last 20 years or so, supported by a move away from a sole focus on crisis response in favour of approaches to address the causes of homelessness, provide rapid permanent housing and support those in housing to sustain that housing. Particularly in the past five years, the rhetoric within the homelessness system has shifted to ending rather than just managing homelessness.

This shift is not merely ideological and aspirational. It is now well-accepted that providing only crisis support or providing housing without additional support leads to a revolving door situation where a person's exit from homelessness is shortly followed by a re-entry into homelessness. In addition to achieving better individual and population-level outcomes, there is strong evidence that a system that prioritises preventative and wraparound support is more cost-effective than a system heavily weighted toward the traditional crisis support approach (Culhane & Metraux, 2008).

The latter chapters of this report will provide an overview of the policy and practice environment as it pertains to homelessness in Western Australia, particularly initiatives that promote transformative change.

1.5 This report

This report is structured into three parts: Part I draws on our previous work and collates up-to-date data to present the state of homelessness in Western Australia in terms of the size, structure, and nature of Western Australia's homeless population.

Part II presents an analysis of data in the Advance to Zero database that pertains to people experiencing homelessness in Western Australia. Topics of analysis comprise the housing and homelessness, health, social and financial outcomes of Western Australian respondents. Where indicated, we examine differences over time by comparing the most recent cohort – people surveyed in 2020 and 2021 (March 31) – and the overall cohort, comprising all surveyed between 2012 and 2021 (March 31).

Part III reflects on progress towards ending homelessness in the policy and practice environment by examining policies and initiatives that pertain to homelessness in Western Australia.

Part I: Trends in Homelessness in Western Australia

Chapter 2 provides an analysis of trends in homelessness and a profile of homelessness in Western Australia, including enumeration (counts) across different data sources, geographic spread, and demographics of people experiencing homelessness.

Part II: Advance to Zero: Insights into Homelessness in Western Australia

Chapter 3 presents data from the Advance to Zero database for Western Australia pertaining to the experience of homelessness, including the type of homelessness, duration of homelessness, living arrangements, the experience of violent and dangerous events, discrimination, and justice system interaction while homeless.

Also using the Advance to Zero data, Chapter 4 outlines the health outcomes of people experiencing homelessness, including physical health, mental health, brain injury, and alcohol and other drug use.

Chapter 5 examines self-reported use of health services including ambulance, hospitals and emergency departments by people experiencing homelessness. Chapter 6 calculates the cost of this health service utilisation.

Chapter 7 details financial and social outcomes of Western Australians experiencing homelessness, as self-reported through the VI and VI–SPDAT instruments.

Chapter 8 examines the distribution of participants according to acuity on the VI–SPDAT.

Chapters 9 and 10 presents the first analysis of By-Name List data in conjunction with Advance to Zero data to examine histories and journeys through homelessness.

Part III: Policy Settings and Progress in Ending homelessness

Chapters 11 and 12 examine responses to homelessness in the Western Australia policy and practice environment, respectively.

Chapter 13 concludes the report, summarising trends towards ending homelessness in Western Australia and identifying pathways forward.

Key messages from the report

Significant resources and effort are being put towards addressing homelessness in Western Australia from homelessness services, housing providers and the Western Australian Government particularly through the Homelessness Strategy and programs flowing from it as well as new initiatives in social housing supply, family and domestic violence, out-of-home care and youth justice programs.

Since the launch of the WAAEH Strategy, the focus in Western Australia has moved to an end homelessness agenda and a Housing First approach. The Western Australian Government has also recognised the critical role of Aboriginal Community Controlled Organisations in ending homelessness in its recently announced Housing First initiatives. Despite the good progress being made, our examination of recent trends on homelessness and the current state of play of homelessness in Western Australia in this Report highlights just how far we need to go.

There is a long way to go before we achieve our WAAEH targets and the overall goal of ending homelessness. It will take some time before the current range of measures may impact on homelessness outcomes.

Our review of the Advance to Zero data for Western Australia also highlights the fact that, for those experiencing homelessness, particularly those who have had long periods rough sleeping, the level of need is particularly high.

There is a critical need for a more proactive response from the Australian Government, for increased supply of low-cost housing targeted at vulnerable households both in the social housing sector and the private rental market and a significant push into preventative policies and programs to address family, childhood and youth homelessness. In addition, a renewed focus on high rates of homelessness in outer regional and more remote areas of Western Australia is required.

PART I:
TRENDS IN HOMELESSNESS IN WESTERN AUSTRALIA

2. THE STATE OF HOMELESSNESS IN WESTERN AUSTRALIA

This chapter presents an overview of the state of play of homelessness in Western Australia by providing estimates of the size of the homeless population across different data sources; examining the nature and prevalence of regional and remote homelessness (including comparisons with metropolitan homelessness) using different data sources; and examining the demographics of people experiencing homelessness.

In a broad sense, our data sources tell us that the profile of people experiencing homelessness in Western Australia resembles that of other states and territories and that these patterns are persisting over time.

The population of people experiencing homelessness in Western Australia is characterised by an over-representation of Aboriginal people who have experienced family or domestic violence, people with mental health issues, young people, and people with substance use issues. This reflects what we know about the individual antecedents of homelessness. There is evidence that homeless people in Western Australia are more likely than those in other parts of Australia to be Aboriginal, to have had interactions with the justice system (such as imprisonment), to be living in remote areas, and to be sleeping rough (Kaleveld et al., 2018).

2.1 Enumerating the homeless population in Western Australia

There are two main sources of data that can be used to estimate the size of the homeless population in Western Australia: the Census of Population and Housing, and Specialist Homelessness Services data. As we elaborate, each source provides a slightly different view of homelessness in terms of definition and sampling.

With regard to sampling, the Census triangulates data collected from all members of the population to assess whether someone was experiencing homelessness on Census night. For example, people are counted as rough sleepers if they indicate that on Census night that they were living in improvised dwellings, tents, or sleeping out, reported no usual other address, did not own or rent the place they slept, were not in a household where at least one member worked full-time or where the household income was more than $2,000 per week (ABS, 2018). This deductive methodology is useful for providing an estimate of homelessness among the overall population; however, it is very much an estimate (see Kaleveld et al., 2018 p.8-9 for a broader discussion of the limitations of Census estimates of homelessness).

The Specialist Homelessness Services (SHS) data pertains to people who sought help for homelessness and housing support from government funded services. By seeking help, people themselves are directly indicating that they are experiencing homelessness or are at risk of homelessness. A limitation, however, is that not everyone who experiences homelessness seeks help.

2.1.1 Census

The only complete assessment of overall homelessness across Australia and the most reliable way to make comparisons across states and territories is using the Census. The Census measures homelessness across six categories:

- Those living in improvised dwellings, tents, or sleeping out (rough sleeping);
- Those in supported accommodation for the homeless;
- Those staying temporarily with other households;
- Those in boarding houses; in other temporary lodgings; and
- Those in severely overcrowded dwellings.

Using this framework, ABS estimated that more than 116,000 people were experiencing homelessness in Australia on Census night in 2016 with about 9,000 of these in Western Australia. While these 2016 rates will not be updated until the 2021 Census, two trends indicate the direction we are moving towards ending homelessness. First, homelessness rates have decreased since 2001, both nationally and in Western Australia. However, the trend is not uniform across states/territories or nationally: from 2006–2016 homelessness rates in Western Australia continued to fall, while nationally they increased (by 4.6% from 2011 to 2016; see Figure 1).

FIGURE 1 Western Australia and Australian homelessness rate (per 10,000 estimated resident population) from 2001 to 2016
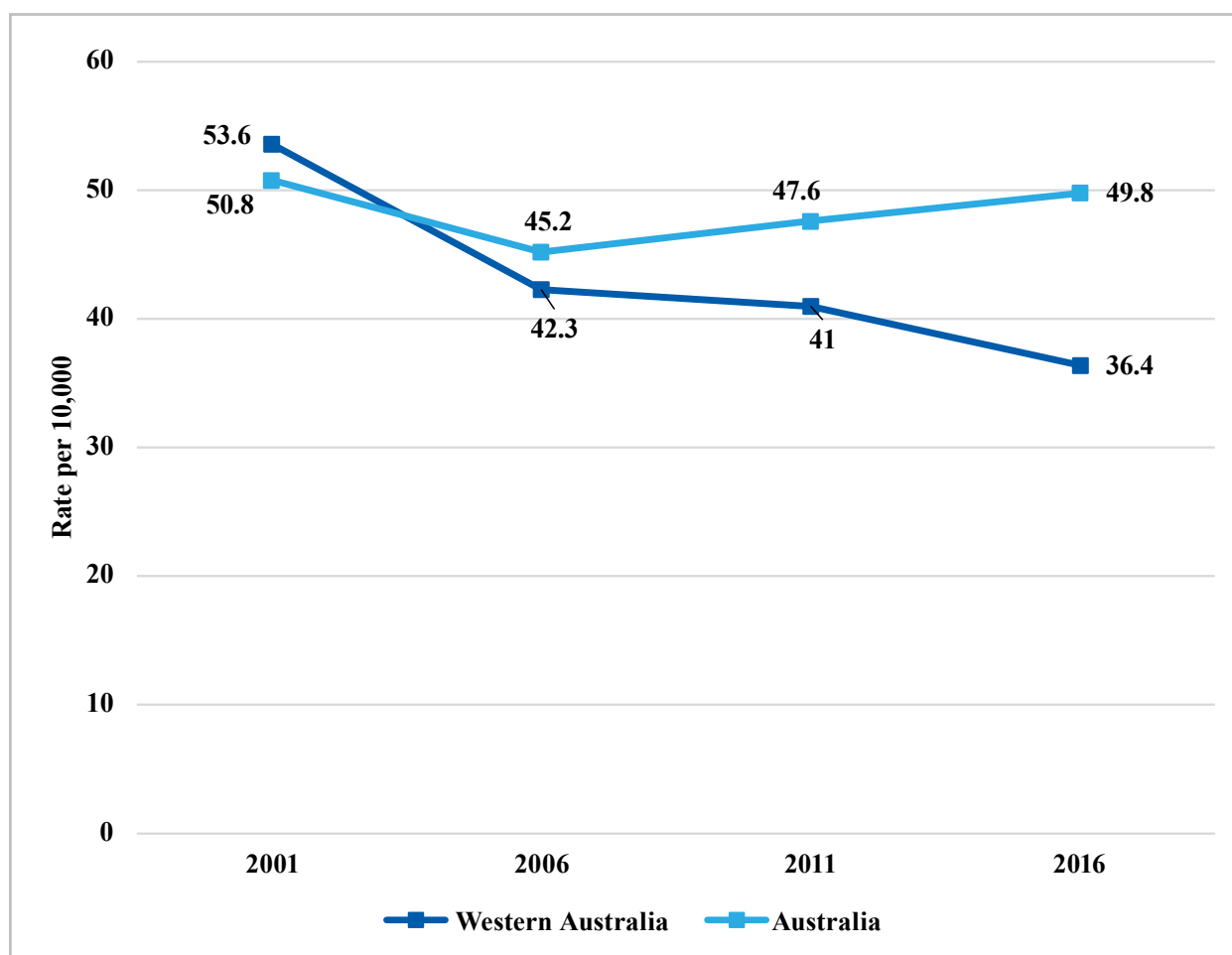
Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

In terms of the direction of the homelessness rate between 2001 and 2016, along with Northern Territory and Queensland, Western Australia had a decreasing rate of homelessness; New South Wales, Tasmania and the ACT had an increasing rate of homelessness; and Victoria, South Australia and the nation overall recorded no marked change to their respective rates of homelessness. To further illustrate the discrepancy in changes to homelessness rates across Australia during this period, the homelessness rate rose by 27% in New South Wales, while it fell by 11% in Western Australia. Table 2 outlines the rate per 10,000 of homelessness in each Census year between 2001 and 2016 by state and indicates the overall trend.

TABLE 2 Homelessness rate (per 10,000 estimated resident population), by State and Territory, 2001, 2006, 2011, 2016, Census

States and Territories	2001	2006	2011	2016	Direction of change 2001–2016
New South Wales	36.4	33.9	39.7	50.4	↑
Victoria	38.9	35.3	41.7	41.9	↔
Queensland	54.8	48.3	43.9	46.1	↓
South Australia	39.8	37.0	36.4	37.1	↔
Western Australia	53.6	42.3	41.0	36.4	↓
Tasmania	27.5	24.0	31.0	31.8	↑
Northern Territory	904.4	791.7	723.3	599.4	↓
ACT	30.4	29.3	48.7	40.2	↑
Australia	50.8	45.2	47.6	49.8	↔

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

Examining the structure of homelessness (Table 3), the largest proportion (43%) of Western Australians experiencing homelessness in 2016 were living in severely overcrowded dwellings. Just over one fifth (22%) were staying temporarily with other households (note this includes only people who had no other usual address, no right to tenure, and who lacked the means to acquire their own tenancy). The remaining categories of homelessness: rough sleepers, those in supported accommodation for the homeless, and those living in boarding houses and other temporary lodgings each accounted for roughly 12% of the Western Australia homeless population.

Therefore, although the trend in the Census indicates that homelessness is reducing in Western Australia, there are some nuances to consider. A high proportion of people in overcrowded dwellings suggests that there is a lack of housing and potentially a lack of housing that suits people's needs. Another consideration is the increase between 2011 and 2016 in the proportion of the Western Australia homeless population who are rough sleeping and living in supported accommodation for the homeless. Given the strong emphasis on Housing First and prioritisation of addressing rough sleeping across the sector and in WAAEH and government strategies, hopefully the 2021 Census will reveal a reverse in this trend.

TABLE 3 Number and percentage of people experiencing homelessness in Western Australia by category of homelessness (2011–2016), Census

ABS homelessness category	2011	2016	Direction of change 2011–2016
Persons living in improvised dwellings, tents, or sleeping out	925 (9%)	1,083 (12%)	↑
Persons in supported accommodation for the homeless	931 (10%)	1,054 (12%)	↑
Persons staying temporarily with other households	2,169 (23%)	1,950 (22%)	↔
Persons living in boarding houses & other temporary lodgings	1,413 (15%)	1,042 (12%)	↓
Persons living in severely overcrowded dwellings	4,154 (43%)	3,871 (43%)	↔
Total	9,592 (100%)	9,005 (100%)	↓

Source: ABS 2016 (Census of Population and Housing: Estimating Homelessness, 2016).

2.1.2 Specialist Homelessness Services

Close to 25,000 Western Australians accessed Specialist Homelessness Services (SHS) in 2019/20. As Table 4 illustrates, Western Australians are accessing SHS at a lower rate than Australia overall, at 95.2 per 10,000 people versus 114.5 per 10,000 in 2019/20. In terms of trends in SHS access over time, rates have increased in New South Wales, Victoria, Western Australia, Northern Territory, and Australia overall; have decreased in Queensland and ACT; and have remained stable in South Australia and Tasmania. Victoria, Tasmania, and the Northern Territory record much higher rates of SHS access than the national average.

TABLE 4 Specialist Homelessness Services (SHS) clients, (per 10,000 estimated resident population), by State and Territory, 2011/12–2019/20

States and Territories	2011/12	2016/17	2019/20	Direction of change 2011–2020
New South Wales	72.2	96.0	87.0	↑
Victoria	155.6	178.0	174.8	↑
Queensland	94.9	89.0	84.6	↓
South Australia	118.9	122.9	109.7	↔
Western Australia	90.0	95.3	95.2	↑
Tasmania	120.2	152.6	120.6	↔
Northern Territory	284.6	332.3	418.0	↑
ACT	152.2	117.5	97.1	↓
Australia	*105.8*	*117.2*	*114.5*	↑

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

Figures 2 to 5 plot raw numbers of homeless and at-risk of homelessness clients as well as the share of all clients who are homeless (as opposed to at risk of homelessness) accessing SHS in Western Australia from mid-2017 to March 2021. The raw numbers for both groups show a drop in clients accessing SHS in April 2020, coinciding with the outbreak of the COVID-19 pandemic and likely attributed to nation-wide lockdown measures which resulted in many services cutting back direct service delivery for a period. By December 2020, the numbers of both client groups increase to approximately pre-pandemic levels and there is a further increase in March 2021. Not yet seen in these figures are the impacts of the end of various pandemic supports in early 2021, such as eviction and rental increase moratoriums, and financial supplements (e.g., JobKeeper and the Coronavirus Supplement). The increase in the monthly series in recent months may reflect the provision of additional funds to services from government which enabled them to meet previously unmet needs, as well as the recent rapid tightening in the Perth housing market.

The monthly series also shows that a higher proportion of male clients are homeless compared to female clients, while the opposite trend is seen in clients at risk of homelessness.

FIGURE 2 Number of clients accessing Specialist Homelessness Services (SHS) in Western Australia who were homeless on entry to support
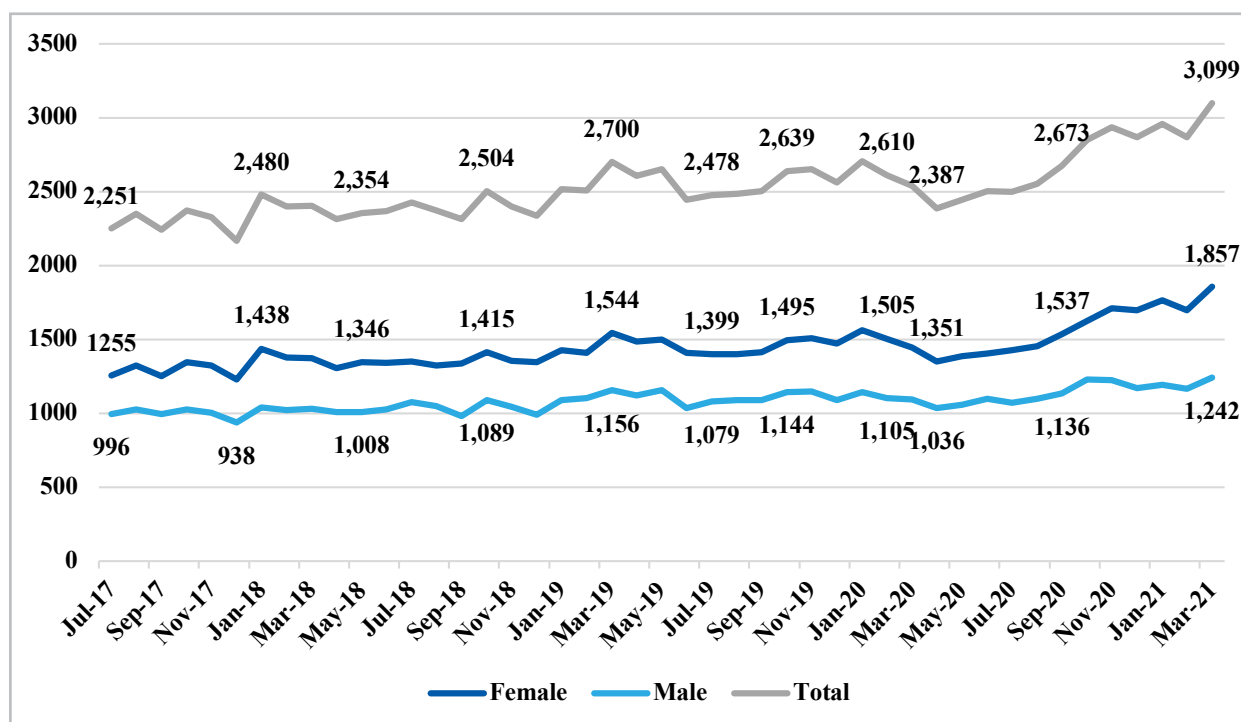
Source: AIHW 2021 Specialist Homelessness Services: monthly data, Cat. No. HOU 321.

FIGURE 3 Per cent of all Western Australian Specialist Homelessness Service (SHS) clients who were homeless on entry to support
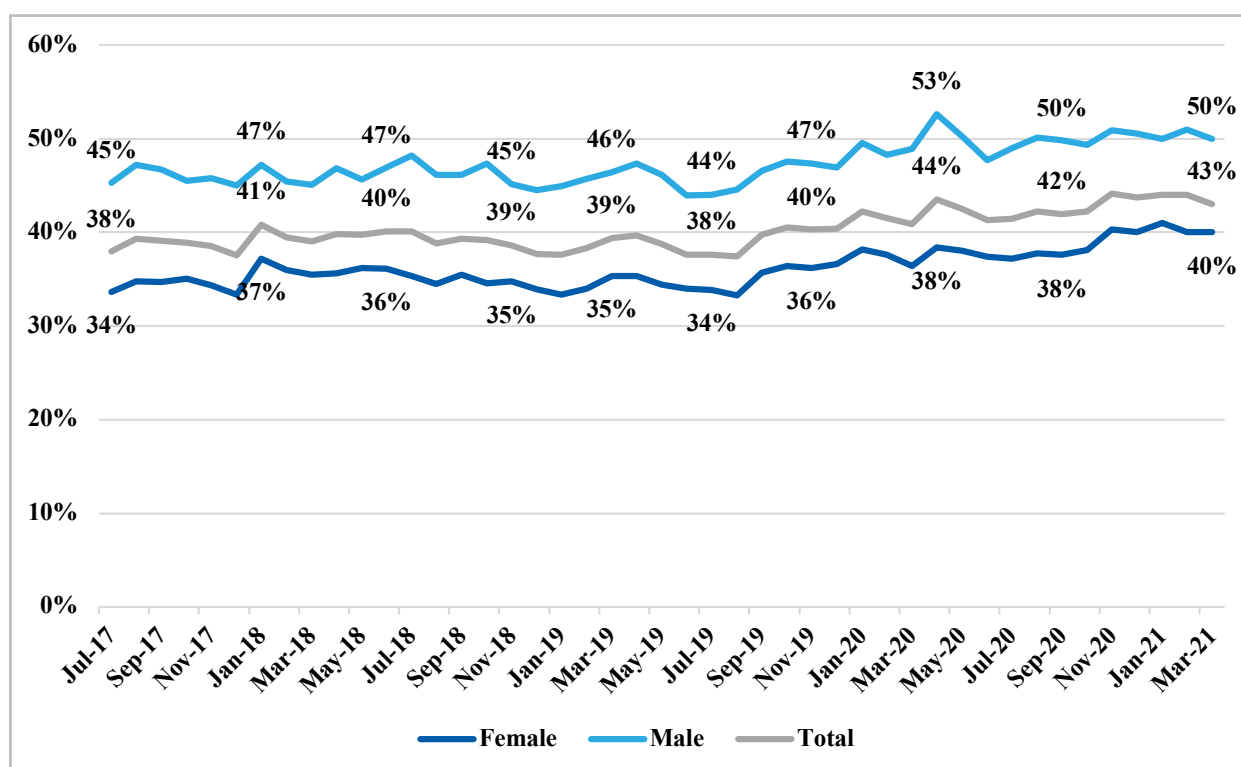
Source: AIHW 2021 Specialist Homelessness Services: monthly data, Cat. No. HOU 321.

FIGURE 4 Number of clients Accessing Specialist Homelessness Services (SHS) in Western Australia who were at risk of homelessness on entry to support
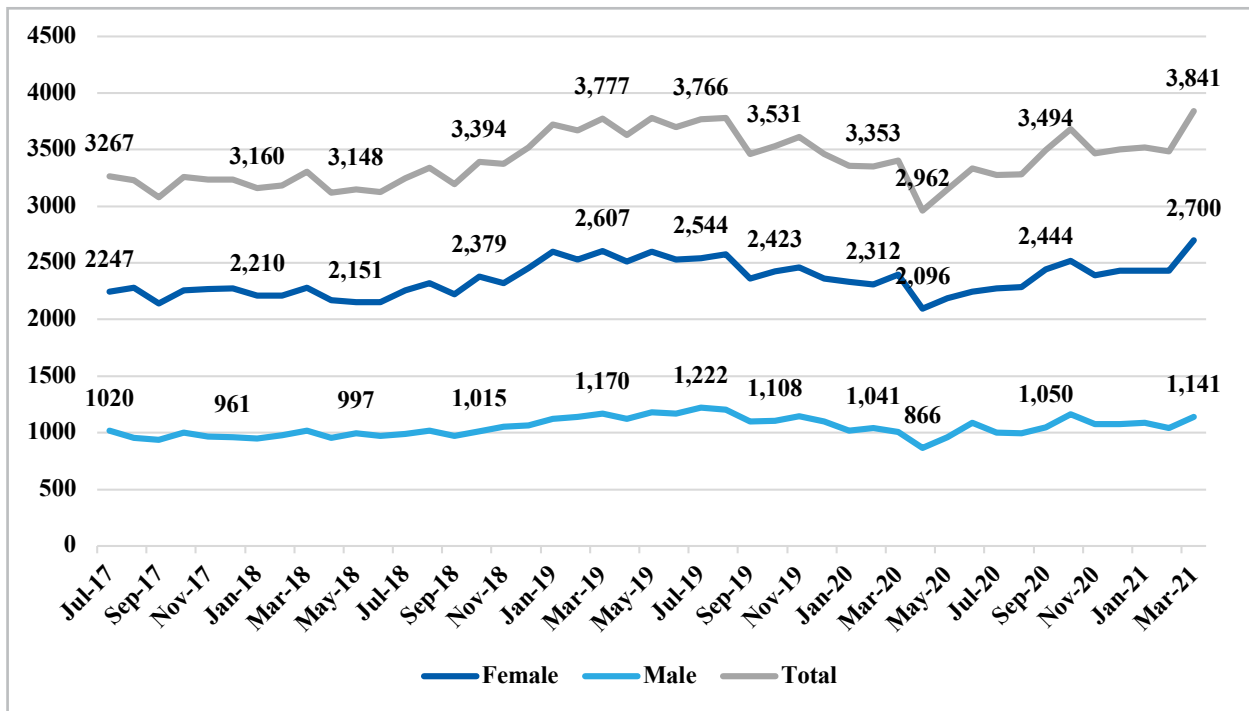
Source: AIHW 2021 Specialist Homelessness Services: monthly data, Cat. No. HOU 321.

FIGURE 5 Per cent of all Western Australian Specialist Homelessness Service (SHS) clients who were at risk of homelessness on entry to support
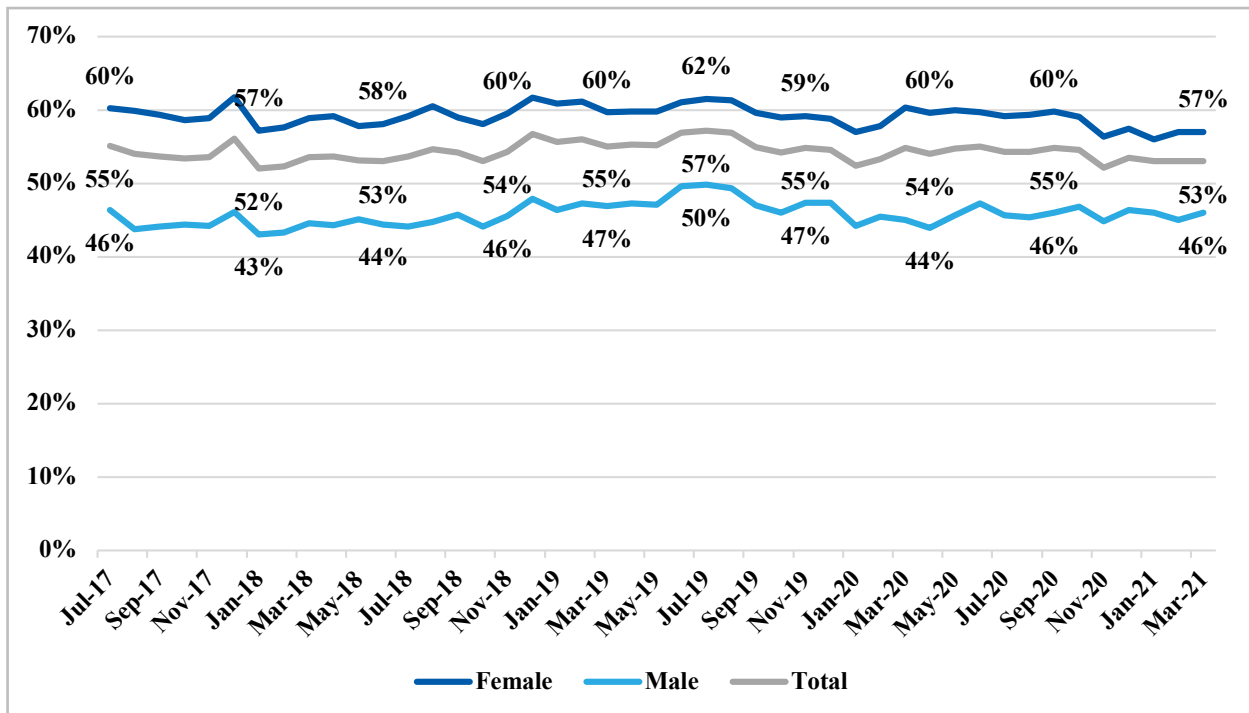
Source: AIHW 2021 Specialist Homelessness Services: monthly data, Cat. No. HOU 321.

In addition to need, rates of access to SHS reflect the nature of the service system, including the availability and accessibility of services. Another element pertaining to the nature of the SHS system is the type of support provided. The SHS data indicates that, relative to national rates, Western Australians accessing SHS do so for much shorter support periods and are accommodated for far fewer nights. In 2019–20, the median length of support received was 16 days in Western Australia and 43 days nationally (Table 5). The median number of nights accommodated was 8 days in Western Australia and 28 days nationally. Given that 70% of Western Australian SHS clients received accommodation support in 2019/20 (AIHW, 2020), this may reflect a high number of crisis accommodation facilities and a lower number of transitional and short-stay accommodation facilities in Western Australia compared with Australia overall.

TABLE 5 Median length of support, days in support periods and nights accommodated, 2017/18 and 2019/20, Western Australia and Australia

Support	2017/2018		2019/2020	
	Western Australia	*Australia*	*Western Australia*	*Australia*
Median length of support (days)	19	39	16	43
Median length of accommodation (nights)	12	32	8	28

Source: Specialist Homelessness Services Collection (AIHW, 2020).

In the case of those experiencing homelessness on entry, the majority completed their support period in the same homelessness position that they began their support period in (Figure 6). In other words, those that began their support period rough sleeping, in supported accommodation or couch surfing remained in the same state at the end of the support period. However, while the majority of those who were experiencing homelessness at the beginning of the support period, remained homeless at the end of the support period, there are also relatively large positive transitions from homelessness to both social housing (15.8%) and private rental housing (14.3%). In the case of those at risk of homelessness, the very low proportion of clients that move from housing to homelessness and remain in the same permanent housing state is a very positive outcome showing that the vast majority of SHS clients at risk of homelessness at the beginning of the support period remained housed through their support period (Figure 7).

FIGURE 6 Housing tenure outcome for clients of Specialist Homelessness Services (SHS) with closed support periods who were experiencing homelessness at the start of support in Western Australia, 2019–20
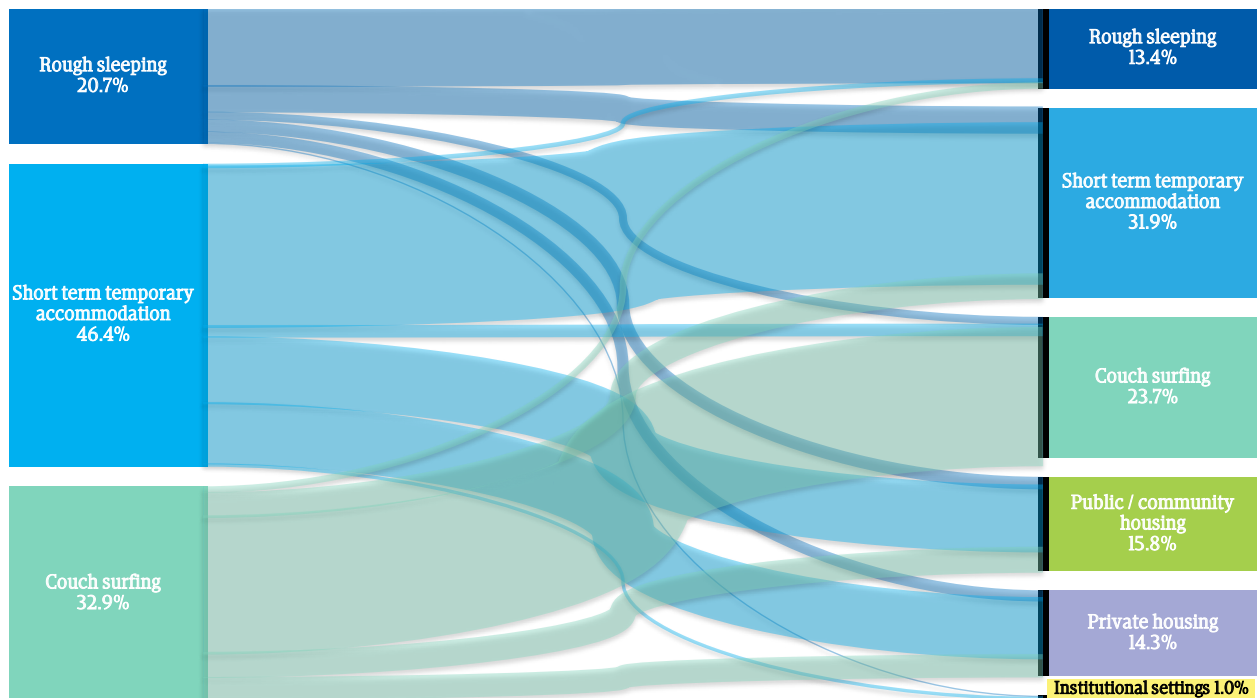
Source: AIHW 2020 Specialist Homelessness Services Annual Report 2019–20.

FIGURE 7 Housing tenure outcomes for clients of Specialist Homelessness Support Services (SHS) with closed support periods who were at risk of homelessness at the start of support in Western Australia, 2019–20
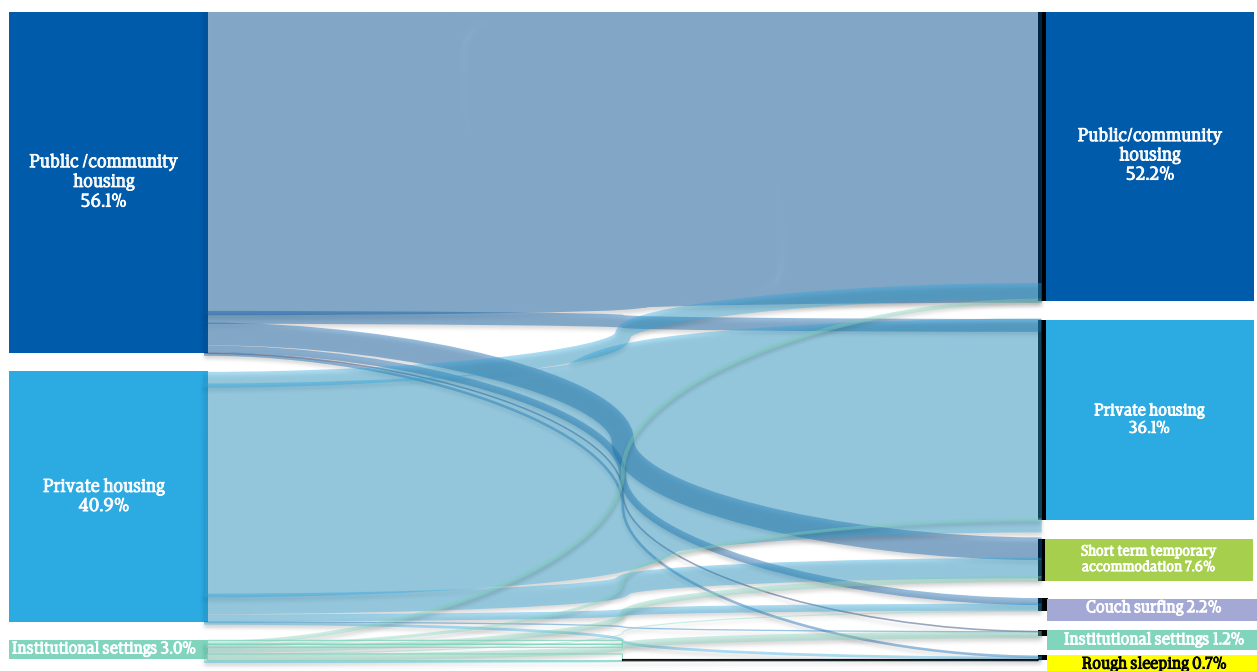
Source: AIHW 2020 Specialist Homelessness Services Annual Report 2019–20.

2.2 Geographic profiles of homelessness in Western Australia

This section outlines the prevalence and structure of homelessness and marginal housing (including caravan parks and non-severe overcrowding) in regional Western Australia relative to Perth, using the Census and SHS data.

2.2.1 Census

Table 5 outlines the number and rate per 10,000 of the total population experiencing homelessness and marginal housing on 2016 Census night, across all categories of homelessness and marginal housing, by Australian Statistical Geography Standard Statistical Area Level 4 (SA4) region. In terms of count, the majority were residing in Perth on Census night. However, examining the rate per 10,000 population reveals that the rate of homelessness and marginal housing in the Outback (North) SA4 is the highest in Western Australia and is almost five times higher than in Perth.

With the exception of the Mandurah SA4, the rate of homelessness and marginal housing in regional Western Australia greatly exceeds that in Perth, and the Wheatbelt, Outback (North), and Outback (South) all report rates of homelessness and marginal housing that above the overall Western Australian average.

TABLE 6 Number of people experiencing homelessness and marginal housing and the homelessness rate (per 10,000 estimated resident population) in Western Australia by region (SA4), 2016 Census

	Homeless persons	Marginally housed Persons	Total number of persons	Rate per 10,000 population
Perth[1]	5,047	4,349	9,396	51.7
Bunbury	443	503	946	55.1
Mandurah	255	217	476	50.8
Western Australia – Wheat Belt	426	493	919	68.4
Western Australia – Outback (North)	1,868	1,341	3,209	244.4
Western Australia – Outback (South)	980	695	1,675	125.2
Total Western Australia	*9,019*	*7,598*	*16,617*	*66.9*

Source: ABS Census TableBuilder.

