



The Western Australian Alliance to End Homelessness

ENDING HOMELESSNESS IN WESTERN AUSTRALIA 2022

Version 3.0

August 2022

Paul Flatau, Leanne Lester, Michael Kyron, Coco Lai and Melodie Li



**Western Australian Alliance
to End Homelessness
#ENDHOMELESSNESSWA**





Acknowledgement of Country

In the spirit of reconciliation, CSI UWA acknowledges that their operations are situated on Noongar land, and that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs, and knowledge. We acknowledge the Traditional Custodians of the country throughout Australia and their connections to land, sea, and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Address for Correspondence

Professor Paul Flatau
Director, Centre for Social Impact UWA

The University of Western Australia
Business School
The University of Western Australia
35 Stirling Hwy, Crawley, WA, 6009 Australia

Paul.Flatau@uwa.edu.au

Suggested Citation: Flatau P., Lester L, Kyron M., Lai, C., and Li, M. (2022). *Ending Homelessness in Western Australian 2022*, Perth: The University of Western Australia.
<https://doi.org/10.25916/ns0d-0q24>

Keywords: Homelessness, Western Australia, funding, housing

Centre for Social Impact

The Centre for Social Impact (CSI) is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of four of Australia's leading universities: UNSW Sydney, The University of Western Australia, Flinders University and Swinburne University of Technology. Our **research** develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate **education** develops social impact leaders; and we aim to **catalyse change** by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.

Acknowledgements

The authors acknowledge the assistance of Western Australian homelessness agencies in preparing this report. The authors also drew on material from policy documents, public reports, and media publications.

The authors wish to acknowledge the funding to the WAAEH provided by the Sisters of St John of God Ministries without which the present report and the WAAEH Dashboard would not have been possible.

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Centre for Social Impact, UWA, WAAEH or the Sisters of St John of God Ministries.



Contents

List of Figures	vii
List of Tables	ix
Acronyms and Abbreviations	x
Glossary	xiii
1. Introduction.....	1
1.1 Background	1
1.2 Purpose.....	3
1.3 Data Sources	3
1.4 The Western Australian homelessness service system	3
1.5 This report.....	4
2. The state of homelessness in Western Australia	7
2.1 Enumerating the homeless population in Western Australia.....	7
2.1.1 Census	8
2.1.2 Specialist Homelessness Services	10
2.2 Geographic profiles of homelessness in Western Australia.....	16
2.2.1 Census	16
2.2.2 Specialist Homelessness Services	20
2.3 Profile of Aboriginal homelessness in Western Australia	20
2.3.1 Census	20
2.3.2 Specialist Homelessness Services	21
2.4 Homelessness among selected cohorts in Western Australia.....	22
2.4.1 Aboriginal and/or Torres Strait Islander people.....	23
2.4.2 People with mental health issues	24
2.4.3 People with alcohol and drug issues	24
2.4.4 Older people (55+).....	24
2.4.5 Interactions with the child protection system	24
2.4.6 Exiting custodial arrangements.....	24
2.4.7 Other cohorts.....	25
2.5 Addressing the needs of those experiencing homelessness	25
2.6 Summary on progress in achieving the WAAEH homelessness strategy targets.....	26
2.7 Preventing homelessness	28
2.7.1 Housing affordability.....	28
2.7.2 Housing supply	29
2.7.3 Poverty and unemployment.....	29
2.7.4 Young people in custody and out-of-home care.....	29



2.7.5 Physical and mental health	30
2.7.6 Alcohol and drug use	31
2.7.7 Domestic and family violence	32
3. A profile of those experiencing homelessness in Western Australia	36
3.1 Gender and sexual identity.....	39
3.2 Age	40
3.3 Educational attainment	41
4. The experience of homelessness	43
4.1 Type of homelessness	43
4.2 Duration of homelessness.....	43
4.3 Partnering and living arrangements	44
4.4 Violent and dangerous events.....	45
4.5 Discrimination	46
4.6 Justice system interaction	47
4.6.1 Interactions with the police	47
4.6.2 Imprisonment	48
4.6.3 Legal issues.....	50
5. Health outcomes.....	52
5.1 Physical health	52
5.2 Mental health issues and brain injury	53
5.3 Problematic drug and alcohol use	54
5.4 Brain injury	55
6. Health service use	57
6.1 Hospitalisation	57
6.2 Accident and Emergency	58
6.3 Ambulance.....	58
7. Cost of health service use.....	60
8. Financial and Social outcomes.....	64
8.1 Financial indicators.....	64
8.2 Social Indicators.....	67
9. VI-SPDAT ACUITY	69
10. The homelessness journey	72
10.1 History of homelessness	72
11. The Western Australia Policy Environment	80
11.1 All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness 2020-2030.....	80
11.2 Action Plan 2020-2025	82
11.2.1 Improving Aboriginal wellbeing.....	82



11.2.2 Providing safe, secure and stable homes	83
11.2.3 Preventing homelessness	83
11.2.4 Strengthening and coordinating our responses and impact	84
11.3 Western Australian Government initiatives under the Strategy	85
11.3.1 Common Ground	85
11.3.2 No Wrong Door	85
11.3.3 Online Homelessness Services Portal	86
11.3.4 Boorloo Bidee Mia	86
11.3.5 Housing First Homelessness Initiative	87
11.4 The 10-Year Strategy to reduce Family and Domestic Violence	87
11.5 Mental Health, Alcohol and Other Drug Accommodation Support Strategy	88
11.6 Our Priorities: Sharing Prosperity	88
11.7 Government funding of homelessness services and social housing	88
12. System and Service level responses to Ending Homelessness in Western Australia	93
12.1 Preventative initiatives	93
12.1.1 Home Stretch	93
12.1.2 12 Buckets	94
12.1.3 Wungening Moort	94
12.1.4 Target 120	94
12.1.5 Financial Counselling Network	95
12.1.6 Housing Stability Project	96
12.2 Systems-based Housing First initiatives	97
12.2.1 50 Lives 50 Homes and 20 Lives 20 Homes (Fremantle)	98
12.2.2 Zero Project	99
12.2.3 Moorditj Mia	100
12.3 Homelessness support programs	101
12.3.1 Horizon House	101
12.3.2 Living Independently for the First Time (LIFT) Program	102
12.3.3 Tuart House	103
12.3.4 Tom Fisher House	104
12.3.5 Homelessness Accommodation Support Worker – South East & North West Metropolitan	105
12.3.6 The Bunbury Supportive Landlord Pilot (BSLP)	105
12.3.7 Koort Boodja	106
12.3.8 Reconnecting Lives Program (RLP)	106
12.3.9 St Bart's Women's Service	107
12.3.10 My Home – St Patrick's Partnership, North Fremantle	108



12.3.11 Foyer Oxford.....	108
12.3.12 Armadale Youth Accommodation Service (AYAS).....	109
12.3.13 The Salvation Army's Emergency Accommodation & Referral Support Services...	109
12.4 Homeless health initiatives	110
12.4.1 The Royal Perth Hospital Homeless Team	110
12.4.2 After Hours Support Service.....	110
12.4.3 Medical Respite Centre	111
12.4.4 Homeless Discharge Facilitation Fund Project	111
12.4.5 Choices Post Discharge Program	111
12.4.6 PILLAR	111
12.4.7 Housing Support Worker: Drug and Alcohol Initiative (South West Region)	111
12.4.8 St Patrick's Health and Dental Clinic and Community Centre/Engagement Hub	112
12.5 Innovative assessment and referral programs	113
12.5.1 Entrypoint Perth	113
12.5.2 Entrypoint Outreach.....	114
12.5.3 Passages Youth Engagement Hubs.....	116
12.5.4 Tranby engagement hub	118
12.5.5 Library Connect Fremantle.....	118
12.5.6 HEART	120
12.6 Families and children	121
12.6.1 Centrecare Family Accommodation Service (CFAS)	121
12.6.2 Sky	121
12.6.3 Barn Doyintj Doyintj	122
12.6.4 Young Women's Program (YWP).....	122
12.6.5 The Salvation Army's Family Accommodation Program	122
12.7 Supporting individuals and families to maintain rental accommodation	123
12.7.1 Private Rental Advocacy and Support Service (PRASS)	123
12.7.2 The Western Australia Government's Residential Rent Relief Grant Scheme	123
12.7.3 Boola Moort Tenancy Support Program	124
12.8 Other cycle-breaking initiatives	124
12.8.1 Zonta House Refuge Association.....	124
12.8.2 Ground and Co	125
12.8.3 Ebenezer Vocational Training and Employment Centre (VTEC)	125
12.8.4 Safe Night Space	125
12.8.5 Housing Support Worker – Corrective Services (men).....	125
12.9 WAAEH Initiatives	126
12.10 Funding of services	127



13. Where to from here.....	129
References	131



LIST OF FIGURES

FIGURE 1 WESTERN AUSTRALIA AND AUSTRALIAN HOMELESSNESS RATE (PER 10,000 ESTIMATED RESIDENT POPULATION) FROM 2001 TO 2016.....	8
FIGURE 2 NUMBER OF CLIENTS ACCESSING SPECIALIST HOMELESSNESS SERVICES IN WESTERN AUSTRALIA WHO WERE HOMELESS ON ENTRY TO SUPPORT*	11
FIGURE 3 PROPORTION OF ALL WESTERN AUSTRALIAN SPECIALIST HOMELESSNESS SERVICE (SHS) CLIENTS WHO WERE HOMELESS ON ENTRY TO SUPPORT*	11
FIGURE 4 NUMBER OF CLIENTS ACCESSING SPECIALIST HOMELESSNESS SERVICES IN WESTERN AUSTRALIA WHO WERE AT RISK OF HOMELESSNESS ON ENTRY TO SUPPORT*	12
FIGURE 5 PROPORTION OF ALL WESTERN AUSTRALIAN SPECIALIST HOMELESSNESS SERVICE (SHS) CLIENTS WHO WERE AT RISK OF HOMELESSNESS ON ENTRY TO SUPPORT*	12
FIGURE 6 HOUSING TENURE OUTCOME FOR CLIENTS WITH CLOSED SUPPORT PERIODS WHO WERE EXPERIENCING HOMELESSNESS AT THE START OF SUPPORT IN WESTERN AUSTRALIA, 2020-21 (SHS).....	14
FIGURE 7 HOUSING TENURE OUTCOMES FOR CLIENTS WITH CLOSED SUPPORT PERIODS WHO WERE AT RISK OF HOMELESSNESS AT THE START OF SUPPORT IN WESTERN AUSTRALIA, 2020-21 (SHS).....	15
FIGURE 8 STRUCTURE OF HOMELESSNESS IN PERTH AND REGIONAL AND REMOTE WESTERN AUSTRALIA	17
FIGURE 9 STRUCTURE OF HOMELESSNESS ACROSS REGIONAL AND REMOTE WESTERN AUSTRALIA	18
FIGURE 10 SPECIALIST HOMELESSNESS SERVICES (SHS) ASSESSMENT OF HOMELESSNESS RISK, BY REGION, SA4, 2020-21.....	19
FIGURE 11 NUMBER OF CLIENTS WHO ARE ABORIGINAL ACCESSING SHSS (MONTH).....	21
FIGURE 12 PERCENTAGE OF CLIENTS WHO ARE ABORIGINAL ACCESSING SHSS.....	22
FIGURE 13 AGE DISTRIBUTION, BY YEAR BY GENDER, ADVANCE TO ZERO, WESTERN AUSTRALIA	41
FIGURE 14 EDUCATIONAL ATTAINMENT BY GENDER, ADVANCE TO ZERO, WESTERN AUSTRALIA	42
FIGURE 15 PARTNERING AND LIVING ARRANGEMENTS, ADVANCE TO ZERO, WESTERN AUSTRALIA	45
FIGURE 16 RESPONDENTS REPORTING PERCEIVED DISCRIMINATION, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	47
FIGURE 17 NUMBER OF TIMES A RESPONDENT INTERACTED WITH THE POLICE OVER THE LAST SIX MONTHS, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	48
FIGURE 18 LIFETIME PREVALENCE OF IMPRISONMENT, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA	49
FIGURE 19 LIFETIME PREVALENCE OF JUVENILE DETENTION, BY COHORT, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	50
FIGURE 20 RESPONDENTS REPORTING THAT THEY HAD CURRENT LEGAL ISSUES, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	51
FIGURE 21 LIFETIME PREVALENCE OF SELECTED MEDICAL CONDITIONS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	53
FIGURE 22 DIAGNOSED MENTAL HEALTH CONDITIONS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	54
FIGURE 23 SELECTED INDICATORS OF PROBLEMATIC DRUG AND ALCOHOL USE, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	55
FIGURE 24 SELF-REPORT OF SERIOUS BRAIN INJURY OR HEAD TRAUMA, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	56
FIGURE 25 NUMBER OF TIMES HOSPITALISED IN THE LAST SIX MONTHS, ADVANCE TO ZERO, WESTERN AUSTRALIA	57
FIGURE 26 ACCIDENT AND EMERGENCY VISITS OVER THE LAST SIX MONTHS, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	58
FIGURE 27 NUMBER OF TIMES TAKEN TO HOSPITAL IN AN AMBULANCE OVER THE LAST SIX MONTHS, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	59
FIGURE 28 FINANCIAL INDICATORS OF WELLBEING, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA	65
FIGURE 29 SOCIAL INDICATORS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	67
FIGURE 30 ACUITY LEVELS BY DEMOGRAPHICS, ADVANCE TO ZERO, WESTERN AUSTRALIA	70
FIGURE 31 ACUITY LEVELS BY AGE, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	70
FIGURE 32 ACUITY LEVELS BY HEALTH INDICATORS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	71
FIGURE 33 INFLOW AND OUTFLOW BY ACUITY, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	73
FIGURE 34 INFLOW AND OUTFLOW BY DURATION OF HOMELESSNESS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	74
FIGURE 35 HOUSING PLACEMENTS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	75
FIGURE 36 ACUITY BY PERMANENT HOUSING PLACEMENT, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	76



FIGURE 37: HOMELESSNESS DURATION BY PERMANENT HOUSING PLACEMENT, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	76
FIGURE 38: AGE BY HOUSING PLACEMENT, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	77
FIGURE 39 WESTERN AUSTRALIAN GOVERNMENT EXPENDITURE ON HOMELESSNESS SERVICES, 2020-21 DOLLARS..	89
FIGURE 40 WESTERN AUSTRALIAN GOVERNMENT EXPENDITURE ON SOCIAL HOUSING, 2020-21 DOLLARS.....	90
FIGURE 41 WESTERN AUSTRALIAN GOVERNMENT REAL EXPENDITURE ON SOCIAL HOUSING AND HOMELESSNESS SERVICES, 2020-21 DOLLARS.....	90
FIGURE 42 REAL GOVERNMENT EXPENDITURE ON SOCIAL HOUSING INDEX, 2020-21 DOLLARS, BASELINE COMPARISON 2016-17	91
FIGURE 43 REAL GOVERNMENT EXPENDITURE ON HOMELESSNESS SERVICES INDEX, 2020-21 DOLLARS, BASELINE COMPARISON 2016-17	91
FIGURE 44 AUSTRALIAN GOVERNMENT NHHA ALLOCATIONS TO WESTERN AUSTRALIA, 2020-21 DOLLARS.....	92



LIST OF TABLES

TABLE 1 WAAEH STRATEGY TARGETS	2
TABLE 2 HOMELESSNESS RATE (PER 10,000 ESTIMATED RESIDENT POPULATION), BY STATE AND TERRITORY, 2001, 2006, 2011, 2016, CENSUS.....	9
TABLE 3 NUMBER AND PERCENTAGE OF PEOPLE EXPERIENCING HOMELESSNESS IN WESTERN AUSTRALIA BY CATEGORY OF HOMELESSNESS (2011–2016), CENSUS.....	9
TABLE 4 SPECIALIST HOMELESSNESS SERVICES (SHS) CLIENTS, (PER 10,000 ESTIMATED RESIDENT POPULATION), BY STATE AND TERRITORY, 2011-12-2019-20	10
TABLE 5 MEDIAN LENGTH OF SUPPORT, DAYS IN SUPPORT PERIODS AND NIGHTS ACCOMMODATED, 2019-20, AND 2020-21, WESTERN AUSTRALIA AND AUSTRALIA	13
TABLE 6 NUMBER OF PEOPLE EXPERIENCING HOMELESSNESS AND MARGINAL HOUSING AND THE HOMELESSNESS AND MARGINAL HOUSING RATE (PER 10,000 ESTIMATED RESIDENT POPULATION) IN WESTERN AUSTRALIA BY REGION (SA4), 2016 CENSUS	16
TABLE 7 THE PERCENTAGE OF EACH HOMELESSNESS CATEGORY WHO ARE ABORIGINAL AND/OR TORRES STRAIT ISLANDER, WESTERN AUSTRALIA (2011–2016).....	21
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 2020-21.....	23
TABLE 9 RATE OF HOMELESSNESS (PER 10,000 ESTIMATED RESIDENT POPULATION) BY ABORIGINALITY, STATE/TERRITORY AND OVERALL, 2016 CENSUS	23
TABLE 10 WAAEH STRATEGY RESPONDING TO HOMELESSNESS TARGETS	27
TABLE 11 DRIVERS OF HOMELESSNESS IN WESTERN AUSTRALIA	33
TABLE 12 VI-SPDAT SURVEY INSTRUMENTS, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	36
TABLE 13 VI-SPDAT SURVEYS, BY YEAR, BY SURVEY INSTRUMENT, ADVANCE TO ZERO, WESTERN AUSTRALIA	38
TABLE 14 VI-SPDAT SURVEYS, BY REGION, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	39
TABLE 15 GENDER AND SEXUAL IDENTITY, ADVANCE TO ZERO, WESTERN AUSTRALIA	40
TABLE 16 HOMELESSNESS AND HOUSING, BY LOCATIONS SLEPT MOST FREQUENTLY, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	43
TABLE 17 LIFETIME DURATION OF HOMELESSNESS, MONTHS, ADVANCE TO ZERO, WESTERN AUSTRALIA	44
TABLE 18 PREVALENCE OF EXPERIENCES OF DANGEROUS EVENTS WHILE HOMELESS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	45
TABLE 19 PREVALENCE OF EXPERIENCES OF DANGEROUS EVENTS WHILE HOMELESS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	46
TABLE 20 PREVALENCE OF SELECTED PHYSICAL HEALTH CONDITIONS, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	52
TABLE 21 HEALTH SERVICE USE AND ESTIMATED COSTS OVER SIX MONTHS PRIOR TO SURVEY, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	61
TABLE 22 HEALTH SERVICE USE AND ESTIMATED COST FOR THOSE USING HEALTH SERVICES SIX MONTHS PRIOR TO THE SURVEY	63
TABLE 23 FINANCIAL INDICATORS BY HOMELESSNESS STATUS, GENDER IDENTITY, CULTURAL IDENTITY, AND VETERAN STATUS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	66
TABLE 24 SOCIAL INDICATORS BY HOMELESS STATUS, GENDER IDENTITY, CULTURAL IDENTITY, AND VETERAN STATUS, PER CENT, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	68
TABLE 25 SCORING THRESHOLDS FOR EACH CATEGORY OF ACUITY, BY VI-SPDAT VERSION, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	69
TABLE 26 TENURE BY ABORIGINAL AND/OR TORRES STRAIT ISLANDER STATUS, ADVANCE TO ZERO, WESTERN AUSTRALIA.....	78
TABLE 27 STAKEHOLDERS AND THEIR ROLES IN THE HOMELESSNESS SYSTEM	81



ACRONYMS AND ABBREVIATIONS

20 Lives	20 Lives 20 Homes
50 Lives	50 Lives 50 Homes
ABS	Australian Bureau of Statistics
A&E	Accident and Emergency
Action Plan	All Paths Lead to a Home: Western Australia's 10-Year Strategy on Homelessness: Action Plan 2020-2025
AHSS	After Hours Support Service
AIHW	Australian Institute of Health and Welfare
ACCO	Aboriginal Community Controlled Organisations
AOD	Alcohol and other drugs
ARO	Assessment and Referral Officer
AYAS	Armadale Youth Accommodation Service
BNL	By-Name List
BNPL	Buy Now Pay Later
BSLP	Bunbury Supportive Landlord Pilot
COVID-19	Coronavirus pandemic
CALD	Culturally and linguistically diverse
CFAS	Centrecare Family Accommodation Service
CRS	Co-ordinated Response Service
ED	Emergency Department
EARSS	Emergency Accommodation & Referral Support Services
ERFAS	Emergency Relief and Food Access Service
FCN	Financial Counselling Network
FDV	Family and Domestic Violence
GGFCE	General Government Final Consumption Expenditure
GP	General Practitioner
HEART	Homelessness Engagement Assessment Response Team



HFHI	Housing First Homelessness Initiative
HILDA	Household, Income and Labour Dynamics in Australia
HODDS	Homeless Outreach Dual Diagnosis Service
HSP	Housing Stability Project
HUGS	Hardship Utility Grant Scheme
IGH	Institute of Global Homelessness
LIFT	Living Independently for the First Time
MHHP	Mental Healthy Homeless Pathways
NHHA	National Housing and Homelessness Agreement
OMF	Outcome Measurement Framework
PICYS	Perth Inner City Youth Service
PRASS	Private Rental Advocacy and Support Services
PTSS	Private Tenancy Support Services
RBA	Results Based Accountability
RLP	Restorative Lifestyle Programme
RLP	Reconnecting Lives Program
ROGS	Report on Government Services
RPBG	Royal Perth Bentley Group
RPH	Royal Perth Hospital
RRRGS	Residential Rent Relief Grant Scheme
RTMCS	Residential Tenancies Mandatory Conciliation Service
SA3	Statistical Area Level 3
SA4	Statistical Area Level 4
SCRSGP	Steering Committee for the Review of Government Service Provision
SHS	Specialist Homelessness Service
SSAMHS	Statewide Specialised Aboriginal Mental Health Service
SVdPWA	St Vincent de Paul Society WA
T120	Target 120



TFH	Tom Fisher House
The FDV Strategy	Path to Safety: Western Australia’s strategy to reduce family and domestic violence 2020-2030
The Strategy	All Paths Lead to a Home: Western Australia’s 10-Year Strategy on Homelessness 2020-2030
VI	Vulnerability Index
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assessment Tool
VTEC	Vocational Training and Employment Centre
WA	Western Australia
WAAEH	Western Australian Alliance to End Homelessness
YWP	Young Women’s Program



GLOSSARY

Homeless clients: Clients of Specialist Homelessness Services are considered to be experiencing homelessness if they are living in any of the following circumstances:

- **No shelter or improvised dwelling (rough sleeping):** includes where dwelling type is no dwelling/street/park/in the open, motor vehicle, improvised building/dwelling, caravan, cabin, boat or tent; or tenure type is renting or living rent-free in a caravan park.
- **Short-term temporary accommodation:** dwelling type is boarding/rooming house, emergency accommodation, hotel/motel/bed and breakfast; or tenure type is renting or living rent-free in boarding/rooming house, renting or living rent-free in emergency accommodation or transitional housing.
- **House, townhouse or flat (couch surfing or with no tenure):** tenure type is no tenure; conditions of occupancy are living with relatives rent free; or couch surfing.

Homelessness services also provide support to clients who are in permanent housing but **at-risk of homelessness**.

The Australian Bureau of Statistics in the Census adopts a broader definition of homelessness than that adopted for SHSs including severely overcrowded dwellings as a category of homelessness.

Service: The organisational sub-unit or program within an agency which is funded or contracted to deliver assistance to clients experiencing homelessness or at-risk of homelessness. An agency may manage one or many services delivering assistance to homeless people or those at risk of homelessness.

Specialist Homelessness Services (SHSs): Homelessness specific services which receive National Housing and Homelessness Agreement (NHHA) funding. All other services, whether they are homelessness specific or mainstream services are referred to as non-SHSs in this study.



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 focused on **responding to existing homelessness** and **preventing homelessness**. 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; Mollinger-Sahba et al., 2020) the related Dashboard (Flatau, Bock, et al., 2020; Flatau et al., 2019; Flatau, Lester, Fairthorne, et al., 2021), Data Dictionary (Flatau, Seivwright, et al., 2020) and the Ending Homelessness Report (Kaleveld, Seivwright, et al., 2019; Seivwright et al., 2021) which provides an overall assessment of how Western Australia is progressing. This report represents an update for 2022 of the 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 (Busch-Geertsema, 2013; Tsemberis, 2011; Tsemberis et al., 2004). 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 (Cronley et al., 2013; Hwang et al., 1998) 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 systems response to homelessness between the Western Australian Government, homelessness service agencies and other human 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 Advance to Zero data (Flatau et al., 2019; Flatau, Lester, Teal, et al., 2021) reviews of the research and statistical evidence pertaining to homelessness in Western Australia (Kaleveld et al., 2018; Kaleveld, Seivwright, et al., 2019) and among particular cohorts (Kaleveld, Atkins, et al., 2019); and the WAAEH outcomes measurement and evaluation framework and related Dashboard, Data Dictionary and Ending Homelessness in Western Australia Report.

This Ending Homelessness in Western Australia 2022 report builds on CSI UWA's previous work by presenting an analysis of homelessness in Western Australia, presenting a comprehensive analysis of Western Australia's Advance to Zero data from 2012 onwards (a decade of data collection in Western Australia), undertaking an analysis of Western Australia's homelessness policy and service context, and detailing the important systems and service initiatives that are on the ground now to end homelessness in Western Australia.

Table 1 WAAEH Strategy targets

<i>Ending Homelessness in Western Australia by 2028</i>	
<i>Responding to Homelessness Targets</i>	<i>Preventing Homelessness Targets</i>
<p>Target 1: Western Australia will have ended all forms of chronic homelessness including chronic rough sleeping.</p> <p>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.</p> <p>Target 3: The Western Australian rate of homelessness (including couch surfing and insecure tenure) will have been halved from its 2016 level.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p>

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 2021 Report;
- Undertake a comprehensive analysis of the Advance to Zero data for Western Australia from 2012 to the first quarter 2022 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 systems and service 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 WA 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 systems 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 the Western Australian Alliance to End Homelessness, the Zero Project and similar Housing First responses.

The homelessness service system in Western Australia has been evolving over the last 20 years or so, supported by a move away from a 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 WA 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 between 2020 and 2022 (June 30)–and the overall cohort, comprising all surveyed between 2012 and 2021 (June 30).

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

Chapters 3-10 presents findings 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. Chapters 4 to 6 outline the health outcomes of people experiencing homelessness, including physical health, mental health, brain injury, and alcohol and other drug use, and examine self-reported use of health services including ambulance, hospitals and emergency departments by people experiencing homelessness. 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 analysis of By-Name List 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.



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 homelessness 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 (Australian Bureau of Statistics, 2018). This deductive methodology is useful for providing an estimate of homelessness among the overall population; however, it is very much an estimate (Kaleveld et al., 2018) 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.



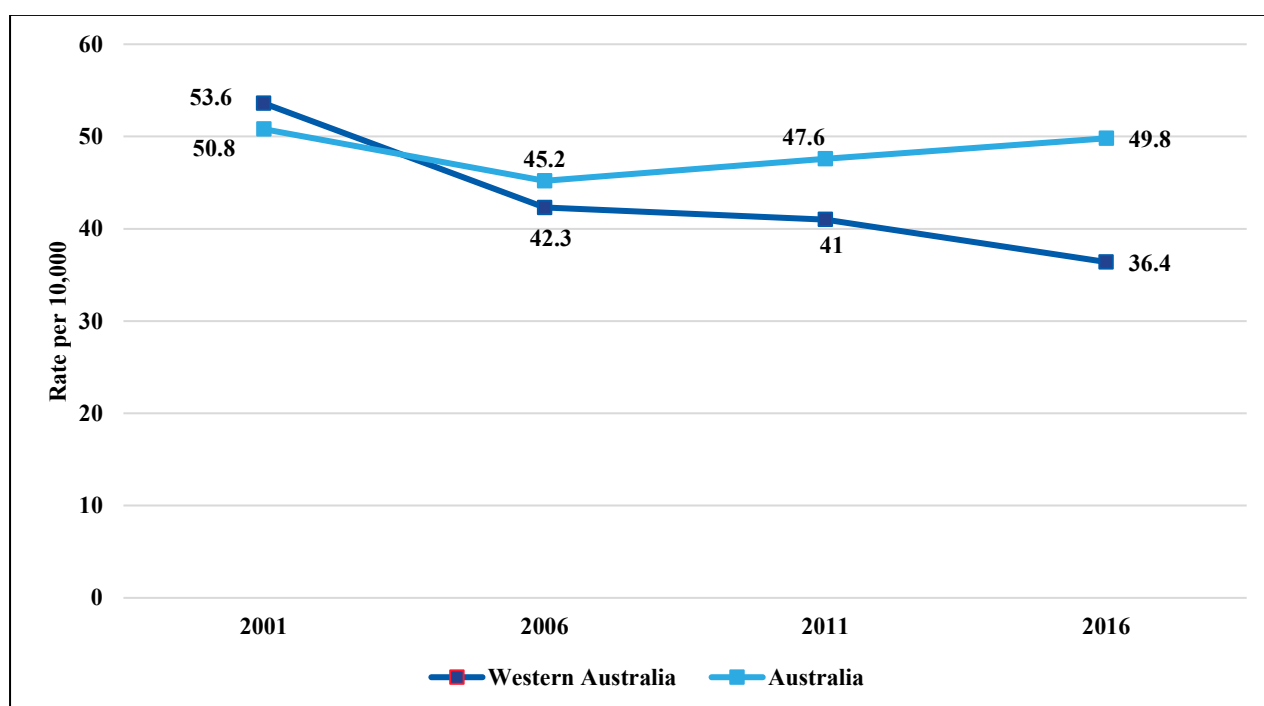
2.1.1 Census

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 the 2021 Census has been completed, updated homelessness rates have not been released. 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 direction of 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 to 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.

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
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%)	1042 (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)

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 are in overcrowded dwellings, suggesting 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 Australian 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.

2.1.2 Specialist Homelessness Services

Approximately 24,500 Western Australians accessed Specialist Homelessness Services (SHS) in 2020-21. As Table 4 illustrates, Western Australians are accessing SHS at a lower rate than Australia overall, at 91.9 per 10,000 people versus 108.3 per 10,000 in 2020-21. In terms of trends in SHS access over time, rates have increased in New South Wales and Northern Territory, and Australia overall; have decreased in Queensland, South Australia and ACT; and have remained stable in Victoria, Western 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	2020-21	Direction of change 2011-2021
New South Wales	72.2	96.0	87.0	86.5	↑
Victoria	155.6	178.0	174.8	157.6	↔
Queensland	94.9	89.0	84.6	79.7	↓
South Australia	118.9	122.9	109.6	105.2	↓
Western Australia	90.0	95.3	95.1	91.9	↔
Tasmania	120.2	152.6	120.5	121.5	↔
Northern Territory	284.6	332.3	417.5	411.5	↑
ACT	152.2	117.5	97.1	93.1	↓
Australia	105.8	119.2	114.5	108.3	↑

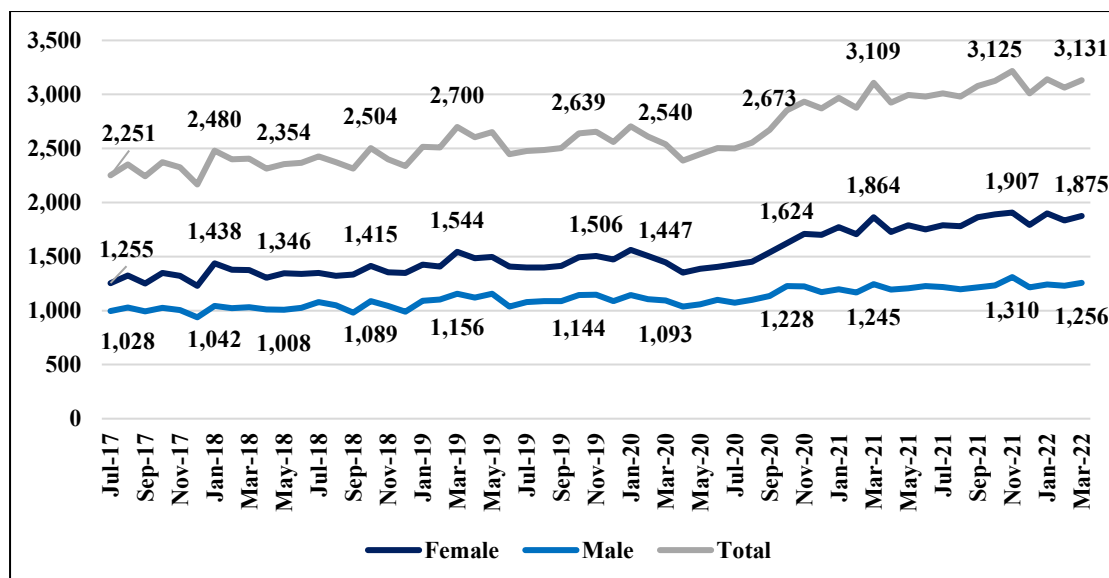
Source: AIHW Specialist Homelessness Services Collection (AIHW, 2020a)

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 2022. 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 some services cutting back direct service delivery for a period. JobKeeper and the rental moratorium also meant a greater number of people were able to maintain their rental properties and services worked hard to extend support periods particularly in terms of supported accommodation so there was less churn in the system. By December 2020, the numbers of both client groups increase to approximately pre-pandemic levels and there is a further increase in March 2022.

The monthly series also show 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.



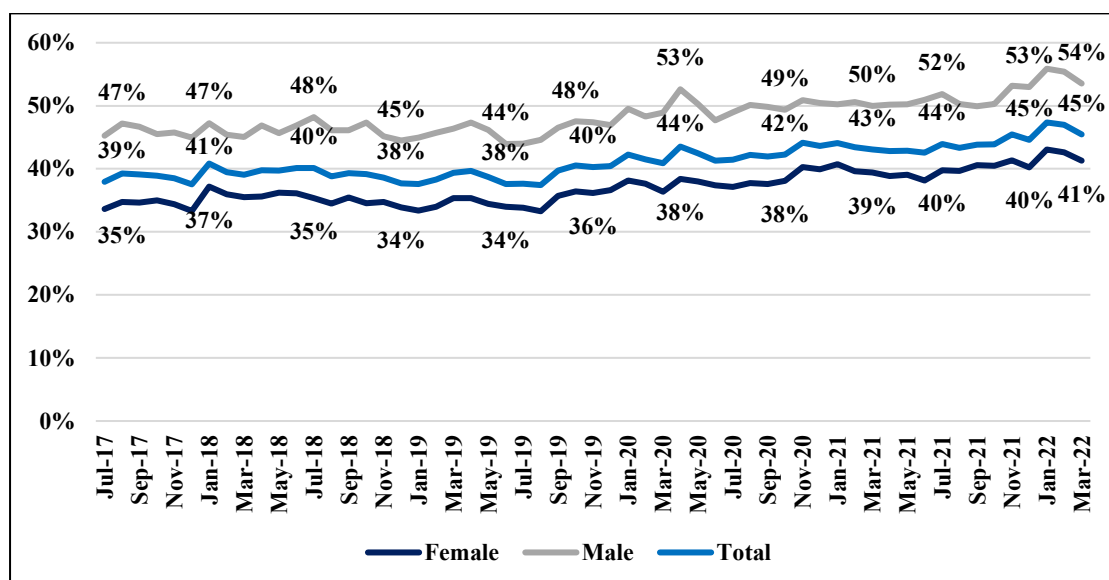
Figure 2 Number of clients accessing Specialist Homelessness Services in Western Australia who were homeless on entry to support*



Source: AIHW 2022 Specialist Homelessness Services: monthly data, Cat. No. HOU 321. *Homeless status (Homeless or At risk of homelessness) is based on the last known housing situation for a client in the month, derived either at the end of the month for clients still receiving a service or at the end of the last support period in the month.

<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>

Figure 3 Proportion of all Western Australian Specialist Homelessness Service (SHS) clients who were homeless on entry to support*

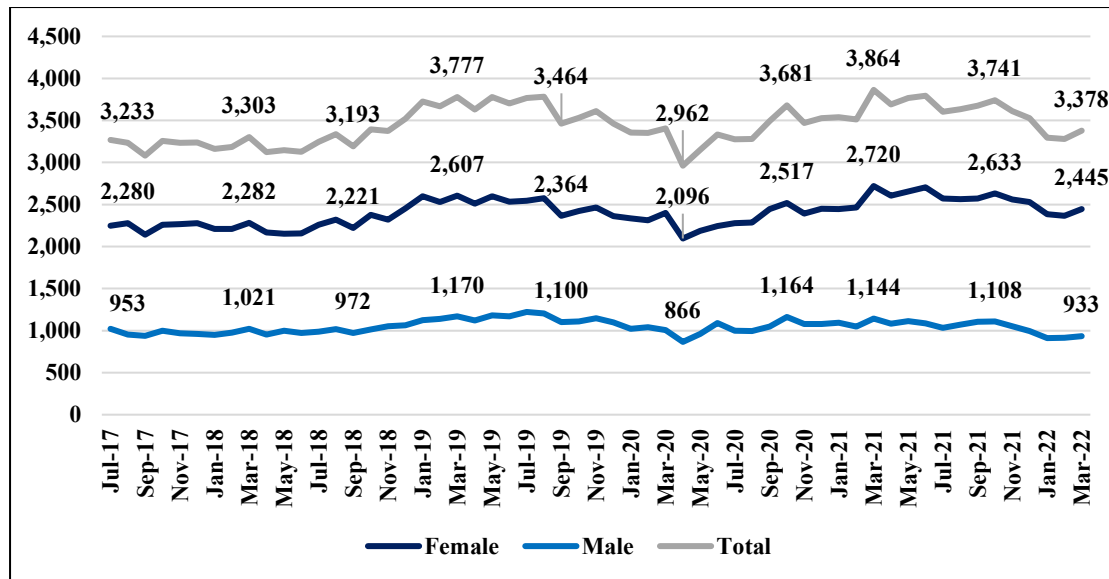


Source: AIHW 2022 Specialist Homelessness Services: monthly data, Cat. No. HOU 321. *Homeless status (Homeless or At risk of homelessness) is based on the last known housing situation for a client in the month, derived either at the end of the month for clients still receiving a service or at the end of the last support period in the month.

<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>



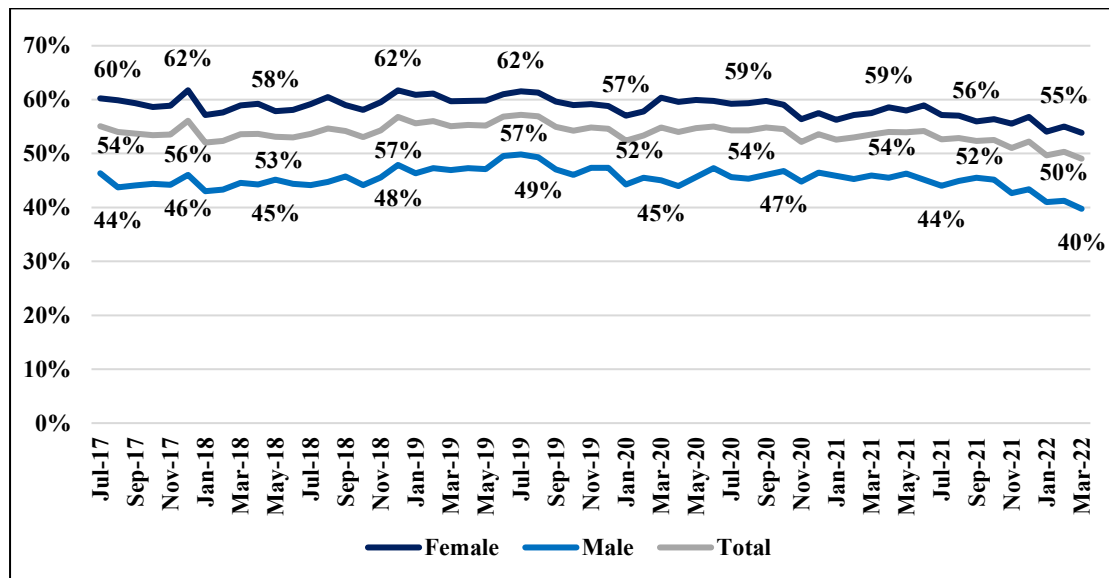
Figure 4 Number of clients accessing Specialist Homelessness Services in Western Australia who were at risk of homelessness on entry to support*



Source: AIHW 2022 Specialist Homelessness Services: monthly data, Cat. No. HOU 321. *Homeless status (Homeless or At risk of homelessness) is based on the last known housing situation for a client in the month, derived either at the end of the month for clients still receiving a service or at the end of the last support period in the month.