[1] For the purposes of metropolitan versus regional comparison, the five Perth SA4 regions are aggregated.

Figure 8 outlines the structure of homelessness in metropolitan versus regional Western Australia, according to the 2016 Census. Likely reflecting increased availability of supported accommodation in Perth relative to Regional and Remote Western Australia, around twice the proportion of people experiencing homelessness in Perth than in Regional and Remote Western Australia were in supported accommodation for the homeless (15.5% versus 7.2%) or in boarding houses (14.0%. versus 7.2%). Rough sleeping was more common in Regional and Remote Western Australia (14.9% versus 10.2% of homeless people, respectively); almost half (48.4%) of people experiencing homelessness in Regional and Remote Western Australia and 39.0% in the Perth Metropolitan were living in severely overcrowded dwellings; and roughly the same proportion of people experiencing homelessness in Regional and Remote Western Australia and the Perth Metropolitan were staying temporarily with other households (22.3% and 21.3%, respectively).

FIGURE 8 Structure of homelessness in Perth and regional and remote Western Australia

Perth metropolitan

10.2%
15.5%
39.0%
21.3%
14.0%

Regional and remote Western Australia

14.9%
7.2%
48.4%
22.3%
7.2%

- ■ **Persons living in improvised dwellings, tents, or sleeping out**
- ■ **Persons in supported accommodation for the homeless**
- ■ **Persons staying temporarily with other households**
- ■ **Persons living in boarding houses**
- ■ **Persons living in 'severely' crowded dwellings**
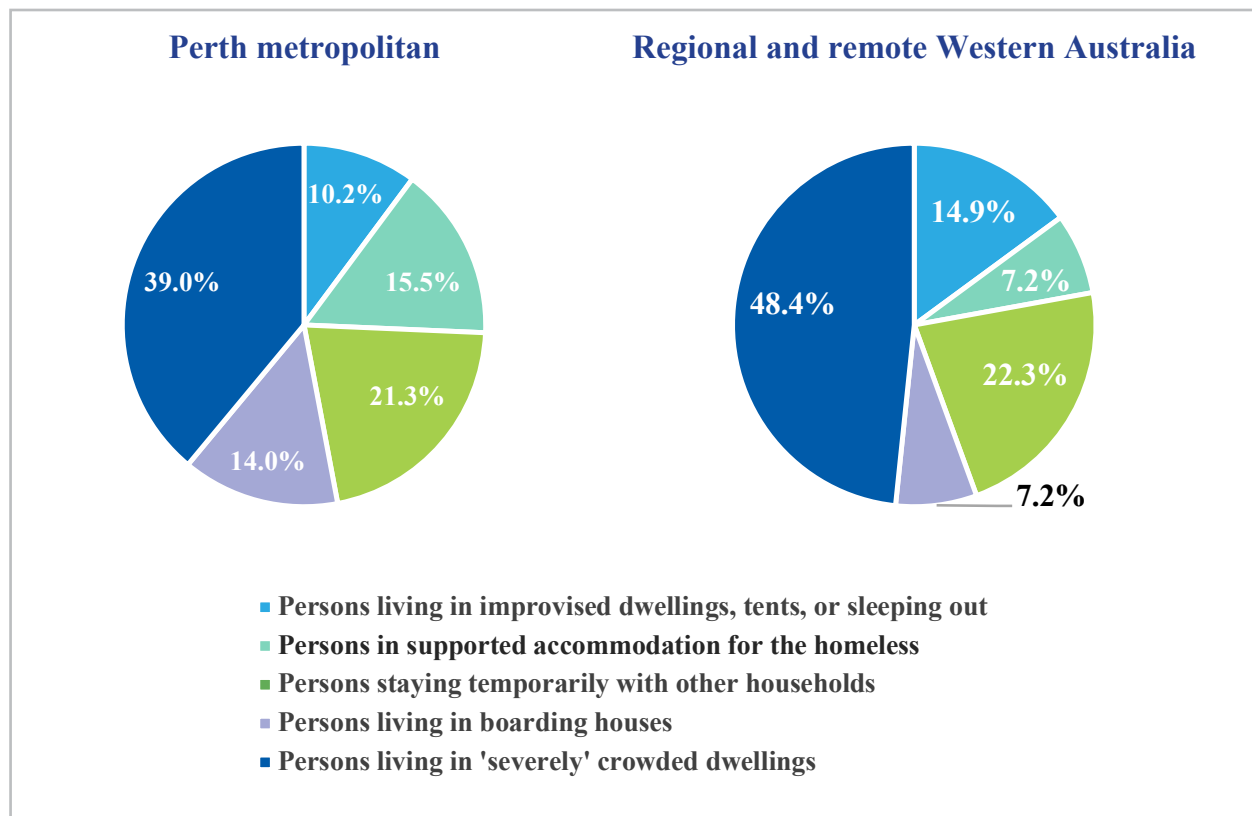
Source: ABS Census of Population and Housing, 2016.

Examining the structure of homelessness by SA4 region, the highest proportion of the homeless population sleeping rough was 24.5% in Mandurah, followed by the Wheatbelt (18.5%), and Bunbury (17.3%). Overcrowding was particularly common in Outback (North) (62.3%) and Outback (South) (46.7%), with Wheatbelt, Bunbury and Mandurah SA4s recording one quarter to one third of homeless people as those in severely overcrowded dwellings. Staying temporarily with other households was a common form of homelessness in Bunbury (45.8%), Mandurah (39.0%) and Wheatbelt (36.0%). Figure 9 depicts the proportion of people experiencing homelessness, by type of homelessness in each SA4 region.

FIGURE 9 Structure of homelessness in Perth and regional and remote Western Australia

Bunbury

17.3%
5.6%
45.8%
6.1%
25.2%

Mandurah

24.5%
6.4%
39.0%
4.0%
26.1%

Western Australia - Outback (North)

12.2%
6.7%
11.9%
6.9%
62.3%

Western Australia - Outback (South)

14.7%
9.2%
22.5%
6.9%
46.7%

Western Australia - Wheatbelt

18.5%
7.0%
36.0%
5.5%
33.1%

- Persons living in improvised dwellings, tents, or sleeping out
- Persons in supported accommodation for the homeless
- Persons staying temporarily with other households
- Persons living in boarding houses
- Persons living in 'severely' crowded dwellings
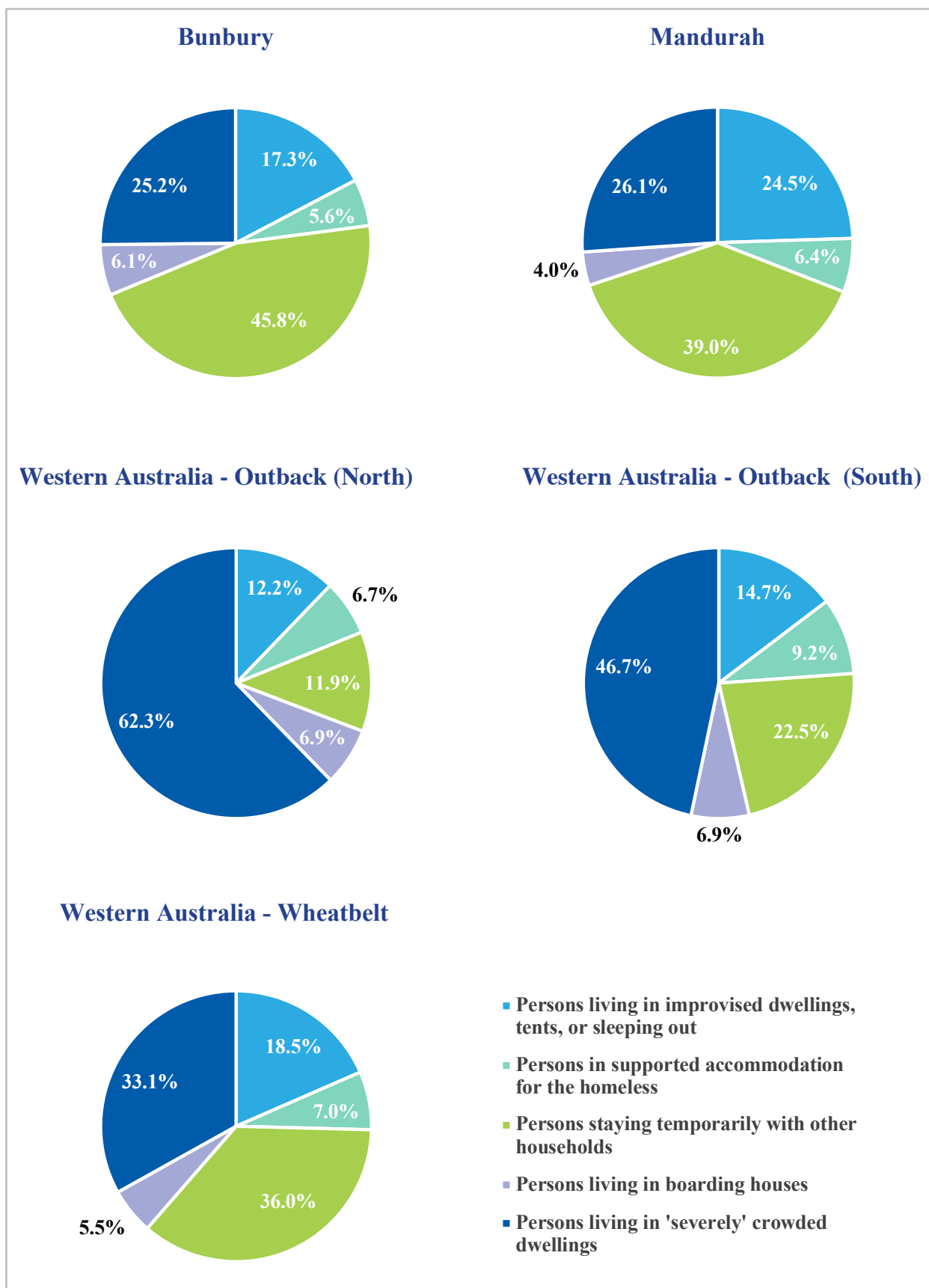
Source: ABS Census of Population and Housing, 2016.

2.2.2 Specialist Homelessness Services

The SHS data also reflects an overrepresentation of people experiencing homelessness in regional Western Australia relative to Perth. In fact, the SHS Annual Report 2019–20 indicates that Western Australia's Outback (North) has the highest rate of SHS clients out of all regions in Australia, at 575.9 clients per 10,000. While only 6.3% of Western Australians live in remote or very remote Western Australia, 27% of Western Australia SHS clients resided in remote or very remote areas.

While the SHS does not disaggregate by type of homelessness and region, Figure 10 outlines the proportion of clients who were assessed by SHS agencies as homeless versus at risk of homelessness in 2019/20, by SA4. Almost half of SHS clients in Perth and Outback (South) were homeless at presentation to SHS; a third or more of clients in the Wheat Belt SA4 and Bunbury SA4 were experiencing homelessness; and around one quarter of SHS clients in Mandurah and Outback (North) were experiencing homelessness. The rest of clients accessing SHS were assessed as at-risk of homelessness, and a small percentage (<3%) did not have their homeless status recorded in SHS. The exception to this is Mandurah where 11.1% of clients' SHS records did not state their homelessness risk.

FIGURE 10 Specialist Homelessness Services (SHS) assessment of homelessness risk, by region, SA4, 2019/20

Bunbury

- 2.5%
- 40.1%
- 57.4%

Mandurah

- 11.1%
- 23.9%
- 64.9%

Perth

- 2.0%
- 47.9%
- 50.0%

Western Australia - Wheatbelt

- 1.5%
- 33.3%
- 65.3%

Western Australia - Outback (North)

- 0.9%
- 26.2%
- 72.9%

Western Australia - Outback (South)

- 3.3%
- 43.6%
- 53.1%

■ **Homeless**   ■ **At Risk**   ■ **Not stated**

■ **Homeless**   ■ **At Risk**   ■ **Not stated**
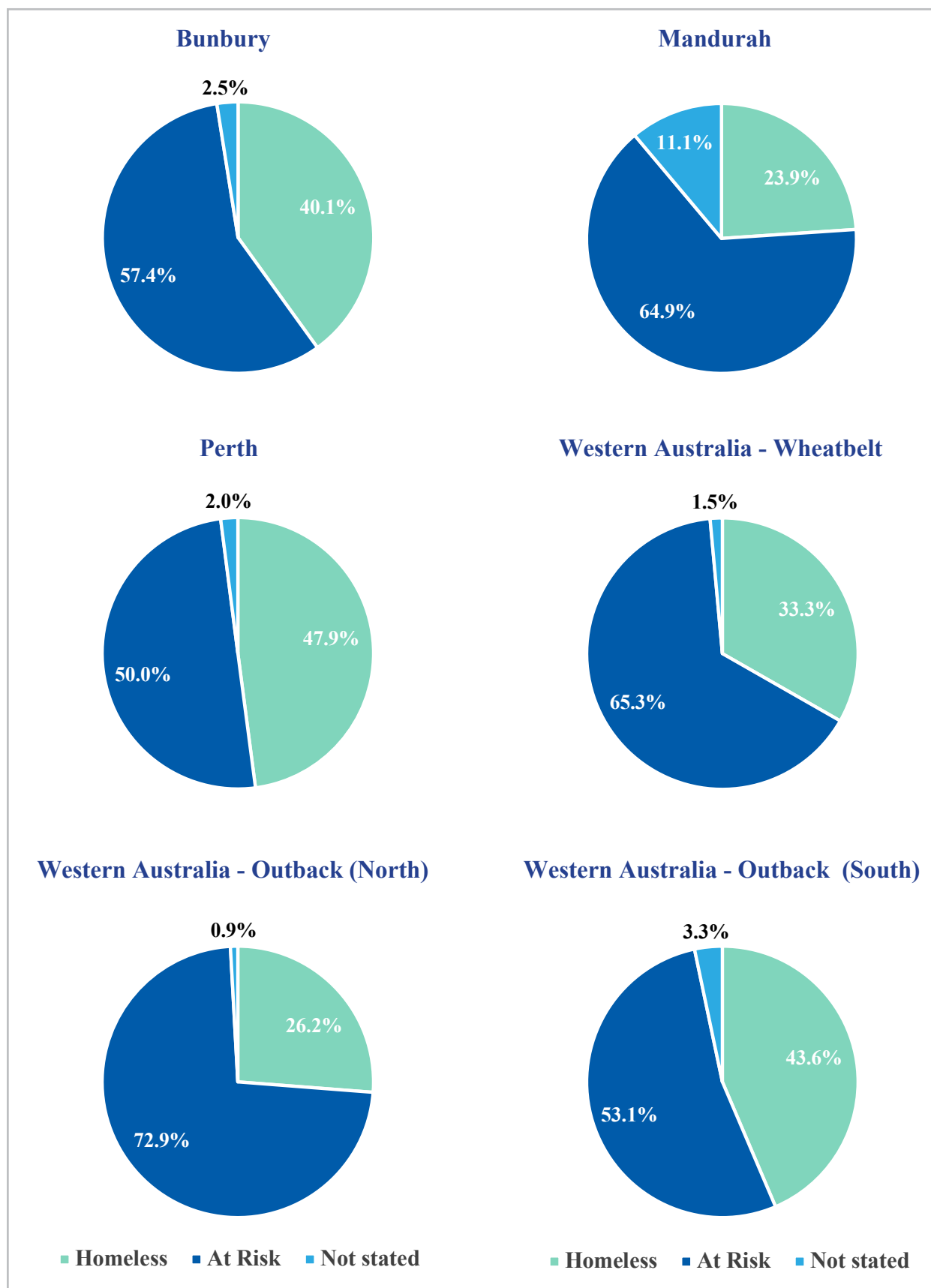
Source: AIHW SHS Data cubes.

2.3 Profile of Aboriginal homelessness in Western Australia

There is a significant over-representation of Aboriginal and Torres Strait Islander people in the Western Australian homeless population. While making up only 3.1% of the general population, Aboriginal and Torres Strait Islanders form 29.1% of the homeless population (ABS, 2016). The target for Aboriginal homelessness across all categories is to eliminate the over-representation, such that the rate of homelessness within the Aboriginal and Torres Strait Islander population is in line with that of the general population.

2.3.1 Census

Between 2011 and 2016, there was a substantial decrease in the overall rate of Aboriginal and/or Torres Strait Islander homelessness, from 485 persons per 10,000 to 344.6 per 10,000. This rate of decline will need to be sustained for the next 10 years to achieve the goal of eliminating the over-representation of Aboriginal and/or Torres Strait Islander homelessness in Western Australia.

The rate of Aboriginal and/or Torres Strait Islander homelessness of persons living in improvised dwellings, tents, or sleeping out in Western Australia increased from 2011 to 2016, from 46.4 per 10,000 to 48.8 per 10,000. Since this is reflective of the most extreme form of homelessness, strong focus will need to be put into improving the ability of Aboriginal and/or Torres Strait Islander people within this category to exit it.

There is a current focus on improving the geographical coverage of service systems into remote areas of the State and further developing the reach of culturally appropriate, Aboriginal-led service delivery models, as well as addressing the justice and legal issues plaguing Aboriginal homeless people in Western Australia. These efforts will go a long way to improving the rates of Aboriginal and Torres Strait Islander homelessness, and specifically facilitating the exit from rough sleeping (Kaleveld et al., 2018).

The percentage of those living in improvised dwellings, tents, or sleeping out that identified as Aboriginal and/or Torres Strait Islander decreased from 34.9% in 2011 to 34.2% in 2016 (Table 7). This will need to decrease substantially to reach the 2028 target of 2.9% – but doing so would imply that we have eliminated the over-representation of homeless individuals within the Aboriginal and/or Torres Strait Islander population. The proportion of this population living in supported accommodation, staying temporarily with other households, and living in boarding houses all demonstrate the need for action, with an increase in homelessness rates (19.5% to 21.1%, 6.0% to 7.8% and 5.4% to 9.8% respectively) between 2011 and 2016. The fact that these have increased despite the rate of the general population living in these forms of homelessness either decreasing or staying relatively constant implies that the solutions currently employed are not working as well for Aboriginal and/or Torres Strait Islander people as they are for their non-Aboriginal and/or Torres Strait Islander counterparts.

The proportion of those living in severely crowded dwellings that identify as Aboriginal and/or Torres Strait Islander decreased from 64.3% to 45.8% from 2011 to 2016. Consequently, if this rate of decline continues until 2028 the target of 2.9% will be achieved, implying that the strategies currently being employed to target the issue of 'severely crowded' dwellings are relatively effective.

TABLE 7 Aboriginal homelessness by homelessness category in Western Australia (2011–2016)

ABS category	2011	2016	Direction of change
Persons living in improvised dwellings, tents, or sleeping out	34.9	34.3	↓
Persons in supported accommodation for the homeless	19.2	21.1	↑
Persons staying temporarily with other households	6.0	7.8	↑
Persons living in boarding houses & other temporary lodgings	5.4	9.8	↑
Persons living in severely overcrowded dwellings	64.3	45.9	↓

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

2.3.2 Specialist Homelessness Services

As with the overall figures of clients who are homeless/at risk of homelessness accessing SHSs, a drop in numbers can be seen in April 2020 of those who are Indigenous accessing SHSs in Western Australia around the time that COVID-19 was declared a global pandemic but then the number of SHS Indigenous clients rise again above their pre-pandemic levels (Figure 11). The figures reveal a significant upward movement over time in the share of SHS clients who are Indigenous (Figure 12).

FIGURE 11 Number of clients who are Aboriginal accessing Specialist Homelessness Services (SHS) by month
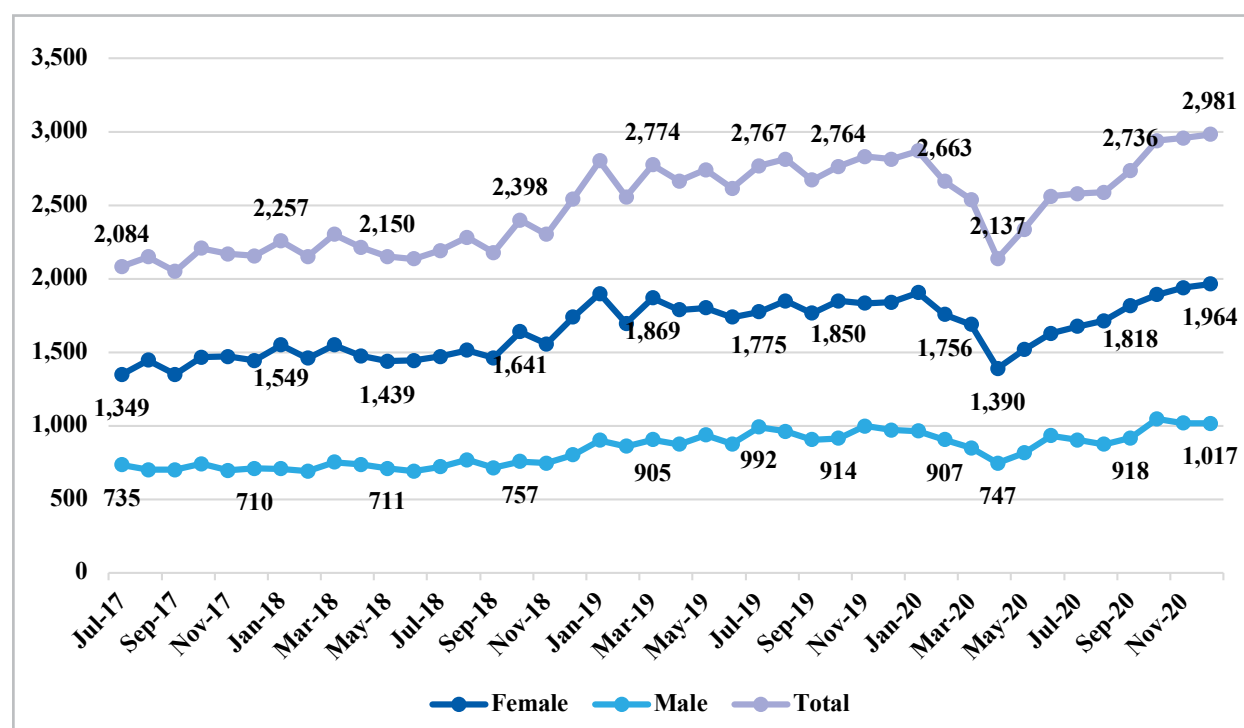
Source: AIHW Specialist Homelessness Services Collection, 2019–20.

FIGURE 12 Percentage of all Specialist Homelessness Services clients who are Aboriginal
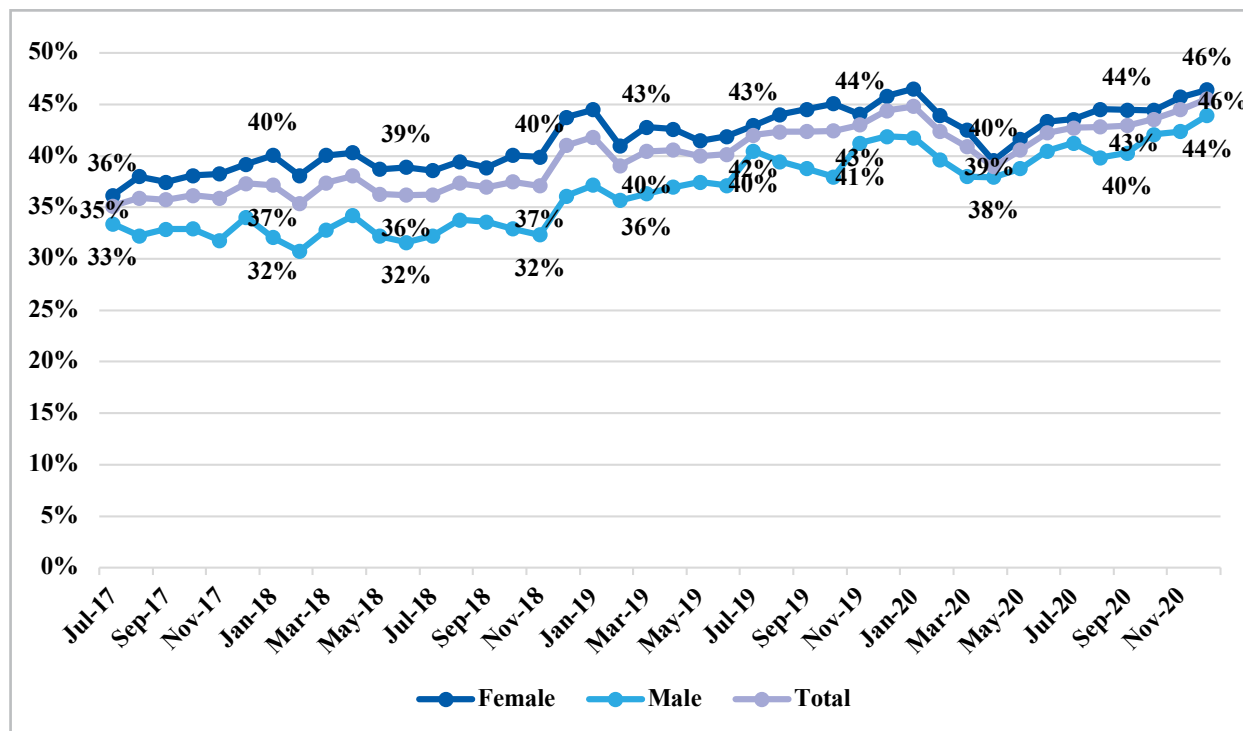
Source: AIHW Specialist Homelessness Services Collection, 2019–20.

2.4 Homelessness among selected cohorts in Western Australia

The risk of homelessness is not evenly distributed across Western Australia. Certain demographic groups experience individual and structural risk factors for homelessness at higher rates than others, and some life experiences can increase a person's risk of experiencing homelessness.

The varying characteristics of and risk factors experienced by different cohorts create different needs from the homelessness service system. It is therefore important to understand the prevalence and trends in homelessness in Western Australia among particular cohorts.

Table 8 displays the rate per 10,000 of Western Australians accessing SHS, by cohort, in each year between 2015–16 and 2019–20. Increases in SHS service usage were recorded between 2015–16 and 2019–20 among the following six cohorts in Western Australia:

1. Aboriginal people
2. People with mental health issues
3. People with drug and alcohol issues
4. Older people (55 years and over)
5. Children on protection orders
6. People exiting custodial arrangements

TABLE 8 Specialist Homelessness Services client rate (per 10,000 estimated resident population) by priority group in Western Australia, Specialist Homelessness Services, 2015–16 to 2019–20

Client group	2015–16	2016–17	2017–18	2018–19	2019–20	Direction of change from 2015–16 to 2019–20
All clients	93.4	96.2	92	95.9	95.2	↑
Aboriginal people	935.3	922.8	913.5	977.1	1099.3	↑
People with experience of domestic/ family violence	42.0	42.5	41.5	41.5	39.8	↓
People with mental health issues	19.5	21.2	21.5	23.2	23.4	↑
People with drug and alcohol issues	10.1	10.9	10.2	11.4	11.7	↑
Young people presenting alone (15–24)	10.9	11.1	11.8	11.7	11.0	–
Older people (55 and over)	7.0	7.6	7.9	8.8	8.8	↑
Children on protection orders	2.4	2.6	2.6	3.0	2.9	↑
People leaving care	2.3	2.3	2.3	2.1	2.2	–
People exiting custodial arrangements	1.4	1.5	1.5	1.7	1.8	↑
People with disabilities	4.6	4.8	2.7	2.1	1.6	↓

Source: Specialist Homelessness Services Collection (Australian Institute of Health and Welfare, 2018, 2019).

2.4.1 Aboriginal people

The Census found that Aboriginal and Torres Strait Islander (hereafter Aboriginal) people comprised 3.1% of the Western Australian population in 2016 and 29.1% of the Western Australia homeless population (ABS 2016; 2018). Table 9 displays the rates per 10,000 of homelessness by Aboriginality and by State/Territory. Western Australia's Aboriginal homelessness rate of 344.6 per 10,000 Aboriginal people is exceeded only by the Northern Territory.

TABLE 9 Rate of homelessness (per 10,000 estimated resident population) by Aboriginality, State/Territory and overall, 2016 Census

Aboriginality	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aus
Aboriginal	105.4	163.8	238.6	273.8	344.6	55.2	2082.6	146	*361*
Non–Aboriginal	45.9	36.7	35.3	29.8	25.9	29.9	84.1	32.3	*37.8*
Not stated	93.7	107.5	78	75.5	36.4	40.3	148.8	149.9	*86.6*

Source: ABS 2016 (Census of Population and Housing: Estimating homelessness, 2016).

The SHSC found that Western Australia had the lowest rate in Australia of non-Aboriginal homelessness, but a dramatic over-representation of Aboriginal clients with 42% of SHS clients identifying as Aboriginal in 2017–18 (AIHW, 2018).

In the Advance to Zero dataset, more than one in 3 (35%) of Western Australian respondents were Aboriginal Australians (2012–Mar 2021), compared with 1 in 5 (20%) of respondents across Australia.

2.4.2 People with mental health issues

According to the ABS General Social Survey (2014), 25% people who reported having a mental health condition had experienced homelessness in their lifetime compared with 10% of people who did not report having a mental health condition (Kaleveld et al., 2018). People who reported a mental health condition were also more than twice as likely to have experienced homelessness in the last 10 years compared with people who did not (15% compared with 6.1%) (ABS, 2016b).

According to the SHS, the rate of clients with mental health issues has steadily increased in Western Australia from 19.5 to 23.4 per 10,000 between 2015–17 and 2019–20.

While mental health among Western Australian respondents in the Advance to Zero database is discussed in depth later, rates are high, with 58.7% reporting diagnosis of depression, 52.1% anxiety, and 30.2% post-traumatic stress disorder.

2.4.3 People with alcohol and drug issues

There is significant research that demonstrates that drug and alcohol use is both a driver into and a barrier to exiting homelessness (Kaleveld et al., 2019).

Between 2017–18 and 2019–20, the rate of Western Australia SHS clients with problematic drug and alcohol use increased from 10.1 to 11.7 per 10.000. It is important to note that Western Australia's increase is contrasted with a stable national rate and, for the first time since 2015–2016, the rate of Western Australia clients with problematic drug and alcohol use is higher than the national rate.

Once again, drug and alcohol use among Western Australian respondents in the Advance to Zero database is discussed in Chapter 4. However, substance misuse is a significant concern with 74.8% of Western Australian respondents reporting that they had or had been told that they had problematic drug and/or alcohol use; 41.7% reporting use of alcohol daily for the month prior to survey, and 41.9% using drugs by injection in the 6 months prior to survey.

2.4.4 Older people (55+)

The 2016 Census estimates that 23.9 per 10,000 people aged over 55 are homeless. While this is lower than the overall population rate of 36.4 per 10,000, it is concerning that older people's representation among SHS clients has increased from 7.0 per 10,000 in 2015–16 to 8.8 per 10,000 in 2019–20.

Older people comprise less than 10% of Western Australian respondents in the Advance to Zero database. There are significant concerns in Australia about homelessness among older people, particularly older women, as a result of low superannuation (due to lower workforce participation, often due to caring responsibilities) and relationship breakdowns later in life (Australian Human Rights Commission, 2019). Female Western Australian respondents in the Advance to Zero database are younger than their male counterparts, however, given that experiences of homelessness in younger age are often followed by repeated episodes throughout one's lifetime, support for women experiencing homelessness is certainly required.

2.4.5 Interactions with the child protection system

Interacting with the child protection system, particularly experiences of foster or residential care as a child, is a significant risk factor for homelessness (Flatau et al., 2013; Flatau et al., 2015). This is evident among Western Australian respondents in the Advance to Zero database, of whom 30.0% reported that they had an experience of out-of-home care.

The SHS data indicate that there has been an increase in the rate of Western Australian clients with care and protection orders, from 2.4 per 10,000 in 2015–16 to 2.9 per 10,000 in 2019–20.

2.4.6 Exiting custodial arrangements

There has been an increase in the proportion of Western Australian SHS clients who report homelessness upon leaving custodial arrangements (prison), from 1.4 per 10,000 in 2015–16 to 1.8 per 10,000 in 2019–20. Homelessness increases people's chance of going to prison, and prison increases people's chance of experiencing homelessness: one in three (33%) people entering prison reported being homeless in the 4 weeks prior to imprisonment and 54% of prisoners in Australia reported that they expected to be homeless upon their release (AIHW, 2019).

Over half (56.4%) of Western Australian respondents in the Advance to Zero database overall had experienced imprisonment in their lifetime, and more than two thirds (68.4%) of Aboriginal Western Australian respondents had experienced imprisonment in their lifetime.

2.4.7 Other cohorts

There are additional cohorts within the homeless population who have particular needs that warrant mention: young people, veterans and people experiencing family and domestic violence.

Young people often enter homelessness as a result of breakdowns in familial relationships (Mackenzie et al., 2016). It is difficult to obtain figures on homelessness among children younger than 12; the Census estimates that 21% of Western Australian homeless people are aged 12–24. More than 1 in 10 (11%) of SHS clients are young people aged 15–24 (AIHW, 2020). Young people experiencing homelessness have fewer social and instrumental supports available than their non-homeless peers. Accordingly, there needs to be support for young people experiencing homelessness to bridge that gap.

Veteran homelessness is understudied in Australia (Wood et al., 2021). In 2017–18, an Australian Defence Force indicator was introduced into the SHSC. This measure found 107 veterans in Western Australia had sought SHS, with 40 of these people homeless and 66 at risk of homelessness (AIHW, 2018). The Western Australia cohort data extracted from the Advance to Zero national data 2012–March 2021 revealed a total of 108 veteran respondents in Western Australia. This was 4.5% of the cohort with disclosed veteran status. Of these, 89 (82.4%) were male and 18 were female (16.7%). Veterans compose about 3.7% of the adult Australian population indicating that they are slightly over-represented in the homeless population (AIHW, 2018).

Family and domestic violence is one of the key pathways into homelessness in Australia (Kaleveld et al., 2018). Family and domestic violence (FDV) is recorded as the main reason women and children seek SHS assistance, with 41% of SHS clients having experienced FDV). The majority (90%) of these clients were female. Housing support for women experiencing FDV is complex, as the perpetrator of violence often controls the housing and financial situation of the victim (Lester et al., 2021). This is to say nothing of the emotional complexities of FDV. These factors mean that specialised support for women experiencing FDV is needed to prevent homelessness while maintaining safety from their perpetrators.

2.5 Addressing the needs of those experiencing homelessness

Homeless and formerly homeless individuals experience significant issues in relation to physical health, mental health, and drug and alcohol use. Poor health outcomes and addiction can be both a cause and a consequence of homelessness. For example, those with chronic schizophrenia often end up homeless as their ability to participate economically and socially declines. Those with other chronic illnesses such as AIDS are vulnerable to homelessness as the disease progresses and the individual becomes unable to work. On the other hand, homelessness increases the risk of health problems such as skin disorders and parasitic infestations.

Part 1 of the Framework and Outcome 1.7: Homeless and formerly homeless individuals have their health, mental health, and drug and alcohol issues addressed explicitly operationalise this target. This will include data from Specialist Homelessness Services on the provision and access of health, and drug and alcohol use services among their clients, as well as Western Australia Department of Health data on mortality rates and public hospital costs. This target considers not only the cost to the individual but also the economic burden on the public system of chronic homelessness when the complex health needs of the homeless population are not appropriately addressed.

There was an improvement in the 2015–2017 period – where there was an increase that saw almost half of all individuals accessing Specialist Homelessness Services ending their support periods with their immediate needs and goals met. However, this number has decreased in recent years, with 39.3% of people in 2019/20 ending their support periods with their needs met, similar to the 2015/16 data. This is below projected targets, indicating a need for greater and sustained focus on understanding and addressing the complex needs of Specialist Homelessness Services clients.

People access SHS services for a variety of reasons, including, but not limited to, financial need, accommodation needs, interpersonal relationships, and health conditions. In 2017–18, 18.8% of those who accessed SHS services did so for health reasons (mental health, medical or drug and alcohol issues). An increase in the proportion of Western Australian individuals accessing SHS services that leave with their immediate case management needs met would likely imply that those experiencing health issues will have had their needs met. This is not necessarily the case, however, and so a more in-depth analysis of the Unit Record Files of individuals who seek SHS assistance is necessary, to ascertain the proportion of those who have initially accessed Specialist Homelessness Services for health reasons and end their support periods feeling as if these health needs have been met.

2.6 Summary on progress in achieving the WAAEH homelessness strategy targets

A summary of current achievements of the WAAEH strategies responding to homelessness strategy targets can be found in the following table. While some Targets are on track (Target 1 and Target 5), other Targets indicate more work is required (Target 3, Target 6), and other Targets require more research and data to assess the success of the strategy (Target 2, Target 7).

For more detailed information refer to The Western Australian Alliance to End Homelessness Outcomes Measurement Framework: Dashboard 2021 Version 3.0 (Flatau et al., 2021).

TABLE 10 WAAEH Strategy responding to homelessness targets

Target	Summary of outcomes relative to targets set
Target 1: Western Australia will have ended all forms of chronic homelessness including chronic rough sleeping.	From 2016 to 2020, there was an overall upward trend of chronic homelessness with the proportion of respondents exhibiting chronic homelessness varying from 59.2% to 71.1%. The peak in the proportion of respondents exhibiting chronic homelessness during 2020 and quarter 1 of 2021 may have been impacted by the effects of COVID-19 and may reflect an increase in the proportion of those chronically homeless in the overall homeless community. Research indicates that the 2020 lockdown may have increased the prevalence of family violence and mental health issues and hence the absolute number of homeless persons. Very low rental vacancy rates are likely to have made it more difficult for those already chronically homeless to improve their status, as well as moving those who were not previously chronically homeless into the category of longer-term homelessness and eventually homelessness for more 12 months continuously.
Target 2: No individual or family in Western Australia will sleep rough or stay in supported accommodation for longer than five nights before moving into an affordable, safe, decent, permanent home with the support required to sustain it.	Further research is required to assess how well we are approaching this target. Proxy measures could be obtained through existing data sources to estimate the number of individuals or families who are sleeping rough or staying in supported accommodation for longer than five nights.
Target 3: The Western Australian rate of homelessness (including couch surfing and insecure tenure) will have been halved from its 2016 level.	Census figures show the rate of homelessness among persons aged 15 years and over in Western Australia has decreased from 2011–2016. However, the proportion rough sleeping (living in improvised dwellings, tents, or sleeping out) has increased. SHSC figures show the rate of SHS clients has remained steady since 2015, with the proportion of clients homeless on entry, or at risk of homelessness on entry accessing SHS also remaining steady.
Target 5: The current very large gap between the rate of Aboriginal homelessness and non-Aboriginal homelessness in Western Australia will be eliminated so that the rate of Aboriginal homelessness is no higher than the rate of non-Aboriginal homelessness.	Aboriginal and Torres Strait Islanders form 29.1% of the homeless population, while making up only 3.1% of the general population. Between 2011 and 2016, there was a substantial decrease in the overall rate of Aboriginal and/or Torres Strait Islander homelessness, from 485 persons per 10,000 to 344.6 per 10,000. This rate of decline will need to be sustained for the next 10 years to achieve the goal of eliminating the over-representation of Aboriginal and/or Torres Strait Islander homelessness in Western Australia.

Target 6: Those experiencing homelessness and those exiting homelessness with physical health, mental health, and alcohol and other drug use dependence needs will have their needs addressed. This will result in a halving of mortality rates among those who have experienced homelessness and a halving in public hospital costs one year on for those exiting homelessness.	There are currently no baseline indicators. The paucity of data on social and economic outcomes for people with current or previous experiences of homelessness demonstrates the need for future research. To evaluate this target, SHS client follow up is required for three years after they are in stable housing to assess clients' employment status, general wellbeing and quality of life.
Target 7: Those experiencing homelessness and those exiting homelessness will be supported to strengthen their economic, social, family and community connections leading to stronger wellbeing and quality of life outcomes. Employment among those experiencing homelessness will be significantly increased. Over half of those exiting homelessness will be employed within three years of moving into housing. Wellbeing and quality of life will equal those of the general population in the same timeframe.	There are currently no baseline indicators. The paucity of data on social and economic outcomes for people with current or previous experiences of homelessness demonstrates the need for future research. To evaluate this target, SHS client follow up is required for three years after they are in stable housing to assess clients' employment status, general wellbeing and quality of life.

Source: WAAEH Strategy to End Homelessness (2018). The Western Australian Alliance to End Homelessness Outcomes Measurement and Evaluation Framework: Dashboard. Version 3.0 (2021).

2.7 Preventing homelessness

The causes of homelessness are complex, encompassing a broad range of individual and structural determinants, including housing availability and affordability, economic and employment opportunities (or lack thereof), physical and mental health outcomes, domestic and family violence, and social and community connections. The aim of this section is to summarise key drivers for which data is publicly available (Table 11). More detailed information can be found in The Western Australian Alliance to End Homelessness Outcomes Measurement Framework: Dashboard 2021 Version 3.0 (Flatau et al., 2021).

2.7.1 Housing affordability

The availability and accessibility of safe, secure, and affordable housing plays a vital role in preventing of entry to homelessness and facilitating a sustained exit from homelessness.

- The proportion of low-income households experiencing housing stress has declined overall since the mid-2000s.
- Since 2007–2008 there has been a general upward trend in the proportion of low-income rental households experiencing rental stress and stabilising at a relatively high level. Metropolitan households experiencing noticeably higher levels of rental stress than the rest of Western Australia.
- The upward trend in the persistency of housing stress since 2001 has stabilised at a high level.

- Housing costs as a proportion of income can give an indication of housing affordability. Owners with a mortgage and renters with the Western Australia housing authority have seen an increase since 2013 in proportional housing costs, which could suggest an increase in financial stress in this category.

- There has been a steady increase in the trends of 'owner with a mortgage' with a comparable decline in percentage of 'owners without a mortgage' since 2000, suggesting that it may be more difficult for Western Australians to own a home outright. The percentage of households who are renting has steadily increased over time, suggesting that it may be more difficult for Western Australians to enter the housing market. Finally, renters from the Western Australia State housing authority have decreased, particularly since 2009–10.

- There has been an overall positive trend towards more affordable rents over time in Western Australia in line with relatively stagnant economic conditions and low net population growth. However, given the consistently high proportion of low-income earners experiencing rental stress, the increased rental affordability may be disproportionately impacted by moderate or high-income earners.

To meet the target of a reduction of inflow into homelessness, housing stress levels across Western Australia need to fall. Considering the role of housing stress as a driver of homelessness, the high proportion of low-income households remaining in housing stress from one year to the next is concerning, as a person who is continually under housing stress is in a financially unstable position and could be increasingly susceptible to homelessness. One notable and worrying trend has been a relatively steady increase in proportional housing costs for renters with the Western Australia housing authority, who account already for some of the lowest income earners in the State.

2.7.2 Housing supply

Accessible public housing is a vital measure in preventing low-income households from entering homelessness. Social Housing in a Western Australian context refers to housing provided for people on low incomes or with particular needs by government agencies (Public Housing) or by not-for-profit organisations.

- The number of social housing dwellings has stagnated and indicates that public housing is not keeping pace with population demand.

- The number of households on the public housing waiting list has significantly decreased from 2015 to 2018, whereas the number of households on the community housing waiting list has significantly increased.

- The average waiting time for a public house is still over two years.

The data demonstrates a need in Western Australia for greater investment and policy development in the realm of public housing. To address the availability of affordable housing options, the State Government in partnership with the private sector and non-government organisations is delivering the $394 million METRONET Social and Affordable Housing and Jobs Package. In addition, the Western Australia Government announced a $150 million Housing Investment Package in December 2019 and a $444 million Housing Stimulus Package which includes the Social Housing Economic Recovery Package.

2.7.3 Poverty and unemployment

Two important economic drivers of homelessness are poverty and unemployment. Poverty and unemployment lead to financial and housing stress, poor physical and mental health, and social exclusion, all of which are drivers of homelessness. Homelessness can also make it more difficult for individuals to find and keep a job, further compounding the difficulty in obtaining a sustained exit from homelessness.

- The rate of poverty in Western Australia is slightly below the national rate and has remained relatively high for some time.

- There has been a consistent increase in the Western Australian youth (15–24 year olds) unemployment, a social group who are already disproportionately impacted by economic downturns and homelessness.
- While not as high as the youth unemployment rate, trends in the general population were also worrying until the recent fall in 2021, showing a sustained increase in the Western Australian unemployment rate – it has increased from 3.7% in November 2013 to 6.9% in January 2021.

Youth unemployment is the single factor most frequently associated with homelessness (Australia Human Rights and Equal Opportunity Commission (1989). Preventing entry into homelessness by supporting economic participation and education among young people in the general population is, therefore, critical. The youth unemployment rate as well as underemployment rose sharply in Western Australia in the midst of the COVID-19 lockdown in Western Australia but in the first few months of 2021 has begun to fall.

Resolving a complex issue such as unemployment will require a response from all of society, including State Government policy reform. The need for a greater number of jobs is addressed in the Premier's Priorities, which articulates the goal of increasing the total number of employed persons in Western Australia by at least 150,000 by 2023–24. If achieved, this goal will contribute to curbing the increasing unemployment rate, one of the largest drivers of homelessness .

2.7.4 Young people in custody and out-of-home care

There is an established link between young people with experience in the justice system or who have experienced out-of-home care and lifetime risk of repeat episodes of homelessness.

- The number of young people in custody has decreased between 2014 and 2018. This is particularly impressive when it is considered that the general population of youth would have risen in this time, and there has consequently been a notable decrease not just in the number but also in the proportion of youth that are detained in custody.
- Aboriginal youth are significantly over-represented in juvenile detention figures. In 2019, Aboriginal youth made up 73% of the total population of youth detainees in custody, despite forming only 3.3% of the general youth population.
- The steady, upward trend in the rate of children in out-of-home care among the Aboriginal population is concerning.

The Premier's Priorities document sets a target of less than 50% of young offenders returning to detention within 2 years of release by 2022–23. The achievement of this goal would significantly contribute to reducing the number of youth detainees in custody, since it would involve the successful implementation of strategies for youth leaving detention to re-enter society, implying the economic involvement of the youth as functioning members of society. Long term, this will lead to less adult prisoners, as those who go to juvenile detention multiple times are far more likely to end up in prison as adults (Western Australian Government, 2019a).

The Western Australian Police Force is working with partner agencies in identifying and diverting youth from offending through early intervention, diversion, and prevention strategies. In targeting the high levels of Aboriginal youth detainees in custody, the 'Aboriginal Affairs Division' has been established to provide culturally sensitive solutions. The outcome relevant to these actions in the State Government outcomes framework is "Contribute to community safety and security". Similarly, efforts are being made to increase access to bail support, legal representation and parole for Aboriginal and/or Torres Strait Islander people..

The rate of Aboriginal children in out-of-home care will have to diminish if we are to achieve a long-term reduction in the rates of Aboriginal homelessness. Stronger support networks for this vulnerable group need to be developed, such as some Australian state governments' shift to trial extension of care on a voluntary basis for young people until the age of 21 years of age. Aboriginal and Torres Strait Islander specific solutions are fundamental.

In the 2019–20 Western Australia Budget, the State Government is implementing the 'Building a Better Future: Out-of-Home Care Reform' strategy, which will deliver an out-of-home care system that is focused on the needs of the child, is simultaneously safe and flexible, and has a legislative framework supporting best child outcomes. This is for children already in out-of-home care, but the government is also focused on preventing entry into the out-of-home care system through the 'Building Safe and Strong Families: Earlier Intervention and Family Support Strategy'

2.7.5 Physical and mental health

Poor health has a dual effect on an individual's risk of homelessness. While the management itself of ill health is costly, poor health can also inhibit an individual's economic and social participation. This economic burden can make it more difficult to manage day-to-day expenses, leading to poverty, personal vulnerability and disaffiliation, rendering an individual more susceptible to homelessness. The homeless population is disproportionately affected by poor physical and mental health, and substance misuse.

- There has been a declining trend over the last two decades of the proportion of Western Australians with fair or poor self-assessed health status. The percentage of Western Australians with poor health, specifically, has shown a slight decline but overall has remained relatively stable. This suggests that the decrease among those with 'fair' status is due to an improvement in health, rather than worsening.

- The percentage of Western Australians reporting high/very high psychological distress has fluctuated over time with no clear positive or negative general trend. However, it is important to note that the most recent results show the highest percentage of the population with self-assessed high/very high psychological distress.

- The Indigenous mental health hospitalisation rate has increased, with Indigenous Australians three times more likely to be hospitalised for mental health issues than non-Indigenous Australians.

The State Government in its 2019–2020 Budget has also delineated the outcome: "Accessible, high quality and appropriate mental health and AOD treatments", and has allocated $8.1 million for the continuation of the program 'Suicide Prevention 2020: Together We Can Save Lives'. These programs will hopefully lead to a reduction in the proportion of persons with high/very high psychological distress.

Indigenous Australians are disproportionately impacted by higher rates of mental health issues than non-Indigenous Australians. Among Aboriginal and Torres Strait Islander populations, deaths from suicide are twice as high, hospitalisation rates for intentional self-harm are 2.7 times as high, and the rates of high/very high psychological distress is 2.6 times as high compared to the general population (Australian Health Ministers' Advisory Council, 2017).

The rate of homelessness among Aboriginal people is far higher than for non-Aboriginal people. In Western Australia, over 30% of those counted are homeless identify as Aboriginal (despite Aboriginal population making up around 3% of the State's total population). Given the significant role of poor mental health as a driver of homelessness, the high rates of mental illness among the Indigenous population must be addressed.

In its 2019–20 budget, the State Government aligned itself with the Western Australia Aboriginal Health and Wellbeing Framework 2015–2030, which aims at:

- promoting good health across the life course;
- prevention and early intervention;
- a culturally respectful and non-discriminatory health system;
- individual, family and community wellbeing;
- a strong, skilled and growing Aboriginal health workforce; and
- equitable and timely access to the best quality and safe care.

It is hoped that the continued Government support of health programs aligned with the Framework will reduce the discrepancy between Aboriginal and non-Aboriginal mental health hospitalisation rates. In addition, the State Government has pledged $1.6 million for a culturally appropriate housing facility for Aboriginal people and their families who are travelling from regional areas to receive care at Perth metropolitan hospitals, with the aim of encouraging more and more Aboriginal people to feel comfortable accessing medical treatment in Perth.

2.7.6 Alcohol and drug use

Substance misuse can be both a contributing factor (i.e. leading to homelessness through impaired economic participation or loss of social support networks) and also a consequence of homelessness. From a psychosocial perspective, homeless individuals are susceptible to feelings of worthlessness, isolation and mental illness, including depression, which can exacerbate their susceptibility to alcohol abuse.

- A positive shift in Western Australian drinking culture is taking place as can be seen in the increase of Western Australians who have either 'never drunk' or are 'ex-drinkers.' Inversely, the per cent of those who 'drink daily' has shown a gradual decline.

- There has been a positive growth in 'abstainers' and a slight fall in both 'risky' and 'low risk' drinkers (suggesting that some from the 'low risk' category have moved to 'abstainers' rather than shifted to 'risky' category). The AIHW has defined 'risky' drinking as consuming more than 2 standard drinks on average every day (AIHW, 2021b).

- The rate of those that have used or continue to use an illicit drug in Western Australia has remained relatively constant. This is concerning as it suggests that the measures currently being implemented are not functioning to an adequate capacity.

Health promotion campaigns play an important role in primary prevention of addiction as well as promoting available support services, which facilitates mitigation of the homelessness risk created by substance misuse. The Premier's Priorities identify illicit drug use as a severe problem within Western Australian society and set the target of reducing the proportion of the Western Australian population who have taken an illicit drug in the last 12 months by 15% between 2016 and 2022. Some of the key strategies the State Government is implementing to achieve this goal is the continuation of the 'Meth Border Force' through the Australian Police Force, and through targeting criminal networks throughout the state. The 'Methamphetamine Action Plan Taskforce' has also been provided $40.5 million, and $31.6 million has been pledged from 2019–2020 to 2022–2023 for the 'North West Drug & Alcohol Support Program'.

2.7.7 Domestic and family violence

Domestic and family violence is the leading cause of homelessness for women and their children. However, domestic violence rates are notoriously difficult to calculate accurately, owing to the fact that most incidences of domestic violence and sexual assault go unreported.

- Reported family violence offences have increased by more than 100 per cent in the past decade.

- The current observed peak can be attributed to an increase in family assault and breach of violence restraint orders. Only threatening behaviour was not seen to escalate.

When interpreting the peak observed in 2019–2020 it is necessary to consider the potential impact of COVID-19 on trends of family violence offences. COVID-19 has been linked to increased reports of family violence and in conjunction with lockdowns, has been linked to increased economic security and social isolation (known contributors to family violence).

TABLE 11 Drivers of homelessness in Western Australia

Drivers	Indicators	Most current values	Trend over time
Housing affordability	Proportion experiencing household stress in Perth (2013–016)[1]	8.8%	Increasing
	Proportion of low–income rental households spending more than 30 per cent of their gross income on housing costs (2017–2018) [2]	Perth – 49.7%	Stable
		Rest of state – 46.6%	Stable
	Proportion of low income households remaining in housing stress from one year to the next (2013–2016) [1]	49.2%	Stable
	Housing affordability (2017–2018) [2]	Owner – 2.9%	Stable
		Owner with a mortgage – 16.5%	Increasing
		Renter – private landlord – 17.3%	Decreasing
		Renter – state of territory housing – 23.4%	Increasing
	Home ownership (2017–2018)[2]	Owner without a mortgage– 42.5%	Increasing
		Owner with a mortgage – 27.2%	Stable
		Renter – private landlord – 23.8%	Stable
		Renter – state of territory housing – 24.4%	Decreasing
	Rental affordability index (Q2, 2020)[3]	Perth – Affordable	Increasing
		Rest of Western Australia - Acceptable	Increasing
Housing supply	Number of social housing dwellings (2019)[4]	Indigenous community housing – 2,711	Decreasing
		Community housing – 7,968	Stable
		Public housing -32.905	Stable
	Number of applicants on waiting list (2019)[4]	Public housing – 14,016	Decreasing
		Community housing - 814	Increasing
	Waiting time to secure public housing accommodation (2020)[5]	Average – 94 weeks	Stable
		Median – 48 weeks	Stable

[1] The Household, Income and Labour Dynamics in Australia (HILDA) Survey: Selected Findings from Waves 1 to 16, 2018.

[2] ABS 4130.0 – Housing Occupancy and Costs, 2017-18.

[3] Rental Affordability Index, SGS Economics & Planning.

[4] AIHW Housing assistance in Australia 2020.

[5] Government of Western Australia Department of Communities, Housing Authority Annual Report 2019-20.

TABLE 11 Drivers of homelessness in Western Australia (Continued)

Drivers	Indicators	Most current values	Trend over time
Poverty	Western Australian poverty rates (2017–2018)[1]	50% median income – 12.9%	Stable
		60% median income – 18.5%	Stable
	Unemployment rate (2021)[2]	Youth – 8%	Decreasing
		General population – 5%	Decreasing
Young people – in custody and out-of-home care	Youth detainees in custody (Sept 2020)[3]	Aboriginal - 57 youth	Decreasing
		Non-aboriginal - 26 youth	Decreasing
	Children in out-of-home care (2019–2020)[4]	Aboriginal - 66.9 per 1000	Increasing
		Non-aboriginal - 3.7 per 1000	Stable
Physical and mental health	People that report their health status as fair/poor (2017–2018)[5]	Fair/poor - 12.0%	Decreasing
	Proportion of persons with High/Very High psychological distress (2017–2018)[5]	High/very high - 12.2%	Increasing
	Hospitalisation rates for a principal diagnosis of mental health related condition (2016–17)[6]	Aboriginal = 33.9 per 1000	Stable
		Non-aboriginal = 11.9 per 1000	Stable
Alcohol and drug use	Alcohol Consumption in Western Australia, people aged 14 years or older (2019)[7]	Never drunk – 17.7%	Increasing
		Drink daily – 5.0%	Decreasing
		Ex-drinker – 9.0%	Decreasing
	Alcohol lifetime risk status, people aged 14 years or older (2019)[7]	Lifetime risk – 17.0%	Decreasing
		Abstainers – 27.0%	Increasing
		Low risk – 44.4%	Stable
	Illicit Drug use (2019) [7]	Ever used – 43.0%	Stable
		Used in last 12 months – 16.4%	Stable
Domestic Violence	Number of social housing dwellings (2019)[4]	Assault – 21,428	Increasing
		Threatening behaviour – 3,114	Stable
	Number of applicants on waiting list (2019)[4]	Breach of violence restraining order – 12,255	Increasing

[1] Australian Council of Social Services and UNSW Rate of poverty by state/territory of residence.

[2] ABS 6020.0 – Labour Force, Australia.

[3] Government of Western Australia Department of Justice, Corrective Services, 2021.

[4] AIHW Child Protection Australia 2019–20.

[5] ABS 4364.0.55.001 – National Health Survey: First Results, 2017–18.

[6] AIHW, 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020.

[7] AIHW 2021. Alcohol, tobacco & other drugs in Australia.

[8] Western Australia Police Force, 2021. Crime Statistic.

PART II:
ADVANCE TO ZERO: INSIGHTS INTO HOMELESSNESS IN WESTERN AUSTRALIA

3. A PROFILE OF THOSE EXPERIENCING HOMELESSNESS IN WESTERN AUSTRALIA

The Advance to Zero database comprises: (1) data collected by homelessness service agencies about people experiencing homelessness using the Vulnerability Index (VI) and the Vulnerability Index – Service Prioritisation Decision Assessment Tool (VI-SPDAT) instruments and (2) additional information derived from the By-Name List (BNL). Relative to other data sources, the Advance to Zero database provides substantial detail and context about people experiencing homelessness. However, it only includes people who are located by and/or engage with homelessness services. In addition, data collection heavily focuses on rough sleepers and, historically, data collection has been concentrated in annual Registry Week events. Part II focuses on the Western Australian respondents within the national Advance to Zero database.

These surveys were conducted using various versions of the Vulnerability Index (VI) and the Vulnerability Index – Service Prioritisation Decision Assessment Tool (VI-SPDAT). The VI was developed by Common Ground (now Breaking Ground) in the US in 2007 and measures a person's risk of death, using a study by Hwang et al. (1998) that identified key health risks among homeless people that contributed to their high mortality rate (Cronley et al., 2013). In 2014, additional questions were added to the VI around social vulnerabilities, experiences of risk and violence, and mental health to create a tool with increased utility as a screening tool for services, the VI-SPDAT (Brown et al., 2018). The VI-SPDAT has been modified over time and across regions to better reflect the local issues facing people experiencing homelessness and to integrate knowledge from lived experience. In addition, there are versions of the VI-SPDAT for particular cohorts, namely families and youth.

In Western Australia, 2,623 surveys were conducted with people experiencing homelessness, mostly living in Perth. As outlined in Table 12, 85% of respondents were interviewed using various iterations of the Individual VI-SPDAT, 7.3% using the VI, 6.7% using the Families VI-SPDAT and 1.0% using the Youth VI-SPDAT.

TABLE 12 VI-SPDAT survey instruments, Advance to Zero, Western Australia

Tool	Number	Per cent
Individual VI-SPDAT	2,230	85.0
Vulnerability Index	191	7.3
Families VI-SPDAT	175	6.7
Youth VI-SPDAT	27	1.0
Total	2,623	100.0

VI-SPDAT, Vulnerability Index – Service Prioritization Decision Assistance Tool.
Source: Advance to Zero national database 2012–March 2021.

Different versions of the three forms of the VI-SPDAT were used during different years and over different locations. For example, the Individual VI-SPDAT Version 1 was used in Perth from 2014 onwards and the Individual VI-SPDAT Version 3 was used in regional Western Australia and Perth during 2020 and 2021. The Family VI-SPDAT Version 1 was used in Perth from 2015 onwards while the Family VI-SPDAT Version 3 was used in regional Western Australia and Perth from 2020. The VI was used in 2012 in Perth only and the Youth VI-SPDAT Version 3 was used in Perth and region Western Australia from 2020 (Table 13).

Table 13 displays the number and proportion of surveys undertaken in Western Australia per year, and the instruments used to conduct them. In line with the development of the instruments by Community Solutions, the VI was the only instrument used in 2012 and 2013, before introduction of the first version of the Individual VI-SPDAT in 2013. From 2014-2019 inclusive, version 1 of the Individual VI-SPDAT and version 1 of the Families VI-SPDAT were the survey instruments used in Western Australia. In 2020 and 2021, surveys were collected using five instruments: version 1 of the VI-SPDAT and Families VI-SPDAT, version 3 of the VI-SPDAT and Families VI-SPDAT and the Youth VI-SPDAT. Reflecting the implementation of the instruments, 2021 surveys have, to date, been mostly collecting using version 3.

The numbers of surveys conducted over time fluctuates, reflecting in earlier years the scale of Registry Week events and, in later years, increased focus on homelessness in Western Australia and broader data collection across the sector. The majority of surveys have been collected since 2016.

TABLE 13 VI-SPDAT surveys, by year, by survey instrument, Advance to Zero, Western Australia

| Year | Number of Surveys | Proportion of total surveys | Survey instruments | | | | | | Total |
			VI	Individual VI-SPDAT version 1	Family VI-SPDAT version 1	Individual VI-SPDAT version 3	Family VI-SPDAT version 3	Youth VI-SPDAT version 3	
2012	190	7.2%	100%	–	–	–	–	–	100%
2013	1	0.03%	100%	–	–	–	–	–	100%
2014	150	5.7%	–	100%	–	–	–	–	100%
2015	171	4.9%	–	99.4%	0.6%	–	–	–	100%
2016	686	26.2%	–	93.3%	6.7%	–	–	–	100%
2017	335	12.8%	–	93.7%	6.3%	–	–	–	100%
2018	267	10.2%	–	94.8%	5.2%	–	–		100%
2019	361	13.8%	–	86.7%	13.2%	–	–	–	100%
2020	344	13.1%	–	67.2%	7.0%	18.0%	5.2%	2.6%	100%
2021 (to Mar 31)	118	4.5%	–	11.9%	0.8%	70.3%	1.6%	15.3%	100%
Total	*2,623*	*100.0%*	*7.3%*	*79.5%*	*5.9%*	*5.5%*	*0.8%*	*1.0%*	*100%*

A collation of data pertaining to homelessness in Western Australia using the National Registry Week (now Advance to Zero) data from 2010 to 2017 was presented in The State of Homelessness in Australia's Cities: A Health and Social Cost Too High (Flatau et al., 2018). This analysis of data indicated that Western Australia data collections were highly concentrated in inner Perth (Central Business District, Northbridge, East Perth, Highgate, Leederville, North Perth Subiaco, and West Perth). Fremantle collections began in 2016 and represented the second largest collection.

In the Advance to Zero national data from 2012–March 2021, all the previous collection areas were incorporated in the category Perth. In addition, from 2020 onwards, regional data were collected in Bunbury, Geraldton, Mandurah, and Rockingham.

Unsurprisingly given the recent introduction of regional data collection, most interviews (94.4%) between 2012 and March 2021 were conducted in Perth with all others being conducted in regional centres of Western Australia. Geraldton was the site of 2.3% of interviews, Mandurah and Rockingham each 1.4%, and Bunbury 0.5% (Table 14).

TABLE 14 VI-SPDAT survey instruments, Advance to Zero, Western Australia

Year	Number	Per cent
Bunbury	13	0.5
Geraldton	60	2.3
Mandurah	36	1.4
Perth	2,478	94.4
Rockingham	37	1.4
Total	*2,623*	*100.0*

Source: Advance to Zero national data 2012–March 2021.

The Advance to Zero database for Western Australia, comprises VI and VI-SPDAT surveys completed by people experiencing homelessness, can provide a count of people rough sleeping in Western Australia, primarily in the Perth metropolitan area. The data has several limitations with regard to enumerating rough sleepers. First and foremost, only people who were located by homelessness agency representatives and who chose to complete the survey are included. Second, data has historically been collected through annual Registry Weeks, meaning that only people who were experiencing homelessness in that given week and could be located were surveyed.

Between 2012 and March 2021, homelessness agencies conducted 2,623 surveys with people experiencing homelessness in Western Australia. The number of surveys per year varies greatly, in line with the extent and scale of data collection efforts. As such, it is difficult to analyse trends over time. Reflecting the increased focus on ending homelessness and measuring progress towards that goal, the majority of surveys have been collected since 2016. Between 2016 and 2020, an average of 399 people per year completed VI-SPDAT.

This section presents demographic characteristics of people experiencing homelessness in Western Australia. We present a profile of Western Australia's homeless, as collected in the Advance to Zero database, recognising the Census and SHS data give a much different profile because they reflect different samples of homelessness and in the case of the SHS, those at risk of homelessness.

3.1 Gender and sexual identity

Almost two-thirds of respondents in the full dataset (2012-March 2021) identified as male (67.2%), 31% identified as female and 1.8% identified as other gender (Table 15). Taking just the 2020/2021 data, there is a higher proportion of females (43.3%) and other gender (4.3%) and a lower proportion of males (52.4%).

Males are overrepresented in the overall Advance to Zero data at 67.2%, relative to the 2016 Census estimate of overall homelessness in Western Australia (58.0% male) (ABS, 2018b), and Western Australia SHS clients (38.0% male in 2019/20) (AIHW, 2020a).

Examining the full dataset, most respondents who were asked about sexual identity, described themselves as Straight (88.1%) with 2.6% identifying as Lesbian/Gay, 0.3% as Bisexual, 0.3% as Other and 8.6% declining to answer. Looking at data from 2020 to March 2021, this distribution remains stable, with only a slight increase in people reporting bisexuality and declining to state their sexuality. These proportions are in line with those from other data collections. For example, in 2014, the General Social Survey of the ABS found that 3.0% of the Australian adult population identified as gay, lesbian, or other sexual identities (ABS, 2014).

TABLE 15 Gender and sexual identity, Advance to Zero, Western Australia

Gender and sexual identity	Complete data (2012–March 2021)		2020–March 2021	
	Number[1]	Per cent	Number[1]	Per cent
Gender				
Male	1,636	67.2	196	52.4
Female	756	31.0	162	43.3
Other gender2	44	1.8	16	4.3
Total	2,436	100.0	374	100
Sexual identity				
Straight	1,995	88.1	302	85.3
Lesbian/Gay	60	2.6	9	2.3
Bisexual	7	0.3	7	2.0
Other2	7	0.3	3	0.8
Declined	196	8.6	33	9.3
Total	*2,265*	*100.0*	*354*	*100*

Source: Advance to Zero national data 2012-March 2021.
Notes: [1]Estimates based on unique respondents and exclude missing values. [2]Other includes Intersex or X, Non-binary and Transgender.

Questions on sexual identity were not included in the *Vulnerability Index* which resulted in considerable missing data. This missing data, along with the relatively high proportion of people declining to answer, makes it difficult to make any inferences about the relationship between sexuality and rough sleeping in Western Australia. However, there is an extensive literature that suggests that people, particularly young people, who do not identify as cis-gendered and heterosexual are at higher risk of homelessness, often due to failures in familial support (Robinson, 2018).

3.2 Age

The average age of Western Australian respondents in the Advance to Zero full dataset (2012–2021) was 41.2 years. Examining only the 2020–March 2021 data reveals a slightly younger cohort with a mean age of 38.3 years.

Examining the distribution of age among the full sample (2012–March 2021) (Figure 13), there are differences between the sexes, such that a greater proportion of males were older and a greater proportion of females were younger. Almost three quarters of females were under the age of 44, while the majority of males were aged 35–55. Taking only the 2020–March 2021 data, while females were slightly older than in the full sample, the distribution remained largely similar, such that males were older than females.

FIGURE 13 Age distribution, by year by gender, Advance to Zero, Western Australia
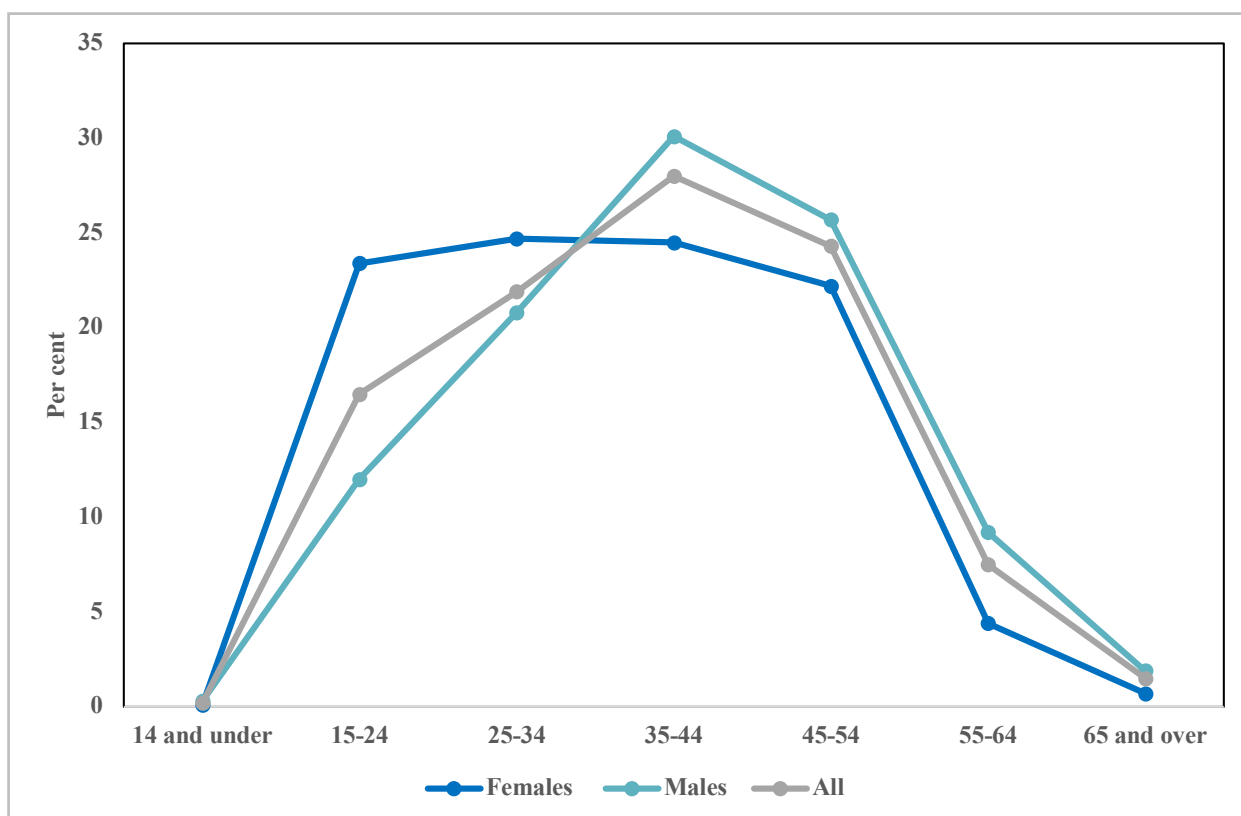
Source: Advance to Zero national data 2010–Mar 2021.
Notes: Estimates based on unique respondents and exclude missing values and respondents of Other gender.

3.3 Educational attainment

Educational attainment is a key determinant of employment and income outcomes and can, in turn, be a protective factor against homelessness (Nino et al., 2009). Across the full Western Australian dataset, 7.5% of homeless completing a VI or VI-SPDAT reported attainment of post-secondary education in the form of an apprenticeship or tertiary studies. This is lower than the general population rate of 62.3% among 20-64 year olds (ABS, 2018c).

The proportion of people experiencing homelessness in the Western Australian Advance to Zero data completing a VI or VI-SPDAT who reported that their highest level of education was Year 9 or below was 27.0%, similar to the rate of 28.0% reported by Flatau et al.,(2018).

Figure 14 presents the proportion of Western Australian homeless completing a VI or VI-SPDAT, by gender, by level of educational attainment. There are no substantial differences between males and females.

Among the 2020-21 data, the proportion of respondents who had never attended school was larger than for the dataset overall (3.0% versus 1.0%), and a lower percentage of people had completed Year 12 or equivalent. For females the reduction in Year 12 attainment was from 15.9% in the overall dataset to 10.7% among those in the 2020-March 2021 dataset and 17.3% to 13.0% for males. This might reflect that the current labour market is suited to those with Year 12 attainment, leaving those who did not complete high school at a significant disadvantage and therefore at higher risk of homelessness. It may also reflect the COVID-19 pandemic, such that jobs with lower educational requirements were not available due to restrictions on business operation (for example, in the hospitality industry), placing people with lower educational attainment and therefore fewer job options at increased risk of homelessness.

FIGURE 14 Educational attainment by gender, Advance to Zero, Western Australia
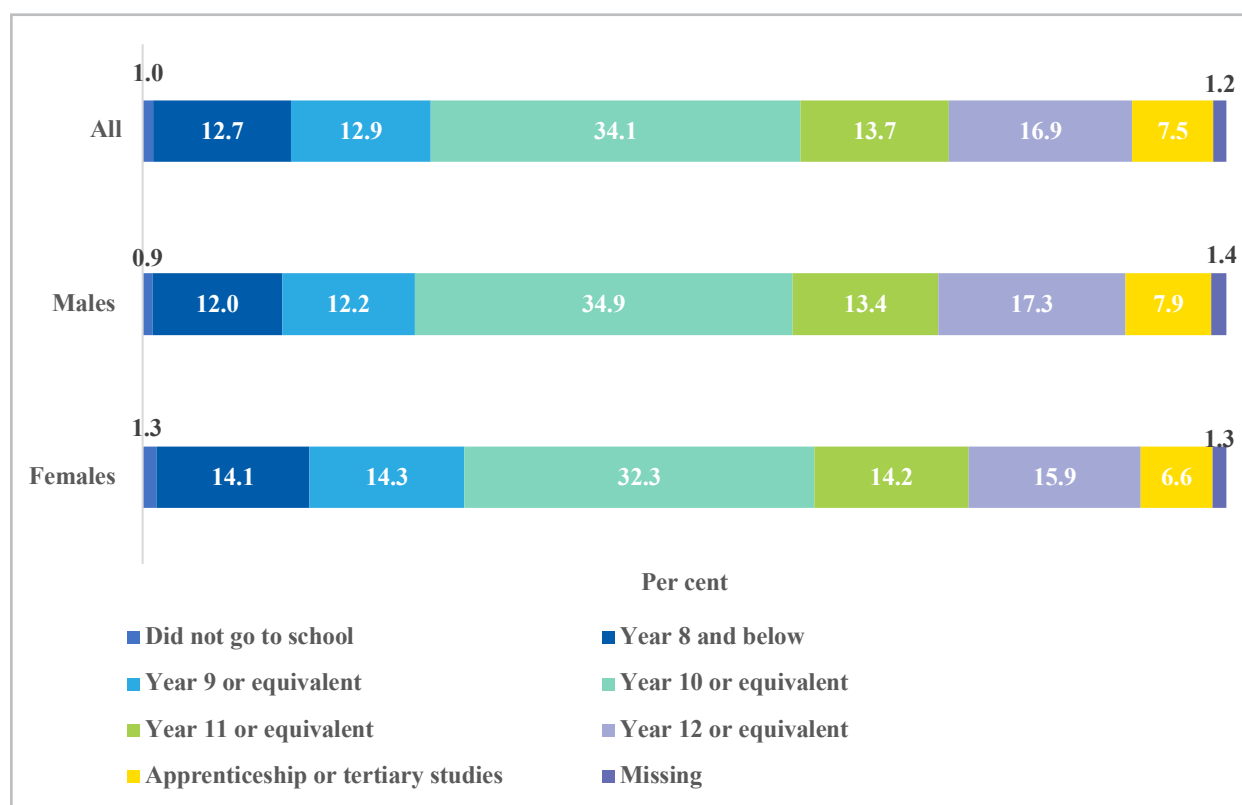
Source: Advance to Zero national data 2012-March 2021.
Note: Estimates based on all responses and exclude missing values.