<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>

Figure 5 Proportion of all Western Australian Specialist Homelessness Service (SHS) clients who were at risk of homelessness on entry to support*



Source: AIHW 2022 Specialist Homelessness Services: monthly data, Cat. No. HOU 321. *Homeless status (Homeless or At risk of homelessness) is based on the last known housing situation for a client in the month, derived either at the end of the month for clients still receiving a service or at the end of the last support period in the month.

<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-monthly-data/contents/monthly-data>



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 2020-21, the median length of support received was 22 days in Western Australia and 51 days nationally (Table 5). The median number of nights accommodated was 8 days in Western Australia and 31 days nationally. The median length of support has significantly increased from 2019-20 to 2020-21. Given that 49% of Western Australian SHS clients received accommodation support in 2020-21 (Australian Institute of Health and Welfare, 2022b).

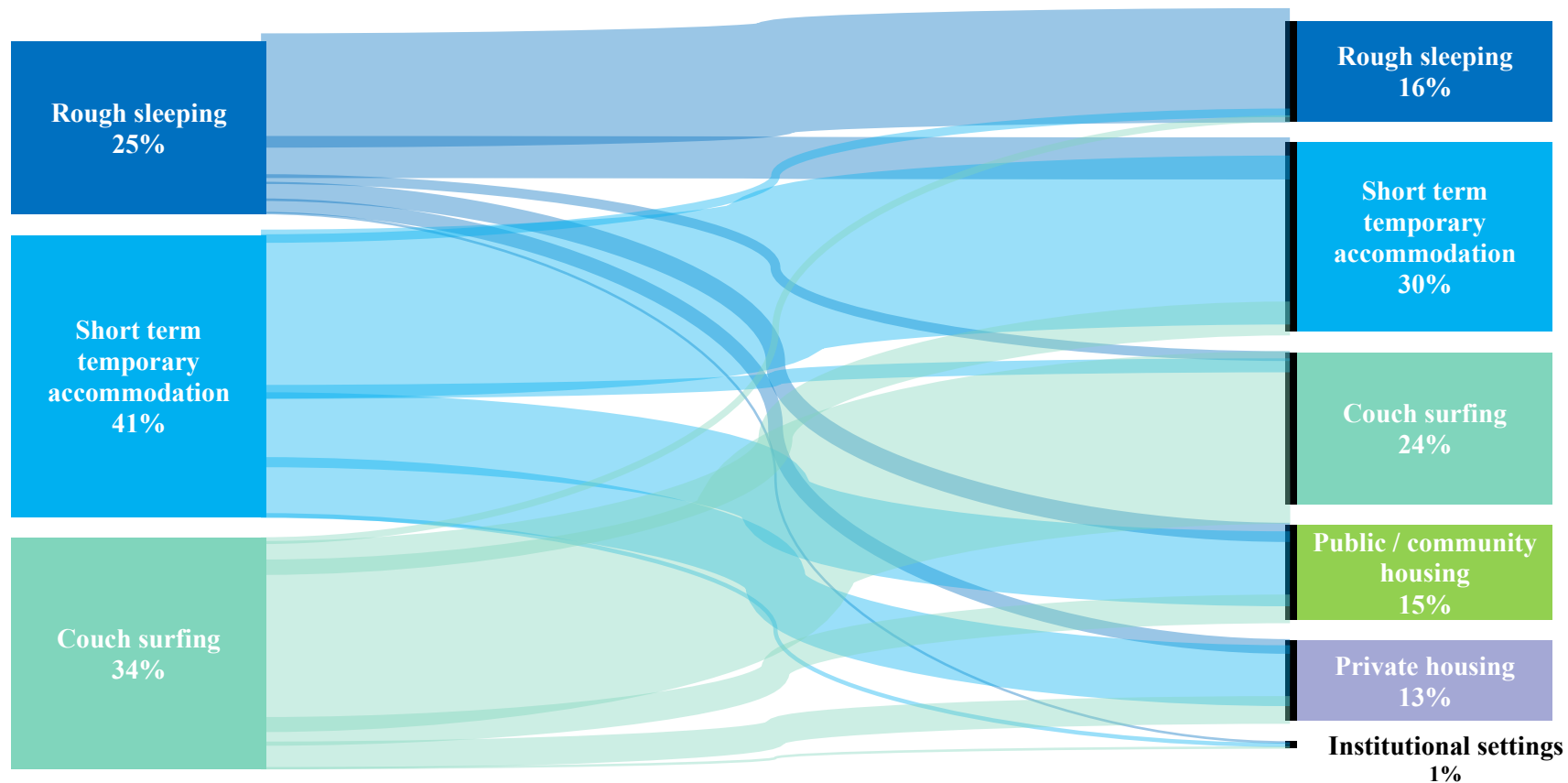
Table 5 Median length of support, days in support periods and nights accommodated, 2019-20, and 2020-21, Western Australia and Australia

Support	2019-20		2020-21	
	Western Australia	Australia	Western Australia	Australia
Median length of support (days)	16	43	22	51
Median length of accommodation (nights)	8	28	8	31

Source: Specialist Homelessness Services Collection (AIHW, 2022). Specialist Homelessness Services Annual Report (cat no. HOU 322). <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/summary>.

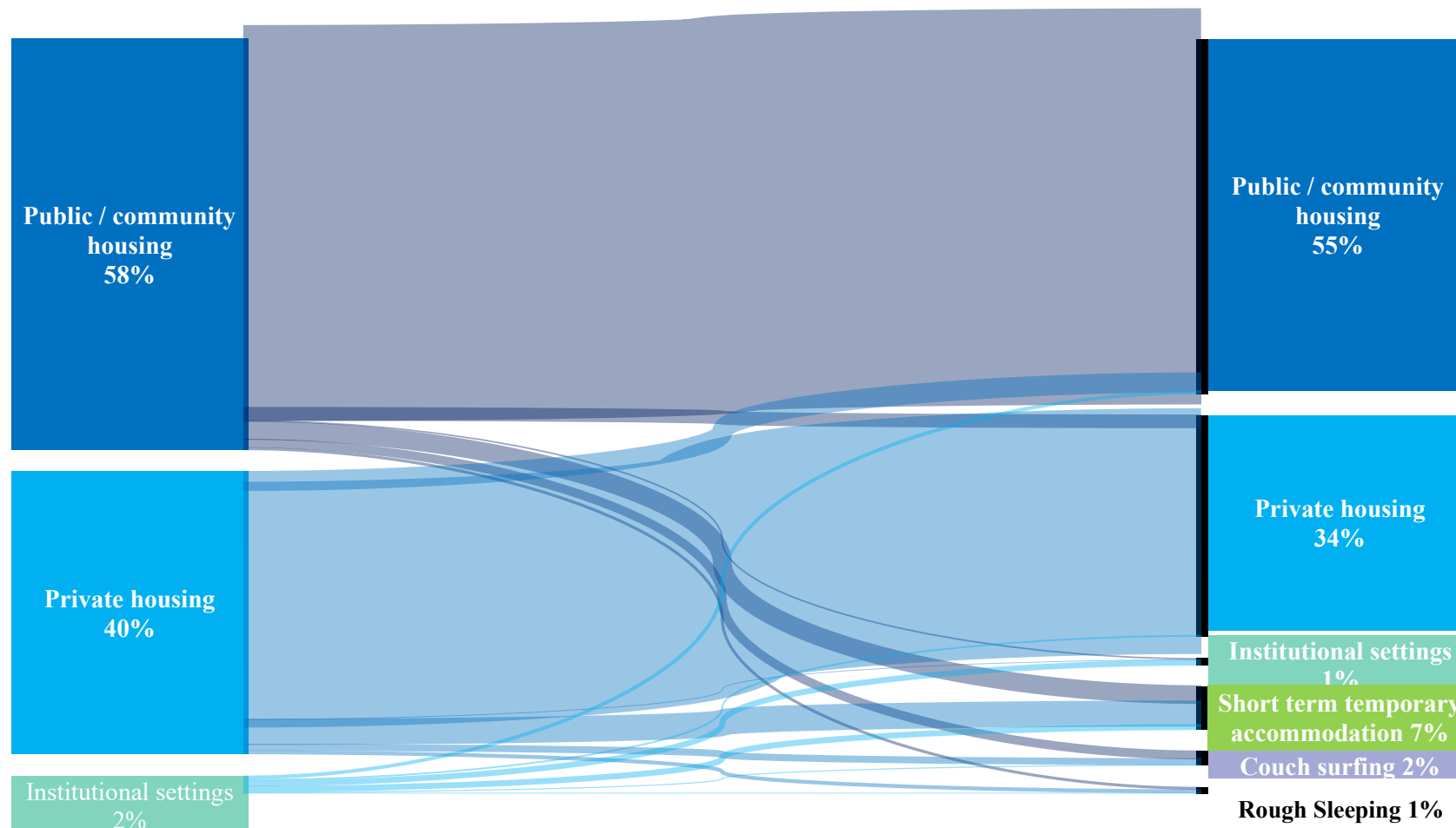
In the case of those experiencing homelessness on entry, the majority completed their support period in the same homelessness position that they began their support period in (Figure 6). In other words, those that began their support period rough sleeping, in supported accommodation or couch surfing 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%) and private rental housing (13%). 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 with closed support periods who were experiencing homelessness at the start of support in Western Australia, 2020-21 (SHS)



Source: AIHW 2021 Specialist homelessness services annual report 2020-21 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/data>.

Figure 7 Housing tenure outcomes for clients with closed support periods who were at risk of homelessness at the start of support in Western Australia, 2020-21 (SHS)



Source: AIHW 2021 Specialist homelessness services annual report 2020-21 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/data>.



2.2 Geographic profiles of homelessness in Western Australia

This section outlines the prevalence and structure of homelessness in regional Western Australia relative to Perth, using the Census and SHS data. The census data is based on the 2016 census. Data on homelessness from the 2021 census has yet to be released.

2.2.1 Census

Table 6 outlines the number and rate per 10,000 of the total population experiencing homelessness and in other forms of marginal housing combined on 2016 Census night, across all categories of homelessness and marginal housing, by Australian Statistical Geography Standard Statistical Area Level 4 (SA4) region. Marginal housing includes persons living in other crowded dwellings, persons in other improvised dwellings, and persons who are marginally housed in caravan parks. 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 in regional Western Australia greatly exceeds that in Perth, and the Wheatbelt, Outback (North), and Outback (South) all report rates of homelessness that above the overall Western Australian average.

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

		Homeless	Homeless including marginal housing	
	Number	Rate per 10,000 population	Number	Rate per 10,000 population
Perth ¹	5,030	27.7	9,404	51.7
Bunbury	445	25.9	946	55.1
Mandurah	249	26.8	476	51.2
Western Australia - Wheat Belt	427	31.8	917	68.2
Western Australia - Outback (North)	1,869	142.3	3,205	244.1
Western Australia - Outback (South)	979	73.2	1,667	124.6
Total Western Australia	8,999	36.2	16,615	66.9

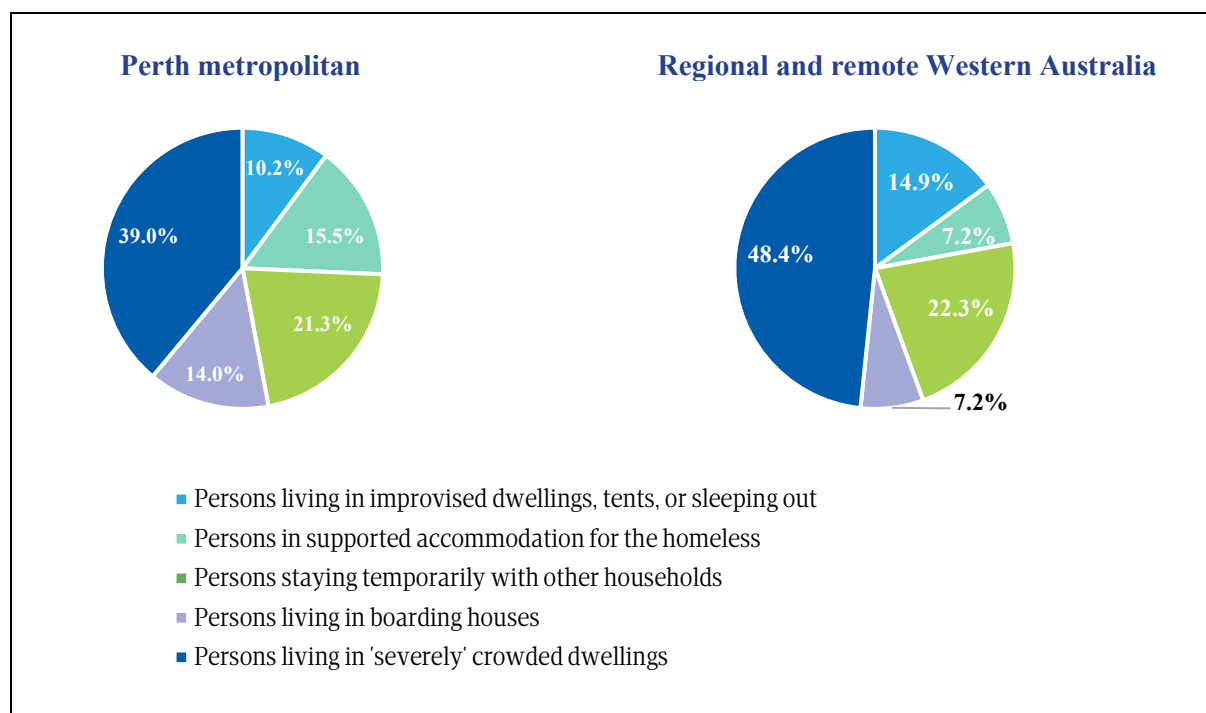
Source: ABS Census TableBuilder 1 For the purposes of metropolitan versus regional comparison, the five Perth SA4 regions are aggregated

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

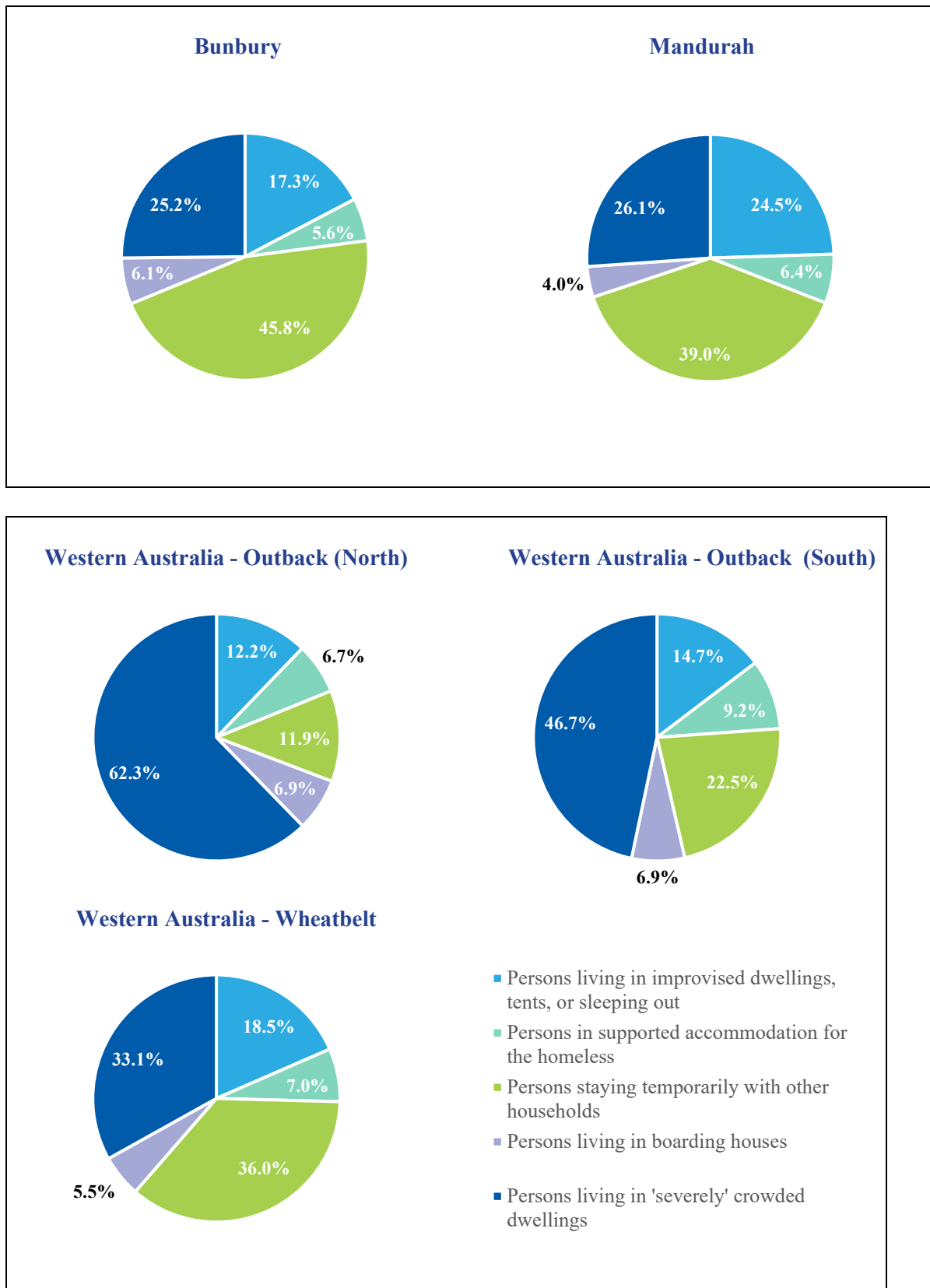


Source: ABS Census of Population and Housing, 2016.

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.



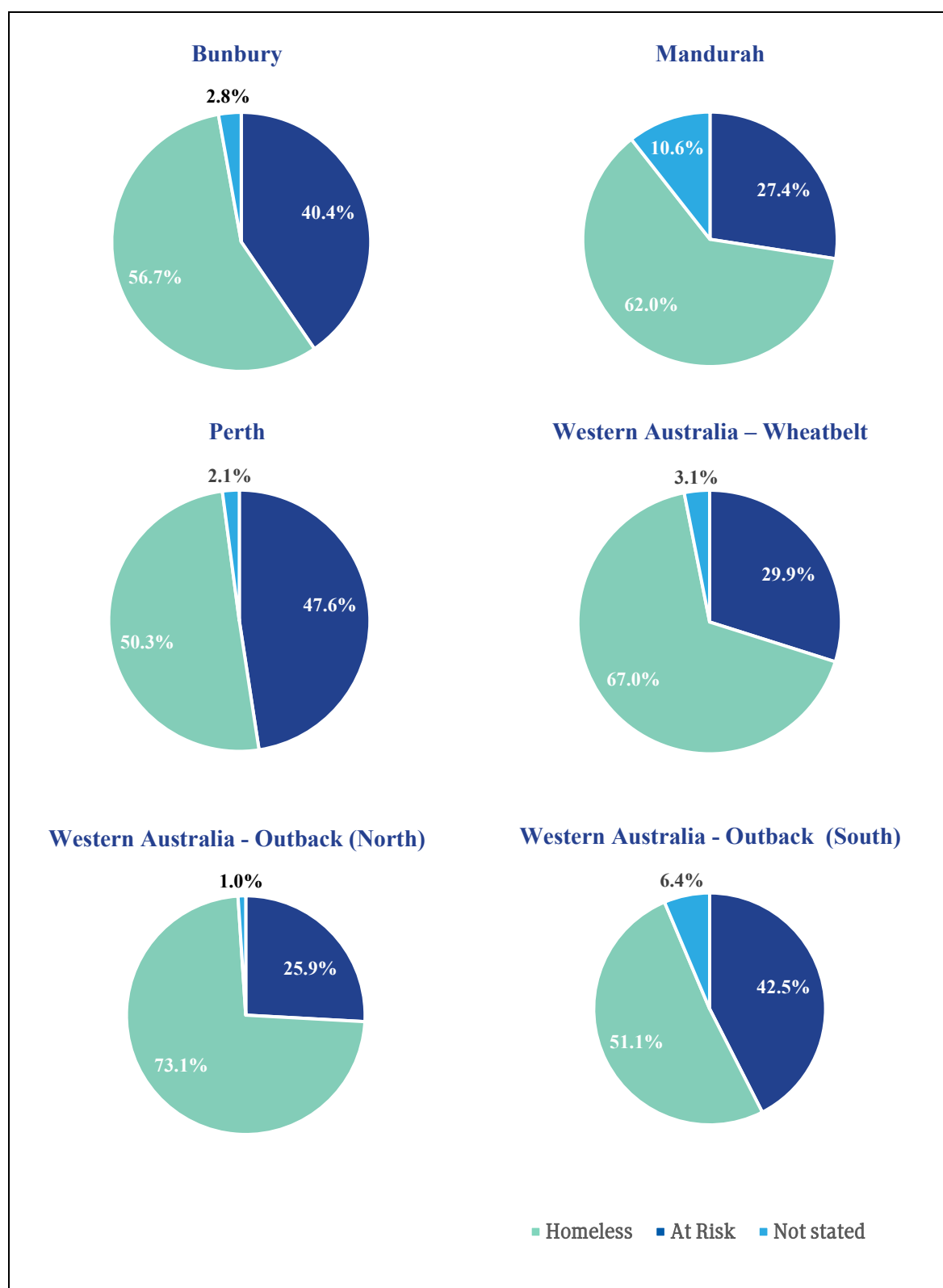
Figure 9 Structure of homelessness across regional and remote Western Australia



Source: ABS Census of Population and housing, 2016



Figure 10 Specialist Homelessness Services (SHS) assessment of homelessness risk, by region, SA4, 2020-21



Source: AIHW SHS Data cubes



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 2020-21 indicates that Western Australia's Outback (North) has the highest rate of SHS clients out of all regions in Australia. While only 6.3% of Western Australians live in remote or very remote Western Australia, approximately 30% 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 2020/21, by SA4. Almost half of SHS clients in Perth, Bunbury and Outback (South) were homeless at presentation to SHS; over sixty per cent of clients in Mandurah SA4 were experiencing homelessness, and two thirds or more of clients in the Wheat Belt SA4 and Outback North SA4 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 exceptions to this were Mandurah and Outback South where 10.6% and 6.4% respectively of clients' SHS records did not state their homelessness risk.