4. THE EXPERIENCE OF HOMELESSNESS

This chapter uses VI and VI–SPDAT data from the Advance to Zero database to examine the experience of homelessness among Western Australia's rough sleepers. This includes the type and duration of homelessness experienced, living arrangements while homeless, and the experience of violence and dangerous behaviour, discrimination, and justice system interaction while homeless.

4.1 Type of homelessness

Table 16 outlines the number and percentage of those experiencing homelessness in the Western Australia Advance to Zero by the location in which they indicated that they slept most frequently. Unsurprisingly, considering the scope of data collection and data collection methodology (i.e., focus on those experiencing primary homelessness and collected by outreach to people while they were experiencing homelessness), over half of respondents most often slept rough. Almost one quarter (23.1%) slept in temporary accommodation most frequently, such as by couchsurfing, 9.7% were most often in crisis or emergency accommodation, 4.2% in short-term accommodation such as boarding houses and hostels, and 3.3% most frequently slept in institutional accommodation such as hospitals and prison.

A small proportion (0.6%) of respondents were permanently housed, most likely reflecting the use of the VI–SPDAT in housing programs such as 50 Lives, 50 Homes. Just over 4% (4.3%) of respondents were in 'other' accommodation, and 3.2% of surveys did not indicate where the person slept most frequently.

TABLE 16 Homelessness and housing, by locations slept most frequently, Advance to Zero, Western Australia

	Number	Per cent
Sleeping rough	1,401	53.4
Crisis and emergency accommodation	257	9.8
Temporary accommodation (e.g., couchsurfing)	639	24.4
Short-term accommodation (e.g., boarding house, hostel, caravan)	117	4.5
Institutional accommodation (e.g., hospital, drug and alcohol facility, prison)	85	3.2
Permanently housed	32	1.2
Other	16	0.6
Missing	77	2.9
Total	*2,624*	*100.0*

Source: Advance to Zero national data 2012–March 2021.

4.2 Duration of homelessness

The VI and VI-SPDAT surveys ask people the total amount of time they have spent homeless in their lives, with homelessness defined as living on the street, in shelters or emergency accommodation for individuals, and living without a tenancy for families. For individuals, the mean time spent homeless was 55.0 months – almost 5 years (Table 17). This was considerably higher than the mean of 37.0 months for families (though it must be noted that this is still more than 3 years, on average).

The median number of months spent homeless for individuals and families differed less than the mean (24.0 versus 19.0). This, in combination with the high standard deviation among individuals, indicates that there are chronically homeless people in the individual cohort whose very high duration of homelessness raises the mean among the total cohort.

Taking only the 2020–March 2021 data on duration of homelessness (n=329), the mean time spent homeless was 77.4 months and median was 48.0 months. The much higher mean and median in this subsample indicates that respondents in 2020–21 had spent a longer time homeless than those who were interviewed before this time. This may reflect the drive to get people housed during COVID-19, such that people who had been homeless for a shorter duration (i.e., experienced less chronic homelessness) may have been more readily housed than those who were long-term homeless. There are a multitude of potential reasons that chronically homeless people may be harder to house, including complexity of needs, their own trauma, and scepticism about efforts to help them (Olivet et al., 2010).

TABLE 17 Lifetime duration of homelessness, months, Advance to Zero, Western Australia

	Individuals	*Families*
N	2,253	154
Missing	195	21
Mean (Months)	55.0	37.0
SD	79.8	48.9
Median	24.0	19.0

Source: Advance to Zero national data 2012–March 2021.
Note: [1]Estimates based on unique respondents and exclude missing values.
[2]Responses that exceeded the respondents' age were removed from analysis.
[3]In the VI, the question was worded: What is the total length of time you have lived on the streets or shelters?
[4]In VI, Youth VI-SPDAT & Individual VI-SPDAT, question was: What is the total length of time you have lived on the streets or emergency accommodation?
[5]In Family VI-SPDAT, question was: What is the total length of time you and your family have not had your own tenancy?

4.3 Partnering and living arrangements

Though undoubtedly an isolating experience, homelessness is not always experienced alone as people can enter homelessness together (as friends, partners or families) and can form relationships while on the street (Padgett et al., 2008). Western Australian respondents in the Advance to Zero database who completed the VI and VI-SPDAT surveys indicated whether they were experiencing homelessness with others. Most (72%) respondents indicated that they were not with others and just over a quarter of respondents indicated that they were with a partner, friend or parents (Figure 15).

In the 2020–21 data, responses were similar, though fewer people reported being with a partner. Of the 198 valid responses, 131 (66.2%) reported that they were not with others, 17 (8.6%) were with a partner, 14 (7.1%) were with friends, 9 (4.5%) indicated that they were with a child, and only one (0.5%) was with a parent.

FIGURE 15 Partnering and living arrangements, Advance to Zero, Western Australia
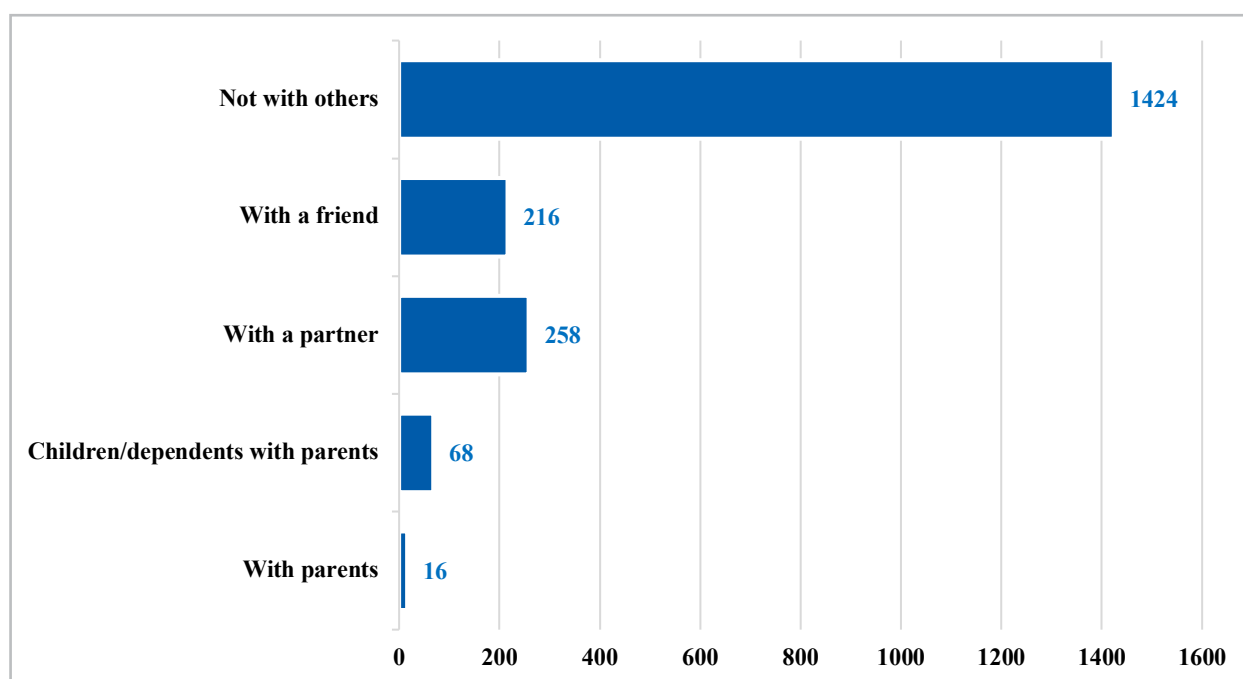
Source: Advance to Zero national data 2012–March 2021.
Note: [1]Estimates based on unique respondents and exclude missing values.
[2]A question on presenting with others was only included in the Individual VISPIDAT Version 1 and VI surveys.

4.4 Violent and dangerous events

People who are sleeping rough experience high levels of fear, anxiety and violence (Buckner, 2004) with rough sleepers in the United Kingdom and Wales almost 17 times more likely to be the victim of assault than the general population (Sanders & Albanese, 2016). The VI and VI-SPDAT instruments ask respondents whether they have experienced dangerous events while they were homeless, including being a victim of attack, harming or threatening to harm themselves or others, being forced to do things they don't want to do, and engaging in risky behaviour such as exchanging sex for money, running drugs, sharing needles, or having unprotected sex with strangers.

As Table 18 indicates, a high proportion of Western Australian respondents in the Advance to Zero database had experienced dangerous events while they were homeless. Over half (55.8%) had been a victim of attack, 49.6% had threatened or tried to harm themselves or others, 32.7% reported having a person force them to do things that they did not want to do, and 35.2% had engaged in risky behaviour. Comparing the prevalence of these events among rough sleepers in Western Australia relative to Australia overall, a higher proportion of Western Australian respondents reported experiencing each type of dangerous event.

TABLE 18 Prevalence of experiences of dangerous events while homeless, per cent, Advance to Zero, Western Australia

Description of dangerous event	Western Australia	Australia
Been a victim of attack since becoming homeless	55.8%	45.5%
Threatened or tried to harm themselves or others since becoming homeless	49.6%	37.8%
Had a person forcing them to do things that they do not want to do	32.7%	25.3%
Engaged in risky behaviour such as exchange sex for money, run drugs, have unprotected sex with strangers or share a needle	35.2%	22.2%

Source: Advance to Zero National Database 2012–March 2021.

Examining differences in the prevalence of dangerous events among Western Australian people experiencing homelessness who are in the Advance to Zero database by sex, a greater proportion of female respondents than male respondents reported experiencing each dangerous event. A greater proportion of females than males reported being a victim of an attack since becoming homeless (63.7% versus 51.9%), to have threatened or tried to harm themselves or someone else (56.2% versus 45.6%), to have been forced or coerced to do things that they did not want to do (32.7% versus 25.3%) and reported engaging in risky behaviours such as exchanging sex for money, running drugs or sharing a needle (35.2% versus 22.2%).

Comparing the data collected between 2020 and March 2021 and the overall 2012–March 2021 data (Table 19), a lower proportion of women reported being a victim of an attack (63.7% in 2020/21 versus 44.6% in the overall data), while the risk to men reduced only slightly (from 51.9% to 49.0%). Engaging in risky behaviours decreased for women and increased for men.

TABLE 19 Prevalence of experiences of dangerous events while homeless, per cent, Advance to Zero, Western Australia

Description of dangerous events	2012–21 DATA		2020–21 DATA	
	Females	*Males*	*Females*	*Males*
Been a victim of attack since becoming homeless	63.7%	51.9%	44.6%	49.0%
Threatened or tried to harm themselves or others since becoming homeless	56.2%	45.6%	51.7%	45.9%
Had a person forcing them to do things that they do not want to do	32.7%	25.3%	44.5%	26.9%
Engaged in risky behaviours*	35.2%	22.2%	30.3%	29.5%

Source: Advance to Zero National Database 2012–March 2021.

*Risky behaviours include exchanging sex for money, running drugs, having unprotected sex with strangers or sharing a needle.

4.5 Discrimination

Discrimination is a common experience for people who experience homelessness. Discrimination on the base of race, gender, sexuality, health and disability status, and social status all serve as significant barriers to access to institutions and markets in society, and particular the housing and employment markets (Stagoll & Lynch, 2002; Zerger et al., 2014; Romero et al.,2020). Across 2012–2021, almost half (47%) of Western Australia rough sleepers reported having been discriminated against with respect to homelessness services or housing.

Figure 16 depicts the prevalence of discrimination among selected cohorts within the Western Australia Advance to Zero data. Rough sleepers reported the highest rate of discrimination (58.2%), followed by females (54.2%), those of other cultural identification (51.3%), those of other gender identity (50.1%), non–Aboriginal Australians (46.7%), Aboriginal Australians (44.3%), males (42.7%) and those who were not rough sleeping (38.2%).

In the latest cohort (2020–21) of 108 respondents, 54.6% reported that they had been discriminated against when it came to homelessness services or housing. Rough sleepers reported being discriminated against more frequently than those not rough sleeping (57.6% versus 51.2%) and females more frequently than males and those of other gender (62.5% versus 48.3% versus 57.1%). By Aboriginal status, Aboriginal people reported discrimination less frequently than non–Aboriginal people (50.0% versus 55.3%). In the latest cohort compared to the entire cohort (2012–2021), females replaced rough sleepers as the group most often reporting discrimination. The reason for the sharp increase in the 2020–21 data (54.2% to 62.5%) is unclear. It could be accounted for by the higher proportion of women in the 2020–21 cohort which could reflect higher demand for women's homelessness services and a general increase in exposure to situations in which they could feel discriminated against. Alternatively, it could reflect that in recent times, gender discrimination has become less accepted in society, meaning that women are more likely to notice and report occurrences of gender–based discrimination.

FIGURE 16 Respondents reporting perceived discrimination, per cent, Advance to Zero, Western Australia
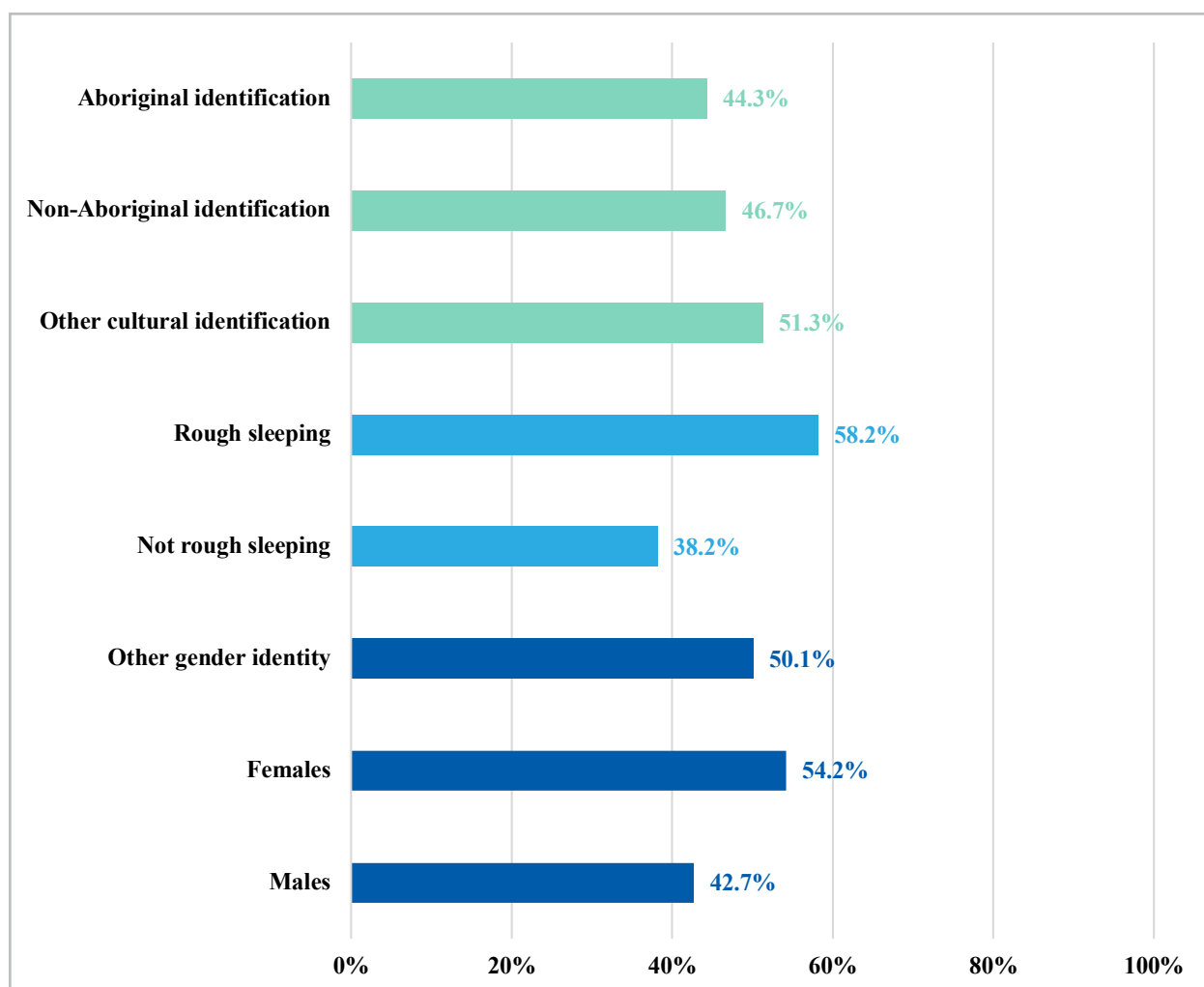
Source: Advance to Zero national data 2012–March 2021.
Note: Estimates based on unique respondents and exclude missing values.

4.6 Justice system interaction

Rough sleeping inherently exposes people to high risk of interaction with the justice system, due to having to find safe places to sleep and engaging in 'survival crimes' (Walsh, 2003; Barak & Bohm, 1989; DeLisi, 2000).

Rough sleepers in the Advance to Zero database are asked about certain interactions with the justice system: how frequently they interacted with police in the prior 6 months, whether they had ever been incarcerated, and whether they have current legal issues.

4.6.1 Interactions with the police

Nearly two thirds (65.4%) of the 2,124 respondents with valid data reported that they had interacted with police in the previous six months. A further 17.8% had interacted with the police once in the previous six months. Nearly a quarter of respondents (24.9%) had interacted with the police five times or more (Figure 17). A greater proportion of those who were rough sleeping at the time of survey reported interacting with the police in the prior 6 months than those who were not rough sleeping to (70.3% versus 59.9%).

For the 2020–21 cohort, 47.7% of the 102 respondents with valid data reported that they had not interacted with the police in the last six months and a further 15.7% reported that they had interacted with the police only once in the last six months. In this recent cohort, 13.7% of respondents had interacted with the police five times or more in the last six months. Overall, the 2020–21 cohort had less interaction with police in the six months prior to survey. This may reflect the prioritisation of COVID-19 related tasks among Western Australia Police during COVID-19, reducing interaction with people experiencing homelessness.

FIGURE 17 Number of times a respondent interacted with the police over the last six months, Advance to Zero, Western Australia
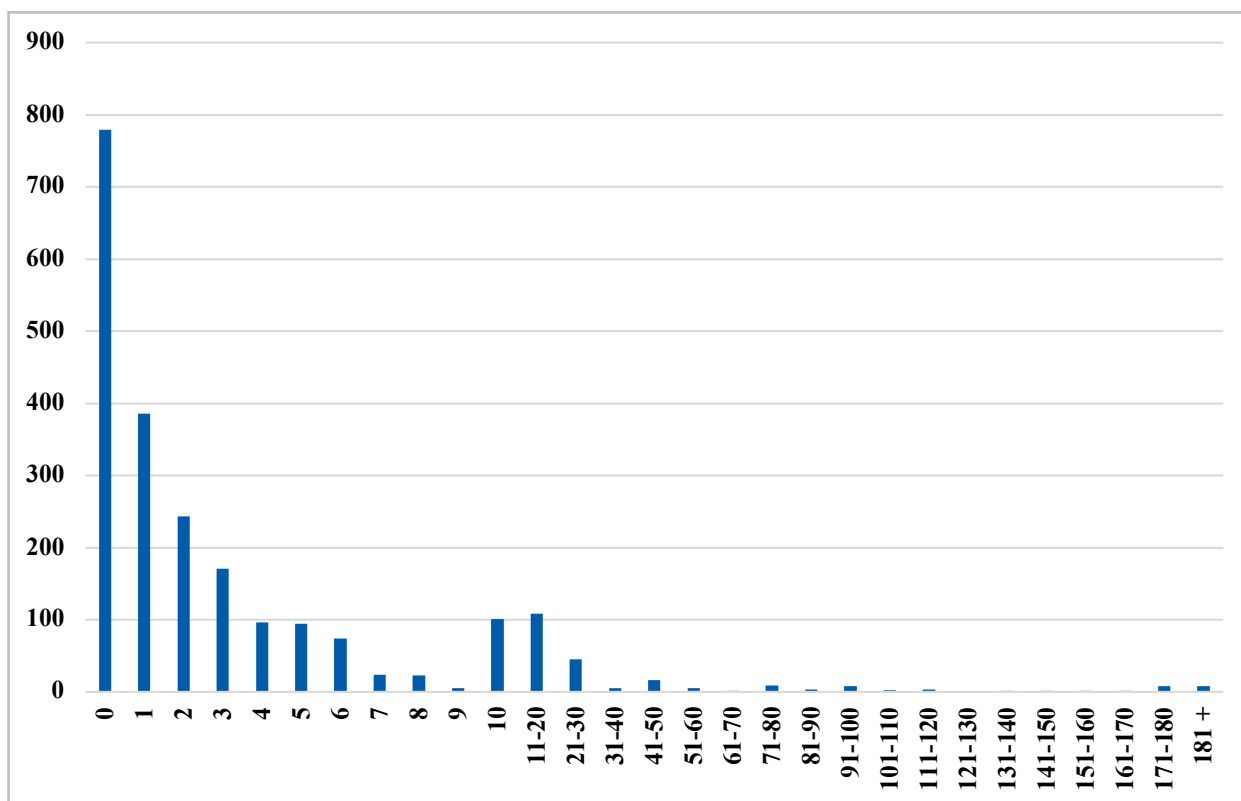
Source: Advance to Zero national data 2012–March 2021.
Notes: Estimates based on unique respondents and exclude missing values.

Examining the frequency of interactions with the police over the last six months in the total (2021–March 2021) dataset by rough sleeping status revealed that rough sleepers had a higher rate of police interactions than those not sleeping rough. In the 2020–2021 data, these statistics were similar, though slightly lower overall with 51.8% of rough sleepers having had one or more interactions with the police and only 47.5% of those not rough sleeping.

4.6.2 Imprisonment

Imprisonment is a risk factor for and a potential consequence of homelessness. In Australia, one in four (25%) people entering prison reported being homeless in the 4 weeks prior to imprisonment, 19% of whom were in short-term or emergency accommodation and another 6% in unconventional housing or sleeping rough (AIHW, 2019). Further, thirty-one per cent of prisoners in Australia reported that they expected to be homeless upon their release (AIHW, 2019). The experience of homelessness and imprisonment then compound to create major barriers to the employment and housing markets, creating a revolving door between prison and the street.

In Western Australia, 56.4% of respondents in the Advance to Zero database had been imprisoned at some point in their life. Examining prevalence by cohort, a greater proportion of Aboriginal respondents (68.4%) had been imprisoned than non-Aboriginal respondents (50.3%), 61.2% of males versus 44.5% of females had been imprisoned, and a greater proportion of rough sleepers (62.6%) than those who were not rough sleeping (47.1%) had a history of imprisonment (Figure 18).

FIGURE 18 Lifetime prevalence of imprisonment, per cent, Advance to Zero, Western Australia
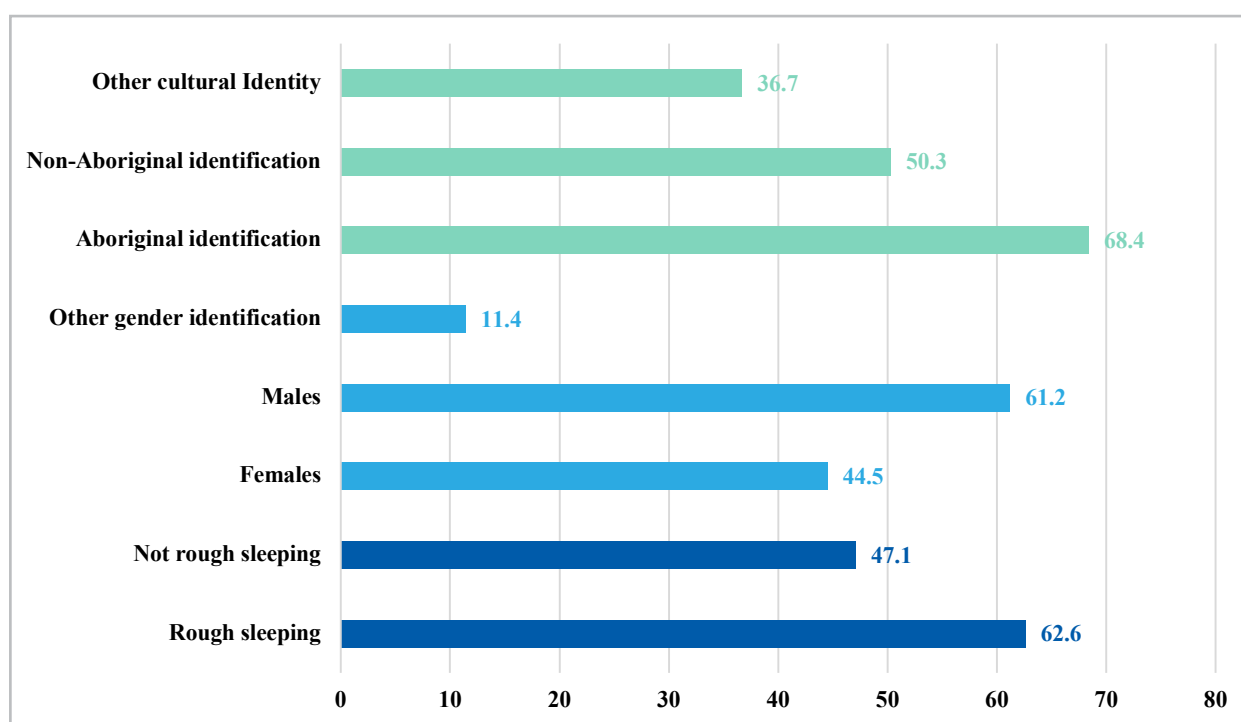
Source: Advance to Zero national data 2012–March 2021.
Notes: [1]Respondents were asked Have you ever been in prison?
[2]Estimates based on unique respondents and exclude missing values.

For many, experience with the justice system started early in their lives: 26% of all respondents reported experience of juvenile detention. Figure 19 outlines the proportion of different cohorts among Western Australian respondents in the Advance to Zero database who reported experience of juvenile detention. Juvenile detention rates were higher among Aboriginal respondents with 40.4% of Aboriginal respondents in Western Australia having experience of juvenile detention versus 22.4% of non-Aboriginal respondents. Females had a lower prevalence of juvenile detention (26.0%) compared to males (29.3%), and rough sleepers had a higher prevalence (31.8%) than those who were not sleeping rough (24.6%).

FIGURE 19 Lifetime prevalence of juvenile detention, by cohort, per cent, Advance to Zero, Western Australia

Cohort	Per cent
Other cultural Identity	17.7
Non-Aboriginal identification	22.4
Aboriginal identification	40.4
Other gender identification	16.7
Females	26.0
Males	29.3
Not rough sleeping	24.6
Rough sleeping	31.8
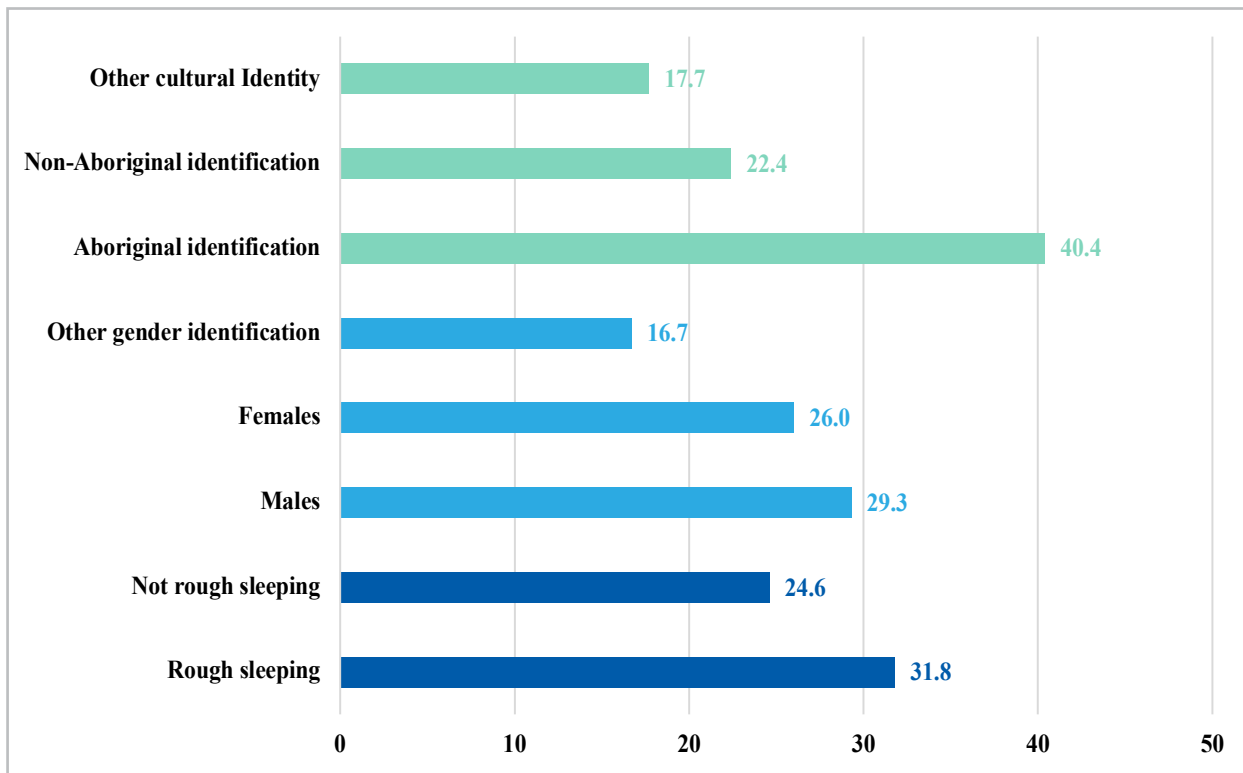
Source: Advance to Zero national data 2012–March 2021.

[1]Estimates based on unique respondents and exclude missing values.

4.6.3 Legal issues

The VI–SPDAT asks people whether they have "any legal stuff going on right now that may result in you being locked up or having to pay fines". Overall, 33.8% of Western Australian respondents indicated they had legal issues. The broad nature of the question means that these legal issues encompass family law court issues, criminal offences against property, civil claims, or violent offences. It's important to note that research on homeless people's interactions with the justice system finds that the majority of offences committed by homeless people are minor and for petty crime, such as shoplifting or property damage, often better described as survival behaviours rather criminal behaviours (Walsh, 2003; DeLisi, 2000).

Figure 20 outlines the proportion of respondents in selected cohorts. There were no real differences in the prevalence of legal issues by Aboriginality, with 42.5% of Aboriginal respondents reporting that they had legal issues at the time of survey, compared with 40.6% of non–Aboriginal respondents and 41.2% of those of other cultural identity. By sex, similar proportions of males and females (41.3% and 40.9%, respectively) reported legal issues, though only 28.6% of those of other gender reported that they had legal issues at the time of survey. This is likely due to the low number of people identifying as other gender. Slightly more rough sleepers (43.9%) than those not sleeping rough (37.8%) had legal issues at the time of survey.

FIGURE 20 Respondents reporting that they had current legal issues, per cent, Advance to Zero, Western Australia

Source: Advance to Zero national data 2012– Mar 2021.

Notes: [1]Estimates based on unique respondents and exclude missing values.

[2]Respondents were asked Any legal stuff going on right now that may result in you being locked up or having to pay fines?

[3]Questions were not included in the VI.

5. HEALTH OUTCOMES

The relationship between (poor) physical and mental health outcomes and homelessness is well-established. Like many correlates of homelessness, poor health is both a risk factor for and consequence of homelessness (Frankish et al., 2005). High exposure to risk factors such as alcohol and other drugs, tobacco and mental illness are likely to explain premature mortality and poor health outcomes among people experiencing homelessness; which are further intensified by poor access to healthcare and medications (Fazel et al., 2014). This chapter presents the self-reported physical health, mental health, and alcohol and other drug outcomes of Western Australian respondents in the Advance to Zero database.

5.1 Physical health

The VI-SPDAT asks participants whether they currently experience the following health conditions: cellulitis; foot or skin infections; scabies; dehydration; epilepsy or dental problems. Dental problems were experienced by more than half of Western Australian respondents in the full 2012-March 2021 dataset; dehydration by 29.2%; foot or skin infections by 18.8%; and epilepsy by 8.3%. Cellulitis and scabies were less common with reports by only 6.0% and 3.5% of respondents respectively (Table 20). In the 2020-21 cohort, the prevalence of chronic digestive conditions was reported for the first time (6.5%).

Comparing prevalence of selected health conditions between the most recent (2020–March 2021 cohort) and the full sample reveals similar rates of cellulitis, foot or skin infections; scabies and dental problems. In the recent cohort, the prevalence of dehydration increased from nearly 30% to nearly a half (46.7%) and the prevalence of epilepsy reduced from 8.3% to 1.9%, a reduction of nearly 80%.

These are quite substantial changes that warrant further investigation. It could be that public drink fountains are not being maintained or installed, reducing access to water for people experiencing homelessness. If so, this is an important thing to address given the disproportionate effect on people experiencing homelessness. On the other hand, with epilepsy, if the reduction was due to easier access to medication for respondents, then these results would provide evidence of effective health policy and practice which could be applied more broadly to improve other aspects of respondents' health. Similarly, if the reduction in those with epilepsy reflected prioritisation of housing for people with chronic health conditions during COVID-19, this change would similarly provide evidence that the strategy was effective.

TABLE 20 Prevalence of selected physical health conditions, Advance to Zero, Western Australia

Condition	2012–March 2021				2020–March 2021			
	Yes	No	Yes (%)	Total	Yes	No	Yes (%)	Total
Cellulitis	136	2,122	6.0	2,258	7	100	6.5	107
Foot/skin infections	428	1,844	18.8	2,272	21	86	19.6	107
Scabies	80	2,186	3.5	2,266	5	102	4.7	107
Dehydration	662	1,608	29.2	2,270	50	57	46.7	107
Epilepsy	201	2,208	8.3	2,407	2	103	1.9	105
Chronic digestive condition	NA	NA	NA	NA	7	100	6.5	107
Dental problems	1,349	1,060	56.0	2,409	61	46	57.0	107

Source: Advance to Zero national data 2012–March 2021.

Notes: [1]Estimates based on unique respondents and excluding missing values.

[2]Questions about current health conditions were not included in the Families VI-SPDAT Versions 1 and 2, Individual Versions 2 and the Youth VISPIDAT Version 2.

[3]Respondents were asked: Do you have any of the following? Cellulitis; Foot or skin infections; Scabies; Dehydration; Epilepsy; Dental problems.

Figure 21 illustrates the prevalence of Western Australian respondents in the Advance to Zero database reporting longer-term physical health conditions. The most prevalent disorder was asthma which was reported by 32.3% of respondents. Other commonly reported disorders were heat stroke or heat exhaustion (26.7%), heart disease, arrhythmia, or irregular heartbeat (19.9%), and hepatitis C (19.3%). The prevalence of conditions in respondents was generally higher than that in the general population. For example, the prevalence of cancer in respondents was 6.7% which is more than double the prevalence of 3% documented for the general population. Similarly, the prevalence of diabetes in respondents (13.2%) was more than double the rate of 5% reported for the general Australian population by the AIHW (2020b).

FIGURE 21 Lifetime prevalence of selected medical conditions, per cent, Advance to Zero, Western Australia

Source: Advance to Zero national data 2012–March 2021.

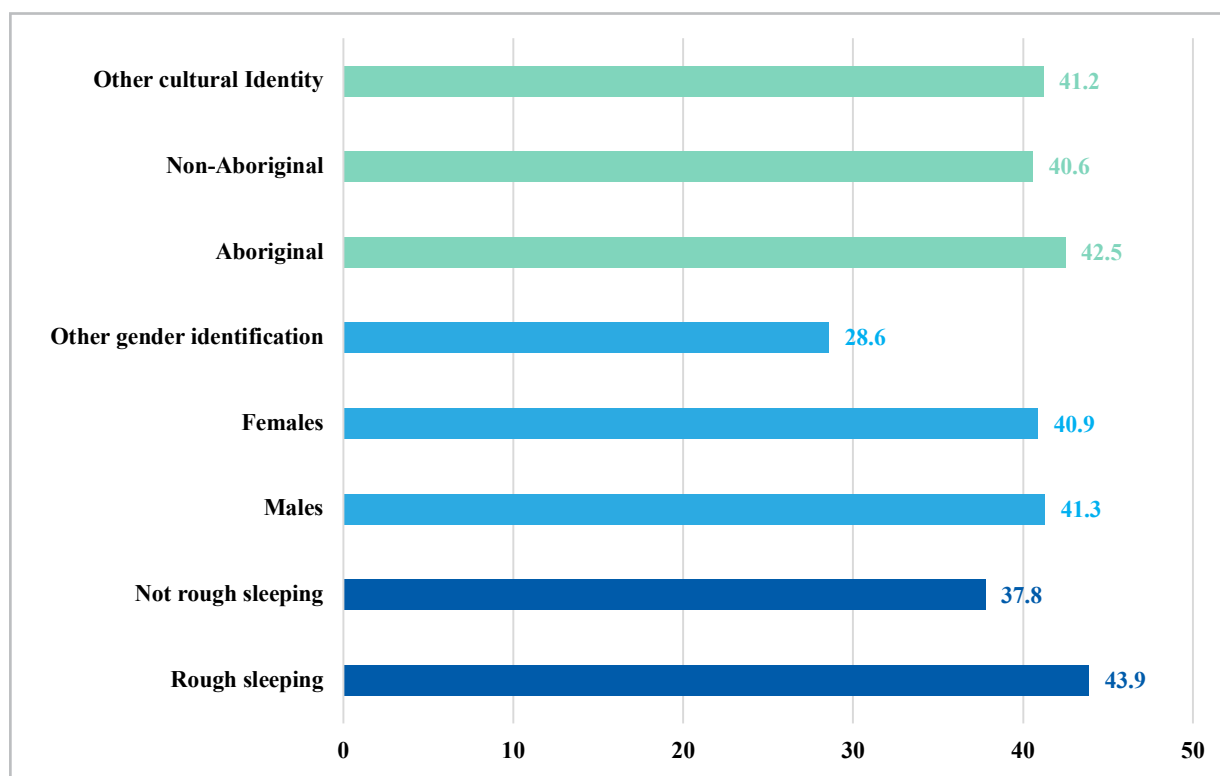*Note:* Estimates based on unique respondents and exclude missing values.

Two new categories of physical health conditions were referenced in the 2020-21 cohort. These were the categories of' Other bone-related illnesses' and 'Other medical conditions'. Each was affirmed by only one respondent and hence provide us with no useful information to date.

5.2 Mental health issues and brain injury

The VI and VI-SPDAT assess mental health issues by asking about symptoms and help seeking, and whether respondents have been diagnosed with certain conditions. With regard to symptoms, more than two thirds (66.9%) of Western Australian respondents reported that they have problems concentrating or remembering things, more than half (55.2%) had spoken with a psychiatrist, psychologist or mental health professional in the last six months, and nearly half (48.7%) had gone to an emergency department (ED) due to not feeling emotionally well or because of their nerves. In addition, 34.4% of Western Australian respondents reported that they had been taken to hospital against their will for mental health reasons and 31.1% reported that they had been told that they have a learning or developmental disability.

Figure 22 presents the prevalence of diagnosed mental health disorders among Western Australian respondents from version 3 of the VI-SPDAT (2020-21). More than half of respondents reported having depression (58.7%) and anxiety (52.3%). Post-traumatic stress disorder was also common, with 30.2% of people reporting diagnosis. More than one quarter (26.2%) of Western Australian respondents had been diagnosed with psychosis, and almost 1 in 5 had been diagnosed with schizophrenia (19.2%), bipolar disorder (17.4%) and borderline personality disorder (17.4%).

FIGURE 22 Diagnosed mental health conditions, per cent, Advance to Zero, Western Australia
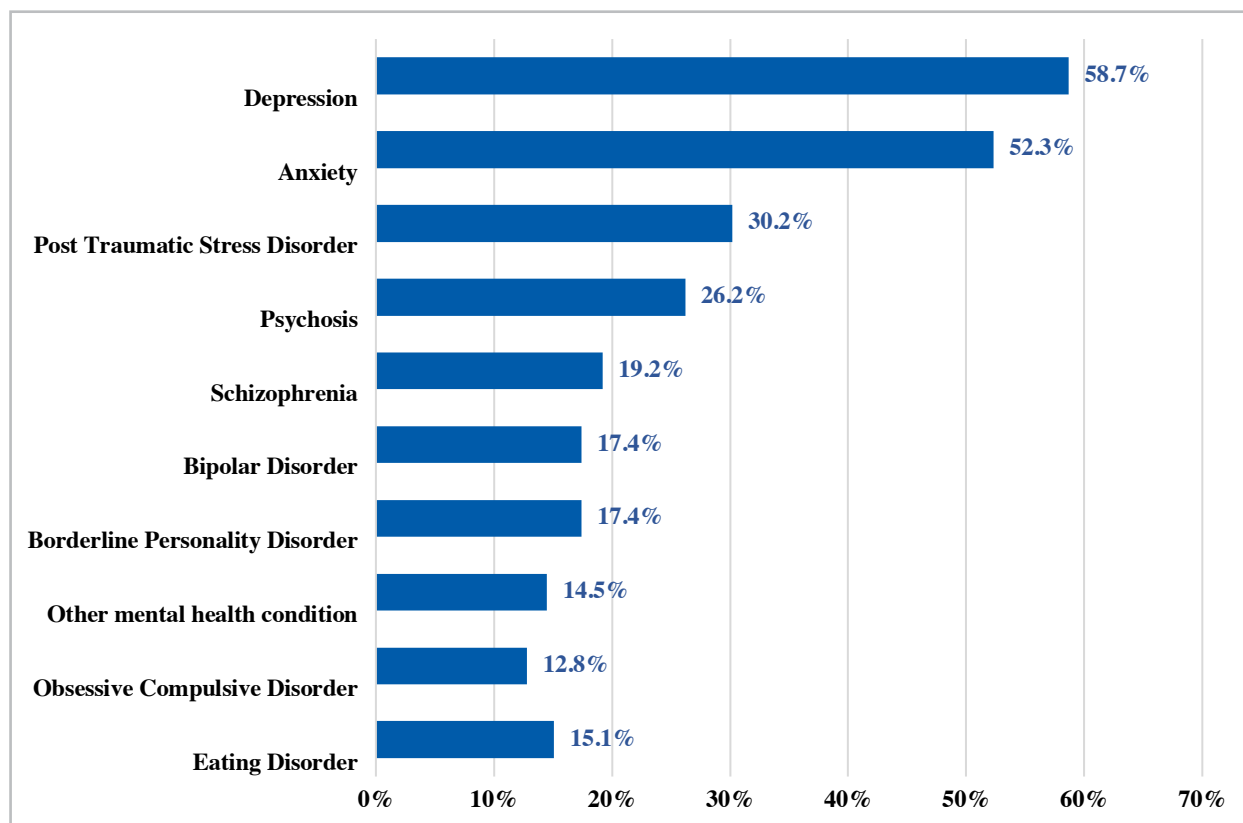
Source: Advance to Zero national data 2012–March 2021.

Note: Estimates based on unique respondents and exclude missing values.

There were 108 respondents in the 2020–21 cohort who provided data on mental health conditions. As with the data from the entire cohort (2012–21), depression and anxiety remained the two most frequent mental health conditions in respondents with rates of more than 50% in both datasets. For depression, the rate increased from 58.7% in the original dataset to 66.3% in the 2020–21 dataset. Similarly, for anxiety, the rate increased from 52.3% in the original dataset to 56.6% in the 2020–21 dataset. Likewise, the prevalence of the remainder of the mental health conditions was higher in the recent cohort than the 2012–2021 cohort. Higher rates of mental health conditions may be explained by the strain of the COVID-19 pandemic, and certainly reflect a high need for mental health support for people experiencing homelessness.

5.3 Problematic drug and alcohol use

There is a wealth of research that shows a strong link between alcohol and other drug misuse with homelessness. Johnson and Chamberlain's (2011) study of more than 4,000 homeless people found that an estimated 17% became homeless because of substance abuse. Teesson et al., (2003) found in their study sample that homeless people were six times more likely to have a drug-use disorder and 33 times more likely to have an opiate use disorder than the Australian general population. Johnson et al. (2008) found that 55% of the people in their sample of homeless people reported having had problems with drug use. A recent paper on 2,068 people experiencing homelessness in Perth found that over two-thirds (67.5%) of people had a diagnosed AOD use disorder (Vallesi et al., 2021). This suggests that drug and alcohol services must be a part of both prevention strategies and an integral component of support offered to assist with exiting homelessness.

As displayed in Figure 23, about three quarters (74.8%) of respondents reported that they had experienced or been told that they had problematic drug or alcohol use or abused drugs or alcohol. Just over 40% (41.7%)

reported that they had consumed alcohol or drugs almost every day or every day during the past month whilst a similar percentage (41.9%) reported that they had used injection drugs or shots in the last six months. Nearly half (47.6%) of respondents reported that they had been treated for drug or alcohol problems and returned to drinking or using drugs. A much smaller percentage (12.0%) reported using non-beverage alcohol such as metho, cough syrup, mouthwash, rubbing alcohol, cooking wine or used inhalants such as paint or petrol in the last six months. Nearly a third (31.5%) reported blacking out because of alcohol or drug use in the past month. For over two-thirds (37.1%) of respondents, the surveyor reported signs or symptoms of problematic alcohol or drug abuse. A majority (70.0%) of respondents were aware of safe injecting practices.

FIGURE 23 Selected indicators of problematic drug and alcohol use, per cent, Advance to Zero, Western Australia
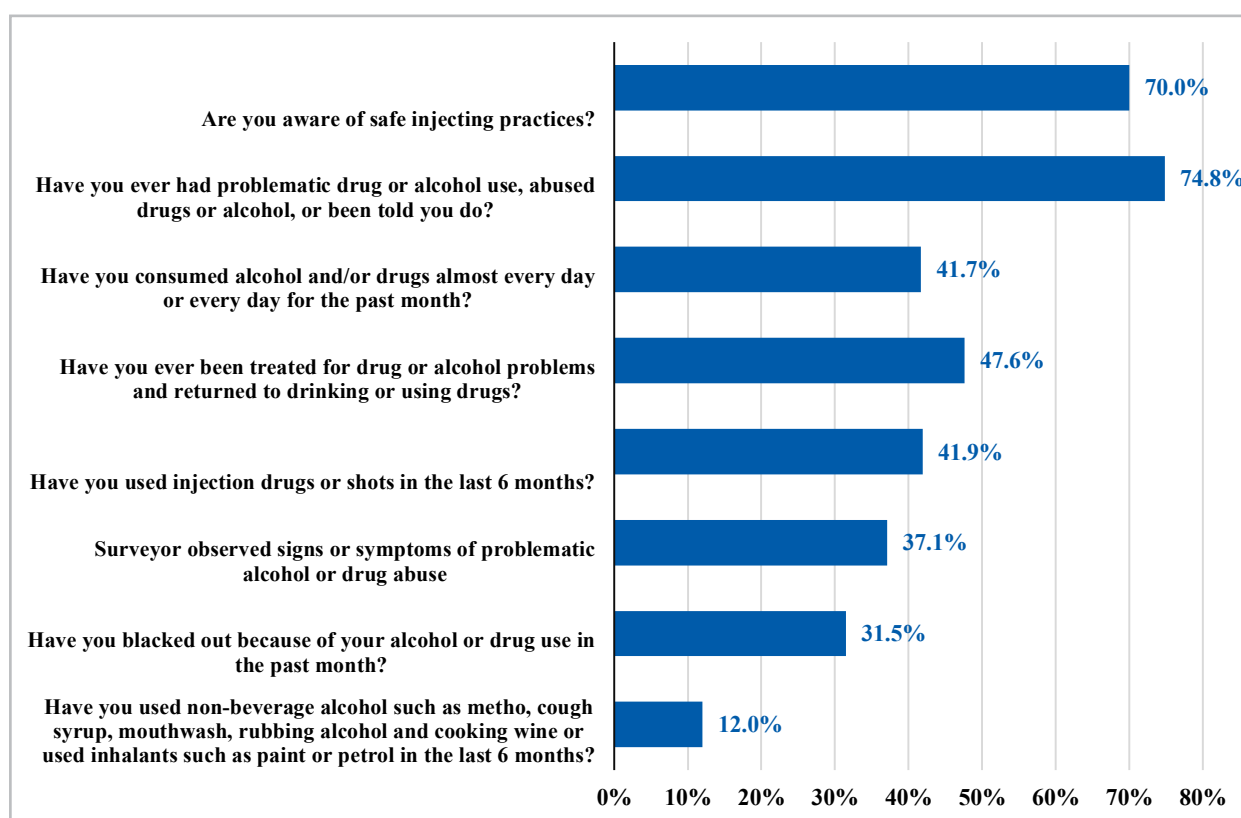
Source: Advance to Zero national data 2012–March 2021.
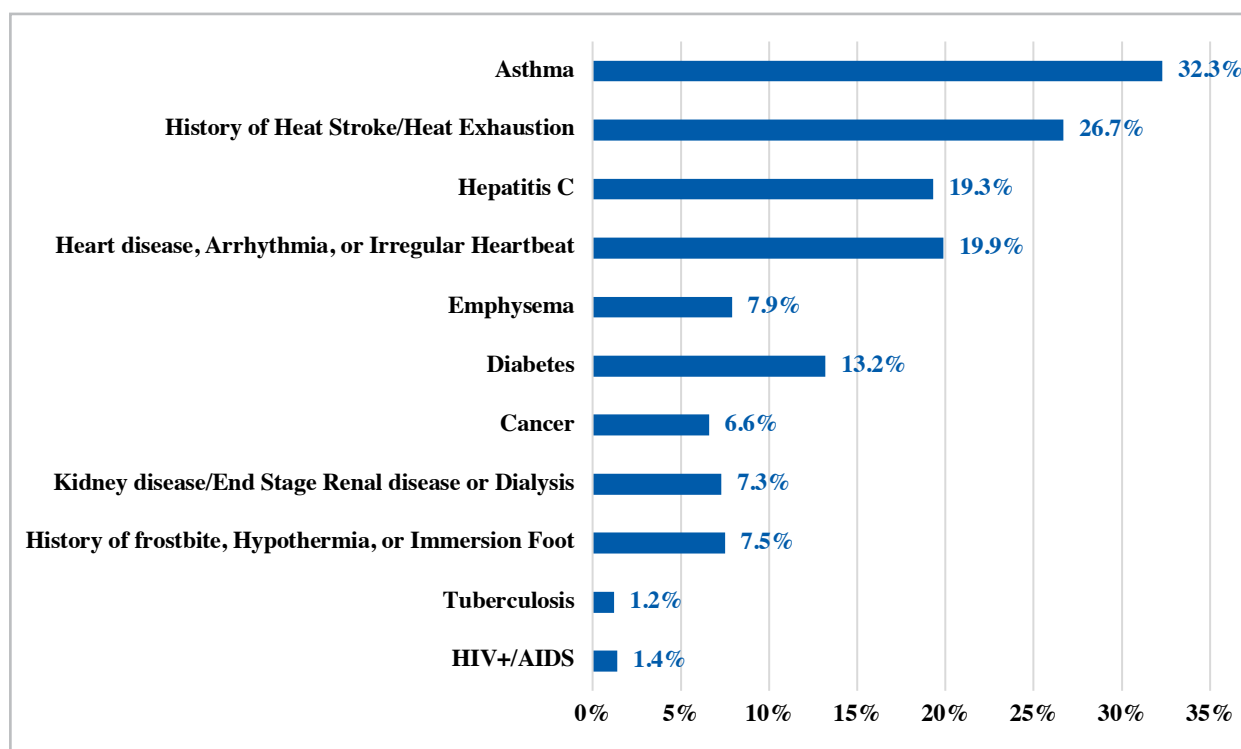*Note:* Estimates based on unique respondents and exclude missing values.

Examining only the most recent cohort (2020–21) the prevalence of substance use issues is extremely similar to the overall cohort, with the exception of safe injecting practice awareness: only 41.7% of the 2020–21 cohort reported being aware of safe injecting practices. This suggests that there is scope for increased education and facilities to support safe injecting practices among Western Australia people experiencing homelessness.

5.4 Brain injury

People experiencing homelessness have been reported to have higher rates of traumatic brain injury and signs of cognitive impairment (Fazel et al., 2014). This was evident in our data with more than a third (35.6%) of Western Australian respondents in the Advance to Zero database reporting serious brain injury or head trauma and nearly a third (31.1%) of respondents reporting a learning or developmental disability.

Compared to earlier a national report (Flatau et al., 2018) where respondents were asked the same seven questions, our respondents reported a higher proportion of mental health issues in relation to each of the seven questions.

Examining the prevalence of brain injury by cohort, veterans reported a lower rate of serious brain injury or head trauma than non-veterans (34.5% versus 50.0% (Figure 24). This is interesting given the high prevalence of brain injury among veterans found in the literature (Hoge et al., 2009) and may reflect the relatively low number of veterans surveyed or may reflect lower rates of active combat among Australian veterans relative to US veterans.

Rough sleepers reported a higher rate of brain injuries than non-rough sleepers (40.8% versus 29.9%). By sex, the rate of self-report of serious brain injury or head trauma was highest in males (36.5%), followed by females (33.9%) and lastly those of other gender identity (22.7%).

FIGURE 24 Self-report of serious brain injury or head trauma, per cent, Advance to Zero, Western Australia
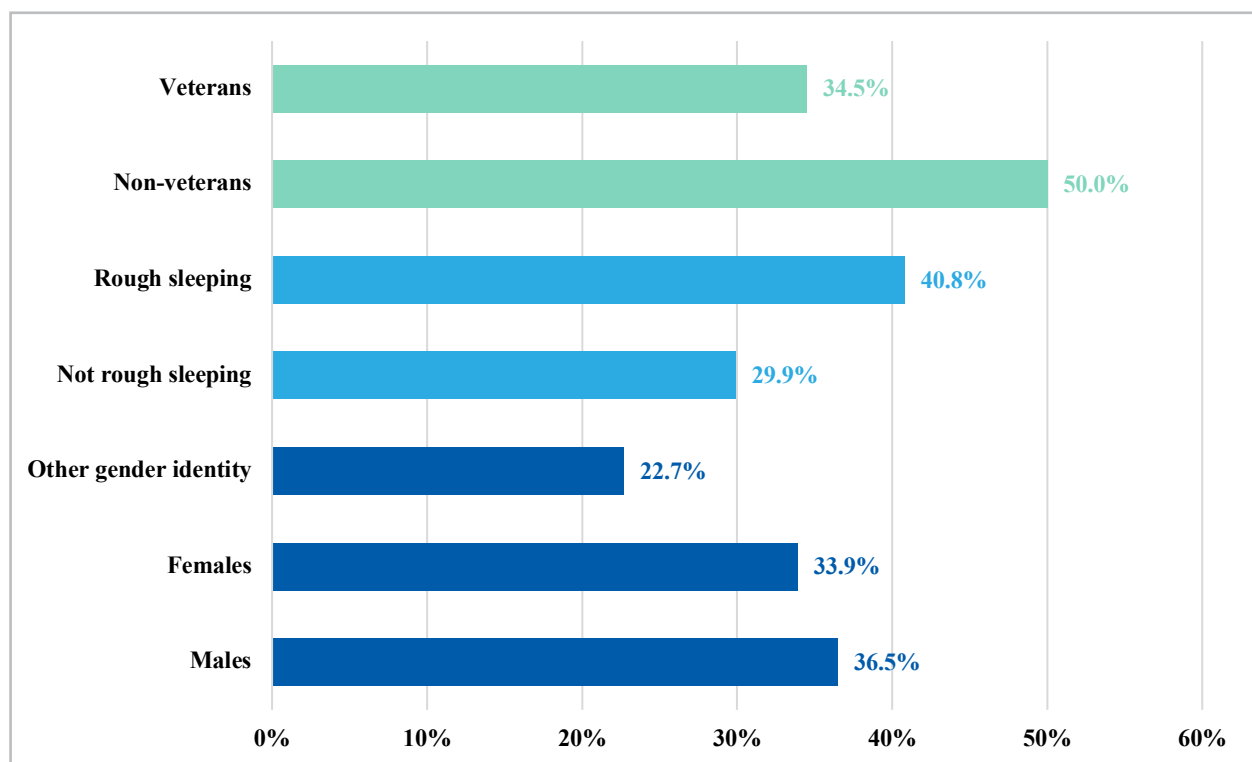
Source: Advance to Zero national data 2012–March 2021.
Note: Estimates based on unique respondents and exclude missing values.

Compared to the wider cohort (2012-21), the 2020-21 cohort and all cohorts within that cohort (veterans, rough sleepers, and males/females/other gender identification) reported lower prevalence of brain injury. These reductions are relatively small and may be due to chance fluctuations in our small dataset for 2020-21 where only 108 respondents were included. Nevertheless, it is important to look at comparable statistics in future collections to see if there are further reductions and to look for possible drivers. A possible driver of the reduction might be improved provisions for people with serious head injury or trauma, such as through the National Disability Insurance Scheme.

6. HEALTH SERVICE USE

The results discussed in Chapter 5 illustrate that people experiencing homelessness are more likely to experience mental illness, alcohol, and other drug misuse along with poorer physical health outcomes than the general population. As a result, people experiencing homelessness are over-represented in acute health¬care services such as accident and emergency departments, ambulance services and hospital admissions. This section examines self-reported health service utilisation among Western Australian people in the Advance to Zero database.

6.1 Hospitalisation

The VI–SPDAT survey asks people how many times they have been hospitalised in the 6 months prior to survey. Of the 2,065 Western Australian respondents with relevant information, about half (49.0%) had no hospitalisations in the prior six months, almost half (48.8%) had between one to ten hospitalisations and only 45 (0.6%) had been hospitalised more than ten times in the previous six months. The distribution of numbers of hospitalisations can be seen in Figure 25.

FIGURE 25 Number of times hospitalised in the last six months, Advance to Zero, Western Australia
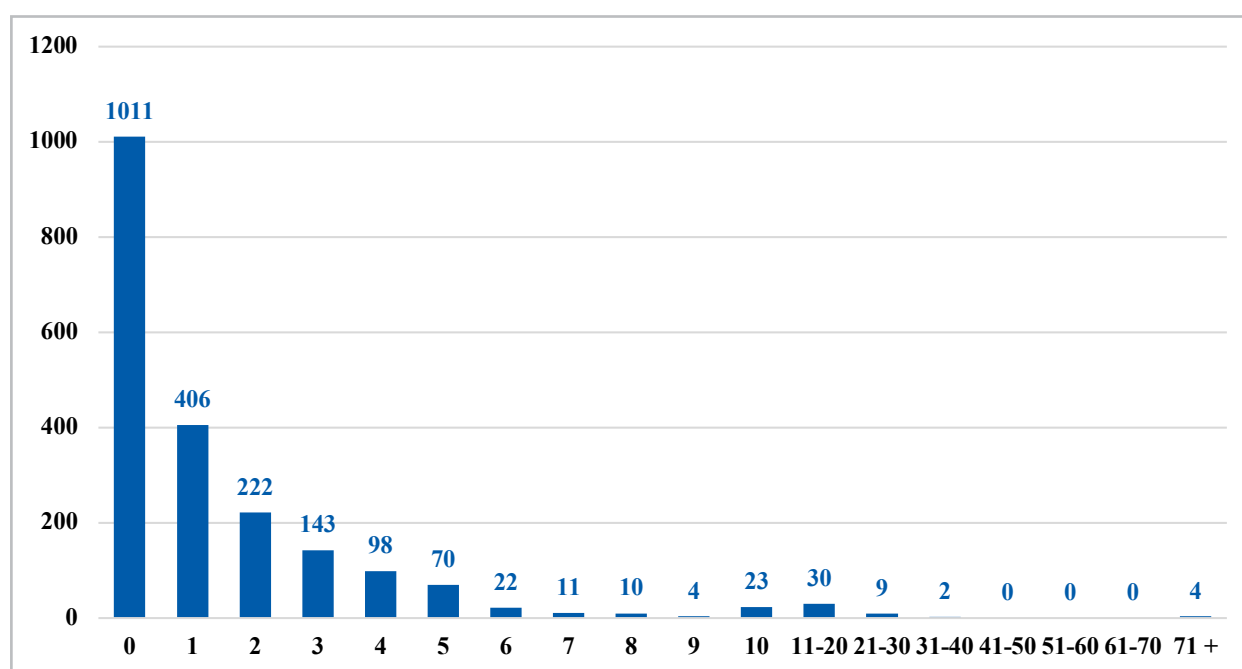
Source: Advance to Zero national data 2012–March 2021.
Note: [1]Estimates based on unique respondents and exclude missing values.
[2]Health service utilisation questions were not included in the VI survey.

Hospitalisations were slightly higher among the 2020–21 cohort: of the 202 respondents who answered the question, about 40% (39.6%) had not been hospitalised in the last six months and slightly more than a half (56.9%) had from one to ten hospitalisations. Only six (3.0%) had been hospitalised more than ten times in the previous six months. These minor variations in the number of hospitalisations are likely due to the relatively small size of the 2020-2021 cohort of only 202 with relevant data.

6.2 Accident and Emergency

Accident and Emergency (A&E, also known as Emergency Department) was the most commonly used health service by Western Australian respondents in the Advance to Zero database. Across the whole dataset (2012–March 2021), the majority (61.6%) of respondents reported that they had used A&E in the six months prior to the survey. Over one third (35.6%) of respondents reported three or more visits to A&E in the six months prior to survey. The frequency distribution of Accident and Emergency visits can be seen in Figure 26.

Accident and Emergency was the most frequently used healthcare service with respondents having a mean number of visits in the last six months (including zero visits) of 3.45.

FIGURE 26 Accident and emergency visits over the last six months, Advance to Zero, Western Australia
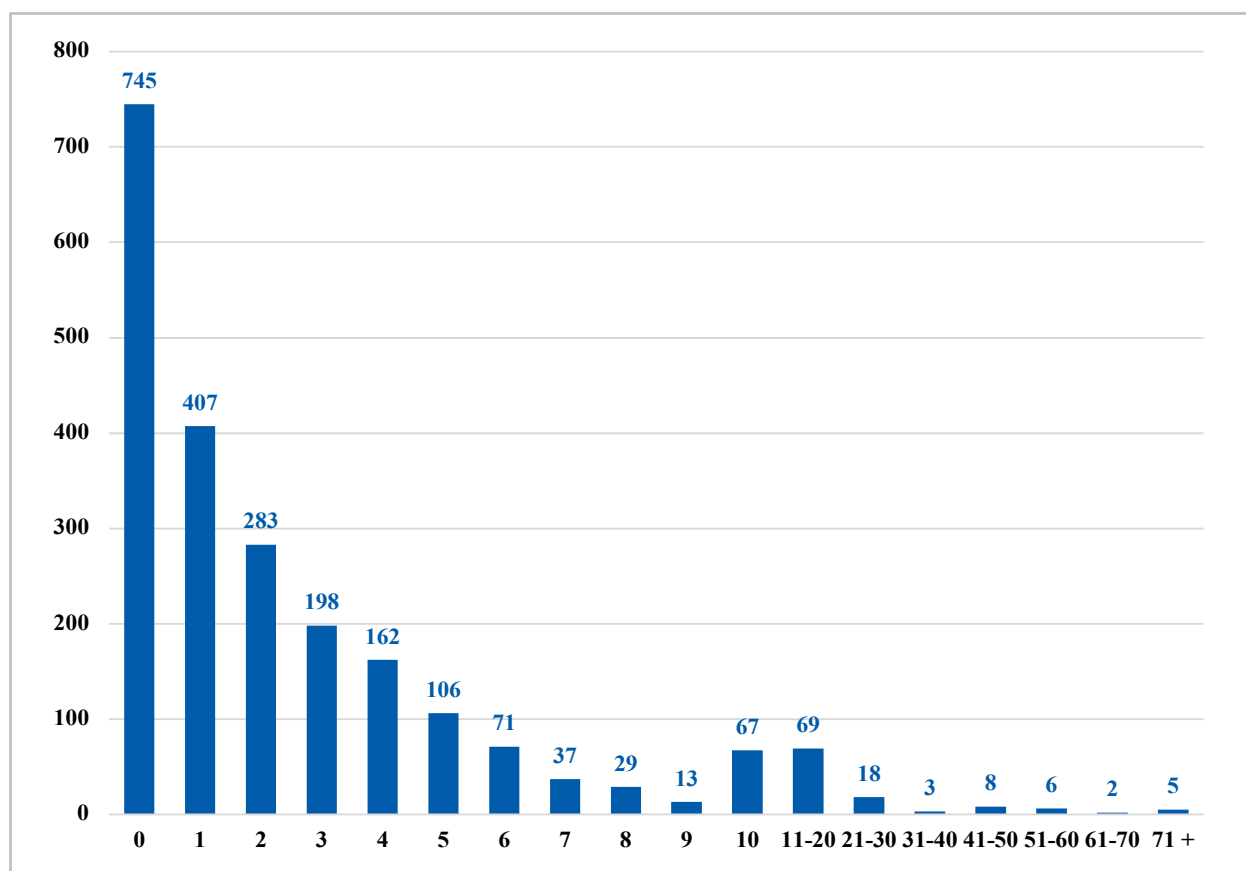
Source: Advance to Zero national data 2012–March 2021.

A comparison of the 2012–2021 and the 2020–2021 cohorts indicated that the proportion who had visited A&E in the last six months was almost identical (33.4% versus 33.9%) and the mean was only slightly increased for the latest cohort (3.41 versus 3.55). In those who had used the service in the previous six months, the mean changed little (5.11 versus 5.38). Overall A&E use was much the same in the 2020–21 cohort as it was in the 2010–21 cohort.

6.3 Ambulance

Over half (55.1%) of Western Australian respondents in the full 2012–March 2021 sample in the Advance to Zero database had been taken to hospital by ambulance in the six months prior to survey and 43.1% had been taken to hospital by ambulance from one to ten times during the same time period (Figure 27). For more frequent use of ambulance, the proportions quickly reduced with 1.8% being taken to hospital in an ambulance eleven times or more in the previous six months. On average, Western Australian respondents were taken to hospital by ambulance 1.67 times in the six months prior to survey.

FIGURE 27 Number of times taken to hospital in an ambulance over the last six months, Advance to Zero, Western Australia
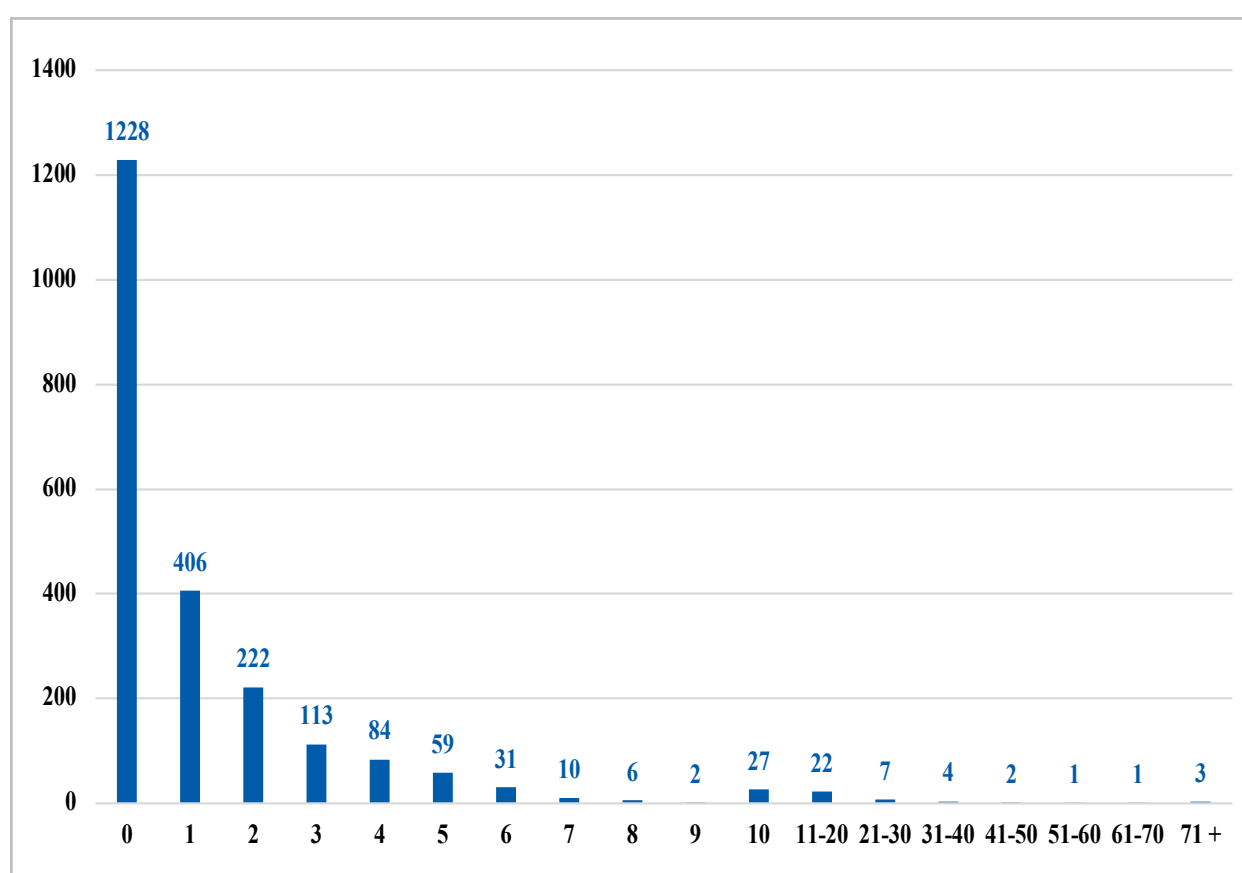
Source: Advance to Zero national data 2012–March 2021.

Examining just the 2020–21 cohort, the distribution was reflective of the overall sample, with just over half (53.5%) of people not being taken to hospital by ambulance at all in the previous six months and 43.9% being taken to hospital via ambulance 1–10 times. The mean number of times people in the 2020–21 cohort were taken to hospital by ambulance over the six months prior to survey was 1.22 times per respondent.

7. COST OF HEALTH SERVICE USE

To calculate the estimated cost of the self-reported health service utilisation of Western Australian respondents in the Advance to Zero database, we used the Report on Government Services 2021 (ROGS, 2021) average cost of a public hospital separation in Western Australia ($5,563) and A&E visit not resulting in admission ($640) (ROGS, 2021, Table 12A.58; ROGS, 2021, Table 12A.60). The estimated cost per ambulance service ($1,029) is based on a study of Sydney Hospitals by the Independent Hospital Pricing Authority (Health Policy Analysis, 2017).

An important limitation to using average costs is that these figures reflect average time spent in hospital, hospital type and the case-mix of support. However, if those experiencing homelessness spend a longer (or shorter) time in hospital than average or used differing resources for each day in hospital than others, then the accuracy of the average cost per incident will be impacted. Another limitation to this calculation of the cost of health service use is that frequencies of health service utilisation are derived from self-reports among people experiencing homelessness and can therefore only be considered estimates.

Nevertheless, high acuity healthcare use among people experiencing homelessness incurs a significant cost to government. These high costs form part of the rationale for providing housing to people experiencing homelessness, as there is evidence that the cost of housing would be largely or fully offset by savings in other government service use (Zaretzky et al., 2013; Wood et al., 2016). Accordingly, we calculate the cost of self-reported health service utilisation of Western Australian respondents in the Advance to Zero database.

The mean cost of use of selected healthcare services in the six months prior to survey among Western Australian respondents in the Advance to Zero database was $14,359.27, comprised of $10,458.44 associated with hospitalisations, $2,182.40 with Accident and Emergency Presentations, and $1,718.43 with ambulance (Table 21). Rough sleepers reported higher utilisation of healthcare services than those who were not sleeping rough, thus their costs are slightly higher at $15,586.89 overall ($11,126 hospital; $2598.40 A&E; $1862.49 ambulance. Table 21 outlines mean frequency and cost of service use of Western Australian respondents in the Advance to Zero database over the six months prior to survey, by rough sleeping status.

TABLE 21 Health service use and estimated costs over six months prior to survey, Advance to Zero, Western Australia

Respondent group	Hospitalisation Cost per incident: $5,563		A&E Cost per incident: $640		Ambulance Cost per incident: $1,029		Total
	Mean no. incidents	Mean cost/ person	Mean no. incidents	Mean cost/ person	Mean no. incidents	Mean cost/ person	Mean cost/ person
Rough sleepers	2.00	$11,126	4.06	$2,598	1.81	$1,862	$15,587
Not sleeping rough	1.78	$9,902	2.77	$1,773	1.52	$1,564	$13,239
Other	1.20	$6,676	2.14	$1,370	1.46	$1,502	$9,548
Rough sleeping status not specified	2.10	$11,682	3.34	$2,138	1.68	$1,729	$15,549
Overall	*1.88*	*$10,458*	*3.41*	*$2,182*	*1.67*	*$1,718*	*$14,359*

A&E, Accident and Emergency; no, number.
Source: Advance to Zero national data 2012–March 2021.
Notes: [1] Estimates based on unique respondents and excludes missing values.
[2] Health service use was not included in all survey-types.
[3] In some cases, there were multiple locations listed as the places slept most frequently and these indicated both rough and non-rough sleeping. These respondents were included in the Other category.

Examining costs for only those who used health services (i.e., excluding zeroes), there is a substantial increase in costs per person, particularly for hospitalisation. Among those who used each type of health service, the mean costs were $20,416.21 for hospitalisations, $3,276.80 for Accident and Emergency visits and $3,364.83 for use of an ambulance (Table 22). These costs were once again higher among those sleeping rough, for whom the estimated mean cost of hospitalisations in the six months prior to survey was $21,028.14, $3756.80 for Accident and Emergency visits, and $3,982.23 for ambulance use. Table 22 outlines the number of users of each type of service, mean number of uses, and mean costs, by rough sleeping status.

These findings of high healthcare costs among Western Australian respondents in the Advance to Zero database are in line with previous studies showing that a small number of people experiencing homelessness, particularly those sleeping rough, incur much higher healthcare costs than the majority of the homeless population (Fuehrlein et al., 2013; Zaretzky et al., 2017). Our estimates indicate that the financial impact of homelessness on the Western Australian healthcare system is substantial. Further, given that our data mainly covers the Perth metropolitan region, only those who were experiencing homelessness who were located and engaged with service agencies, and only includes three types of health service, these costs are likely to be an underestimate.

TABLE 22 Health service use and estimated cost for those using health services six months prior to the survey

	Hospitalisation cost/incident: $5,563			A&E cost/incident: $640			Ambulance cost/incident: $1,029		
	No. users	Mean incidents	Mean cost/person	No. users	Mean incidents	Mean cost/person	No. users	Mean incidents	Mean cost/person
Sleeping rough	554	3.78	$21,028	775	5.87	$3,757	526	3.87	$3,982
Not sleeping rough	458	3.61	$20,082	640	4.37	$2,797	430	3.56	$3,663
Other	31	2.52	$14,019	45	3.29	$2,106	32	3.16	$3,252
Missing	11	4.00	$22,252	24	4.46	$2,854	12	4.33	$4,456
Overall	*1,054*	*3.67*	*$20,416*	*1,484*	*5.12*	*$3,277*	*1,000*	*3.27*	*$3,365*

A&E, Accident and Emergency; no, number.

Source: Advance to Zero national data 2012–March 2021.

Note: [1]Estimates based on unique respondents and exclude missing values.

[2]Health service use was not included in the VI survey.