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 (Australian Bureau of Statistics, 2018). 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 facilitate the exit from rough sleeping (Kaleveld et al., 2018).

The percentage of all 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 no gap between Aboriginal and non-Aboriginal outcomes. Living in supported accommodation, staying temporarily with other households, and living in boarding houses all demonstrate the need for action, with an increase in the percentage of those in each category that identify as Aboriginal and Torres Strait Islander (19.2% 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 The percentage of each homelessness category who are Aboriginal and/or Torres Strait Islander, Western Australia (2011–2016)

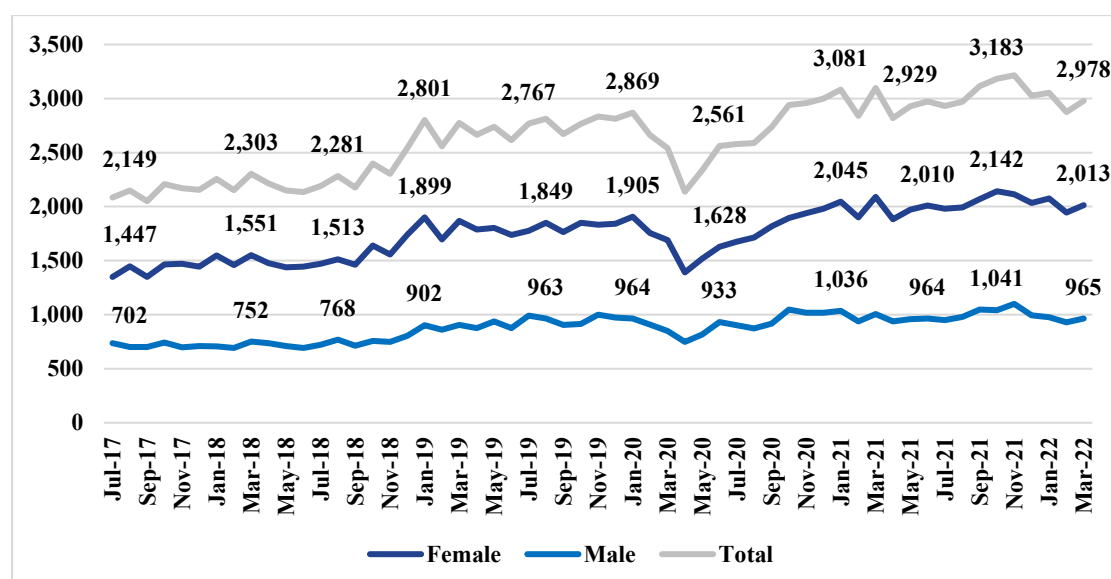
ABS category	2011	2016	Direction of change
Persons living in improvised dwellings, tents, or sleeping out	34.9	34.3	↓
Persons in supported accommodation for the homeless	19.2	21.1	↑
Persons staying temporarily with other households	6.0	7.8	↑
Persons living in boarding houses & other temporary lodgings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

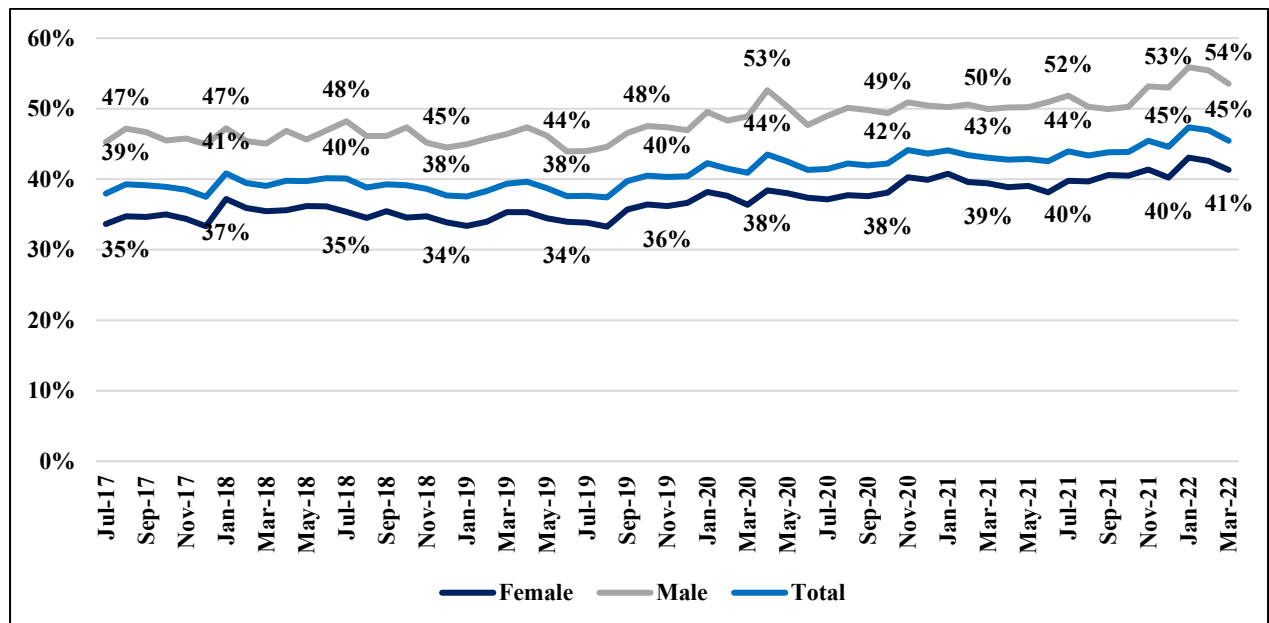
Figure 11 Number of clients who are Aboriginal accessing SHSs (month)



Source: AIHW Specialist Homelessness Services Collection, 2020–21 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/summary>



Figure 12 Percentage of clients who are Aboriginal accessing SHSs



Source: AIHW Specialist Homelessness Services Collection, 2020–21 <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/summary>

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 2020-21. Increases in SHS service usage were recorded between 2015-16 and 2020-21 among the following five 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. 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 2020-21

Client group	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	Direction of change from 2015-16 to 2020-21
All clients	93.4	96.2	92	95.9	95.1	91.9	↓
Aboriginal people	935.3	922.8	913.5	977.1	1099.3	1110.7	↑
People with experience of domestic/ family violence	42.0	42.5	41.5	41.5	39.8	38.0	↓
People with mental health issues	19.5	21.2	21.5	23.2	23.4	23.1	↑
People with drug and alcohol issues	10.1	10.9	10.2	11.4	11.7	11.4	↑
Young people presenting alone (15-24)	10.9	11.1	11.8	11.7	11.0	10.8	-
Older people (55 and over)	7.0	7.6	7.9	8.8	8.8	8.8	↑
Children on protection orders	2.4	2.6	2.6	3.0	2.9	2.4	-
People leaving care	2.3	2.3	2.3	2.1	2.2	1.8	↓
People exiting custodial arrangements	1.4	1.5	1.5	1.7	1.8	1.7	↑
People with disabilities	4.6	4.8	2.7	2.1	1.6	1.3	↓

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

2.4.1 Aboriginal and/or Torres Strait Islander 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 (Australian Bureau of Statistics, 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

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Australia
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 has a dramatic over-representation of Aboriginal clients with 51% of SHS clients identifying as Aboriginal in 2020-21 (Australian Institute of Health and Welfare,



2022b). In the Advance to Zero dataset, almost one in 4 (24.5%) of Western Australian respondents were Aboriginal Australians (2012-June 2022).

2.4.2 People with mental health issues

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 23.1 per 10,000 between 2015-17 and 2020-21.

While mental health among Western Australian respondents in the Advance to Zero database is discussed in depth later below, rates are high with 69.5% reporting diagnosis of depression, 63.2% anxiety, and 39.3% 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, Atkins, et al., 2019). Between 2017-18 and 2020-21, the rate of Western Australia SHS clients with problematic drug and alcohol use increased from 10.1 to 11.4 per 10,000. 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 72.0% of Western Australian respondents reporting that they had or had been told that they had problematic drug and/or alcohol use; 39.1% reporting use of alcohol daily for the month prior to survey, and 36.7% 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 2020-21.

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 indicated.

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 28.2% reported that they had an experience of out-of-home care.

The SHS data indicate that there has been a decrease in the rate of Western Australian clients with care and protection orders, from 2.4 per 10,000 in 2015-16 to 1.8 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 1.7



per 10,000 in 2020-21. 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 (Australian Institute of Health and Welfare, 2019).

Over half (55.6%) of Western Australian respondents in the Advance to Zero database overall had experienced imprisonment in their lifetime, and more than two thirds (68.8%) 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 often as a result of breakdown of 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 (10.8%) of SHS clients are young people aged 15-24 (Australian Institute of Health and Welfare, 2022b). 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., 2022). 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 (Australian Institute of Health and Welfare, 2018). The Western Australia cohort data extracted from the Advance to Zero national data 2012-June 2022 revealed a total of 117 veteran respondents in Western Australia. This was 4.0% of the cohort with disclosed veteran status. Of these, 94 (80.0%) were male and 21 were female (18.0%). Veterans compose about 3.7% of the adult Australian population indicating that they are slightly over-represented in the homeless population (Australian Institute of Health and Welfare, 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 39% of SHS clients having experienced FDV. 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 in the economic and social life of society 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 WAAEH Evaluation 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, dropping to 16.4% in 2020-21. 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 their financial, accommodation, interpersonal relationship, and health conditions. In 2020-21, 16.9% 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. Most targets are not on track and a further assessment of the policy framework is required; 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 2022 Version 4.0 (Flatau, Lester, & Kyron, 2022).



Table 10 WAAEH Strategy responding to homelessness targets

Target	Summary of outcomes relative to targets set
<p>Target 1: Western Australia will have ended all forms of chronic homelessness including chronic rough sleeping.</p>	<p>From 2016 to 2020, there was an overall upward trend of chronic homelessness with the proportion of respondents exhibiting chronic homelessness varying from 58% to 69%; from 2021 to 2022 chronic homelessness dropped from 57% to 56%. The peak in the proportion of respondents exhibiting chronic homelessness during 2020 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.</p>
<p>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.</p>	<p>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.</p>
<p>Target 3: The Western Australian rate of homelessness (including couch surfing and insecure tenure) will have been halved from its 2016 level.</p>	<p>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 increasing.</p>
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>The number of people in ending their support periods with their needs met, has decreased in recent years, indicating a need for greater and sustained focus on understanding and addressing the complex needs of Specialist Homelessness Services clients.</p>



Target	Summary of outcomes relative to targets set
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 4.0 (2022)

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 2022 Version 4.0 (Flatau, Lester, & Kyron, 2022).

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 increased overall since the mid-2000s.
- Since 2007-2008 there has been a general downward 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 *persistence of housing stress* since 2001 is increasing.
- *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 among this category.
- There has been a 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 decreased over time. Finally, renters from the Western Australia State housing authority have increased.
- There has been an overall negative trend towards less affordable rents over time in Western Australia, with latest estimates showing an increase in Perth rental prices of 6.7% from June 2021 – June 2022 (Core Logic, 2022).

To meet the target of 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 the recent large increase in rents in WA as evident in the recent Core Logic results.

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 declined and indicates that public housing is not keeping pace with population demand.
- The number of households on the public *housing waiting list* has remained stable.
- The *average waiting time* for a public house is nearly two years.

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. contributing factors to homelessness, such as family conflict and lack of income.
- While not as high as the youth unemployment rate, trends in the general population show unemployment is decreasing.

Youth unemployment is the single factor most frequently associated with youth homelessness (Australia. Human Rights Equal Opportunity Commission & Burdekin, 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 began to fall in 2021; a trend which continued into 2022.

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 2021.
- Aboriginal youth are significantly over-represented in juvenile detention figures. In 2020-21, Aboriginal youth made up 76% of the total population of youth detainees in custody and 60% of those under supervision, despite forming only 6.7% of those aged 10-17 in the general population.
- The steady, upward trend in the rate of children in out-of-home care among the Aboriginal population is concerning.



Under the former Premier's Priorities (since deferred indefinitely), 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 Australia Government, 2019).

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 implemented the 'Building a Better Future: Out-of-Home Care Reform' strategy, which is designed to 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'.

One of the most important initiatives has been The Western Australia Home Stretch Trial which 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. We provide a detailed overview of the Homestretch campaign in chapter 12 below.

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, lead 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 WA State Priorities 2020-2024 outline the Government's immediate priorities to reform and improve the mental health and alcohol and other drug (AOD) sector over four years from 2020. The



Priorities are aligned to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, and support a consumer-focused, holistic, integrated and sustainable approach to mental health and AOD. Priorities include prevention, community support, community accommodation, treatment services, sector development, system supports and processes and priority cohorts. The State Government in its 2020-2021 Budget has allocated \$1.013 billion to the Mental Health Commission to support services for all Western Australians. This includes \$46.9 million for suicide prevention programs and initiatives.

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). Aboriginal people are one of the priority cohorts within the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 with key projects including Aboriginal Cultural Security Review due to be completed December 2021, expansion of the Statewide Specialised Aboriginal Mental Health Service (SSAMHS) due to be completed January 2022, and Social and Emotional Wellbeing investment at Aboriginal Community Controlled Health Service due to be completed July 2022.

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.

In the 2022-23 state budget \$1.3 billion has been allocated for Western Australia's mental health, alcohol and other drug services with an \$18.5 million increase to the WA Country Health Service Infant, Child, Adolescent mental health frontline face to face workforce which provides support for psychiatry, nursing, peer and Aboriginal Mental Health Workers.

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 'never drunk'. 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 'risky' drinkers. 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. In 2022-23 the State Government has allocated \$1.3 billion for Western Australia's mental health, alcohol and other drug services including \$8.6 million for Peel community alcohol and other drug integrated services, \$3.5 million to support the development of a pilot alcohol-related violence prevention program at Royal Perth Hospital Emergency Department, \$6.1 million to continue a range of Fetal Alcohol Spectrum Disorder prevention initiatives, and \$6.9 million to 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.
- Family assault, breach of violence restraint orders and threatening behaviours were all seen to decrease.

Addressing FDV is a priority within the 2022-23 State Budget, investing a further \$34.4 million into the following initiatives in the family, domestic and sexual violence sector:

- Family and Domestic Violence Response Teams to extend the Co-ordinated Response Service (CRS);
- a range of initiatives in the family, domestic and sexual violence sector, as part of Western Australia signing on to the Commonwealth's National Partnership on Family, Domestic and Sexual Violence Responses
- create WA's third one-stop FDV hub in Armadale, building on the success of similar FDV hubs in Mirrabooka and Kalgoorlie. Another FDV hub is also set to be established in the Kimberley; and
- the Derby Family Violence Service and the Change Em Ways Kimberley Project.

Table 1.1 Drivers of homelessness in Western Australia

Drivers	Indicators	Most current values	Trend over time
Housing affordability	Proportion experiencing household stress in Perth (2017 - 2020) ¹	10.7%	Increasing
	Proportion of low-income rental households spending more than 30 per cent of their gross income on housing costs (2019-2020) ²	Perth -36.7% Rest of state – 26.2%	Decreasing
	Proportion of low income households remaining in housing stress from one year to the next (2017-2020) ¹	Australia – 48.3%	Increasing
	Housing affordability (2019-2020) ²	Owner – 2.9% Owner with a mortgage – 14.0% Renter – private landlord – 17.4% Renter – state of territory housing – 20.9%	Stable Decreasing Stable Decreasing
	Home ownership (2019-2020) ²	Owner without a mortgage– 26.6% Owner with a mortgage – 42.7% Renter – private landlord – 22.5% Renter – state of territory housing – 2.8%	Decreasing Stable Decreasing Increasing
	Rental affordability index (Q2, 2020) ³	Perth – Extremely unaffordable Rest of Western Australia – Extremely unaffordable	Decreasing Decreasing
	Perth rental prices (Core Logic, 2022).	An increase in Perth rental prices of 6.7% from June 2021 – June 2022	Increasing
Housing supply	Number of social housing dwellings (2021) ⁴	Indigenous community housing – 2,699 Community housing – 7,997 Public housing -31,919	Decreasing Stable Decreasing
	Number of applicants on waiting list (2021) ⁴	14,619	Stable
	Waiting time to secure public housing accommodation (2020) ⁵	Average – 94 weeks Median – 48 weeks	Stable Stable

¹ The Household, Income and Labour Dynamics in Australia (HILDA) Survey: General Release 20, 2022

² ABS 4130.0 – Housing Occupancy and Costs, 2019-20

³ Rental Affordability Index, SGS Economics & Planning.

⁴ AIHW Housing assistance in Australia 2021

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% 60% median income – 18.5%	Stable Stable
	Unemployment rate (2022) ²	Youth – 6.3% General population – 3.0%	Increasing Increasing
Young people - in custody and out-of-home care	Youth detainees in custody (Sept 2020) ³	Aboriginal - 57 youth Non-aboriginal - 26 youth	Decreasing Decreasing
	Children in out-of-home care (2020-2021) ⁴	Aboriginal – 64.7 per 1000 Non-aboriginal - 3.4 per 1000	Stable 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 Non-aboriginal - 11.9 per 1000	Stable Stable
Alcohol and drug use	Alcohol Consumption in Western Australia, people aged 14 years or older (2019) ⁷	Never drunk – 17.7% Drink daily – 5.0% Ex-drinker – 9.0%	Increasing Decreasing Decreasing
	Alcohol lifetime risk status, people aged 14 years or older (2019) ⁷	Lifetime risk – 17.0% Abstainers – 27.0% Low risk – 44.4%	Decreasing Increasing Stable
	Illicit Drug use (2019) ⁷	Ever used – 43.0% Used in last 12 months – 16.4%	Stable Stable
Domestic Violence	<i>Family violence offences in Western Australia (2021-22) ⁸</i>	Assault – 18,359 Threatening behaviour – 2,846 Breach of violence restraining order – 8,341	Decreasing Decreasing Decreasing

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 2020-21. 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, 2022. Crime Statistics

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 provides substantial detail and context about people experiencing homelessness. 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). 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.

Surveys stored within the Advance to Zero database were conducted using various Versions of the Vulnerability Index (VI) and the Vulnerability Index – Service Prioritisation Decision Assessment Tool (VI-SPDAT). These tools measure a person's risk of death, by identifying 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, which have also been updated over time.

In Western Australia, 3,183 surveys were conducted with people experiencing homelessness, mostly living in Perth. As outlined in Table 12, 82.2% of respondents were interviewed using various iterations of the Individual VI-SPDAT, 6.0% using the VI, 9.0% using the Families VI-SPDAT and 2.8% using the Youth VI-SPDAT.

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

Tool	Number	Per cent
Individual VI-SPDAT	2,618	82.2
Vulnerability Index	191	6.0
Families VI-SPDAT	285	9.0
Youth VI-SPDAT	89	2.8
Total	3,183	100.0

VI-SPDAT, Vulnerability Index – Service Prioritization Decision Assistance Tool
Source: Advance to Zero national database 2012-June 2022

Table 13 displays the number and proportion of surveys undertaken in Western Australia per year, and the instruments used to conduct them. Different versions of the three forms of the VI-SPDAT were used during different years and over different locations. 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. Between 2020 and 2022, 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 Advance to Zero database for Western Australia, comprises VI and VI-SPDAT surveys completed by people experiencing homelessness, and 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 June 2022, homelessness agencies conducted 3,183 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 2021, an average of 406 people per year completed the VI-SPDAT. Data has also been presented for 2020-June 2022 (n=937 surveys) to coincide with the impact of COVID-19.

A collation of data pertaining to homelessness in Western Australia using the National Registry Week (now Advance to Zero) data from 2010 to 2021 was presented in both *The State of Homelessness in Australia's Cities: A Health and Social Cost Too High* (Flatau et al., 2018) and *Ending Homelessness in Western Australia 2021* (Seivwright et al., 2021). The first 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 second set of analyses from the Advance to Zero national data 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.

In the current set of analyses we were able to separate out metropolitan and recent regional data collections. The majority of interviews (58.9%) between 2012 and June 2022 were conducted in Perth, followed by 8.1% in Fremantle, 5.4% in Bentley and 5.2% Midland. In regional centres of Western Australia, Mandurah was the site of 4.6% of interviews, Geraldton 4.2%, Rockingham 3.9% and Bunbury, 2.0% (Table 14).

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	6.0%	100%	-	-	-	-	-	100%
2013	1	0.0%	100%	-	-	-	-	-	100%
2014	150	4.7%	-	100%	-	-	-	-	100%
2015	171	5.4%	-	99.4%	0.6%	-	-	-	100%
2016	686	21.6%	-	93.3%	6.7%	-	-	-	100%
2017	335	10.5%	-	93.7%	6.3%	-	-	-	100%
2018	267	8.4%	-	94.8%	5.2%	-	-	-	100%
2019	361	11.3%	-	86.7%	13.3%	-	-	-	100%
2020	349	11.0%	-	66.8%	6.6%	18.9%	5.2%	2.6%	100%
2021	438	13.8%	-	5.9%	0.2%	71.7%	11.0%	11.2%	100%
2022 (to June 30)	235	7.4%	-	-	0.0%	62.1%	27.7%	10.2%	100%
Total	3,183	100.0%	6.0%	65.9%	4.8%	16.5%	4.1%	2.6%	100%

Source: Advance to Zero national database 2012-June 2022



Table 14 VI-SPDAT surveys, by region, Advance to Zero, Western Australia

Year	Number	Per cent
Armadale	38	1.2
Bentley	173	5.4
Bunbury	65	2.0
Fremantle	257	8.1
Geraldton	134	4.2
Joondalup	11	0.3
Mandurah	146	4.6
Maylands	18	0.6
Midland	165	5.2
Perth	1,876	58.9
Rockingham	123	3.9
Willetton	34	1.1
Missing	143	4.5
Total	3,183	100.0

Source: Advance to Zero national data 2012-June 2022

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

Approximately sixty per cent of respondents in the full dataset (2012-June 2022) identified as male (62.4%), 33.6% identified as female and 4.0% identified as other gender (Table 15). Taking just the 2020-2022 data, there is a more even proportion of males (46.5%) and females (44.3%), and a greater proportion of other gender (9.2%).

Males are overrepresented in the overall Advance to Zero data at 62.4%, relative to the 2016 Census estimate of overall homelessness in Western Australia (58.0% male) (Australian Bureau of Statistics, 2018), and Western Australia SHS clients (38.0% male in 2019-2020) (Australian Institute of Health and Welfare, 2020).

Examining the full dataset, most respondents who were asked about sexual identity, described themselves as *Straight* (78.7%) with 2.2% identifying as *Lesbian/Gay*, 1.6% as *Bisexual*, 0.9% as *Other* and 16.6% declining to answer. Looking at data from 2020 to June 2022, there is a slight increase in people reporting bisexuality and in people declining to state their sexuality. These proportions are in line with those from other data collections. For example, in 2020, the General Social Survey of the ABS found that 4.0% of the Australian adult population identified as gay, lesbian, or other sexual identities (Australian Bureau of Statistics, 2021).



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

	Complete data (2012-June 2022)		2020-June 2022	
Gender and sexual identity	Number1	Per cent	Number1	Per cent
Gender				
Male	1,839	62.4	436	46.5
Female	990	33.6	415	44.3
Other gender ²	117	4.0	86	9.2
Total	2,946	100.0	937	100
Sexual identity				
Straight	2,504	78.7	656	75.4
Lesbian/Gay	69	2.2	12	1.4
Bisexual	52	1.6	30	3.4
Other ²	30	0.9	19	2.2
Declined	528	16.6	153	17.6
Total	3,183	100.0	870	100

Source: Advance to Zero national data 2012-June 2022.

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 the 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 (Hail-Jares et al., 2021; Robinson, 2018).

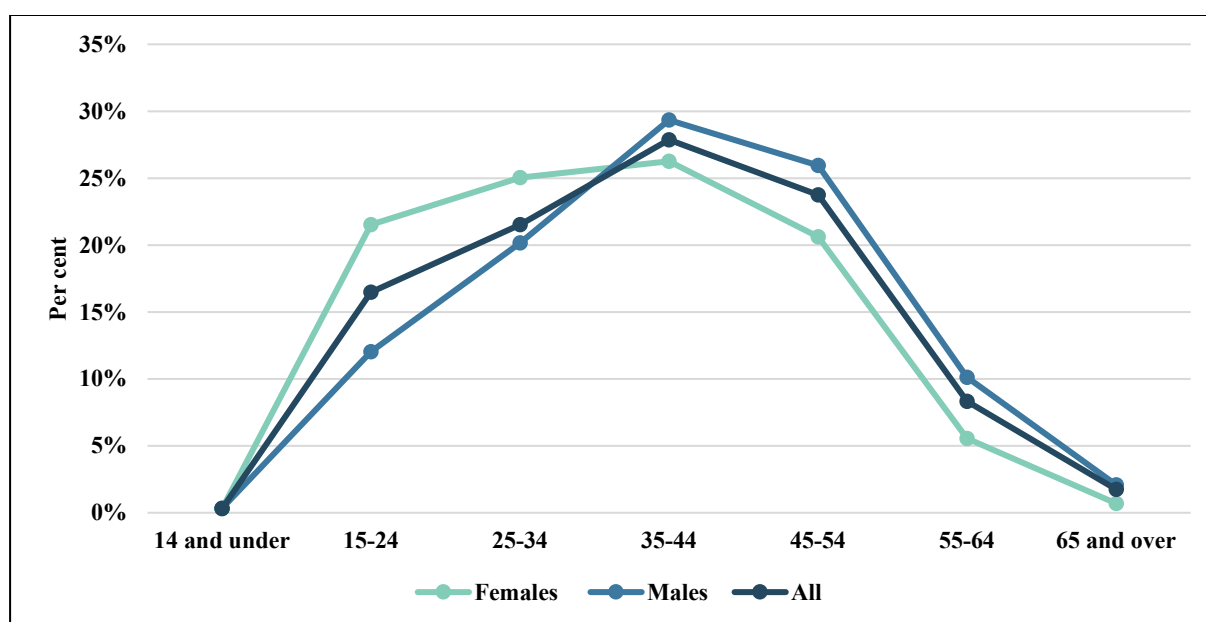
3.2 Age

The average age of average age of Western Australian respondents in the Advance to Zero full dataset (2012-2022) was 40.0 years. Examining only the 2020-June 2022 data reveals a slightly younger cohort with a mean age of 38.8 years.

Examining the distribution of age among the full sample (2012-June 2022) (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 (72.9%) were under the age of 44, while the majority of males were aged 35-55 (55.0%). One in six persons were aged under 24 years (16.8%). Taking only the 2020-June 2022 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-June 2022.

Notes: Estimates based on unique respondents and exclude missing values and respondents of Other gender.

3.3 Educational attainment

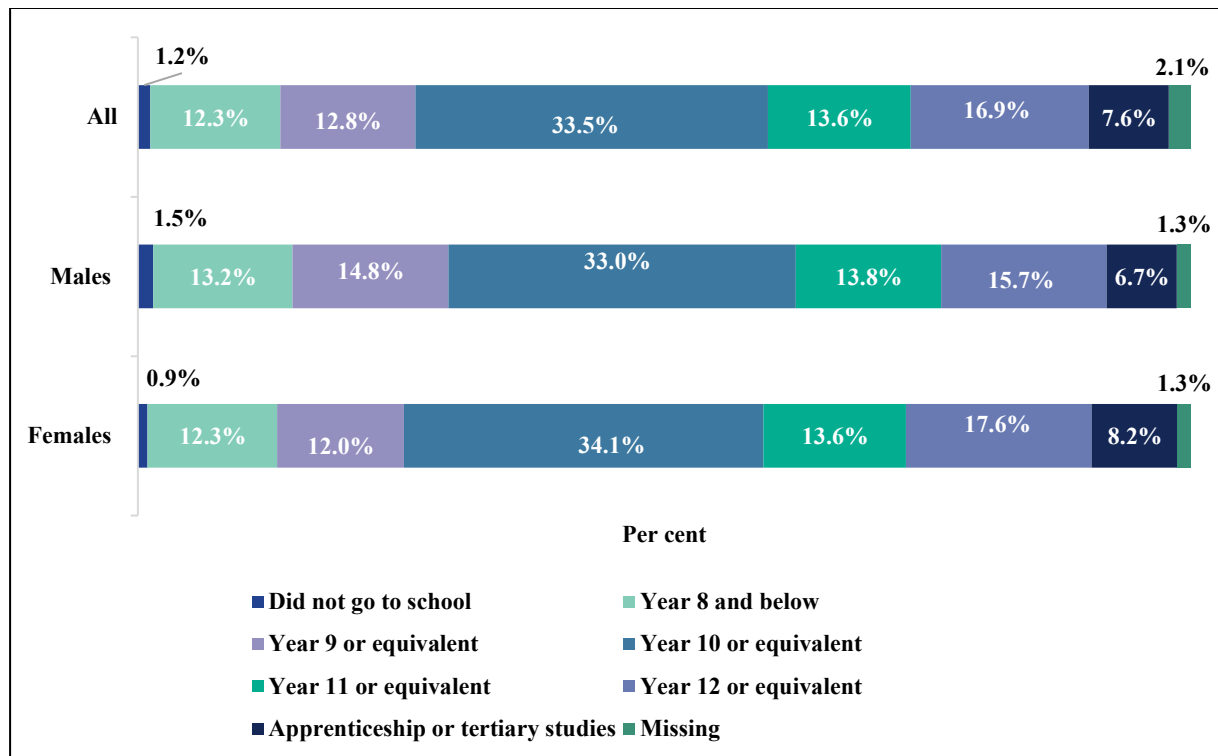
Educational attainment is a key determinant of labour market and income outcomes and can, in turn, be a protective factor against homelessness (Nino et al., 2009). Across the full Western Australian dataset, 7.6% of homeless completing a VI or VI-SPDAT reported attainment of post-secondary education in the form of an apprenticeship or tertiary studies. This is lower than the general population rate of 65% among 15-74 year olds (Australian Bureau of Statistics, 2018).

One in four 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 (25.1%), 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.



Figure 14 Educational attainment by gender, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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., focused on those experiencing primary homelessness and collected by outreach to people while they were experiencing homelessness), over half (51.6%) of respondents most often slept rough. Almost one quarter (24.1%) slept in temporary accommodation most frequently, such as by couchsurfing, 9.7% were most often in crisis or emergency accommodation, 5.7% in short-term accommodation such as boarding houses and hostels, and 3.2% most frequently slept in institutional accommodation such as hospitals and prison.

A small proportion (1.5%) of respondents were permanently housed, most likely reflecting the use of the VI-SPDAT in housing programs such as 50 Lives, 50 Homes. One per cent of respondents were in 'other' accommodation, and 3.1% 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	1,642	51.6
Crisis and emergency accommodation	309	9.7
Temporary accommodation (e.g., couch surfing)	768	24.1
Short-term accommodation (e.g., boarding house, hostel, caravan)	180	5.7
Institutional accommodation (e.g., hospital, drug and alcohol facility, prison)	103	3.2
Permanently housed	47	1.5
Other	34	1.1
Missing	100	3.1
Total	3,183	100.0

Source: Advance to Zero national data 2012-June 2022

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 64.1 months – over 5 years; for families, mean time spent homeless was 68.2 months – over 5.5 years (Table 17).



The median number of months spent homeless for individuals was 36.0 months (3 years) compared to 48.0 months (4 years) for families. 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-June 2022 data on duration of homelessness (n=397), the mean time spent homeless was 76.3 months and median was 48.0 months. The much higher mean and median in this subsample indicates that respondents in 2020-22 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 and 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	2,245	465
Mean (Months)	64.1	68.2
SD	80.6	82.6
Median	36.0	48.0

Source: Advance to Zero national data 2012-June 2022.

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?

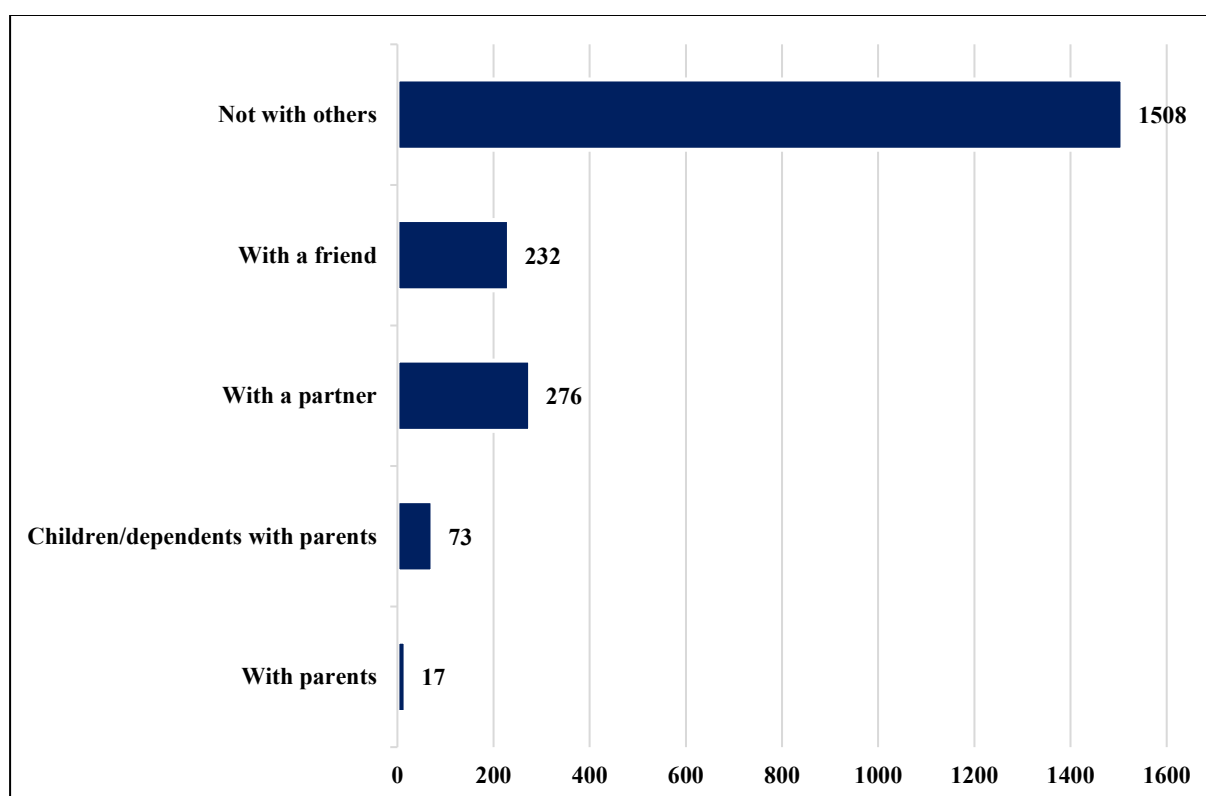
(5) In Family VI-SPDAT, question was: What is the total length of time you and your family have not had your own tenancy?

4.3 Partnering and living arrangements

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 (71.6%) respondents indicated that they were not with others and just over a quarter of respondents (27.6%) indicated that they were with a partner, friend or parents (Figure 15).



Figure 15 Partnering and living arrangements, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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

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 (56.2%) had been a victim of attack, half (49.9%) had threatened or tried to harm themselves or others, and approximately one-third reported having a person force them to do things that they did not want to do (32.8%) and had engaged in risky behaviour (35.2%).

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

Description of dangerous event	Western Australia
Been a victim of attack since becoming homeless	56.2%
Threatened or tried to harm themselves or others since becoming homeless	49.9%
Had a person forcing them to do things that they do not want to do	32.8%
Engaged in risky behaviour such as exchange sex for money, run drugs, have unprotected sex with strangers or share a needle	35.2%

Data source: Advance to Zero National Database 2012-June 2022.



A greater proportion of female respondents than male respondents reported experiencing each dangerous event among Western Australian people experiencing homelessness who are in the Advance to Zero database. A greater proportion of females than males reported being a victim of an attack since becoming homeless (63.8% versus 52.4%), to have threatened or tried to harm themselves or someone else (55.7% versus 45.7%), to have been forced or coerced to do things that they did not want to do (42.7% versus 26.8%) and reported engaging in risky behaviours such as exchanging sex for money, running drugs or sharing a needle (35.8% versus 34.2%).

Comparing the data collected between 2020 and June 2022 and the overall 2012-June 2022 data (Table 19), a higher proportion of women reported a victim of an attack (85.7% in 2020-2022 versus 63.8% in the overall data), while the risk to men reduced only slightly (from 52.4% to 50.0%). Engaging in risky behaviours increased for both women and men.

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

Description of dangerous events	2012-2022		2020-June 2022	
	Females	Males	Females	Males
Been a victim of attack since becoming homeless	63.8%	52.4%	85.7%	50.0%
Threatened or tried to harm themselves or others since becoming homeless	55.7%	45.7%	52.5%	49.0%
Had a person forcing them to do things that they do not want to do	42.7%	26.8%	39.3%	28.2%
Engaged in risky behaviours*	35.8%	34.2%	47.8%	50.4%

Data source: Advance to Zero National Database 2012-June 2022.

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

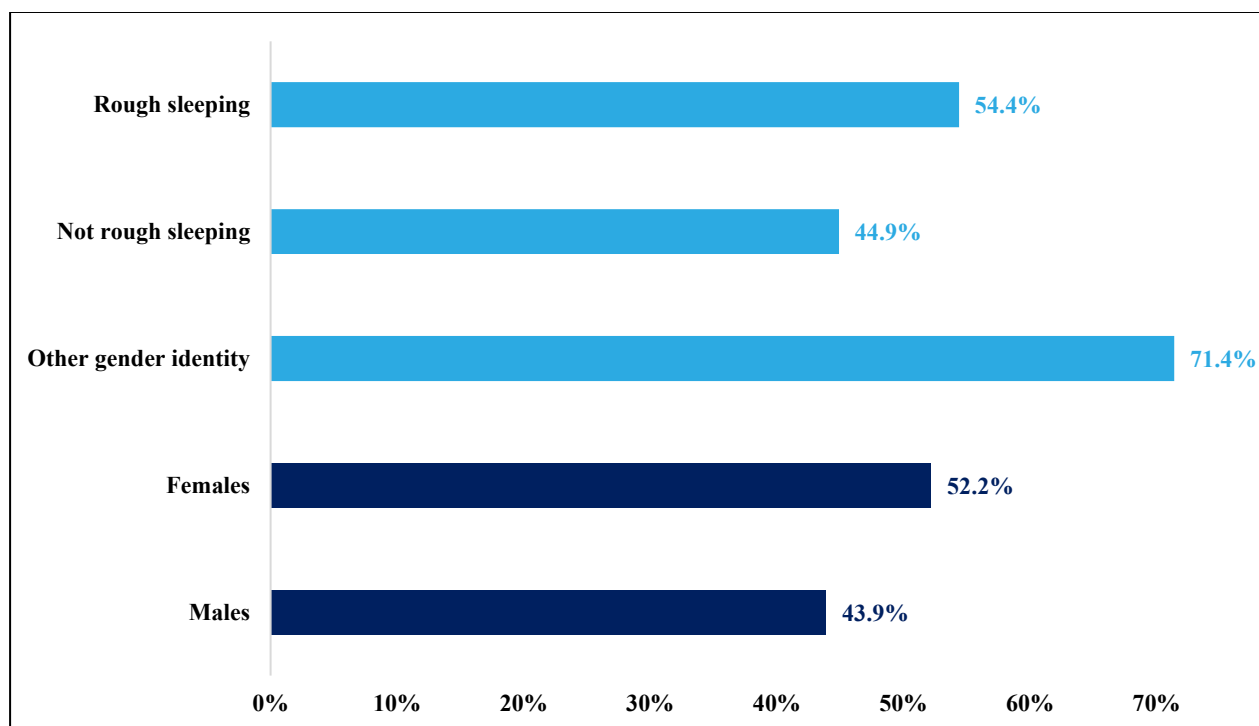
4.5 Discrimination

Discrimination on the base of race, gender, sexuality, health and disability status, and social status all serve as significant barriers to access to all institutions and markets in society, and particular the housing and employment markets (Romero et al., 2020; Stagoll & Lynch, 2002; Zerger et al., 2014). Discrimination is a common experience for people who experience homelessness across 2012-2022, half (50.3%) 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 (54.4%), followed by other gender identity (71.4%), and females (52.2%).