[3]In some cases, there were multiple locations listed as the places slept most frequently and these indicated both rough and non-rough sleeping. These respondents were included in the Other category

8. FINANCIAL AND SOCIAL OUTCOMES

Homelessness causes significant financial and social barriers for those experiencing it, which compound the experience and make it even more difficult to exit (Flatau et al., 2018; Kaleveld et al., 2018). This section examines indicators of financial and social wellbeing among Western Australian respondents in the Advance to Zero database.

8.1 Financial indicators

Income and employment are crucial factors related to homelessness: loss of income and employment can contribute to entry into homelessness (Lehmann et al., 2007), strong labour market connections (i.e. recent work and higher earnings) are associated with a shorter duration of homelessness (Caton et al., 2005), and employment can provide routine, occupation of time, and positive social ties, which can support the management of physical and mental health issues and reduce barriers to exit from homelessness.

Reflecting Australia's income support system, 90.7% of Western Australian respondents in the Advance to Zero report receipt of regular income. Most (85.3%) also had control of their finances. However, it is not merely obtaining some form of income, but rather the inability to obtain enough consistent income that presents a barrier to sustaining a tenancy (Zuvekas & Hill, 2000; Shier et al., 2012). Therefore, it is worrying but unsurprising that only 40.9% of Western Australian respondents reported that they had enough money to meet all of their expenses and debts on a fortnightly basis.

Welfare benefits are associated with shorter length and lower frequency of homelessness episodes (Lehmann et al., 2007; Zlotnick et al., 1999). Most (81.4%) Western Australian respondents in the Advance to Zero database reported that they had a healthcare card and many (34.2%) had a pension card. Concerning, however, is that 25.3% of respondents had received a Centrelink breach in the prior six months. Instability of income, for example, cessation or significant reduction of Centrelink benefits due to a breach of conditions, can derail an individual's journey out of homelessness. As it can take a number of weeks to restore benefits, it would be highly unlikely that an individual that is in accommodation (be it temporary, short term or potentially long term) would be able to maintain that accommodation for the duration of their time without welfare. Similarly, a person in a state of primary homelessness that loses their Centrelink benefits will be significantly inhibited in terms of securing a tenancy and is likely to be required to spend more time fulfilling other basic survival needs such as obtaining food, rather than engaging in activities that may facilitate exit from homelessness, such as looking for employment (Flatau et al., 2018).

Figure 28 displays the proportion of Western Australian respondents in the Advance to Zero database reporting selected (positive and negative) indicators of wellbeing. In addition to the indicators discussed above, 34.6% of people said there was a person or were people that thought they owed them money, only 22.2% of people reported that their basic needs were met, and 12.6% reported that they gambled with money that they could not afford to lose.

FIGURE 28 Financial indicators of wellbeing, per cent, Advance to Zero, Western Australia
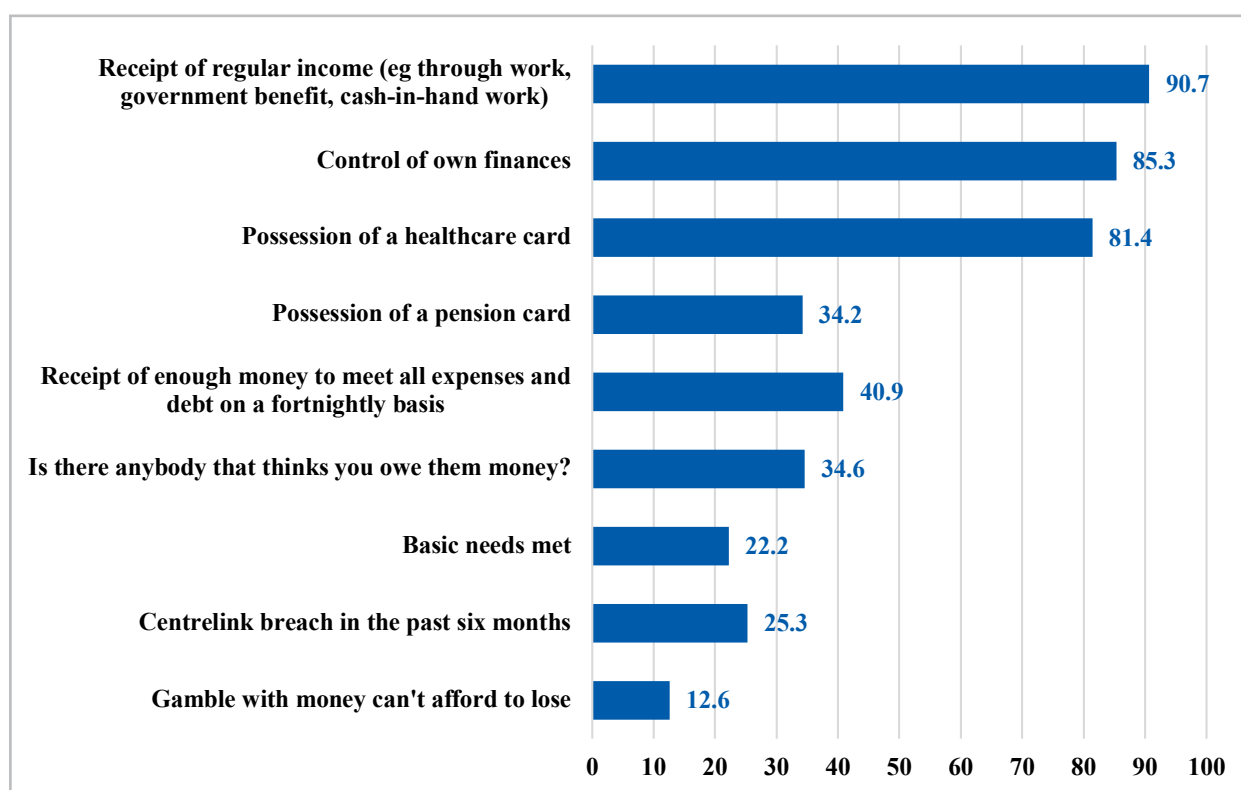
Source: Advance to Zero national data 2012–March 2021.
Note: Estimates based on unique respondent and exclude missing values.

Table 23 outlines the proportion of Western Australian respondents who report selected indicators of financial wellbeing, by cohort. There are no substantial differences between cohorts, which may be a function of the population of interest. That is to say, it is possible that when an individual has reached a level of disadvantage that renders them homeless, their demographic characteristics are less relevant than their housing status to their financial wellbeing.

TABLE 23 Financial indicators by homelessness status, gender identity, cultural identity, and veteran status, per cent, Advance to Zero, Western Australia

	In receipt of regular income[2]	Enough money to meet all expenses & debt fortnightly[3]	Have pension card[4]	Centrelink breach in past six months[3]	Have healthcare card[4]	Control of own finances[4]	Does anybody think you owe them money?[2]
Place slept most often							
Rough sleeping	90.7	38.6	34.3	27.4	76.8	85.6	34.8
Not rough sleeping	92.2	43.7	34.3	23.1	87.2	85.7	35.3
Gender Identity							
Males	91.5	42.4	33.4	24.4	82.3	87.7	35.2
Female	92.1	38.1	37.2	27.5	80.8	82.4	33.0
Other gender identity[5]	85.7	39.4	31.4	33.3	77.1	69.8	52.4
Cultural Identity							
Aboriginal	92.7	38.6	36.1	29.2	80.8	86.0	31.6
Non-Aboriginal	93.0	42.3	34.3	25.3	84.5	87.9	36.8
Other	78.7	35.8	25.8	17.6	67.7	75.7	34.5
Veteran Status							
Veterans	95.0	45.8	36.6	19.8	83.9	89.7	35.1
Non-veterans	91.5	40.8	34.3	25.8	81.8	86.0	31.0

Source: Advance to Zero national data 2012–March 2021.

Notes: [1]Other gender identity comprises people who identify as transgender or intersex.

[2]Estimates based on unique respondents and exclude missing values.

[3]Question was not included in the VI.

[4]Questions were not included in the Families VI–SPDAT Versions 1 and 3, Individual VI–SPIDAT Version 3 and VI.

[5]Question was not included in the Families VI–SPIDAT (both versions) Individual VI–SPIDAT Version 3, VI and Youth VI–SPIDAT Version 3.

8.2 Social Indicators

The VI and VI–SPDAT instruments include indicators of social wellbeing relating to both risk and protective factors. For protective factors, 37.7% of Western Australian respondents in the Advance to Zero database reported that they planned activities for happiness Just over a third (33.5%) presented with others, such as a partner, friends or family at the time of survey (though not necessarily in accommodation). About one in ten (9.9%) respondents reported that they have a pet.

With regard to risk factors for safety, 52.2% reported that they have friends of family that take their money, borrow cigarettes, use their drugs, drink their alcohol or get them to do things they don't want to do, and 49.0% report that they have people in their life whose company they do not enjoy but are around out of convenience or necessity. About one in six (16.2%) of respondents reported that they have a permanent physical disability that limits mobility (Figure 29).

FIGURE 29 Social indicators, per cent, Advance to Zero, Western Australia
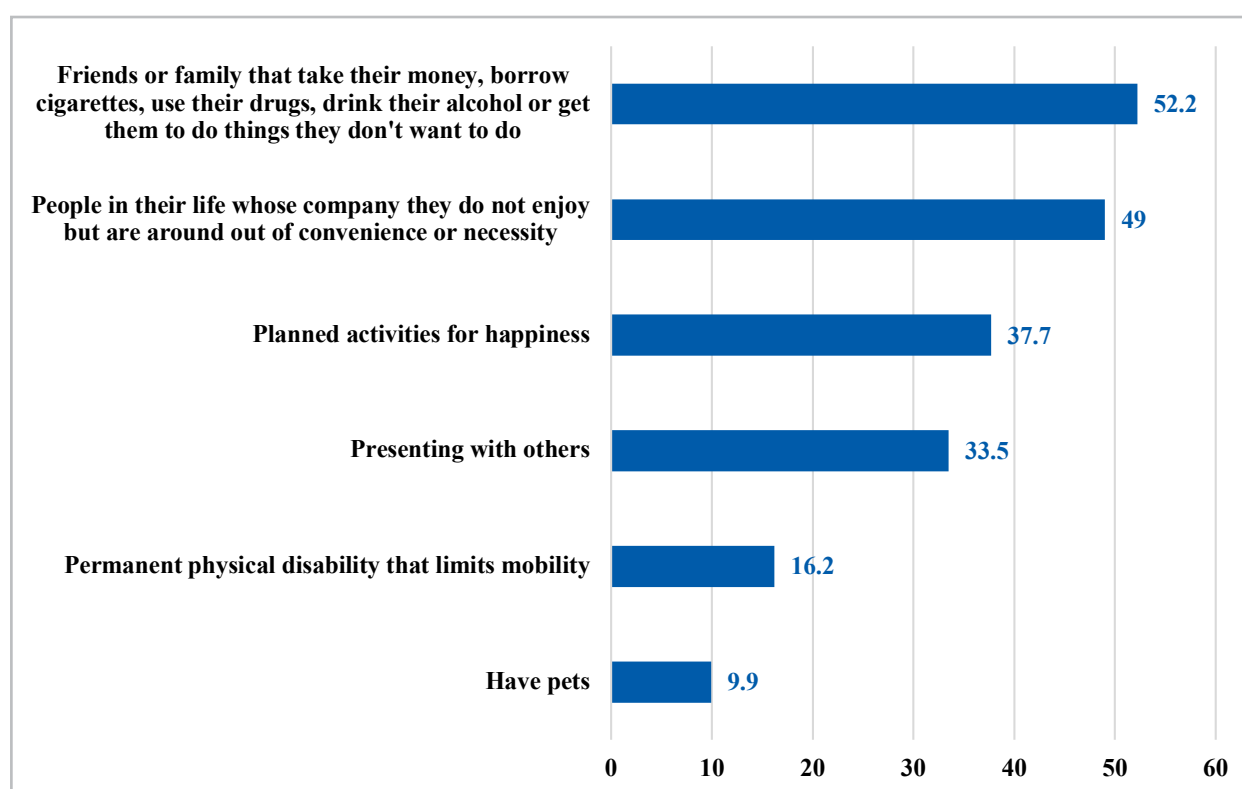
Source: Advance to Zero national data 2012–March 2021.
Note: Estimates based on unique respondents and exclude missing values.

Table 24 examines social indicators of wellbeing by demographic cohort. A smaller proportion of rough sleepers reported having a pet (7.7% versus 11.6%), whereas a larger proportion of rough sleepers reported presenting with others (37.4% versus 24.0%). A larger proportion of rough sleepers reported friends or family that steal their things (56.8% versus 47.8%) than those who were not rough sleeping. There was little difference between rough sleepers and non-rough sleepers when it came to planning activities for happiness (37.2% versus 38.8%).

A greater proportion of female respondents reported embracing the protective factors for social wellbeing of having a pet (16.7% versus 6.7%) and of being with other people (47.4% versus 27.8%) than male respondents. On the other hand, a smaller proportion of female respondents than male respondents planned activities for happiness (30.7% versus 41.1%). In terms of risk factors for social wellbeing and compared to

male respondents, a greater proportion of female respondents reported to have people in their lives out of convenience or necessity rather than enjoyment of their company (58.2% versus 44.8%) or people who stole from them or forced to do unwanted acts (60.6% versus 48.3%).

A substantially higher proportion of Aboriginal people relative to non-Aboriginal people and those of other identity presented with others (46.2% versus 26.9% versus 26.3%). Likewise, a substantially greater proportion of Aboriginal people reported having people that they keep in their lives out of convenience or necessity rather than enjoyment of their company (55.3% versus 46.9% versus 46.0%) or family/friends who steal from them or force to do unwanted acts (58.8% versus 50.0% versus 43.9%) than non-Aboriginal people and those of other identity (Table 40).

Veteran and non-veteran respondents similarly reported that they had a pet (10.2% versus 10.1%) and a substantially higher proportion of veterans than non-veterans reported a permanent mobility issue (26.4% versus 15.7%). A smaller proportion of veterans than non-veterans reported presenting with others (22.6% versus 33.7%) but similar proportions reported planning activities for happiness (38.5% versus 37.8%). A smaller proportion of veterans kept people in their lives out of convenience or necessity rather than enjoyment of their company or to have friends or family take their things or force to do unwanted acts (45.8% versus 52.6%) than non-veterans.

TABLE 24 Social indicators by homeless status, gender identity, cultural identity, and veteran status, per cent, Advance to Zero, Western Australia

	Permanent mobility issue	Presenting with others	Keep company of people out of convenience/ necessity2	Friends/ family take their things or force to do unwanted acts	Planned activities for happiness	Have pets
Place slept most often						
Rough sleeping	17.4	37.4	50.2	56.8	37.2	7.7
Not rough sleeping	14.6	24.0	49.2	47.8	38.8	11.6
Gender Identity						
Males	15.8	27.8	44.8	48.3	41.1	6.7
Female	16.4	47.4	58.2	60.6	30.7	16.7
Other gender identity5	16.3	25.7	66.7	72.7	36.4	16.3
Cultural Identity						
Aboriginal	14.7	46.2	55.3	58.8	36.5	9.5
Non-Aboriginal	17.5	26.9	46.9	50.0	37.8	10.4
Other	14.8	26.3	46.0	43.9	42.8	8.8
Veteran Status						
Veterans	26.4	22.6	38.5	45.8	38.5	10.2
Non-veterans	15.7	33.7	49.8	52.6	37.8	10.1

Source: Advance to Zero national data 2012–March 2021.

Notes: [1]Estimates based on unique respondents and exclude missing values.

[2]Question was not included in the Families VI-SPDAT Version 3, the Individual VISPIDAT Version 3, VI or the Youth VI-SPDAT.

[3]Other gender includes Intersex or X, Other gender identity, unknown, declined to state.

9. VI-SPDAT ACUITY

The Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAT) helps identify who should be recommended for each housing and support intervention. The tool and its scoring have been designed by consulting the literature on the risks facing people experiencing homelessness, and in collaboration with service providers and people with lived experience.

The VI-SPDAT is scored using participants' responses in the following domains: demographics; housing and homelessness history; risks; socialisation and daily functioning; and wellness. The sum of scores across these domains is used to indicate acuity and suggest a concomitant service response. Low acuity indicates that a person needs no intensive supports to access or maintain permanent housing, moderate acuity suggests a person needs permanent housing with tapered support, and people with scores reflecting high acuity are indicated for permanent housing with long term support.

Scoring differed slightly between survey versions (Table 25), with versions 2 and 3 having wider scoring bands for each category of acuity than version 1.

TABLE 25 Scoring thresholds for each category of acuity, by VI-SPDAT version, Advance to Zero, Western Australia

	VI–SPDAT version 1	VI–SPDAT versions 2 and 3
Low acuity	0–3	0–4
Moderate acuity	4–7	5–9
High acuity	8+	10+

In the 2012–2021 data, 15% per cent of Western Australian respondents in the Advance to Zero database were considered low acuity and needing no intensive supports to access or maintain permanent housing, 32% were considered moderate acuity and needing permanent housing with tapered support, and 53% were considered high acuity needing permanent housing with long term support.

Breaking the data down by demographics, a greater proportion of females (62%), other gender identification (73%), those sleeping rough (59%) and Aboriginal Australians (57%) had higher acuity scores than males and were identified as needing permanent housing with long term support (Figure 30). A greater proportion of participants aged under 55 had higher acuity scores than those over 55 (Figure 30, Figure 31).

FIGURE 30 Acuity levels by demographics, Advance to Zero, Western Australia

Demographic	Low Acuity	Moderate Acuity	High Acuity
Aboriginal Australian Identity	13.1	29.7	57.2
Non-Aboriginal Australian Identity	15.3	32.5	52.3
Other Cultural Identity	14.7	39.5	45.8
Male	16.5	35.0	48.5
Female	11.6	26.8	61.6
Other gender identification	4.5	22.7	72.7
Sleeping rough	12.8	28.3	58.9
Not sleeping rough	13.6	38.2	48.2
Veterans	21.3	25.9	52.8
Non-veterans	14.4	32.6	53

■ Low Acuity ■ Moderate Acuity ■ High Acuity
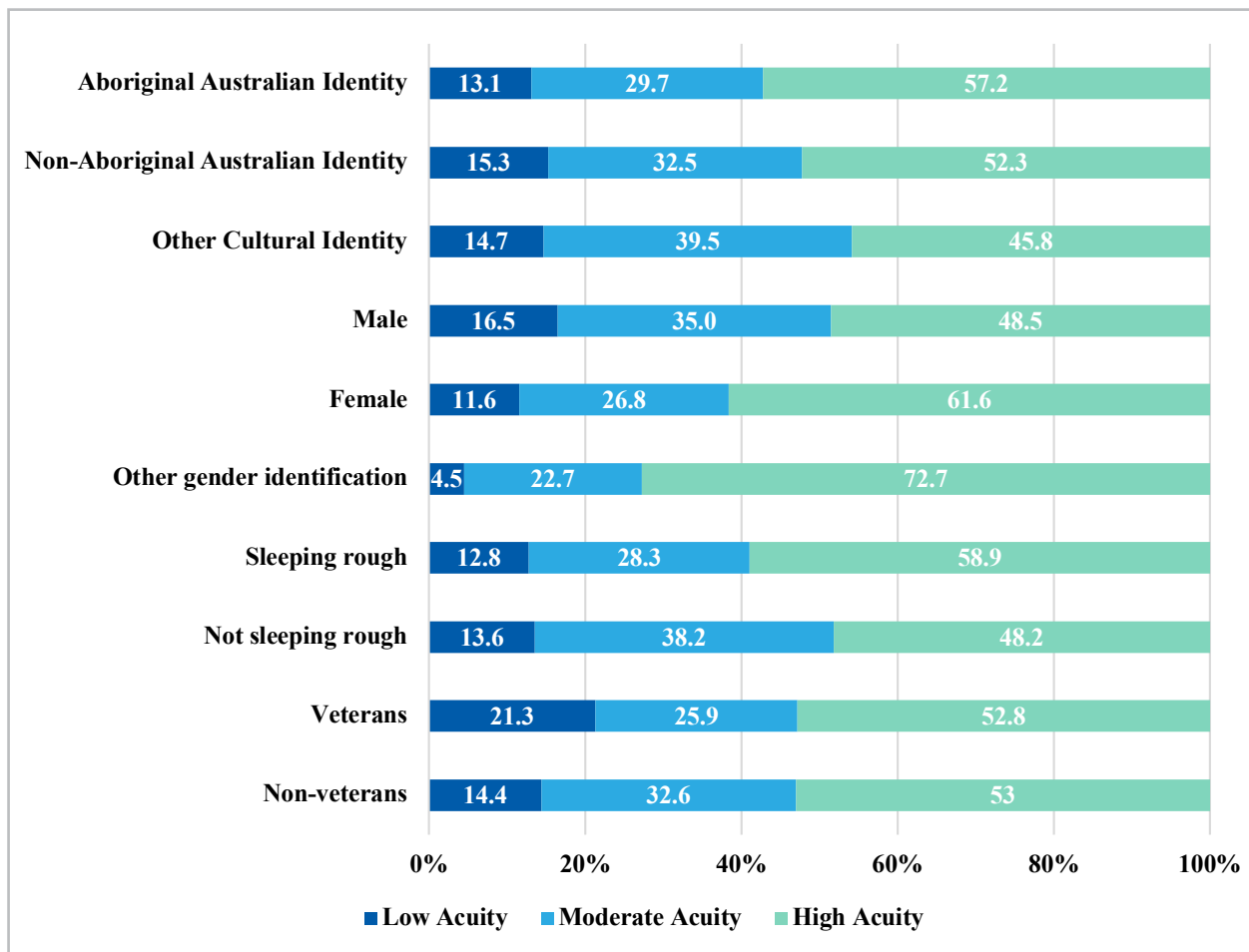
Source: Advance to Zero national data 2012–March 2021.

FIGURE 31 Acuity levels by age, per cent, Advance to Zero, Western Australia

Age	Low Acuity	Moderate acuity	High acuity
65+	27.0	40.5	32.4
55-64	20.7	38.6	40.8
45-54	13.7	32.4	54.0
35-44	14.1	31.0	54.9
25-34	15.4	32.3	52.3
15-24	15.2	29.4	55.5

■ Low Acuity ■ Moderate acuity ■ High acuity
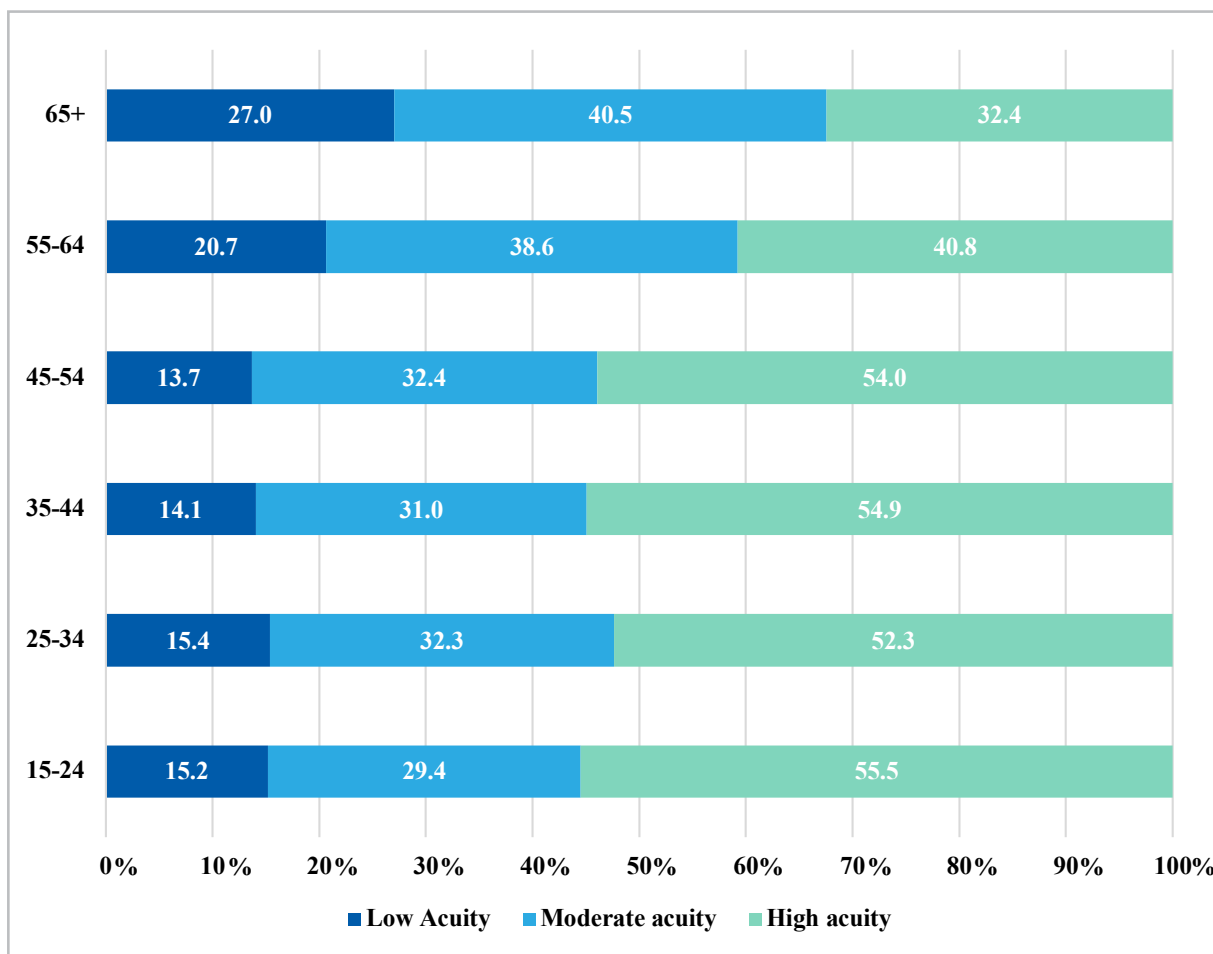
Source: Advance to Zero national data 2012–March 2021.

Reflecting well-known risk factors of homelessness which are, in turn, factored in to the calculation of VI-SPDAT scores, the majority of Western Australian respondents in the Advance to Zero database with a serious brain injury or head trauma (71%), learning or developmental difficulties (74%), a physical disability (63%), or who had experienced family and domestic violence (87%), reported high acuity scores (Figure 32).

FIGURE 32 Acuity levels by health indicators, per cent, Advance to Zero, Western Australia
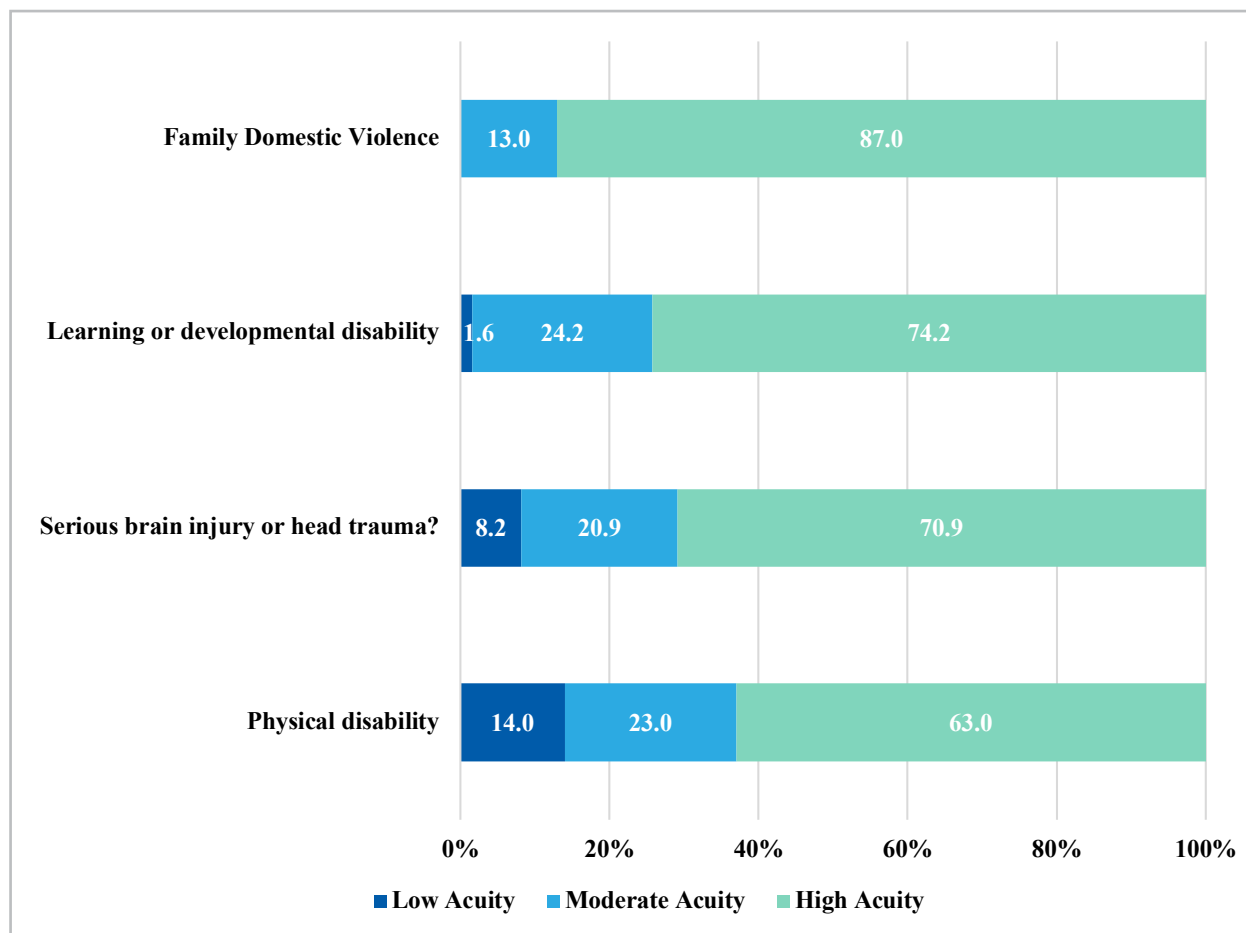
Source: Advance to Zero national data 2012–March 2021.

10. THE HOMELESSNESS JOURNEY

In early 2019, the Australian Alliance to End Homelessness brought key representatives from capital cities around Australia to co-invest in learning about, and developing, the 'Advance to Zero' approach. Representatives from Perth, Melbourne, Adelaide and Brisbane all participated in a two-day Action Lab in Perth in February 2019, followed by a second Action Lab in August 2019, where they were joined by a Sydney team.

Advance to Zero is an approach to achieving 'functional zero' for rough sleepers in a city or town area using a combination of quality real-time data and service coordination. Functional zero is achieved where there are enough services, housing and crisis beds for everyone who needs them, or when there are more people housed each month than becoming homeless. As a result, homelessness is rare and for those that experience it, it is short-lived and one-off.

One of the key tools used to achieve functional zero is the 'By-Name List'. The By-Name List records up to date information about the number of people experiencing homelessness in the community and tracks their movement in and out of homelessness. By knowing people by name and what they are experiencing, plans to end their homelessness can be made. Tracking the inflow and outflow of homelessness in a community allows for the identification and addressing of system bottlenecks, with the overall aim of improving sector responses for better outcomes.

The key purposes of the By-Name List are:

- Seek housing and support solutions for individual people and families experiencing rough sleeping and chronic homelessness.
- Inform service collaboration and development to improve how the system works to end rough sleeping and chronic homelessness.
- Produce data which can be used as an advocacy tool with the aim of ending homelessness (i.e. achieving functional zero).

The 50 Lives data recording has begun transitioning to using the By-Name List as a key tool for prioritising most vulnerable and understanding effectiveness of work and will undertake the day-to-day management of the By-Name List. The introduction of the By-Name List also means that data is captured on all rough sleepers across Perth (not just those scoring ≥10 on the VI-SPDAT) to drive effective service provision for everyone, with the overarching goal of ending homelessness.

10.1 History of homelessness

The Advance to Zero national dataset contains survey information, By-Name List information, and housing placement information. Combining these three sources of data can give us a history of homelessness (inflow and outflow) by demographics and tenure. The By-Name List is designed as a real-time list of all known people who are either chronically homeless or rough sleeping in Perth, Fremantle, and surrounding areas. The By-Name List captures information on inflow (returned from housing, newly identified, returned from inactive) and outflow (housing placement, inactive), sleeping rough status, and an indicator of chronic homelessness. Housing placements indicate the tenure and housing type of those who received a placement.

The combined data contains over 13,500 records relating to over 4,500 individuals in Western Australia, with each individual appearing in the database on average 3.0 times. Of these 4,500 individuals 43% were rough sleepers and 58% were chronic homeless as defined by more than six months spent homeless.

Overall, 73% people scored >10 on the VI-SPDAT indicating high vulnerability. Combining the initial VI-SPDAT score and duration of homelessness (months lived on streets or in emergency accommodation) with the By-Name List, indicates the majority of those with high acuity receive a housing placement (88%), but housing placement is not necessarily based on duration of homelessness.

A total of 1,117 people were housed between 2012 to 2021. Of the people housed, ninety-one per cent of high acuity respondents have returned from housing, whereas a greater proportion of respondents who have been homeless greater than a year returned from housing than those who have been homeless for less than a year (Figure 33, Figure 34). All high acuity respondents who had returned from housing, were housed in temporary accommodation. Fifty-five per cent of respondents who had returned from housing were male, 35% were Indigenous, and 57% were aged between 15–34.

FIGURE 33 Inflow and outflow by acuity, per cent, Advance to Zero, Western Australia
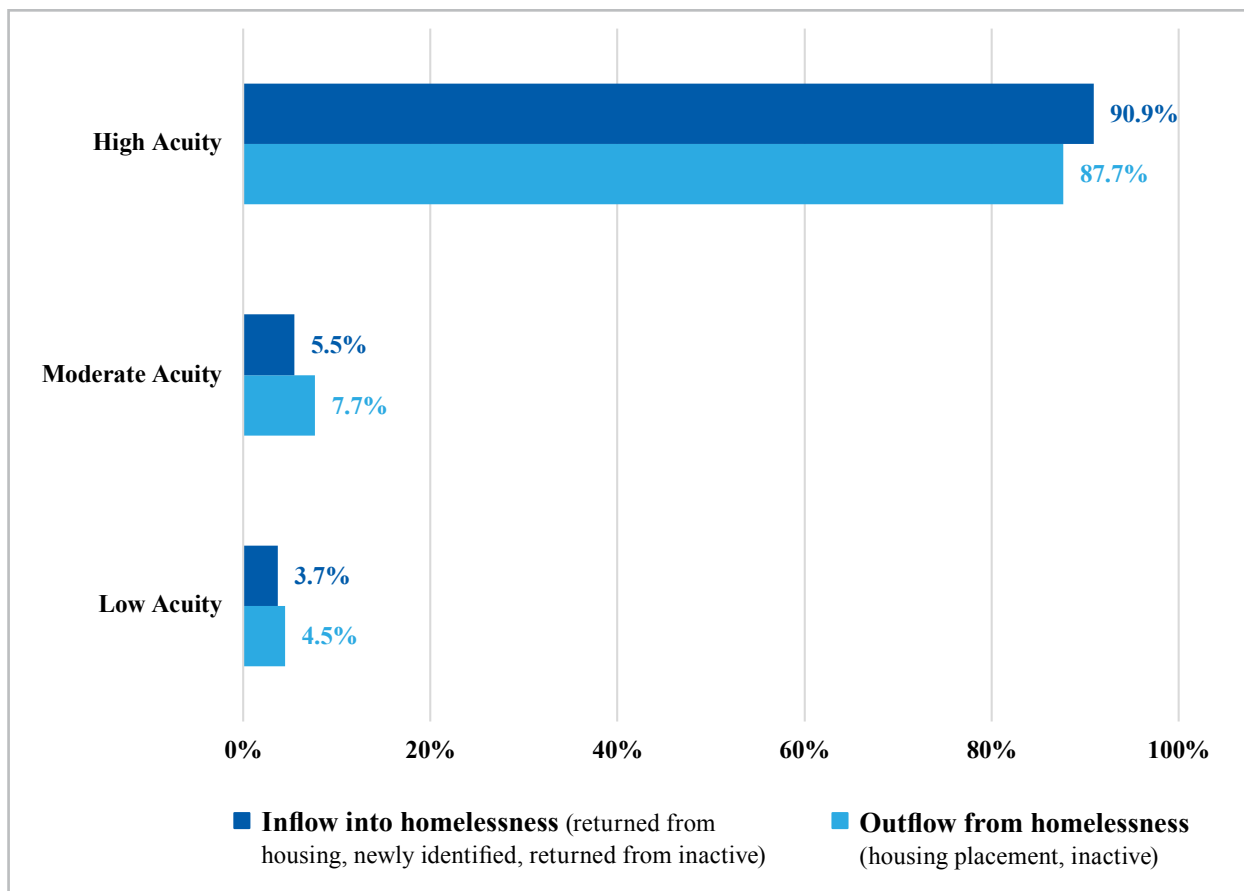
High Acuity
90.9%
87.7%

Moderate Acuity
5.5%
7.7%

Low Acuity
3.7%
4.5%

0% 20% 40% 60% 80% 100%

■ **Inflow into homelessness** (returned from housing, newly identified, returned from inactive)

■ **Outflow from homelessness** (housing placement, inactive)

Source: Advance to Zero national data 2012–2020 By-Name List and survey data
Notes: [1] Estimates based on multiple respondent records with initial VI–SPDAT score

<= 3months
4.3%
9.5%

3-12 months
12.7%
21.6%

12-36 months
35.8%
24.6%

>36 months
23.5%
24.6%

>84 months
23.8%
19.7%

0%   10%   20%   30%   40%

■ **Inflow into homelessness** (returned from housing, newly identified, returned from inactive)   ■ **Outflow from homelessness** (housing placement, inactive)
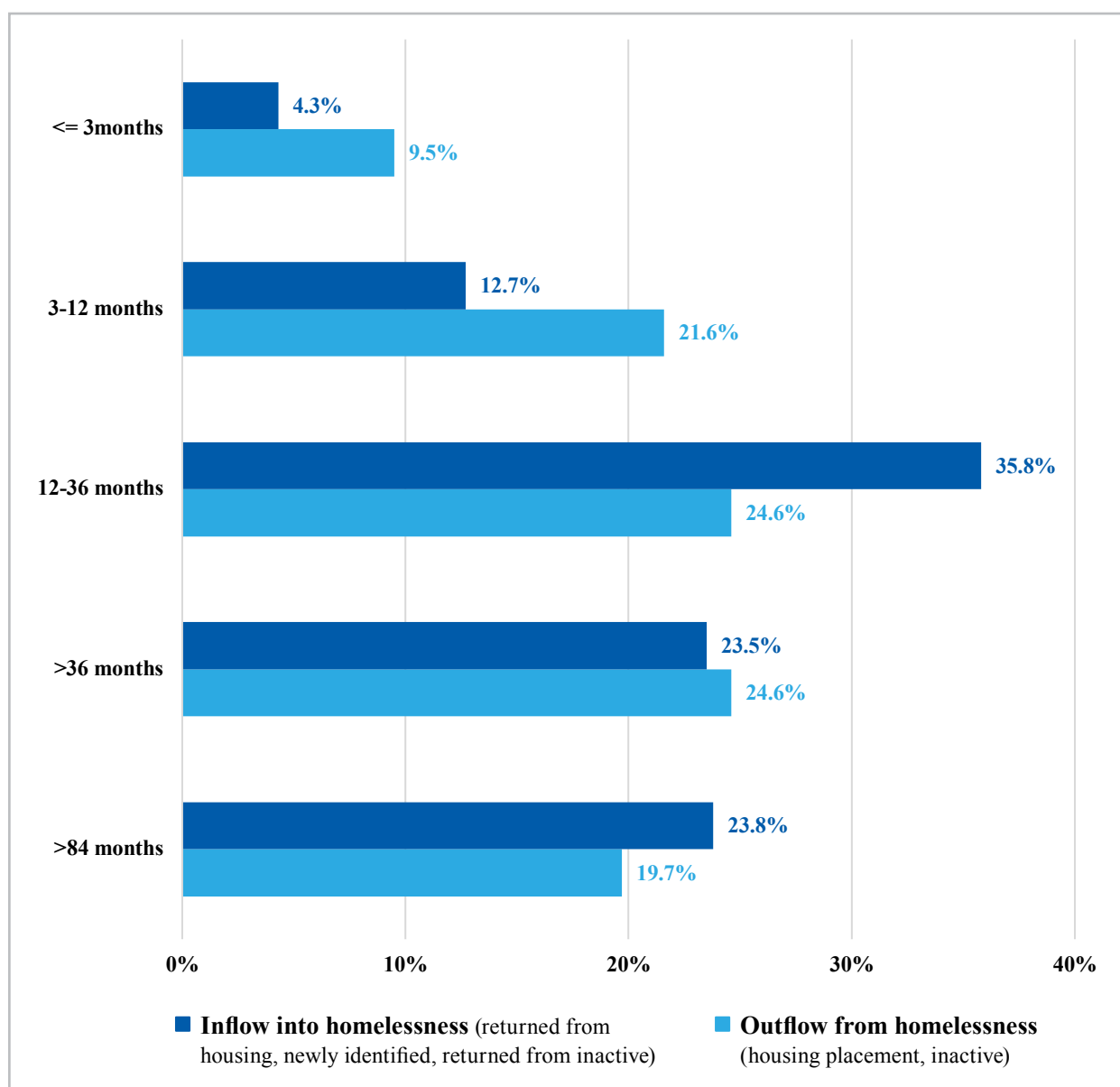
Source: Advance to Zero national data 2012–2020 By-Name List and survey data
Notes: [1]Estimates based on multiple respondent records with initial homelessness duration (months lived on streets or in emergency accommodation).