Figure 16 Respondents reporting perceived discrimination, per cent, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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' (Barak & Bohm, 1989; DeLisi, 2000; Walsh, 2003). 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.

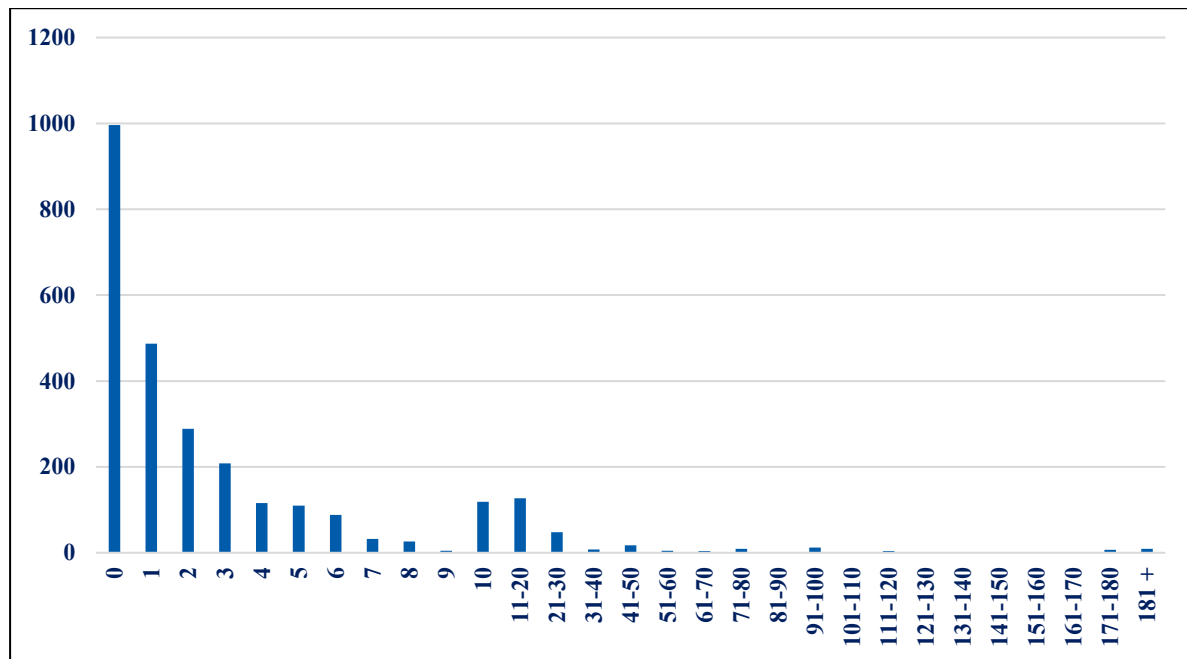
4.6.1 Interactions with the police

Nearly two thirds (63.6%) of the 2,732 respondents with valid data reported that they had interacted with police in the previous six months. Almost one in five (17.8%) had interacted with the police once in the previous six months, and almost one in four respondents (23.3%) 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 (68.9% versus 58.8%).

For the 2020-2022 cohort, 41.9% of the 809 respondents with valid data reported that they had not interacted with the police in the last six months and a further 16.0% reported that they had interacted with the police only once in the last six months. In this recent cohort, 16.9% of respondents had interacted with the police five times or more in the last six months. Overall, the 2020-2022 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-June 2022.

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 (2012-June 2022) dataset by rough sleeping status revealed that rough sleepers had a higher rate of police interactions than those not sleeping rough. In the 2020-2022 data, these statistics were similar, though slightly lower overall with 63.2% of rough sleepers having had one or more interactions with the police and only 53.4% of those not rough sleeping.

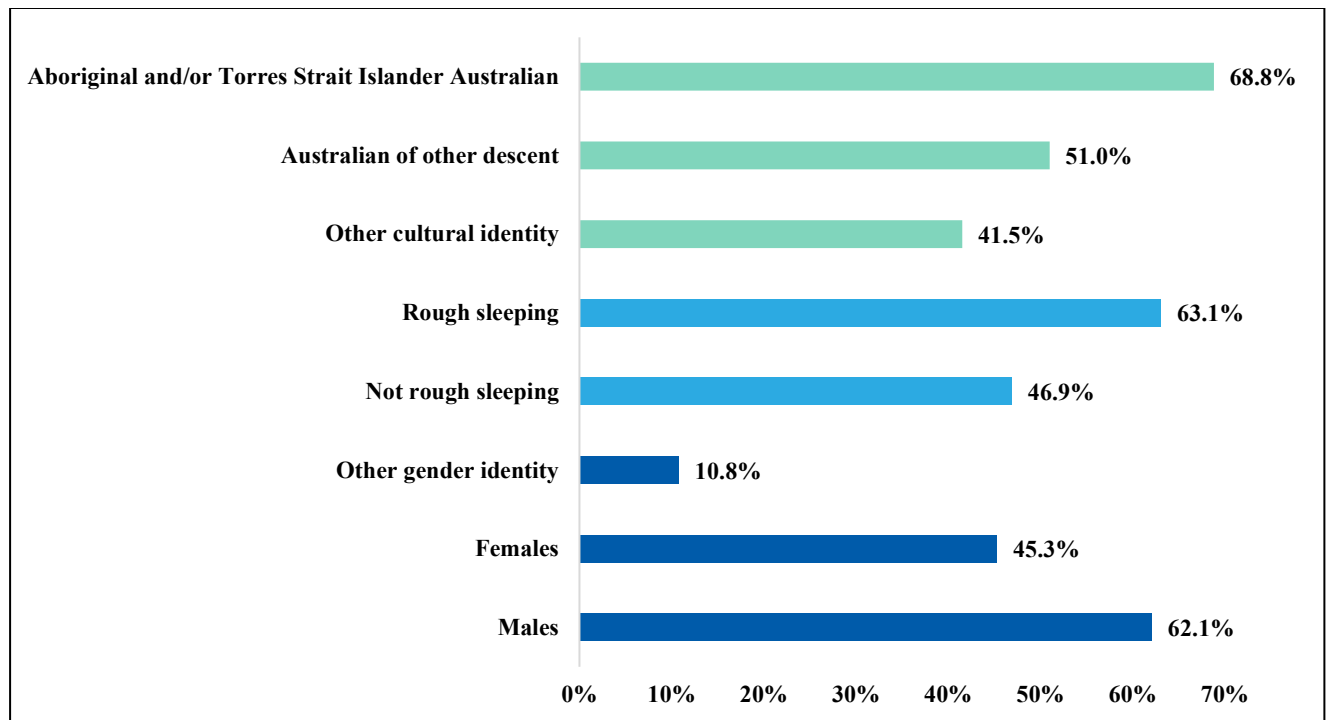
4.6.2 Imprisonment

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 (Australian Institute of Health and Welfare, 2019). Further, thirty-one per cent of prisoners in Australia reported that they expected to be homeless upon their release (Australian Institute of Health and Welfare, 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 street.

In Western Australia, 55.6% 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 and/or Torres Strait Islander respondents (68.8%) had been imprisoned than non-Aboriginal and/or Torres Strait Islander respondents (51.0%), 62.1% of males versus 45.3% of females had been imprisoned, and a greater proportion of rough sleepers (63.1%) than those who were not rough sleeping (46.9%) 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-June 2022.

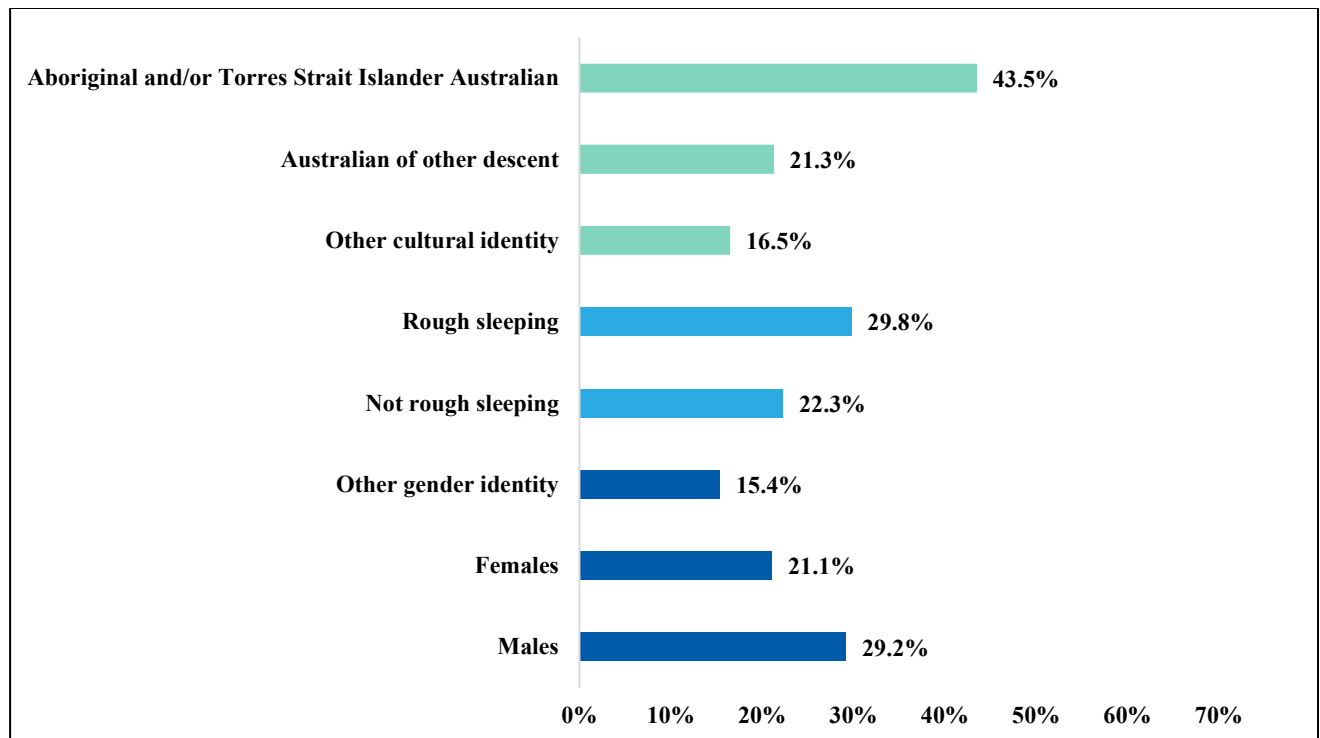
Notes: (1) Respondents were asked Have you ever been in prison?

(2) Estimates based on unique respondents and exclude missing values.

For many, experience with the justice system started early in their lives: 26.1% of all respondents reported experience of juvenile detention. Figure 7 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 and/or Torres Strait Islander respondents with 43.5% of Aboriginal and/or Torres Strait Islander respondents in Western Australia having experience of juvenile detention versus 21.3% of non-Aboriginal and/or Torres Strait Islander respondents. Females had a lower prevalence of juvenile detention (21.1%) compared to males (29.2%), and rough sleepers had a higher prevalence (29.8%) than those who were not sleeping rough (22.3%).



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



Source: Advance to Zero national data 2012-June 2022.

(1) Estimates based on unique respondents and exclude missing values.

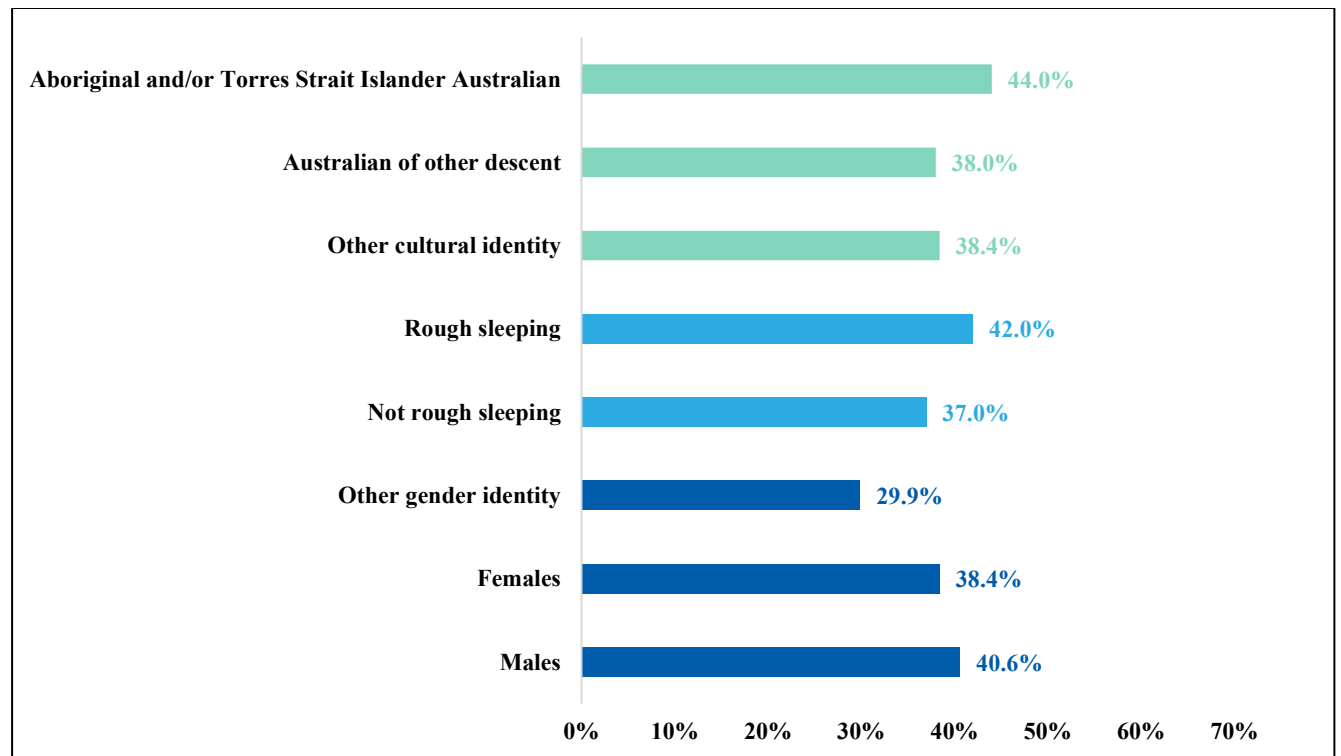
4.6.3 Legal issues

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, 39.6% 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 the justice system finds that the majority of offences committed by homeless people are minor and for petty crimes such as shoplifting or property damage that are often better described as survival behaviours rather criminal behaviours (DeLisi, 2000; Walsh, 2003).

Figure 20 outlines the proportion of respondents in selected cohorts. A larger proportion of Aboriginal and/or Torres Strait Islander respondents (44.0%) reported that they had legal issues at the time of survey, compared with 38.0% of non-Aboriginal and/or Torres Strait Islander respondents and 38.4% of those of other cultural identity. By sex, similar proportions of males and females (40.6% and 38.4%, respectively) reported legal issues, though only 29.9% 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. More rough sleepers (42.0%) than those not sleeping rough (37.0%) 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- June 2022.

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

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 (58.4%) of Western Australian respondents in the full 2012-June 2022 dataset; dehydration by 30.2%; foot or skin infections by 19.9%; chronic digestive conditions by 8.8% and epilepsy by 8.3%. Cellulitis and scabies were less common with reports by only 6.3% and 4.1% of respondents respectively (Table 20).

Comparing prevalence of selected health conditions between the most recent (2020-June 2022 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 30% to 36.5%.

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

Condition	2012-June 2022				2020-June 2022			
	Yes	No	Yes (%)	Total	Yes	No	Yes (%)	Total
Cellulitis	171	2,547	6.3	2,718	39	558	6.5	597
Foot/skin infections	545	2,187	19.9	2,732	136	463	22.7	599
Scabies	113	2,614	4.1	2,727	37	562	6.2	599
Dehydration	821	1,902	30.2	2,723	212	385	35.5	597
Epilepsy	238	2,633	8.3	2,871	45	554	7.5	599
Chronic digestive condition	58	599	8.8	657	54	532	9.2	586
Dental problems	1,680	1,195	58.4	2,946	363	239	60.3	602

Source: Advance to Zero national data 2012-June 2022.

Notes: (1) Estimates based on unique respondents and excluding missing values.

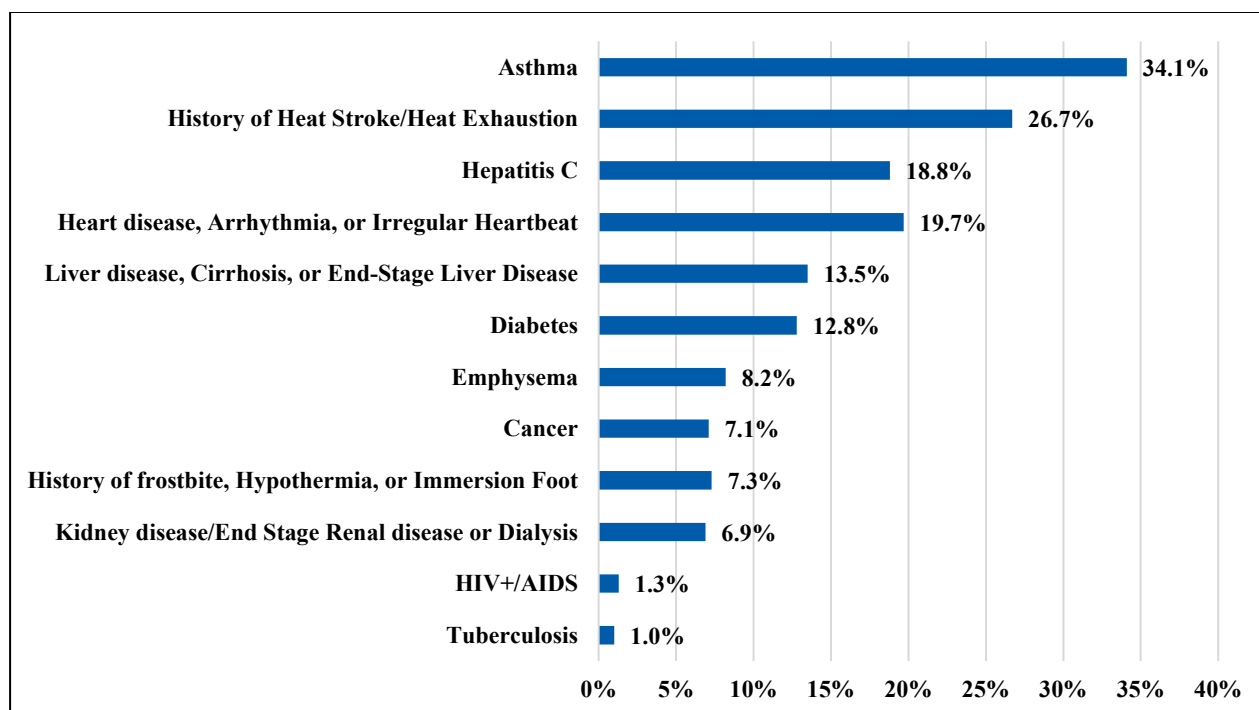
(2) Questions about current health conditions were not included in the Families VI-SPDAT Versions 1 and 2, Individual Versions 2 and the Youth VISPIDAT Version 2.

(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 34.1% of respondents. Other commonly reported disorders were heat stroke or heat exhaustion (26.7%), heart disease, arrhythmia, or irregular heartbeat (19.7%), and hepatitis C (18.8%). 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 4.3% reported for the general Australian population by the AIHW (Australian Institute of Health and Welfare, 2022a).



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



Source: Advance to Zero national data 2012- June 2022.

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

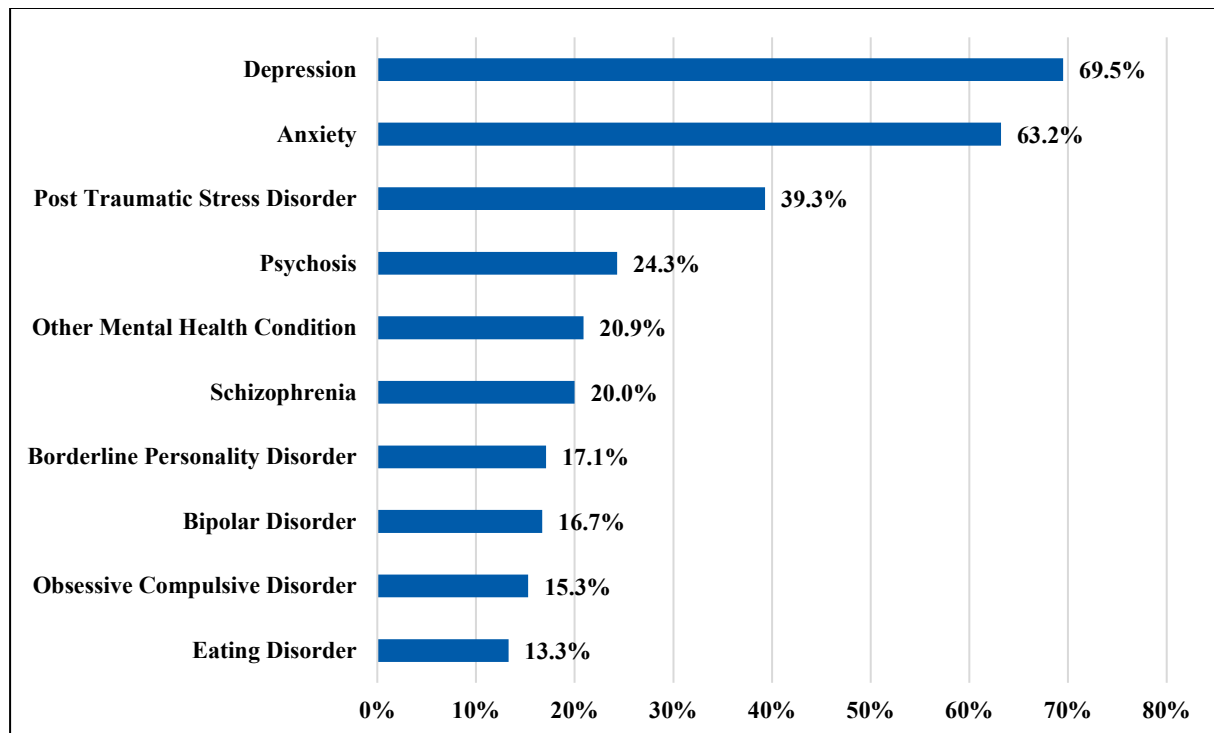
5.2 Mental health issues and brain injury

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 (67.6%) 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 (48.8%) had gone to an emergency department (ED) due to not feeling emotionally well or because of their nerves. In addition, 35.0% of Western Australian respondents reported that they had been taken to hospital against their will for mental health reasons and 31.0% 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 (2020-22). More than two-thirds of respondents reported having depression (69.5%) and anxiety (63.2%). Post-traumatic stress disorder was also common, with 39.3% of people reporting diagnosis. Almost one quarter (24.3%) of Western Australian respondents had been diagnosed with psychosis, and 1 in 5 had been diagnosed with schizophrenia (20.0%), bipolar disorder (16.7%) and borderline personality disorder (17.1%).



Figure 22 Diagnosed mental health conditions, per cent, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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

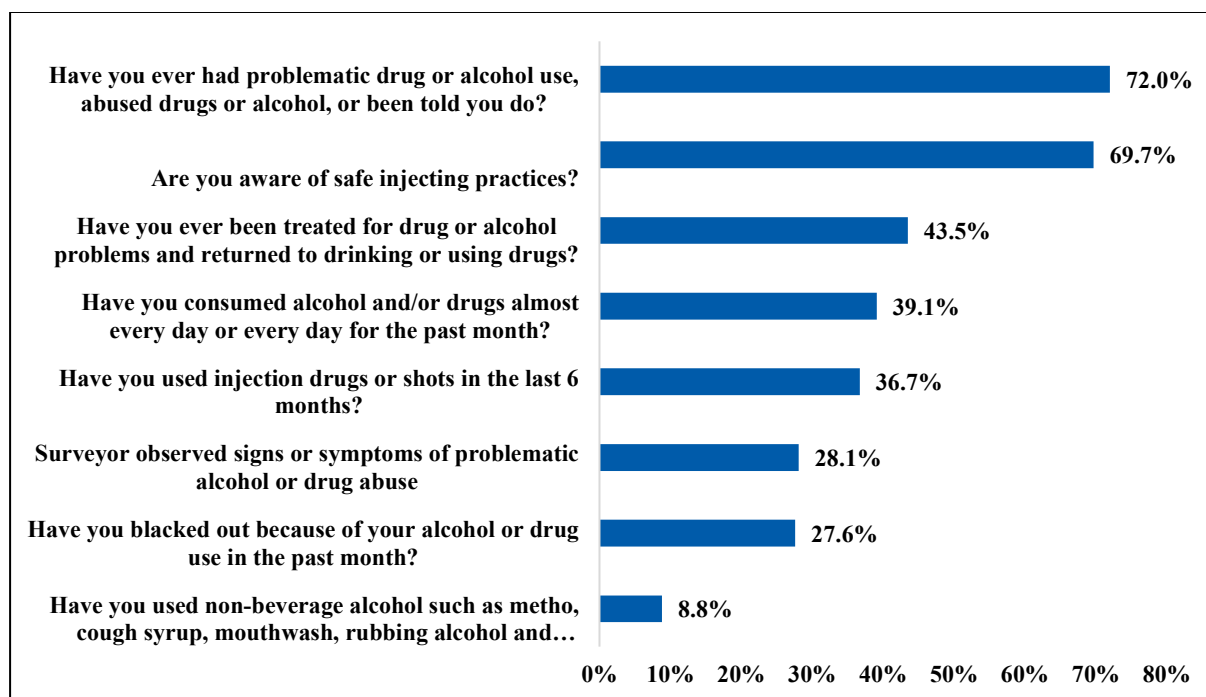
5.3 Problematic drug and alcohol use

Previous studies show a strong link between alcohol and other drug misuse with homelessness, with one study finding an estimated 17% became homeless because of substance abuse and 55% had problems with drug use (Johnson & Chamberlain, 2011) and another study finding 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 (Teesson et al., 2003). A recent Perth paper on people experiencing homelessness found that over two-thirds (67.5%) of people had a diagnosed AOD use disorder (Vallesi & Wood, 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, over seventy per cent (72.0%) of respondents reported that they had experienced or been told that they had problematic drug or alcohol use or abused drugs or alcohol. Almost 40% (39.1%) reported that they had consumed alcohol or drugs almost every day or every day during the past month whilst a similar percentage (36.7%) reported that they had used injection drugs or shots in the last six months. One in four respondents (43.5%) reported that they had been treated for drug or alcohol problems and returned to drinking or using drugs. A much smaller percentage (8.8%) 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. Over one quarter of respondents (27.6%) reported blacking out because of alcohol or drug use in the past month. For 28.1% of respondents, the surveyor reported signs or symptoms of problematic alcohol or drug abuse. A majority (69.7%) 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-June 2022.

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

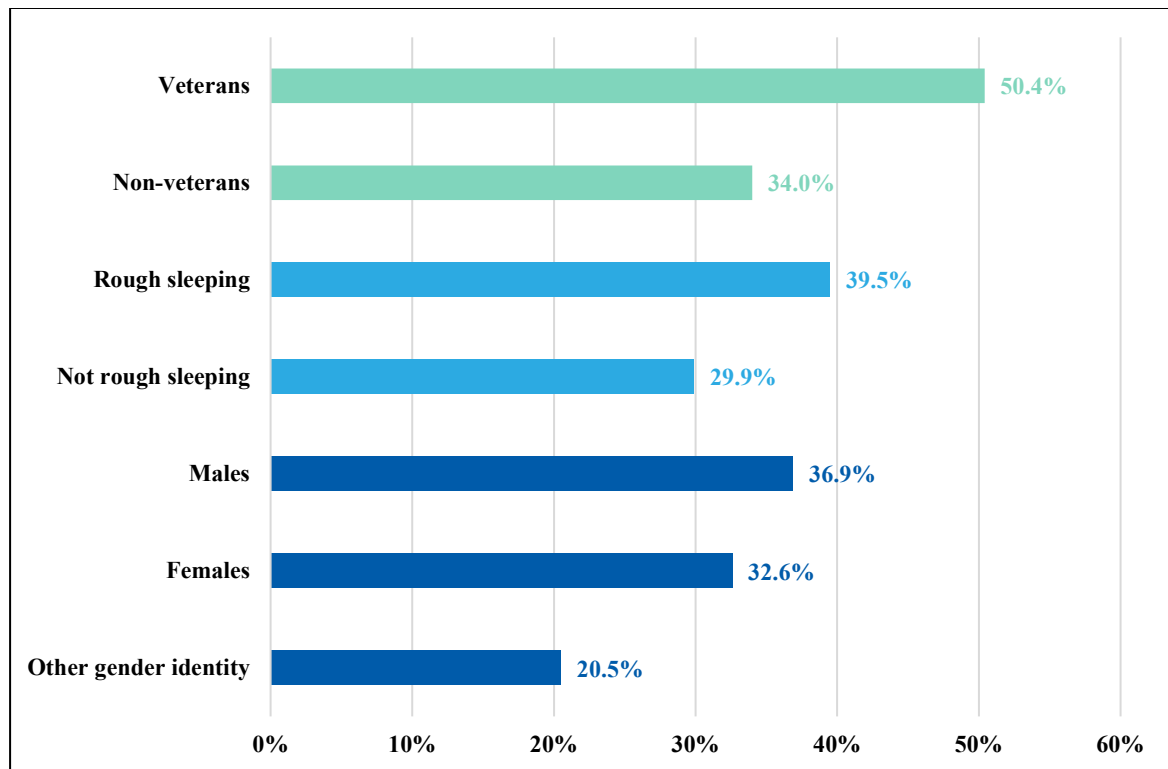
5.4 Brain injury

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 (35.0%) of Western Australian respondents in the Advance to Zero database reporting serious brain injury or head trauma and nearly a third (31.0%) 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 higher rate of serious brain injury or head trauma than non-veterans (50.4% versus 34.0% (Figure 24). Rough sleepers reported a higher rate of brain injuries than non-rough sleepers (39.5% versus 29.9%). By sex, the rate of self-report of serious brain injury or head trauma was highest in males (36.9%), followed by females (32.6%) and lastly those of other gender identity (20.5%).



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- June 2022.

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

Compared to the wider cohort (2012-22), the 2020-22 cohort and all cohorts within that cohort (veterans, rough sleepers, and males/females/other gender identification) reported slightly lower prevalence of brain injury.



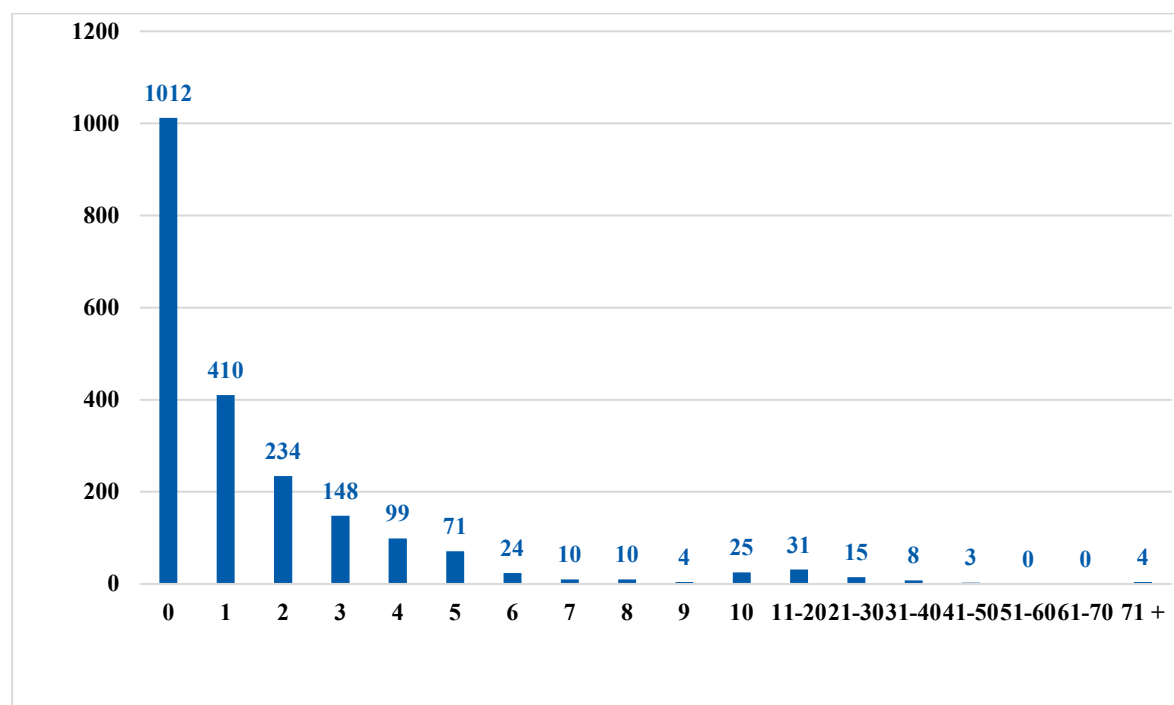
6. HEALTH SERVICE USE

This section examines self-reported health service utilisation among Western Australian people in the Advance to Zero database. The results discussed in the previous chapter 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 healthcare services such as accident and emergency departments, ambulance services and hospital admissions.

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 2,093 Western Australian respondents with relevant information, about half (48.4%) had no hospitalisations in the prior six months, almost half (49.4%) had between one to ten hospitalisations and only 46 (2.2%) had been hospitalised more than ten times in the previous six months. The distribution of numbers of hospitalisations can be seen in Figure 25. Respondents had a mean number of visits in the last six months (including zero visits) of 2.97.

Figure 25 Number of times hospitalised in the last six months, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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 higher among the 2020-22 cohort: of the 232 respondents who answered the question, 37.1% had not been hospitalised in the last six months and slightly more than a half (59.5%) had from one to ten hospitalisations. Only eight (2.6%) 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 2020-2022 cohort of only 202 with relevant data.

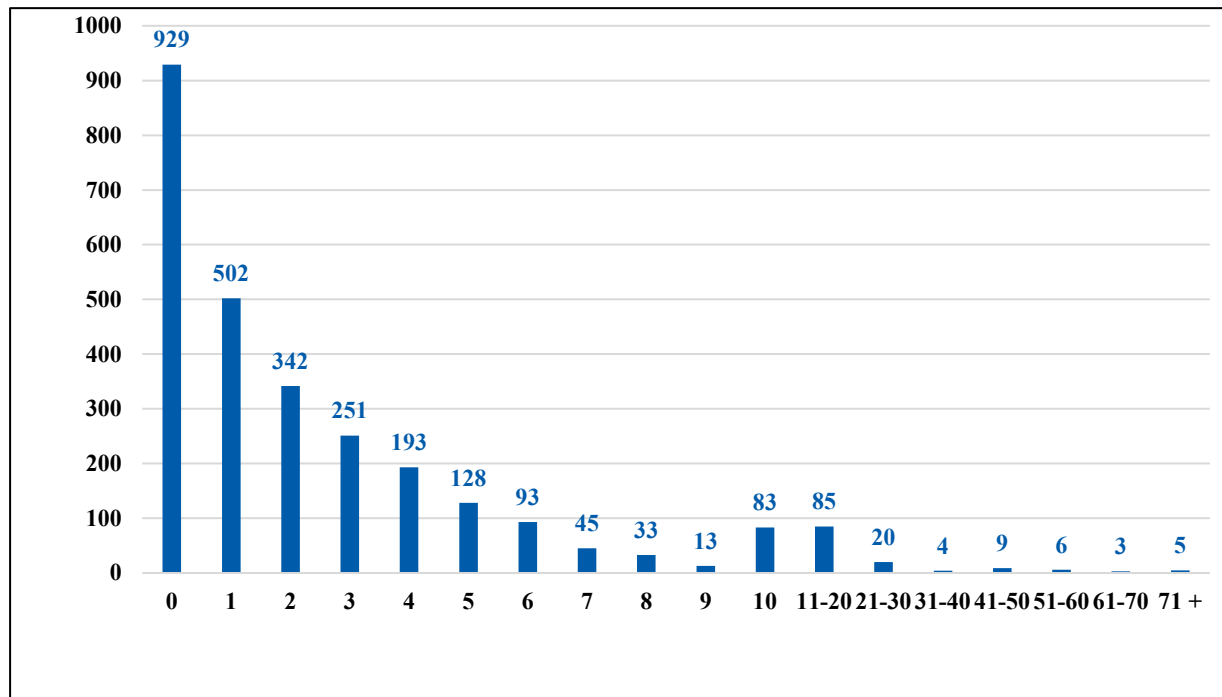


6.2 Accident and Emergency

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-June 2022), two thirds (66.1%) of respondents reported that they had used A&E in the six months prior to the survey. Over one quarter (26.2%) 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 3.04.

Figure 26 Accident and emergency visits over the last six months, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

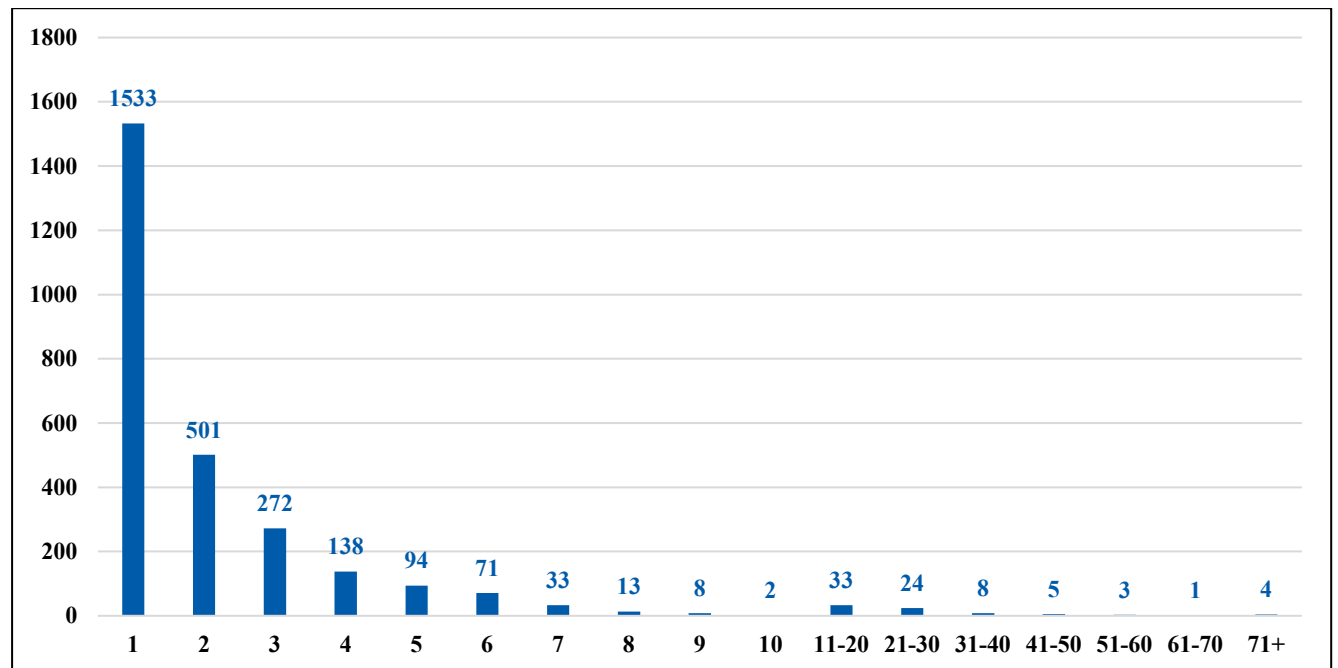
A comparison of the 2012-2022 and the 2020-2022 cohorts indicated that the proportion who had not A&E in the last six months was almost identical (34.9% versus 33.9%) and the mean was the same for the latest cohort (3.04). For those who had used the service in the previous six months, the mean changed little (4.99 versus 4.74). Overall A&E use was much the same in the 2020-22 cohort as it was in the 2010-22 cohort.