Thirty-two per cent of respondents who were given a housing placement were permanently housed, and 68% were temporarily accommodated. Of those with a permanent placement, 52% were placed in public housing, 20% in community housing, 13% in private rentals, 7% in supportive housing, and 8% in a group home, aged care, and 'other' permanent housing (Figure 35). Of those who were temporarily accommodated, 47% were placed in crisis accommodation, 17% in transitional, 17% in informal accommodation, 8% in boarding or lodging, and 11% in a caravan park, backpackers, motel, refuge or other accommodation.

FIGURE 35 Housing placements, per cent, Advance to Zero, Western Australia
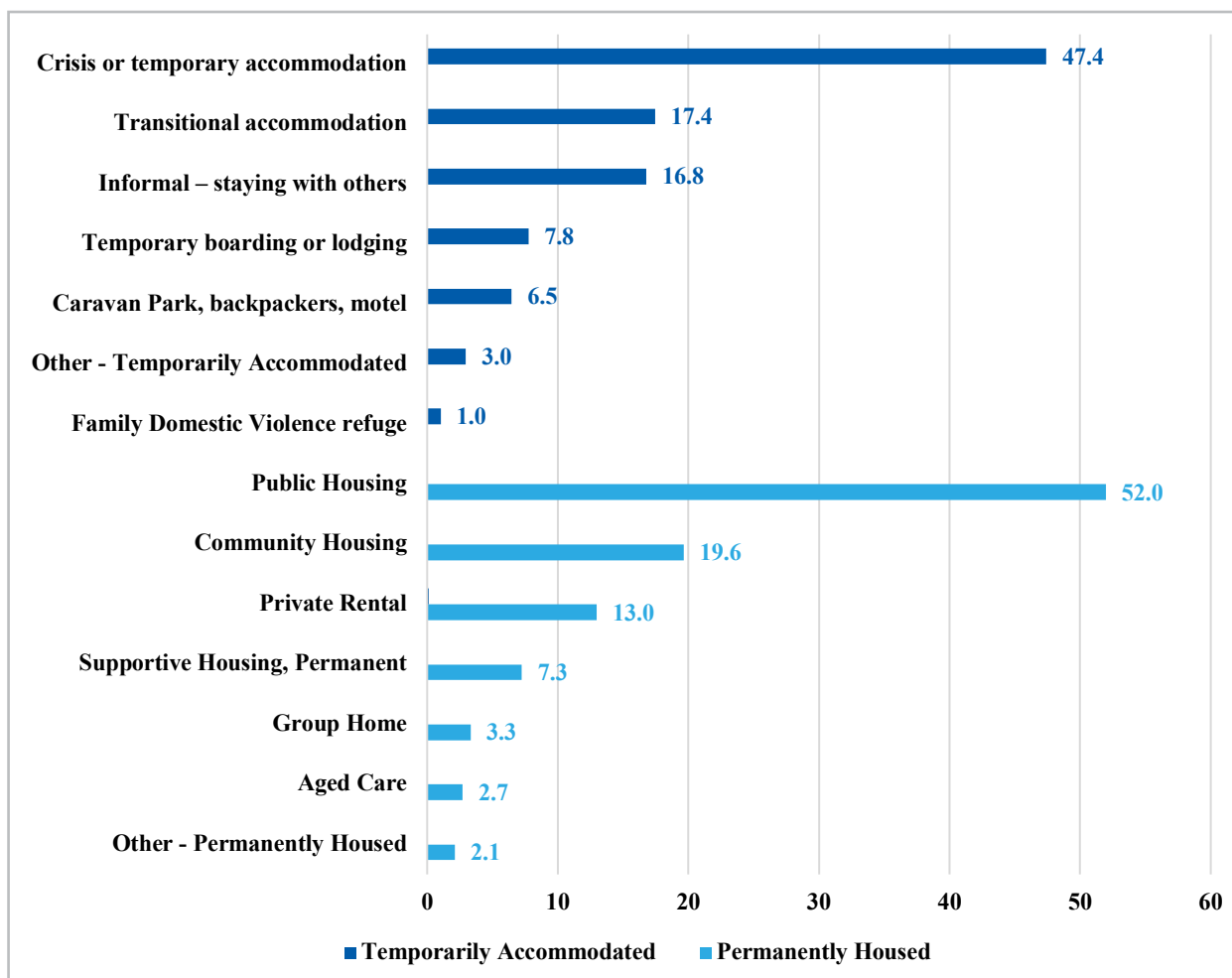
Category	Value
Crisis or temporary accommodation	47.4
Transitional accommodation	17.4
Informal – staying with others	16.8
Temporary boarding or lodging	7.8
Caravan Park, backpackers, motel	6.5
Other - Temporarily Accommodated	3.0
Family Domestic Violence refuge	1.0
Public Housing	52.0
Community Housing	19.6
Private Rental	13.0
Supportive Housing, Permanent	7.3
Group Home	3.3
Aged Care	2.7
Other - Permanently Housed	2.1

■ Temporarily Accommodated ■ Permanently Housed

Source: Advance to Zero national data 2012–2020 By–Name List and survey data.
Notes: [1]Estimates based on multiple respondent records.

The majority of people who were housed by Community Housing Organisations had a low acuity (29%) compared to high (20%) and moderate (21%) acuity respondents (Figure 36). Overall, a greater proportion of people with a high acuity (14%) were housed in private rentals compared to moderate (4%) and low acuity (0%) respondents, this has potential ramifications around the ability for one to sustain their tenancy as more support is required for someone with a high acuity and landlords are unable to provide this unlike Community Housing Organisations or Supportive Accommodation providers.

A greater proportion of respondents who had been homeless for less than 3 months were placed in public housing compared to respondents who had spent more time homeless (Figure 37).

FIGURE 36 Acuity by permanent housing placement, per cent, Advance to Zero, Western Australia
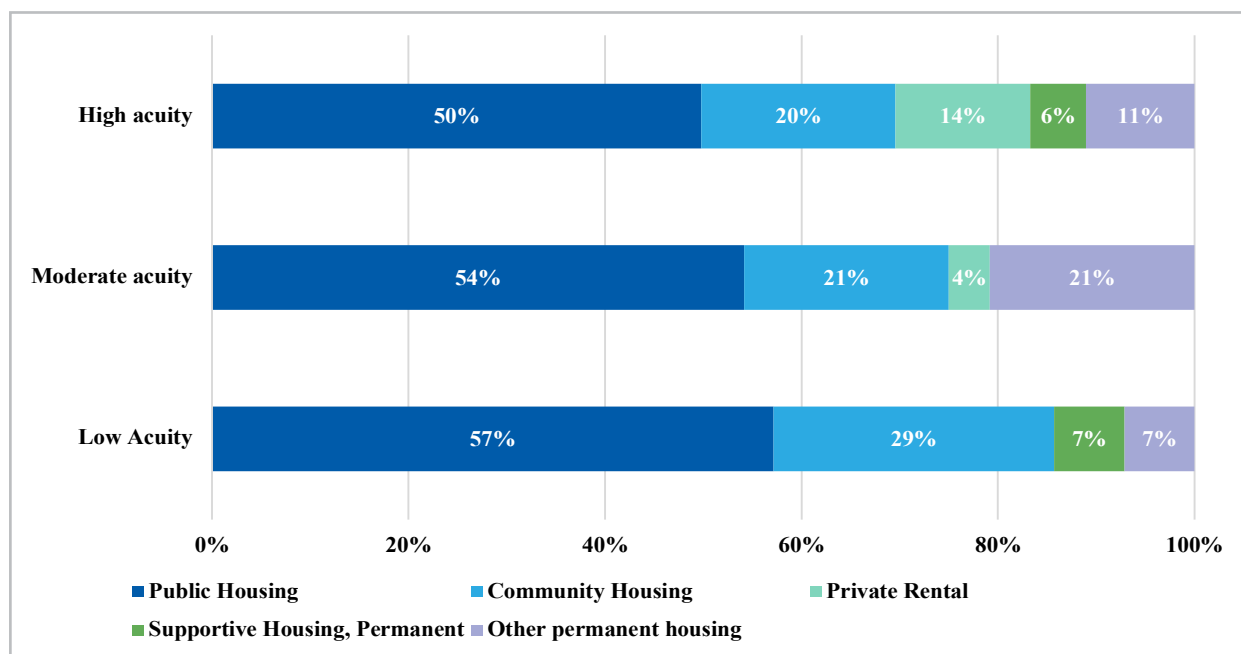
Source: Advance to Zero national data 2010–2020 survey data, By Name List and housing placement data.
Notes: [1]Other permanent housing includes 'other', aged care, group home and permanent boarding.

FIGURE 37 Homelessness duration by permanent housing placement, per cent, Advance to Zero, Western Australia
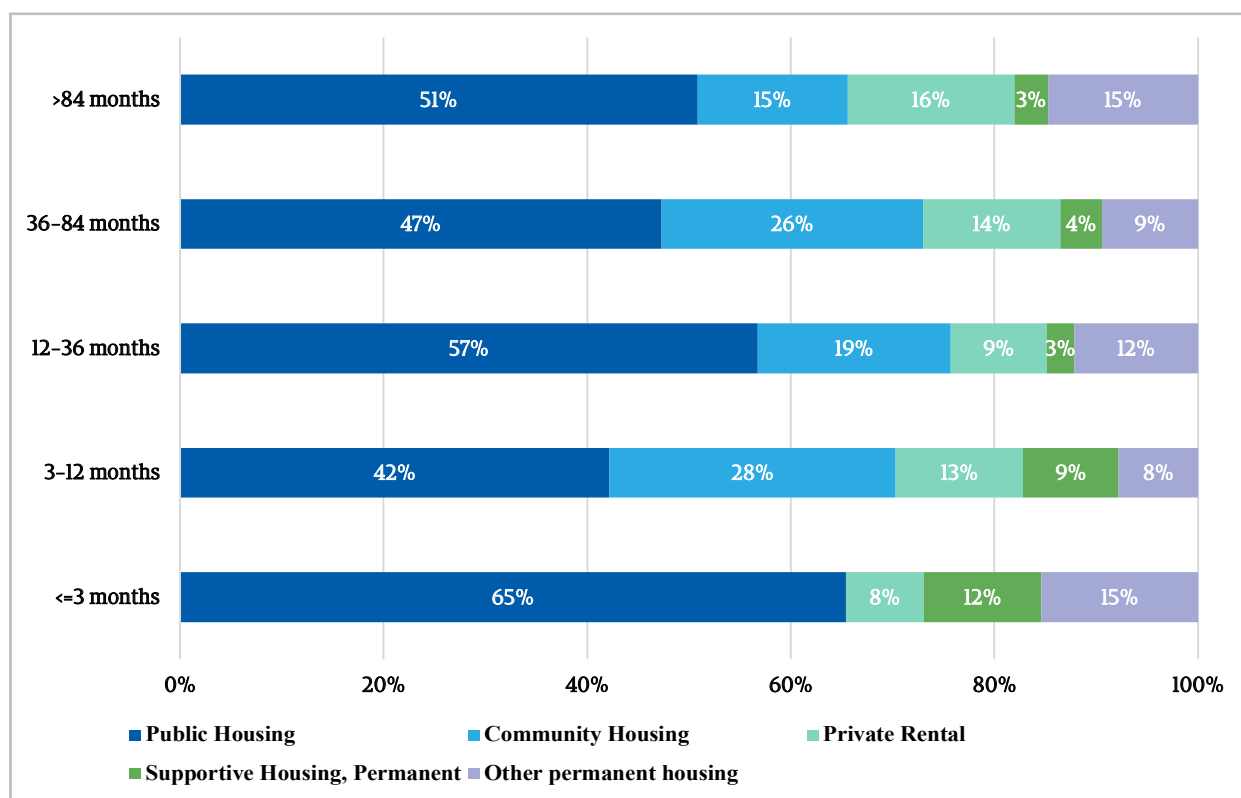
Source: Advance to Zero national data 2010–2020 survey data, By Name List and housing placement data.
Notes: [1]Other permanent housing includes 'other', aged care, group home and permanent boarding.
[2]Other temporary housing includes caravan park, backpackers, motel, and transitional accommodation.

Housing placement is dependent on age and Indigenous status, with a greater proportion of respondents under 55 placed in public housing compared to older respondents, and a greater proportion of non-Indigenous respondents placed in private rentals than Indigenous respondents (Figure 38, Table 26).

FIGURE 38 Age by housing placement, per cent, Advance to Zero, Western Australia
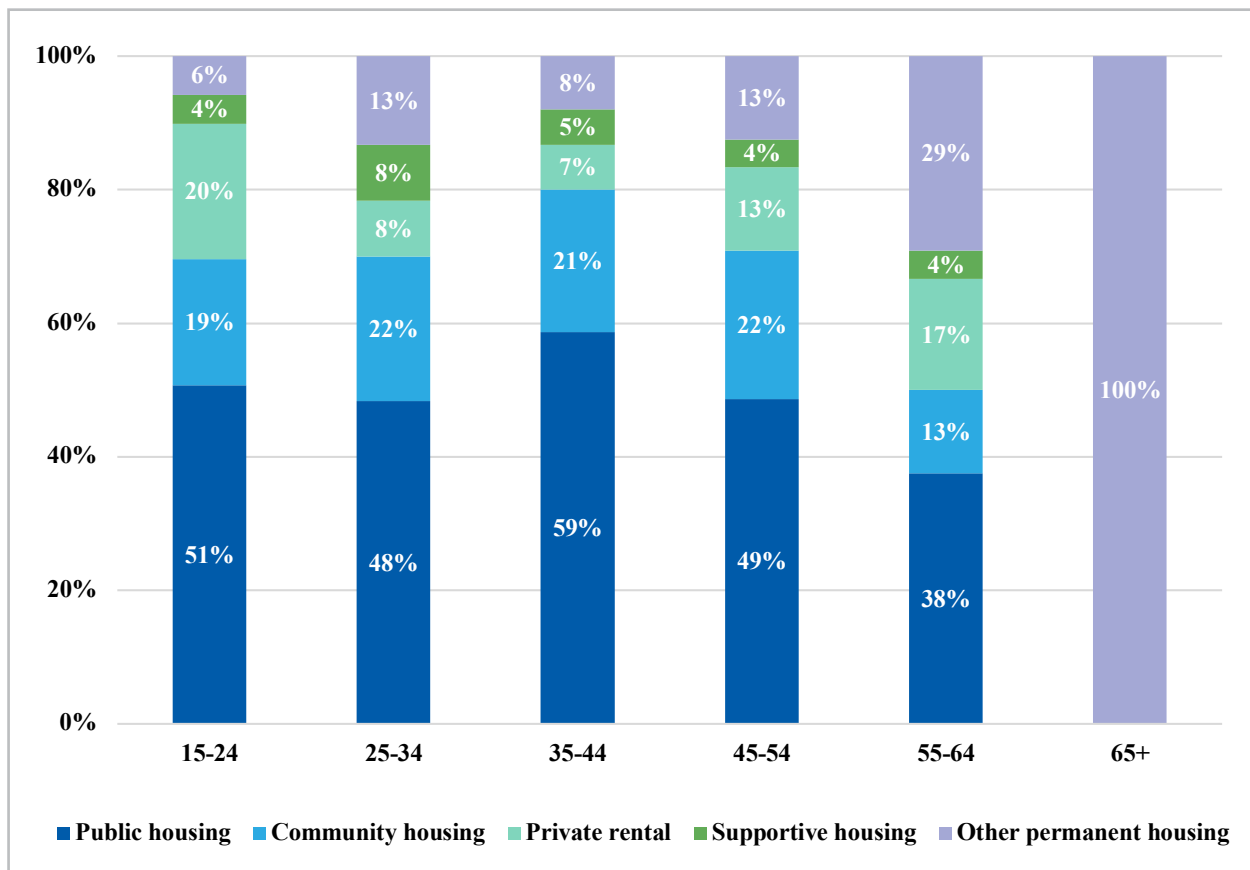
Source: Advance to Zero national data 2010–2020 survey data, By Name List and housing placement data.

Notes: [1]Other permanent housing includes 'other', aged care, group home and permanent boarding.

TABLE 26 Tenure by Indigenous status, Advance to Zero, Western Australia

	Number	Per cent
Indigenous Australians		
Public housing	57	56.4
Community housing	26	25.7
Other permanent housing	7	6.9
Private rental	7	6.9
Supportive housing	4	4.0
Total	101	100.0
Missing	66	
Non-Indigenous Australians		
Public housing	71	49.3
Community housing	28	19.4
Other permanent housing	12	8.3
Private rental	25	17.4
Supportive housing	8	5.6
Total	144	100.0
Missing	123	

Source: Advance to Zero national data 2012–2020.

Notes: [1]Estimates based on valid tenure and indigenous status.

[2]Other permanent housing includes 'other', aged care, group home and permanent boarding.

PART III:
POLICY SETTINGS AND PROGRESS IN ENDING HOMELESSNESS

11. THE WESTERN AUSTRALIA POLICY ENVIRONMENT

In 2019 the Western Australian Government, after extensive consultation with researchers, service providers, government agencies, and the community (including people with lived experience of homelessness), released its homelessness strategy: All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020–2030 (the Strategy). The release of the Western Australian Government Homelessness Strategy was consistent with the previously released WAAEH Strategy which strongly supported the Western Australian Government Strategy. Underpinned by robust principles and ambitious outcomes, the Strategy sets out a whole-of-community approach to address homelessness in Western Australia, including specific initiatives. Alongside the Strategy sits the Action Plan 2020–2025 (Action Plan), which details action areas and particular initiatives planned for the first five years that will work towards achieving the outcomes set out in the Strategy.

The Strategy reflects the significant shift in homelessness policy, from the goal of managing homelessness to ending it, that has developed in Western Australia over the last two decades. Accordingly, the Strategy shares many parallels with the WAAEH 10-Year Strategy which preceded and strongly influenced it, including the adoption of a whole-of-community approach, integration of Housing First principles, an initial focus on rough sleeping and chronic homelessness, working towards a No Wrong Door approach and focusing on prevention and early intervention.

This chapter outlines the Strategy and Action Plan, and describes initiatives launched underneath them. In addition, an overview of selected strategies relevant to addressing the drivers of homelessness is provided. It is important to note that the policies and initiatives featured here do not represent a comprehensive list. The homelessness system is large, and we are limited to information that is publicly available and has been provided by stakeholders who we are aware of. The intent of this section, therefore, is to provide an overview of policies and initiatives that are indicative of the direction of action towards ending homelessness. The final chapter of this report summarises the state of homelessness and the homelessness system and identifies directions forward.

11.1 All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020–2030

The vision of the Western Australia State Government's 10-Year Strategy on Homelessness is that everyone has a safe place to call home and is supported to achieve stable and independent lives. Actions to achieve that vision, and outcomes that measure progress towards that vision, are underpinned by the following principles:

- Ending homelessness is everyone's responsibility;
- People are at the heart of our responses;
- There is a No Wrong Door approach to service delivery;
- The right solutions are delivered in the right places by the right people;
- We do what we know works; and
- We hold ourselves accountable for achieving outcomes.

The four, high-level outcomes that the Strategy targets are:

1. Improving Aboriginal wellbeing: ensuring Aboriginal people have safe, secure and stable housing that is culturally appropriate; that Aboriginal communities and organisations design and deliver services primarily affecting Aboriginal people; and that social housing policies and practices are flexible and culturally responsive.

2. Providing safe, secure and stable homes: ending chronic homelessness; ensuring availability and accessibility of diverse and appropriate housing options; implementing Housing First; providing individualised support services to help people maintain housing and achieve their goals.

3. Preventing homelessness: supporting people to maintain their tenancies; identifying and supporting young people who are at risk of homelessness; ensuring that people exiting government services have stable housing and support.

4. Strengthening and coordinating our responses and impact: developing responses that are flexible to people's needs; ensuring that services are coordinated and easy to access; sharing responsibility for preventing and responding to homelessness across all levels of government and the community sector.

The Strategy sets out a whole–of–community plan and, as such, identifies the roles of and levers available to various stakeholders. In Table 27 below we augment the Strategy's list of stakeholders to provide a richer and more informative list.

TABLE 27 Stakeholders and their roles in the homelessness system

Stakeholder	Role in the homelessness system
People with lived experience	• Sharing their knowledge and experience to increase awareness and understanding of issues and how they could be prevented • Reviewing the service system and facilitating improvement • Peer support and mentoring
Commonwealth Government	• Funding and allocating funds for Specialist Homelessness Services (SHS) and the social housing system (currently through the National Housing and Homelessness Agreement) • Funding, managing, and allocating funds for older Australians connecting to the aged care system • Administering welfare and income support, and setting rates of support • Housing market regulation, taxation, immigration
State Government	• Funding and allocating funds for SHS and the social housing system (currently through the National Housing and Homelessness Agreement) as well as managing SHS projects • Funding homelessness and family and domestic violence services • Providing, managing and supporting social housing • Providing direct services commonly used by people experiencing or at risk of homelessness (e.g., in mental health, health, education, justice and police) • Coordinating responses across portfolios
Local Government	• Employing and training frontline staff (e.g., rangers, library staff, customer service officers) who interact with local people experiencing or at risk of homelessness • Identifying and responding to local homelessness needs • Providing information about local needs and local services and supports • Connecting and coordinating stakeholders (e.g., state government, homelessness services, charity groups, volunteers) who are working to address homelessness in their area

Community services sector	- Developing and delivering specialist homelessness services - Partnering to implement evidence-based models of service delivery - Developing innovative service models and approaches that achieve better outcomes for people experiencing or at risk of homelessness - Working with government to better design and deliver services
The Western Australian Alliance to End Homelessness	- Providing community-led advocacy and support for and to organisations, communities and people to end homelessness in Western Australia - Acting as a social movement thought leader and point for collaboration, drawing other stakeholders together to end homelessness
Private business and philanthropy	- Funding innovative, evidence-based approaches to homelessness - Housing supply and private rental market
Community and volunteers	- Volunteering and mentoring - Developing and participating in socially supportive and connected communities - Acting as ethical landlords

Through its collaborative development, the Strategy has articulated definitions of outcomes (such as what constitutes a safe home), and has identified several initiatives that are working in line with the principles of the Strategy. To continue this good work, the Western Australian State Government has developed the Action Plan 2020–2025 and launched a number of initiatives. However, unlike the WAAEH Strategy, the Western Australian Government's Strategy has yet to set hard end-homelessness targets going forward. This is critical to ensure pressure is maintained to achieve the goal of ending homelessness in Western Australia.

11.2 Action Plan 2020–2025

Released in July 2020, the first Action Plan of the 10-Year Strategy on Homelessness focuses on ending rough sleeping, building a No Wrong Door approach to service delivery, increasing low-barrier crisis responses, and supporting innovation. The Action Plan specifies planned and already ongoing activities underneath each of the four outcome areas identified in the Strategy.

11.2.1 Improving Aboriginal wellbeing

Recognising the overrepresentation of Aboriginal people among the homeless population, the complex trauma and disadvantage that Aboriginal people experience as a result of past injustice, and the ways in which current systems create barriers for Aboriginal people in accessing housing and achieving wellbeing; improving Aboriginal wellbeing is a central focus of the Action Plan 2020–2025. To this end, the Western Australia Department of Communities, in close collaboration with Aboriginal Community Controlled Organisations (ACCOs), will undertake the following actions:

- Strengthen the role of Aboriginal organisations and communities in designing and delivering culturally appropriate responses for Aboriginal people. The first action towards this is to update and implement the ACCO Strategy to increase opportunities for ACCOs to design and delivery infrastructure and services for Aboriginal people

- Ensure government policies and practices impacting homelessness reflect an understanding of Aboriginal culture and values. The first action towards this is an independent review of operational practices around public housing evictions, undertaken by an Aboriginal consultant. The review is to ensure that practices are culturally appropriate and do not inadvertently discriminate against or lead to adverse consequences for Aboriginal people.

- Ensure homelessness response services are culturally responsive and flexible to better meet the needs of Aboriginal people. To do this, the Department of Communities and ACCOs will co-design best practice frameworks for cultural competency and trauma-informed care with Aboriginal people.

- Increase the availability of appropriate accommodation and service options for

Aboriginal people and families. Several activities are specified underneath this priority, including co-design of alternative housing options with Aboriginal people; developing an incentive initiative for landlords to prioritise Aboriginal tenants who are homeless or at risk; provide employment and training pathways for Aboriginal tenants. Further actions include improving support and accommodation for Aboriginal people and their families who travel to the metropolitan area to access healthcare; establishing additional Aboriginal Short Stay Facilities where there is evident need; and, through the Aboriginal Community Connectors Program, providing holistic, person-centred support for Aboriginal people experiencing homelessness.

As part of the Strategy rollout the Western Australian Government has moved ahead in this area with a number of important initiatives including a $6.8 million grant to support Aboriginal people sleeping rough as part of the Housing First Homelessness Initiative. The Moorditj Mia 'Strong Home' program will bring together Noongar Mia Mia, Wungening Aboriginal Corporation and the Ngalla Maya Aboriginal Corporation.

11.2.2 Providing safe, secure and stable homes

Safe, secure, and stable homes underpin any strategy on homelessness. Under the Strategy the Department of Communities and the community services sector will work with other stakeholders such as the City of Perth and other Local Government Authorities, community housing providers and philanthropic partners to undertake the following priority actions to ensure safe, secure and stable homes for Western Australians:

- Embed a Housing First approach in the homelessness response system by providing education and training to build a shared understanding of Housing First principles and their application; support development of a Housing First for Youth model; build flexible approaches that do not require families to relocate from their housing when they change or finish a support program.

- Ensure people sleeping rough have immediate access to shelter free from harm and are connected to appropriate supports. Actions towards this include the building of new public housing units (at least 300); refurbishment of 1,500 public and community housing; implementation of a maintenance program for 3,800 regional dwellings; and delivery of around 250 new homes. Other actions include reviewing and increasing assertive outreach to rough sleepers to connect them to accommodation and support and removing barriers to support and accommodation (e.g., reducing/removing eligibility criteria).

- Identify and develop innovative housing options suitable to the Western Australian context. Planned initiatives include two Common Ground facilities, expansion of the Assisted Rental Pathways Pilot Program, and delivery of the Housing First Homelessness Initiative which will expand successful housing first and collective impact models for housing and people experiencing homelessness.

- Identify and introduce innovative funding opportunities to drive and deliver responses to homelessness by developing a Social Impact Investment model to prevent and reduce homelessness and working with philanthropic partners to develop investment projects that address homelessness.

11.2.3 Preventing homelessness

Prevention is key to any sustained end to homelessness. Understanding the structural and individual risk factors for homelessness, and how these risk factors disproportionately affect certain cohorts, the Action

Plan 2020-2025 specifies priority actions and a substantial number of initiatives in each action area:

- Develop tailored responses for vulnerable cohorts at risk of homelessness. Initiatives include low-barrier accommodation for young people, including culturally and linguistically diverse and LGBTQIA+ young people; expand support programs for young people exiting out-of-home care; planning and coordination of strategies and services for students identified as being at risk of homelessness; and flexible and tailored responses to people at risk of first-time homelessness due to COVID-19 social and economic impacts. Additional initiatives include review and update of Department of Communities policies and practices around social housing to remove barriers to housing; increased accommodation options for people experiencing or at risk of homelessness who have mental health, alcohol and other drug issues; ensuring safe, welcoming and culturally responsive services for vulnerable cohorts; establishing two additional women's refuges and establishing "One Stop Hubs" in Mirrabooka and Kalgoorlie for people experiencing family and domestic violence.

- Ensure people exiting government services are better connected to housing and appropriate support services through actions such as pre-release planning for adults and young people leaving prison or detention; ensuring the provision of wraparound services for people remanded in custody due to having no stable housing; and reviewing procurement and service models for young people in regional and remote areas who interact with the justice system.

- Develop social reinvestment initiatives that recognise the value of diverting someone from a life of homelessness.

- Strengthen community education about homelessness and available supports to enable early intervention for those at risk and to positively influence community attitudes and behaviours. Actions include disseminating information to teachers, school staff and students about homelessness to educate them on the issues and inform them about services available; establishing education programs for individuals and families at risk of homelessness about issues such as tenancy rights, financial literacy and life skills; raise community awareness about homelessness; and aligning the priorities and strategic intents of the Western Australia Police Force with the causal factors of homelessness.

11.2.4 Strengthening and coordinating our responses and impact

The service system, comprising services funded and delivered by government and community service sector organisations, plays a critical role in responding to homelessness and its drivers. Accordingly, in addressing homelessness, it is crucial that service responses are continuously improving and adapting in line with local, national, and international evidence and best practice. The fourth outcome area in the Action Plan 2020-2025 identifies actions for strengthening and coordinating responses to homelessness.

- Enable connected, coordinated and collaborative responses to homelessness that put people at the centre. This will be achieved through service providers developing a By-Name List of people who are rough sleeping in locations in which the Housing First Homelessness Initiative is implemented, and developing a culture in Western Australia Police of understanding homelessness and diverting people from the justice system to the service system.

- Strengthen the integration of responses to prevent and end homelessness for key systems, including health, mental health, corrective services, education, housing and child protection. Actions include expanding Alcohol and Other Drug Education and Support workers in youth accommodation and support services; examining evaluation findings of integrated service pilot programs in school settings as potential vehicles for homelessness prevention; and ensuring that trauma-informed and cultural competency training is available across Mental Health Commission services to strengthen support for Aboriginal people and people from CALD backgrounds.

- Develop innovative tools and systems to support and enable a No Wrong Door approach to the service system.

- Improve collection, sharing and use of data, information and intelligence by developing an online information platform to increase visibility of services and resources available across the sector and facilitate secure data sharing with consent, and developing an outcomes measurement framework for the Strategy.

- Strengthen commissioning and contracting to make sure responses align with the Strategy and drive positive outcomes. This will be achieved by co-designing service-level outcomes in partnership with the community to ensure they measure what is important to all stakeholders; building flexibility into funding contracts; and auditing existing contracts for compliance with the Delivering Community Services in Partnership Policy.

11.3 Western Australian Government initiatives under the Strategy

The Western Australian Government has recently introduced a number of significant initiatives supported by the WAAEH focused on the Housing First priorities of the Strategy. In line with the collaborative approach to developing and implementing the Strategy, these initiatives are designed and delivered in partnership with community sector service providers and other stakeholders. This section briefly details selected State Government initiatives to address homelessness in Western Australia. In December 2020, the McGowan Government announced an additional $71.8 million funding boost for homelessness services beyond base funding to support the implementation of the State's first 10-year strategy on homelessness. This includes $34.5 million for the Housing First Homelessness Initiative.

Alongside these initiatives, the Western Australian Government has initiated a Housing Investment Package that will build more than 500 new public and community housing dwellings that will be allocated to those on the Social Housing waitlist with highest need and vulnerability. In addition to new dwellings, the State Government is refurbishing 1,500 existing public and community housing dwellings and implementing a rolling maintenance program for almost 4,000 regional dwellings. These supply side initiatives are critical in providing housing options for those experiencing homelessness and achieving the goal of ending homelessness in Western Australia.

11.3.1 Common Ground

The Western Australian Government in December 2019 announced capital funding for two Common Ground facilities in Western Australia. The first facility will be in East Perth and the second in the City of Mandurah.

Common Ground is a housing first approach in which adults experiencing homelessness are provided with housing that also serves as a hub for wraparound support to address the root causes of homelessness and the impacts borne by individuals who have experienced it. The wraparound support is tailored to individuals' needs and spans all domains of wellbeing and as such may include health, dental, mental health, trauma, alcohol and other drug, employment and training, social support, legal and justice, and child protection support.

The Common Ground approach involves supportive housing, which can be distinguished from supported housing as it provides a higher degree of permanence in the housing and a higher degree of empowerment, choice, and flexibility in the supports offered (Parsell & Moutou, 2014).

The design of the facilities will be environmentally sustainable, disability accessible, and culturally safe (Western Australia Government, 2021).

11.3.2 No Wrong Door

Though more of a framework for service provision than a discrete project, a significant initiative instigated by the Strategy has been the co-design of a No Wrong Door system in homelessness. A No Wrong Door system ensures that, while not every service can service everyone, everyone must be able to be supported by a service (i.e., there is no wrong door when seeking help). A six-month co-design process led by the Centre for

Social Impact at the University of Western Australia (CSI UWA) resulted in a comprehensive Blueprint that outlines the principles, behaviours, platforms and motivators and enablers required to develop a No Wrong Door system in Western Australia. A fundamental enabler of a No Wrong Door system in Western Australia is adequate supply of housing options.

In terms of principles, the Blueprint outlines that the No Wrong Door experience should be characterised by rapid access to housing and support, low barriers to entry, telling one's story once, a seamless journey, choice and control, and a feeling of hospitality, acceptance and safety. This experience requires behaviours applied uniformly across the homelessness system, including the provision of the right housing and support options, collective accountability for people who would usually fall through the gaps, information sharing with consent, trust and transparency between accommodation services and other system players, and support for people as they navigate the complexity of the system. In addition, the information provided to people and service providers is live, transparent and accurate; players in the system clearly define and describe their roles; services seek regular user feedback; services are trauma-informed; and service are safe for all cohorts, including LGBTQIA+, CALD, and Aboriginal people.

Platforms for a No Wrong Door system in homelessness include a coordinating body, a digital platform that provides service information and availability, a network of 'navigator' services to guide people through the system, a common assessment framework, a secure platform for information sharing with consent, and no-fail problem solving meetings. Core motivators and enablers include an amplified voice of lived experience, the leveraging of intrinsic sector values, transparent performance data, collective ownership and No Wrong Door coaching and support.

11.3.3 Online Homelessness Services Portal

To facilitate the No Wrong Door approach outlined in the Strategy and refined in the Blueprint, the State Government is developing an Online Homelessness Services Portal (the Portal). The portal will collate information about various services and supports available for people experiencing homelessness, and will also allow people to securely manage and share their personal information that can be used in line with agreed assessment and referral protocols.

The co-design process for the No Wrong Door Blueprint included conceptualisation of the features that would be required in an online portal to facilitate the approach. A further co-design workshop was conducted by Department of Communities was conducted in November 2020 to define the IT requirements of the Portal. Community service sector organisations provided comment on the draft IT requirements, which were in turn refined, and a procurement process is underway for the IT platform development.

The Department of Communities is currently considering the establishment of a Reference Group comprising service providers and people with lived experience to provide feedback on the Portal as its being developed.

11.3.4 Boorloo Bidee Mia

In July 2021, the State Government announced funding for a 100-bed homelessness facility to provide transitional accommodation and tailored supports for people experiencing homelessness in the metropolitan area.

Wungening Aboriginal Corporation and Noongar Mia Mia have been awarded a 3-year contract to deliver culturally informed responses, tenancy management and lodging support at the service, called Boorloo Bidee Mia (Perth Pathway to Housing in the Whadjuk dialect of the Noongar language).

The facility, operating from August 2021, will be located at 300 Wellington Street in Perth, a site selected by Department of Communities in consultation with Wungening and Noongar Mia Mia based on its size, layout, location and the flexibility the location provides for the service providers to create spaces that promote safety, wellbeing and healing.

11.3.5 Housing First Homelessness Initiative

The Housing First Homelessness Initiative (HFHI) will provide accommodation and wraparound support to people sleeping rough in the Perth Metropolitan Area, Rockingham/Mandurah, Bunbury, and Geraldton. The Housing First Homelessness Initiative integrates the five core principles of Housing First: immediate access to permanent housing, consumer choice and self-determination, recovery orientation, individualised and client-driven supports, and social and community integration.

The HFHI comprises four components. The Housing First System Coordinator operates across all locations and is responsible for the development and implementation of information sharing and service delivery protocols. The Housing First Support Services link people who are sleeping rough with services that help them find and maintain suitable accommodation. The Finding Home Program will provide suitable and flexible accommodation options for people sleeping rough. Finally, an evaluation will measure whether the HFHI was implemented as planned and whether it achieved the outcomes it sought to achieve.

11.4 The 10-Year Strategy to reduce Family and Domestic Violence

Family and domestic violence and homelessness are intertwined. Many children and young people first experience homelessness, either on their own or with a caregiver, as a result of violence in the family home (Flatau et al., 2015). Although family and domestic violence can be perpetrated against anyone, women are disproportionately affected.

For many people who experience family and domestic violence, perpetrator control over finances and housing is an element of the abuse, meaning that, when Safe at Home programs are not available or are not effective for one reason or other, to escape violence they have to enter or risk entering homelessness. Further, even if financial abuse is not present, economic barriers and discrimination often prevent women from being able to secure independent housing (Baker et al., 2010). In addition, women who are experiencing or have a history of homelessness may risk their safety by staying in their relationship over risking their (and their children's) safety by leaving housing.

Recognising the devastating impacts of domestic violence and the fact that current efforts are not reducing prevalence in Western Australia, the State Government released Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020-2030 (the FDV Strategy). In a similar vein to the 10-Year Strategy on homelessness, it pursues a whole-of-government and whole-of-community approach, underpinned by strong person-centred principles. In addition, it recognises the disproportionate way in which family and domestic violence impacts Aboriginal people and thus focuses strongly on working with Aboriginal people to enhance safety and wellbeing.

The FDV Strategy intersects with homelessness and the homelessness Strategy in a number of important ways. In addition to the new women's refuges, the strong focus of the initiatives under the homelessness strategy on housing first and individualised wraparound support is echoed in the FDV strategy, and should help to ensure that people experiencing family and domestic violence are supported across the domains of their life and wellbeing, starting with housing. The focus of the FDV Strategy on prevention and the change of community attitudes to better support people experiencing family and domestic violence should serve to reduce FDV-related inflows into homelessness. In addition, the first Action Plan of the FDV Strategy includes whole-of-government competence building to better recognise FDV and support people experiencing it as they interact with services across government. This should facilitate early identification and support prior to the person experiencing (or re-experiencing) homelessness.

11.5 Mental Health, Alcohol and Other Drug Accommodation Support Strategy

Mental health and alcohol and other drug (AOD) issues are strongly correlated with homelessness. People experiencing mental health and/or alcohol and other drug issues are at higher risk of experiencing homelessness due to a range of factors, including but not limited to economic barriers which make it difficult

to sustain a tenancy and also create and compound mental health and AOD issues (Greenberg & Rosenheck, 2010). People experiencing homelessness are then exposed to conditions and events that can lead to or exacerbate existing mental health and/or substance use issues (Tsai et al., 2017).

Recognising the relationship between homelessness and mental health, and the resultant strains on the health, mental health and AOD service systems caused by a lack of appropriate accommodation options for people engaged with the service systems, the Western Australia Mental Health Commission has released A Safe Place: A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020–2025 (A Safe Place).

A Safe Place details a multi-pronged approach to supporting people with mental health and AOD issues to have the housing and support they need to maintain their housing and live independently and well. A Safe Place echoes the homelessness strategy in its support of Housing First principles, focus on tailored support, and leveraging of system-wide partnerships. By facilitating early, community-based support and connecting people with appropriate accommodation options, A Safe Place should help to stop the revolving door between mental health treatment and homelessness, as well as prevent people who experience mental health and AOD issues from entering homelessness.

11.6 Our Priorities: Sharing Prosperity

In 2019, the Western Australia Government released Our Priorities: Sharing Prosperity, an ambitious, high-level set of priorities for building a better Western Australia. The program of work associated with Our Priorities has since been deferred because of COVID-19, however, it is an important reflection of the State Government's priorities. While inherently a more macro-level view of WA, Our Priorities overlaps with the homeless Strategy in that it prioritises wellbeing, including a strong focus on Aboriginal wellbeing; prevention and addressing of societal issues that serve as drivers into homelessness such as justice system interaction and alcohol and other drug issues; strong economic outcomes including jobs (a structural factor that can lead to homelessness); and prevention through enabling children to have positive outcomes in their early years, which have been shown to improve outcomes long-term.

12. SERVICE LEVEL RESPONSES TO ENDING HOMELESSNESS IN WESTERN AUSTRALIA

A significant number of service initiatives are in place to address homelessness in Western Australia. This section focuses on recent initiatives, particularly those that reflect the goals and principles of the WAAEH Strategy and the State Government Homelessness Strategy, such as strong collaboration, a focus on Housing First with wraparound support, and prevention.

The initiatives featured here do not in any way represent a comprehensive list of all of the initiatives in place in Western Australia, nor do we propose that they are the 'best' initiatives out there. Rather, the intent of this section is to provide insights into some of the different ways in which the homelessness service system is working to end homelessness in Western Australia and provides an important guide to future action. Information about these initiatives was sourced from WAAEH meetings and notes, as well as media releases and other publicly available information. The initiatives are categorised into preventative, Housing First, health, other cycle-breaking initiatives, and COVID-19. Finally, we report on initiatives of the WAAEH as a coordinator and thought leader on homelessness in Western Australia.

12.1 Preventative initiatives

In this context, preventative initiatives are those which seek to address common drivers of homelessness in order to prevent it occurring or re-occurring. Acknowledging that experiences of homelessness early in one's life are associated with higher numbers and longer durations of homelessness spells (Flatau et al., 2013), many preventative initiatives are targeted towards young people.

12.1.1 Home Stretch

Home Stretch is a nationwide campaign that seeks to support young people who are leaving care, by allowing them to stay in care past the age of 18 (up to 21) and supporting them to transition successfully into adult life. Young people in care and leaving care make up a disproportionate number of young people experiencing homelessness, particularly those in youth refuges. Hence, addressing the issue of transition from out-of-home care is an important step in a broader agenda of ending homelessness.

The Western Australia Home Stretch Trial commenced in early 2019 to design, test and trial a model for an offer of extension of care for young people aged 18-21 in Western Australia. Home Stretch aims to see an extension of care established to young people to the age of 21, in order to see improved social outcomes for young people exiting the statutory care system.

Funded via Lotterywest, Home Stretch is a collaborative project between the Department of Communities, Anglicare WA, young people with a Care experience and members of the wider community services sector, the Western Australia Home Stretch Trial has developed a model to scale up Home Stretch in Western Australia. Critically, this project has partnered with Yorangop to develop the model for and with Aboriginal young people and community – Nitja Nop Yorga Ngulla Mia. The Home Stretch Trial has amplified the voices of young people with a Care experience through an active Youth Advisory Group.

The level and timeframe of support advocated by Home Stretch mirrors what happens in most Australian families and will help young people achieve the start they want in life. The cessation of support at age 18, often coupled with childhood trauma and its impacts, greatly increases the chances of young people having issues with alcohol and other drugs, unemployment, early parenthood, the justice system, and homelessness. As a disproportionate number of Aboriginal children are in care, these impacts are disproportionately felt by Aboriginal young people.

The Western Australia Home Stretch model includes:

- Transition Support – Flexible, one-to-one support focused on coaching towards interdependence
- Support Circles – Supporting a young person to establish an enduring network of personal, family and community connections
- Safety Net – The right to a visible and viable, secure safety net that ensures access to housing, foster care, health education and life skills.

An outcome of the National Home Stretch Campaign, the Western Australia Government's commitment to the Trial is the first of its kind in Australia. The trial has developed an approach to extended support to care leavers until they turned 21 to ensure development of a model that would suit the needs of young people exiting the Western Australia child protection system. In its final phases, the Home stretch Trial is soon to be scaled up, as part of the 2021 Western Australia Government's Election commitment to roll out the Home Stretch Western Australia model across the State. Research shows that the Home Stretch reform will halve youth homelessness among care leavers, double their odds of getting a job or going on to higher education and cut the odds of them ending up in the justice system. Early findings from the Western Australia trial already show that 83% of young people who would otherwise have left care at age 18, reported that their current housing was safe and stable (Lund & Kazim, 2021).

12.1.2 12 Buckets

12 Buckets is a grassroots community organisation that works with school-aged children who have been identified by their school in need of extra support and could benefit from mentoring. The mentoring is one-to-one for an hour per week during school terms, and the role of the mentor is to identify the strengths of the young person they're working with and support them to grow.

Mentors and 12 Buckets staff are trained extensively in line with the requirements of working with children as well as innovative ways to engage and develop both mentors and training. At a recent WAAEH pulse meeting, it was noted that Rotary was working with 12 Buckets to identify children at risk of homelessness and support them to stay engaged in school.

12.1.3 Wungening Moort

Wungening Moort is a service led by Wungening Aboriginal Corporation with partners Coolabaroo Community Services, Ebenezer Aboriginal Corporation and Moorditj Koort. The overarching aim of the service is to help keep children and young people at home with their families and connected with country, community and culture.

Wungening Moort supports parents referred by the Department of Communities – Child Protection and Family Support across areas of parenting and relationships, budgeting, cooking and nutrition, family appointments, developing support networks, advocacy, making decisions for child safety, and family counselling. Keeping children out of care reduces inflow through one common entry into homelessness for young people.

12.1.4 Target 120

Target 120 (T120) is a Western Australia Government initiative that aims to reduce criminal offending behaviours in Western Australians aged between 10 and 14 who are at risk of prolific engagement with the justice system.

The program brings together cross-departmental government teams to work with young people and their families who voluntarily engage in the 12-month program. Young people and their families who participate in T120 are supported by a Community Youth Officer to develop an Individual Support Plan which identifies risk factors associated the young person's offending. A family-level Integrated Service Plan is also developed which identifies ways in which government and non-government agencies can support families' needs.

T120 was introduced in Bunbury and Armadale in 2018, and subsequently expanded to Kununurra, Kalgoorlie, Mirrabooka and Albany. In November 2020 it expanded further to Geraldton, Rockingham and Midland and, in June 2021, the first Aboriginal Community Controlled Organisation was contracted to manage the program in Kununurra. Interim results indicate that contacts with police have reduced substantially among young people engaged with T120.

12.2 Housing First initiatives

A significant shift in the homelessness space in the last decade has been the acceptance that housing is a critical first step to providing people with support to end their homelessness. Previous service models focused on supporting people to be ready for housing before providing them with accommodation, the rationale being that people would be more likely to sustain their eventual tenancies if they were ready. However, the complexity and variety of needs facing people experiencing homelessness require a stable home as a foundation from which to address those needs (a central principle in the Housing First approach).

Accordingly, Housing First initiatives are rapidly emerging in the Western Australia homelessness system. This section describes some of these initiatives.

12.2.1 50 Lives 50 Homes and 20 Lives 20 Homes

The 50 Lives 50 Homes (50 Lives) program was the first Housing First Initiative in Western Australia commencing in 2015, with a sister project 20 Lives 20 Homes (20 Lives) commencing in Fremantle in late 2019. The 50 Lives program was a collaborative effort involving over 30 organisations in Perth led by Ruah Community Services and funded by the Sisters of St John of God and the Western Australia Primary Health Alliance. The 50 Lives program facilitated rapid access to housing and provided wraparound after

hours support to chronic rough sleepers in Western Australia. Key elements of the 50 Lives service model are supporting the most vulnerable (measured on the VI-SPDAT), intensive supports tailored to people's needs that are available after hours and have no time limit (i.e. support doesn't "end" after one year), strong partnerships and collaborations with service providers, and meaningful social and community connections for people who are being supported.

Despite the name 50 Lives, a total of 427 people were supported during the lifespan of the project, with at least 199 people housed by June 2020 (Vallesi & Wood, 2021a). The overall three-years retention rate for housing was over 70%, and significant reductions in hospital admissions, a 45% reduction in re-offending and an 80% reduction in drug offences were recorded by those supported by the program (Vallesi et al., 2020a). However, the program evaluation found that it was taking nearly twice as long to house Aboriginal people off the Priority Housing list as it was non-Aboriginal people (Vallesi & Wood, 2021a).

In October 2020, 50 Lives transitioned into the broader Zero Project, described next.

Building off the success of 50 Lives; Ruah, in partnership with St Patrick's Community Support Centre, Foundation Housing and the Department of Communities launched 20 Lives in Fremantle. The program has demonstrated early success, with 95% of people supported being housed by August 2020 (the only exception where one individual went to prison) (Irwin et al., 2020) and its funding has been extended to June 2022.

12.2.2 Zero Project

The Zero Project, for which Ruah provides backbone support and coordination, builds on the 50 Lives approach and integrates the Advance to Zero methodology. The Advance to Zero methodology seeks to achieve 'functional zero' homelessness, such that inflows and outflows are managed so that inflows do not exceed average housing placements and nobody is actively homeless for extended periods of time. A critical aspect of the Zero Project is shifting away from individual service outcomes, to measuring and capturing community-wide outcomes. This is achieved through the use of a By-Name List that tracks inflows – newly identified people experiencing homelessness, people re-entering homelessness from housing, and people returning from 'inactive' (i.e. those who lose contact with the service system), and outflows – people placed into housing or people who become inactive, at the local level. The idea is that we know everyone experiencing chronic or rough sleeping homelessness 'by name' in our community.

Data on individual vulnerability and the homelessness landscape at the local level is then used to inform responses for individuals (housing and support in line with the 50 Lives approach), local areas (partnerships), and the sector (advocacy).

The Zero Project is funded via the State Government's Housing First Homelessness Initiative and by Lotterywest. The collaborations between service providers, government, and community stakeholders are extensive and constantly growing, as is the geographic reach of the project.

12.2.3 Moorditj Mia

Announced in February 2021, Moorditj Mia is WA's first Aboriginal Housing First Support Service under the State Government's Housing First Homelessness Initiative. Moorditj Mia (Strong Home) will run by a consortium led by Aboriginal Community Controlled Organisation Noongar Mia Mia, alongside with Ngalla Maya Aboriginal Corporation and Wungening Aboriginal Corporation.

Moorditj Mia will provide culturally appropriate accommodation, employment, health, mental health, financial and social supports across the Perth metro area.

12.2.4 My Home – St Patrick's Partnership, North Fremantle

My Home Australasia was started by architect Michelle Blakely. It uses as public private partnership model, and a pre-fabricated construction approach which lowers costs and increases turnaround times. The homes

were co-designed with people with lived experience, and is a sustainable energy-efficient model designed on passivhaus principles. My Home's first site in North Fremantle has just recently (2021) been secured from the Public Transport Authority via the Department of Communities. A partnership had been formed with St Patrick's who will be the registered community housing provider operating the housing. The development will include 18 homes with a target group of older women exiting homelessness, with support intended to be delivered through the new Housing First support services.

12.3 Homeless health initiatives

Recognising the strong links between homelessness and health, and the limited healthcare options available to people experiencing homelessness, a number of health-related initiatives have been established in Western Australia. This section, while not a comprehensive list, describes some Western Australia initiatives targeted at the intersection between health and homelessness.

12.3.1 The Royal Perth Hospital Homeless Team

Established mid-2016, the Royal Perth Hospital (RPH) Homeless Team is based on the UK Pathway model, in which specialist general practitioners (GPs) work in tertiary hospital settings to link people experiencing homelessness with community services (Hewett, 2010). The RPH Homeless Team is a partnership between RPH and the Homeless Healthcare GP practice. It provides in-hospital support, discharge planning, and improved access to stable housing, community-based social support and long-term GP care (Gazey et al., 2019a).

The RPH Homeless Team is the first initiative of its kind in Australia, and indeed the Southern Hemisphere. Since its inception, it has supported over 1,700 people experiencing homelessness and has been recognised as a model of best practice in two Productivity Commission reports (Productivity Commission 2020;2021) and the Sustainable Health Review (2019).

12.3.2 Mental Health Homeless Pathways

In May 2019, the Mental Healthy Homeless Pathways (MHHP) was established to improve service delivery by the mental health services of the Royal Perth Bentley Group (RPBG) for patients experiencing homelessness (Vallesi et al., 2020b). The MHHP is active in providing discharge planning advice, and connecting people to housing and community support. Community follow up and supporting people to get housed are key features of the program, as once people are stably housed, other health and psychosocial issues can start to be addressed.

Currently, the MHHP is staffed by only one senior social worker who works across RPBG services. To date, over 400 people have been identified across RPBG services as experiencing homelessness, and over 100 have been connected with housing (Vallesi & Wood, 2021b). For the 23 individuals who had been housed for at least one year, there was a 99% reduction in days admitted, resulting in a reduction in hospital costs from an average of $4.8 million in the year before housing to $103,000 in the year after housing (Vallesi & Wood, 2021b).

12.3.3 After Hours Support Service

One of the most critical success factors of the 50 Lives and 20 Lives Housing First programs (described in section 12.2.1), was providing wraparound support to source and maintain housing, address chronic health, mental health and alcohol and other issues. This support was provided via the After Hours Support Service (AHSS) program, which provided after-hours support for recently housed individuals.

The AHSS is a collaboration between Ruah and Homeless Healthcare that provides psychosocial and nursing support in the evenings and on weekends across the Perth metropolitan area (Vallesi et al., 2020a). While the 50 Lives program has now transitioned into the broader Advance to Zero project, the AHSS program still supports people who score >10 on the VI-SPDAT who have been housed. AHSS can either be booked directly by the person needing support on the night, or can be scheduled as weekly visits and one off check-ups by case workers. The majority (64%) of support provided by AHSS was provided by home visits, with the remaining (36%) provided by phone contacts (Vallesi et al., 2020a).

12.3.4 StayWitch's

StayWitch's is Homeless Healthcare's newly established post-hospital discharge facility that opened in early 2021. People experiencing homelessness who present to hospital with poor health are now able to be discharged to StayWitch's, rather than back into homelessness for lack of suitable accommodation options, as was often occurring previously (Gazey et al., 2019; Turvey et al.,, 2021a).

StayWitch's was formerly a backpackers' hostel in North Perth (the Witch's Hat), and the lease and set up of the facility is currently fully funded by two philanthropic donations, with a commitment to fund these components until at least the end of 2022 while ongoing funding is secured.

StayWitch's is the first post-hospital discharge facility of its kind in WA, but evidence for medical respite centres for people who are homeless in Victoria (Gazey et al., 2019b), Sydney (Conroy et al., 2016), and overseas have shown that the time spent in such a respite environment can be a critical turning point in people's journeys through homelessness.

12.3.5 Homeless Discharge Facilitation Fund Project

People experiencing homelessness are more susceptible to influenza and respiratory conditions due to other health conditions and the vulnerability of living on the street. Through the Homeless Discharge Facilitation Fund Project, established by the Department of Health in 2018, the RPH Homeless Team can facilitate access to short-term accommodation stays post-hospital discharge in order to reduce demand on Emergency Departments (ED) in the winter months, and to improve safe discharge planning for patients who are experiencing homelessness.

The program was expanded in 2020 to include five additional metropolitan hospitals (Sir Charles Gairdner Hospital, King Edward Memorial Hospital, Fiona Stanley Hospital, Rockingham General Hospital) and one hospital from the Western Australia Country Health Services (Bunbury Regional Hospital) (Turvey et al., 2021b).

12.3.6 Homeless Outreach Dual Diagnosis Service

In response to the gaps observed in dual diagnosis support in Western Australia, in February 2019, the Homeless Healthcare GP practice commenced a pilot outreach service that works with people experiencing homelessness in Perth who have a dual diagnosis of mental health and alcohol and other drug (AOD) issues.

The pilot was funded by a Department of Health Research Translation Projects Grant. The Homeless Outreach Dual Diagnosis Service (HODDS) team comprises of a Mental Health and AOD trained Doctor and nurse, who work alongside the Homeless Healthcare GP practice in established clinics to manage mental health and alcohol and other drug issues in the community (Wood et al., 2020). In total over 200 people were supported by the pilot program.

12.3.7 Choices Post Discharge Program

The Choices Post Discharge program was developed in response to substantial Australian and international evidence documenting the over-representation in emergency department (ED) presentations of individuals with multiple health and social needs. These presentations are often related to underlying social issues, or the escalation of physical and mental health conditions that would have been more appropriately addressed by primary care providers.

The aim of the program was to reduce recurring presentations to the ED and frequent attendance at justice services among vulnerable and disadvantaged individuals, including people experiencing homelessness, through provision of peer support and case management. Established at RPH ED and Rockingham General

Hospital, Choices has demonstrated that recurrent hospital use can be reduced through peer support, clinical care coordination, person centred case management and connecting clients to existing community-based services (Wood et al., 2019).

12.3.8 PILLAR

PILLAR is a psychosocial support program that is being run by the Perth Inner City Youth Service (PICYS). The program supports individuals who are 15-20 years old with a diagnosed mental health condition, that have a number of added risk factors that impinge on them achieving their treatment goals. All young people supported are either currently homeless or at risk of homelessness. PILLAR provides outreach services so they are able to meet people where they feel most comfortable.

12.3.9 Housing Support Worker: Drug and Alcohol Initiative (South West Region)

Centrecare's Housing Support Worker: Drug and Alcohol Initiative supports people in the South West Region who are experiencing or have a history of drug and/or substance abuse to achieve and sustain long term accommodation. The service provides outreach support to clients who are engaging with specialised drug and alcohol treatment services and has a strong focus on building the capacity of clients to resolve their tenancy issues by providing information, practical and emotional supports, advocacy and referral to mainstream services.

12.4 Innovative assessment and referral programs

12.4.1 Entrypoint Perth

Entrypoint Perth is an assessment and referral service assisting people who are experiencing or at risk of homelessness in Western Australia to access accommodation and support options. For families and individuals based in Perth, Entrypoint can assess individual circumstances, provide information on accommodation and support options to increase opportunities to secure accommodation, and provide formal referral to specialist homelessness services and other accommodation or support options. For families and individuals based in regional Western Australia, Entrypoint can provide information on accommodation and support options to assist people to seek their own accommodation. Entrypoint also assesses the individual circumstances of people experiencing family domestic violence and, if eligible, provide formal referrals to crisis accommodation and support options. Entrypoint supports a high volume of clients in a fast-paced environment.

In July 2021, Centrecare was successful in securing a Lotterywest grant for an 18-month pilot project to provide brief intervention support to targeted clients of Entrypoint Perth who are likely to benefit from a brief period of case management. This service is designed to enhance the work of Entrypoint Perth by engaging two outreach workers to support clients to develop an individualised accommodation plan aimed at identifying goals and actions to support the client to sustain or access housing, and intensively supporting them to action these goals over a brief period of two to six weeks. The service aims to divert people from the homeless service system and/or reduce the length of time people remain homeless.

The pilot service will target:

- The newly emerging cohort of people renting privately who have not previously experienced or been at risk of homelessness;
- Families with dependent children in their care and women experiencing domestic violence; and
- Families requiring short-term assistance to achieve a number of tasks to avoid entering the homelessness service system.

12.4.2 Library Connect Fremantle

The intent of this project, modelled on similar services in North America, is to better engage with people experiencing homelessness and disadvantage who are not being effectively reached through traditional avenues such as assertive outreach, day centres, and other service outlets. Using a community connector model, it embeds access to support in places where people in need are present and feel safe, and makes that support available flexibly and out of traditional hours – through a public library. Library Connect Fremantle is the first service of its kind WA, and the second in Australia. The program has been incredibly successful in reaching certain cohorts particularly women (65%) and older people, and with strong responses also from First Nations (19%) and CALD communities (37%).

It has strong potential as an early intervention model diverting people from homelessness, with outcomes achieved including securing housing for families at risk. The service has been funded by St Patrick's with philanthropic backing, and delivered in partnership with the City of Fremantle.

12.5 Families and children

12.5.1 Centrecare Family Accommodation Service (CFAS)

The Centrecare Family Accommodation Service (CFAS) supports families with children in their care who are experiencing or at risk of homelessness to secure and/or sustain a tenancy through in-home case management support. CFAS has access to 25 transitional accommodation properties to house families for up to 12 months, while engaging with a Housing Support Worker and working towards accessing longer-term accommodation. CFAS also supports up to six Aboriginal families referred by the Department of Communities to sustain a new tenancy or address emerging risks to a current tenancy. Further to these core areas, CFAS supports additional families in an outreach capacity, where they are experiencing or at risk of homelessness within the community. CFAS gives families an opportunity to address issues that may have contributed towards their homelessness, reconnect with community and ultimately exit into long term accommodation. The service aims to build confidence, resilience and life skills by providing holistic support to families to overcome the trauma resulting from their homelessness experiences.

The service provides:

- Assistance to sustain a tenancy;
- Support to implement household routines;
- Support to develop better relationships between tenant and landlord;
- Crisis intervention;
- General counselling and referral to specialised counselling and services where required;
- Direct supports to accompanying children and referrals to child-specific services;
- Parenting support and skills development;
- Assistance to connect to community, including recreation, income entitlement, medical care, cultural support, and treatment services;
- Advocacy and assistance to access long term accommodation;
- Assistance to access education, employment and training opportunities;
- Referral to ongoing supports upon exit, as required.

12.5.2 Sky

Centrecare's Sky service provides in-home support to children and families who have recently experienced or are at risk of experiencing homelessness. Children aged four to 14 years and their families receive therapeutic and recreational supports to assist them to overcome the trauma and disruption resulting from their homelessness experience, with an aim to increase resilience and improve emotional and physical wellbeing. The service targets families residing in the South East and South West corridors of Perth who are engaging with a housing or tenancy support service. The service is flexible and responsive to the needs of children, with a focus upon counselling, emotional regulation and protective behaviours, as well as promoting school engagement and community connectedness. Support can be provided for up to six months.

12 6 Supporting families to maintain rental accommodation

12.6.1 Private Rental Advocacy and Support Service (PRASS)

Private Rental Advocacy and Support Services (PRASS) supports families, individuals and couples residing in the North East corridor of Perth who are experiencing or at risk of homelessness. The service supports people in private rental to sustain their tenancy through in-home supports that assist them to address issues that may be impacting their ability to meet their tenancy agreement and responsibilities. PRASS also supports people who are experiencing homelessness to access private rental accommodation. Support can be provided for up to six months to stabilise a tenancy.

12.6.2 The Western Australia Government's Residential Rent Relief Grant Scheme

The Western Australia Government's Residential Rent Relief Grant Scheme was first established in 2020 to provide subsidies to those in rental stress during the COVID-19 pandemic and to ensure tenancies were extended. In March 2021, Anglicare Western Australia partnered with Consumer Protection (Department of Mines & Industry Regulation) to support people with complex needs and high levels of rental stress who were applying to the Residential Rent Relief Grant Scheme. Consumer Protection staff assessing applications found that many applicants were experiencing a range of complex social issues in addition to rent arrears, including financial hardship, mental health issues, sudden unemployment and family conflict, and required additional support. Many were also facing homelessness, often for the first time and needed additional support and advocacy to secure stable housing.

Anglicare WA, committed to innovative approaches to meeting community needs and to adapting their services to meet COVID-19 related need, self-funded a small team of Housing Stability staff to respond. This team embedded with the Consumer Protection team and linked to the Emergency Relief and Food Access Service and financial counselling services. Those who agreed to being connected to the Anglicare Western Australia team were provided intensive support, links to housing support services, emergency relief, financial counselling and links to other services in order to prevent homelessness. The Housing Stability project has also been able to assist people to link to financial counselling/planning support to improve the outcomes of their reconciliation processes with landlords, aiming to increase rates of tenancies being maintained.

Between March and mid July 2021, 118 people have been supported by the Housing Stability Project.

12.7 Other cycle-breaking initiatives

Initiatives that aim to break the cycle of homelessness for people with experience of family and domestic violence and people with experience of incarceration, respectively, are wrap-around programs of Zonta House, Ground and Co and the Ebenezer VTEC program. Once again, these do not represent the only initiatives in place to break the cycle of homelessness but do serve as excellent examples.

12.7.1 Zonta House Refuge Association

Zonta House Refuge Association is a specialist service provider that has provided safe, essential relief and support to over 500 women and their children since 2015 who have experienced or are at risk of experiencing FDV. Zonta House provides holistic wraparound support through supported refuge and transitional accommodation for women and their children, and the provision of other programs that prioritises a woman's wellbeing and security. Zonta House also provides an accommodation service to women exiting prison who may otherwise be unable to exit prison due to lack of safe, suitable, stable and affordable accommodation.

An impact analysis by CSI UWA showed that engagement in the additional wrapround support to accommodation, which included coordinated services relating to AOD and mental health, employment and training, and access to other specialist support and services, resulted in improved wellbeing, increased independence, better family relationships, and breaking the cycle of FDV (Lester et al., 2021).

12.7.2 Ground and Co

Ground and Co is an initiative of social enterprise The Underground Collaborative. Ground and Co is a café that provides employment and training for people at risk of homelessness, in particular women and young people who have experienced family and domestic violence. In addition, all profits are re-invested into employment and training opportunities for women and young people experiencing or at risk of experiencing homelessness.

Ground and Co and The Underground Collaborative are examples of how the social enterprise sector can be developed and can support an end to homelessness.

12.7.3 Ebenezer Vocational Training and Employment Centre (VTEC)

Ebenezer Aboriginal Corporation's Vocational Training and Employment Centre (VTEC), in addition to its general support of Indigenous men and women in the community, has a program stream funded by Minderoo Foundation dedicated to supporting Indigenous men in Acacia prison to become employment ready and attain positive, supportive employment. The support and steady income provided by positive employment is critical to preventing people from entering a revolving door between prison and homelessness.

12.8 COVID-19 initiatives

Driven by concerns about the health vulnerability of people experiencing homelessness and the disproportionate impact of the ongoing economic disruption on people experiencing homelessness, the COVID-19 period brought about a number of homelessness initiatives, and arguably accelerated many planned actions under the Western Australia Government 10-Year Strategy on homelessness. During the COVID-19 period, the Western Australia Department of Communities, in line with Western Australia Department of Finance guidelines, reduced all non-essential reporting requirements for the homelessness services it funded so that service providers could focus on responding to the crisis (AIHW, 2020). In addition to the reduction in bureaucracy, a number of initiatives were sparked during the COVID-19 crisis.

12.8.1 Temporary accommodation

Western Australia introduced the 'Hotels with Heart' program – a two-week trial in which 30 rough sleepers were placed in the Pan Pacific hotel, 19 of whom completed the trial, with 13 subsequently moved to longer-term accommodation (Kagi, 2020). In addition, at the recommendation of the Department of Communities' Homelessness Task Force, 43 Indigenous rough sleepers were housed at the Woodman Point Recreation Camp and provided with medical services (Hirini, 2020). Given that Western Australia has approximately 1,000 rough sleepers, the response has been criticised as vastly inadequate and a missed opportunity (Macdonald, 2020).

12.8.2 Beds for Change

Launched in August 2020, Beds for Change offers up to 50 beds for rough sleepers in a Perth CBD backpacker hostel that was empty due to international border restrictions. The model sees staff on site Monday to Friday using a person-centred case management model. Uniting Western Australia created the service model and are partnering with Noongar Mia Mia to deliver it.

12.8.3 HEART

In response to Pioneer Park and Lord Street 'Tent Cities', St Patrick's Community Support Centre as lead agency partnered with Wungening, Ruah and Uniting to deliver HEART, a program offering hotel accommodation with a rapid response outreach and caseworker team and after hours support.

12.9 WAAEH Initiatives

The WAAEH has continued very actively in its role as a sector connector and advocate in the whole-of-community effort to end homelessness in Western Australia.

Its key role has been to bring together cross-sector stakeholders, build goodwill and collaborative action and establish innovative platforms such as the WAAEH Evaluation Framework and the Youth Homelessness Action Plan that support the end homelessness agenda. Key steps in the past year include:

- Becoming a member of the Institute of Global Homelessness (IGH) – the International Network supporting communities to end rough sleeping. This sees Perth recognised as a 'Supported City', receiving research and advocacy for the end of rough sleeping.

- Supporting and providing funding to Youth Affairs Council of Western Australia towards the establishment of a 'lived experience' Youth Advisory Council on Homelessness, facilitating the development of a Youth Action Plan to end youth homelessness.

- In partnership with Shelter Western Australia and other agencies, commissioned a study on community perceptions of homelessness.

- Supported research on Housing First models around the world, the results of which will form a web-based clearing house that will host a charter, principles and guidelines for each model to ensure that there is fidelity to the model if were to progress in Western Australia.

- Facilitated engagement across the homelessness sector for Advance to Zero and the Zero Project.

- Facilitated and participated in working groups and workshops for the development of various government plans, strategies and responses to homelessness.

- Gained the support of the City East Rotary Group to form a Business Alliance to end homelessness called Emplace.

13. WHERE TO FROM HERE

Part III presented an overview of the Western Australia policy context and the breadth of initiatives operating in the service system. As is evident from this review, significant resources and effort are being put towards addressing homelessness in Western Australia. The Western Australian Government's Homelessness Strategy and initiatives flowing from it together with reforms in areas such social housing supply, family and domestic violence, out of home care and youth justice, to name a few, support the agenda to end homelessness in Western Australia. In chapter 12 we provided a guide to the range of programs, projects and initiatives currently being undertaken in the homelessness service system and in terms of innovative housing options in Western Australia.

However, ending homelessness is a long journey, and not everything can be done at once. Our examination of recent trends on homelessness and the current state of play of homelessness in Western Australia highlights just how far we need to go. Put simply, at aggregate at present, homelessness outcomes are not improving and there is a long way to go before we achieve our WAAEH targets and the overall goal of ending homelessness. It will take some time before the current range of measures may impact on homelessness outcomes. Our review of the Advance to Zero data for Western Australia also highlights the fact that, for those experiencing homelessness, particularly those who have had long periods rough sleeping, the level of need is particularly high. Moreover, many experience long periods of homelessness and face difficulties in gaining and maintaining housing. There are key system-level constraints that must be considered and addressed in order to continue progress towards ending homelessness in Western Australia.

At the federal level, there is a need for a clear, consistent and long-term national agenda on homelessness. While state governments and the service sector have been working towards shifting rhetoric and action from managing to ending homelessness, there has been a perennial lack of certainty around funding and a lack of clarity around the federal government's responsibilities and priorities with regard to ending homelessness.

Both the WAAEH and State Government strategies on homelessness are strongly focused on prioritising ending chronic rough sleeping and on Housing First initiatives. This is appropriate – rough sleepers face significantly worse health and social risks relative to people experiencing other types of homelessness. It is important, however, that the attention placed on rough sleeping is not at the expense of holistic, preventative and early intervention approaches.

There is a critical need going forward to focus on early onset child, adolescent and youth homelessness. Young people's experiences of homelessness are varied and require targeted supports. The child and youth homeless group are a cohort for whom the stakes with regard to homelessness are particularly high, as homelessness experienced in youth is a significant predictor of repeated, longer durations of homelessness throughout the life course. Accordingly, efforts to prevent youth homelessness, including identification and engagement of young people at risk in schools and efforts to increase family functioning, are critical to a sustained, longer term end to homelessness in Australia.

Further, efforts to address primary homelessness (rough sleeping) are heavily contingent on the availability of housing stock. We must ensure that, in the interim period while this housing stock is built, refurbished or otherwise made available, that people experiencing or at risk of experiencing rough sleeping now have adequate supports so the issues they're facing don't intensify and the rough sleeping population does not grow. This is of particular concern given the current rental crisis in Western Australia. The projected increase in the social housing stock is critical in this regard. In addition, we need to see a flow of impact investing funds into low-cost affordable housing for those in a vulnerable position but who are suited to the private rental market. There is interest from developers, architects, community housing providers and others in the housing industry in Western Australia to increase the supply of affordable housing for those who are vulnerable. This interest needs to be connected to that from impact investors and funders more generally; there is a role for government in helping to support matching the various parties together.

Most efforts to end homelessness are concentrated in the Perth Metropolitan Area and in particular the Perth CBD. We have seen a welcome increase in Aboriginal-led initiatives for rough sleepers in Perth in line with the significant over-representation of Aboriginal people among those experiencing homelessness. However, as noted in the Report, rates of regional and remote homelessness are very high in Western Australia, and responses in these areas need to be expanded but nuanced and specialised (and therefore resourced appropriately).

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> ## THE WAAEH OUTCOMES MEASUREMENT FRAMEWORK IS A COMPREHENSIVE, SYSTEMATIC APPROACH to identifying, tracking and reporting data that reflects the interactions across multiple levels and factors which contribute to preventing homelessness and sustaining and enabling exit from homelessness; the direct voice of those with lived experience of homelessness; the extent to which homelessness is ended across Western Australia; and the extent to which programs and organisations achieve their intended results, and those experiencing homelessness are able to achieve their own goals.

THE WESTERN AUSTRALIAN ALLIANCE TO END HOMELESSNESS OUTCOMES MEASUREMENT AND EVALUATION FRAMEWORK, VERSION 2.0, FEBRUARY 2020

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