6.3 Ambulance

Over half (55.6%) of Western Australian respondents in the full 2012-June 2022 sample in the Advance to Zero database had not been taken to hospital by ambulance in the six months prior to survey and 42.7% 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 1.5% 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 1.59 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-June 2022.

Examining just the 2020-22 cohort, the distribution was reflective of the overall sample, with just over half (55.5%) of people not being taken to hospital by ambulance at all in the previous six months and 42.7% being taken to hospital via ambulance 1-10 times. The mean number of times people in the 2020-22 cohort were taken to hospital by ambulance over the six months prior to survey was 1.63 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, 2022) average cost of a public hospital separation in Western Australia (\$5,519) and A&E visit not resulting in admission (\$705) ((ROGS, 2022), Table 12A.51; (ROGS, 2022), Table 12A.53). 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 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 (Wood et al., 2016; Zaretsky et al., 2013). 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 \$14,449, comprised of \$10,486 associated with hospitalisations, \$2,327 with Accident and Emergency Presentations, and \$1,636 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 \$15,891 overall (\$11,424 hospital; \$2,686 A&E; \$1,780 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: \$5,519		A&E Cost per incident: \$705		Ambulance cost per incident: \$1,029		Total
	<i>Mean no. incidents</i>	<i>Mean cost/person</i>	<i>Mean no. incidents</i>	<i>Mean cost/person</i>	<i>Mean no. incidents</i>	<i>Mean cost/person</i>	<i>Mean cost/person</i>
Rough sleepers	2.07	\$11,424	3.81	\$2,686	1.73	\$1,780	\$15,891
Not sleeping rough	1.71	\$9,437	2.76	\$1,946	1.43	\$1,471	\$12,855
Rough sleeping status not specified	2.09	\$11,535	3.28	\$2,312	1.89	\$1,945	\$15,792
Overall	1.90	\$10,486	3.3	\$2,327	1.59	\$1,636	\$14,449

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

Source: Advance to Zero national data 2012-June 2022.

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 \$20,310 for hospitalisations, \$3,518 for Accident and Emergency visits and \$3,704 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 \$21,248, \$3906 for Accident and Emergency visits, and \$3,807 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.

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: \$5,519			A&E cost/incident: \$705			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	588	3.85	\$21,248	960	5.54	\$3,906	653	3.7	\$3,807
Not sleeping rough	481	3.47	\$19,151	834	4.36	\$3,074	544	3.46	\$3,560
Rough sleeping status not specified	12	3.83	\$21,138	21	4.52	\$3,187	13	4.08	\$4,198
Overall	1,081	3.68	\$20,310	1,815	4.99	\$3,518	1,210	3.6	\$3,704

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

Source: Advance to Zero national data 2012-June 2022.

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

This section examines indicators of financial and social wellbeing among Western Australian respondents in the Advance to Zero database. 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)

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 (Giano et al., 2020).

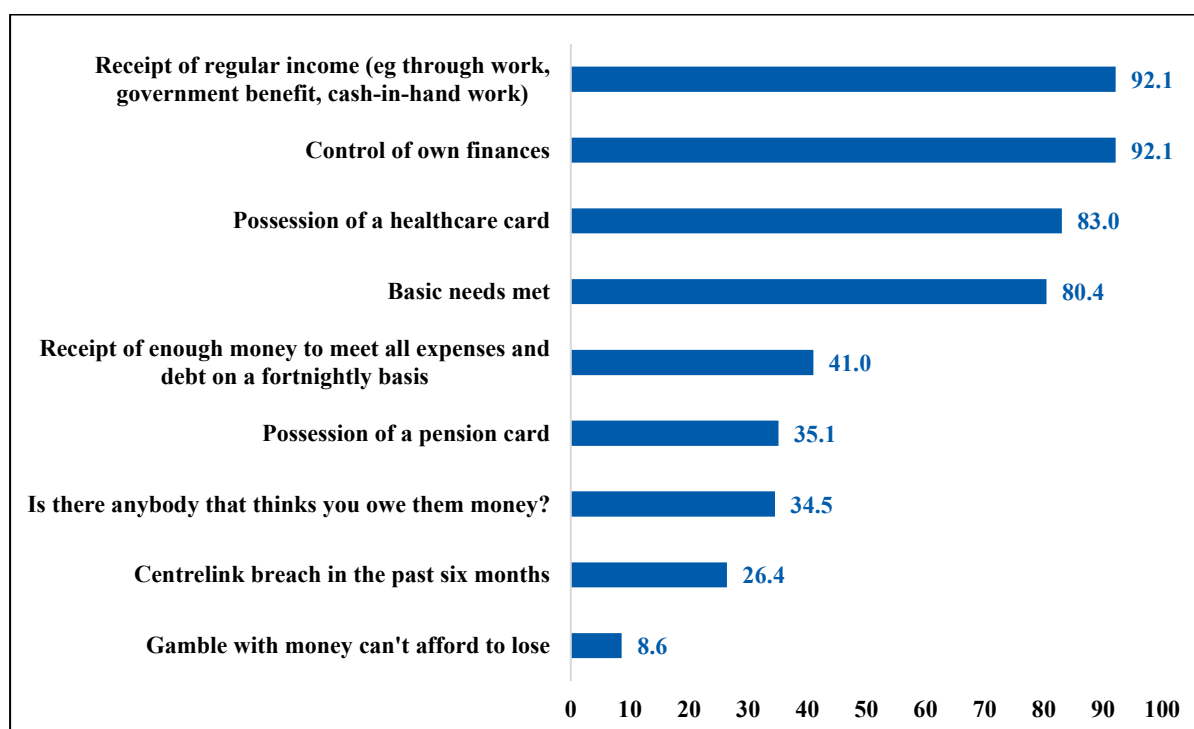
Reflecting Australia's income support system, 92.1% of Western Australian respondents in the Advance to Zero report receipt of regular income. Most (92.1%) also had control of their finances. The inability to obtain enough consistent income that presents a barrier to sustaining a tenancy (Shier et al., 2012; Zuvekas & Hill, 2000). Therefore, it is worrying but unsurprising that only 41.0% 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 (83.0%) Western Australian respondents in the Advance to Zero database reported that they had a healthcare card and many (35.1%) had a pension card. Concerning, however, is that 26.4% of respondents had received a Centrelink breach in the prior six months.

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, 34.5% of people said there was a person or were people that thought they owed them money and 8.6% reported that they gambled with money that they could not afford to lose. However, 80.4% of respondents indicated their basic needs were met.



Figure 28 Financial indicators of wellbeing, per cent, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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 most of the cohorts.



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	91.3	38.5	35.4	28.0	78.6	92.6	33.5
Not rough sleeping	93.0	43.7	34.9	24.6	88.2	91.4	35.6
Gender Identity							
Males	91.9	42.6	34.0	25.5	83.0	92.7	34.6
Female	92.7	37.7	38.2	27.7	83.1	91.2	33.4
Other gender identity ⁵	88.2	38.2	34.3	36.4	80.6	83.3	47.4
Cultural Identity							
Aboriginal and/or Torres Strait Islander	94.1	38.6	37.0	29.6	82.1	93.7	34.5
Non-Aboriginal and/or Torres Strait Islander	93.0	42.1	34.8	26.5	85.2	91.7	34.5
Other	85.2	42.3	32.3	17.5	75.3	90.2	34.7
Veteran Status							
Veterans	96.4	45.3	38.5	19.4	82.4	93.4	32.4
Non-veterans	92.0	40.7	35.0	26.8	83.0	92.1	34.7

Source: Advance to Zero national data 2012- June 2022.

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.

(4) Question was not included in the Families VI-SPDAT (both Versions) Individual VI-SPIDAT Version 3, VI and Youth VI-SPIDAT Version 3.

(5) Other gender includes Intersex or X, Other gender identity, unknown, declined to state.

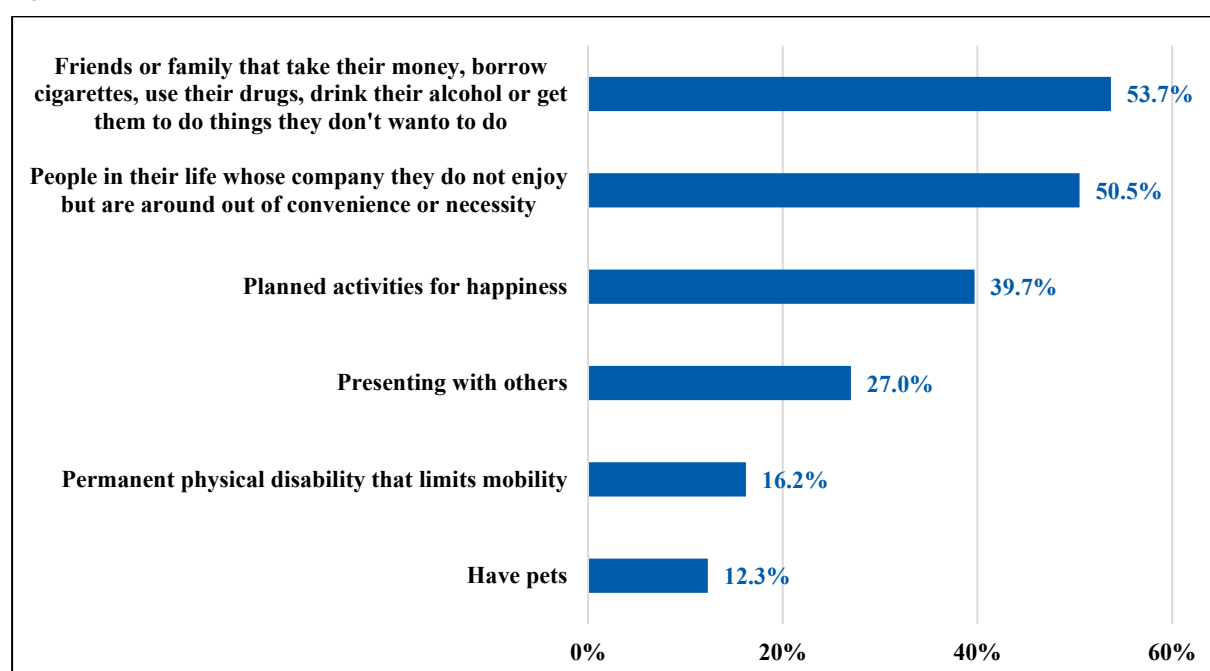


8.2 Social Indicators

The VI and VI-SPDAT instruments include indicators of social wellbeing relating to both risk and protective factors. For protective factors, 39.7% of Western Australian respondents in the Advance to Zero database reported that they planned activities for happiness Just over one quarter (27.0%) presented with others, such as a partner, friends or family at the time of survey (though not necessarily in accommodation). About one in eight (12.3%) respondents reported that they have a pet.

With regard to risk factors for safety, 53.7% 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 50.5% 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-June 2022.

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

Table 24 examines social indicators of wellbeing by demographic cohort. A larger proportion of rough sleepers reported having a pet (13.7% versus 8.9%), whereas a larger proportion of rough sleepers reported presenting with others (30.9% versus 22.0%). A larger proportion of rough sleepers reported friends or family that steal their things (58.0% versus 48.9%) than those who were not rough sleeping.

A greater proportion of female respondents reported embracing the protective factors for social wellbeing of having a pet (20.5% versus 7.7%) and of being with other people (42.6% versus 21.1%) than male respondents. On the other hand, a smaller proportion of female respondents than male respondents planned activities for happiness (35.0% versus 41.7%). 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 (60.8% versus 45.4%) or people who stole from them or forced to do unwanted acts (62.2% versus 49.4%).

A substantially higher proportion of Aboriginal and/or Torres Strait Islander respondents relative to non-Aboriginal and/or Torres Strait Islander respondents and those of other identity presented with others (41.5% versus 21.5% versus 17.5%). Likewise, a substantially greater proportion of Aboriginal



and/or Torres Strait Islander people reported having people that they keep in their lives out of convenience or necessity rather than enjoyment of their company (56.9% versus 47.8% versus 46.0%) or family/friends who steal from them or force to do unwanted acts (60.9% versus 51.0% versus 46.8%) than non- Aboriginal and/or Torres Strait Islander people and those of other identity.

Veteran and non-veteran respondents similarly reported that they had a pet (11.5% versus 12.5%) and a substantially higher proportion of veterans than non-veterans reported a permanent mobility issue (27.8% versus 15.5%). A smaller proportion of veterans than non-veterans reported presenting with others (15.3% versus 27.7%) but similar proportions reported planning activities for happiness (38.4% versus 39.7%). 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 (37.9% versus 51.2%) 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/ necessity ²	Friends/family take their things or force to do unwanted acts	Planned activities for happiness	Have pets
Place slept most frequently						
Rough sleepers	17.8	30.9	51.9	58.0	37.8	10.2
Non-rough sleepers	14.3	22.0	48.9	48.9	41.9	14.4
Gender Identity						
Males	15.9	21.1	45.4	49.4	41.7	7.7
Female	16.7	42.6	60.8	62.2	35.0	20.5
Other gender ⁵	16.4	25.7	67.6	73.5	32.4	7.7
Cultural Identity						
Aboriginal and/or Torres Strait Islander	15.5	41.5	56.9	60.9	39.0	2.9
Non- Aboriginal and/or Torres Strait Islander	16.9	21.5	47.8	51.1	39.4	10.4
Other identity	14.3	17.5	46.0	46.8	42.3	21.2
Veteran Status						
Veterans	27.8	15.3	37.9	45.3	38.4	11.5
Non-veterans	15.5	27.7	51.2	54.0	39.7	12.5

Source: Advance to Zero national data 2012-June 2022.

Notes: (1) Estimates based on unique respondents and exclude missing values.

(2) 2Question 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

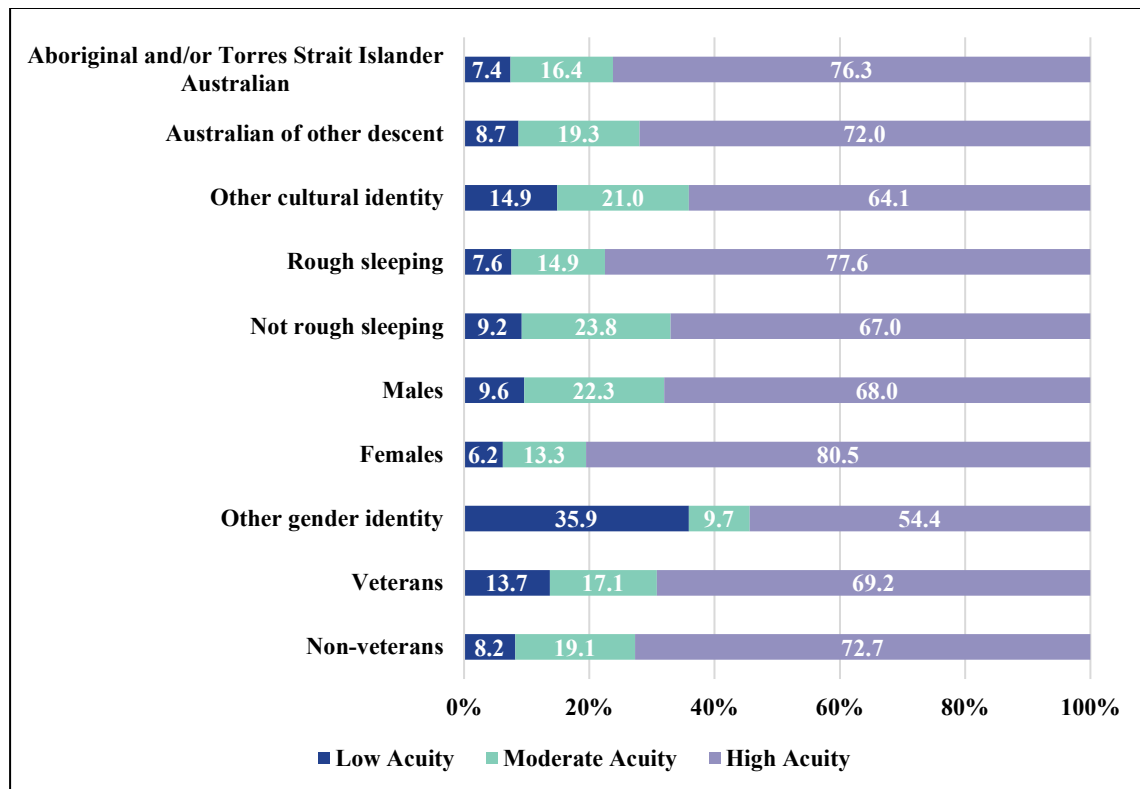
	VI-SPDAT Version 1	VI-SPDAT Versions 2 and 3
Low acuity	0-3	0-4
Moderate acuity	4-7	5-9
High acuity	8+	10+

In the 2012-2022 data, 9.4% 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, 18.8% were considered moderate acuity and needing permanent housing with tapered support, and 71.8% were considered high acuity needing permanent housing with long term support.

Breaking the data down by demographics, a greater proportion of females (80.5%), those sleeping rough (77.6%) and Aboriginal and/or Torres Strait Islander respondents (76.3%) had higher acuity scores than males (68.0%) and were identified as needing permanent housing with long term support (Figure 18). A greater proportion of participants aged under 55 had higher acuity scores than those over 55 (Figure 19).

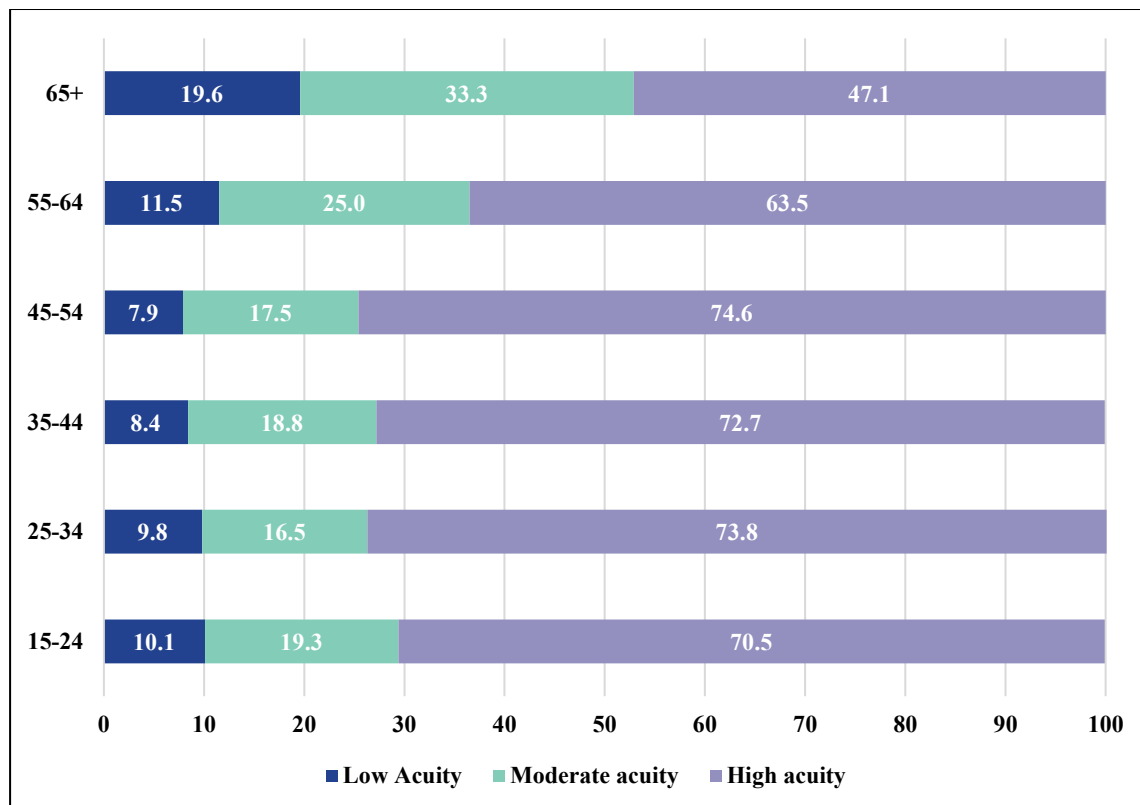


Figure 30 Acuity levels by demographics, Advance to Zero, Western Australia



Source: Advance to Zero national data 2012-June 2022.

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

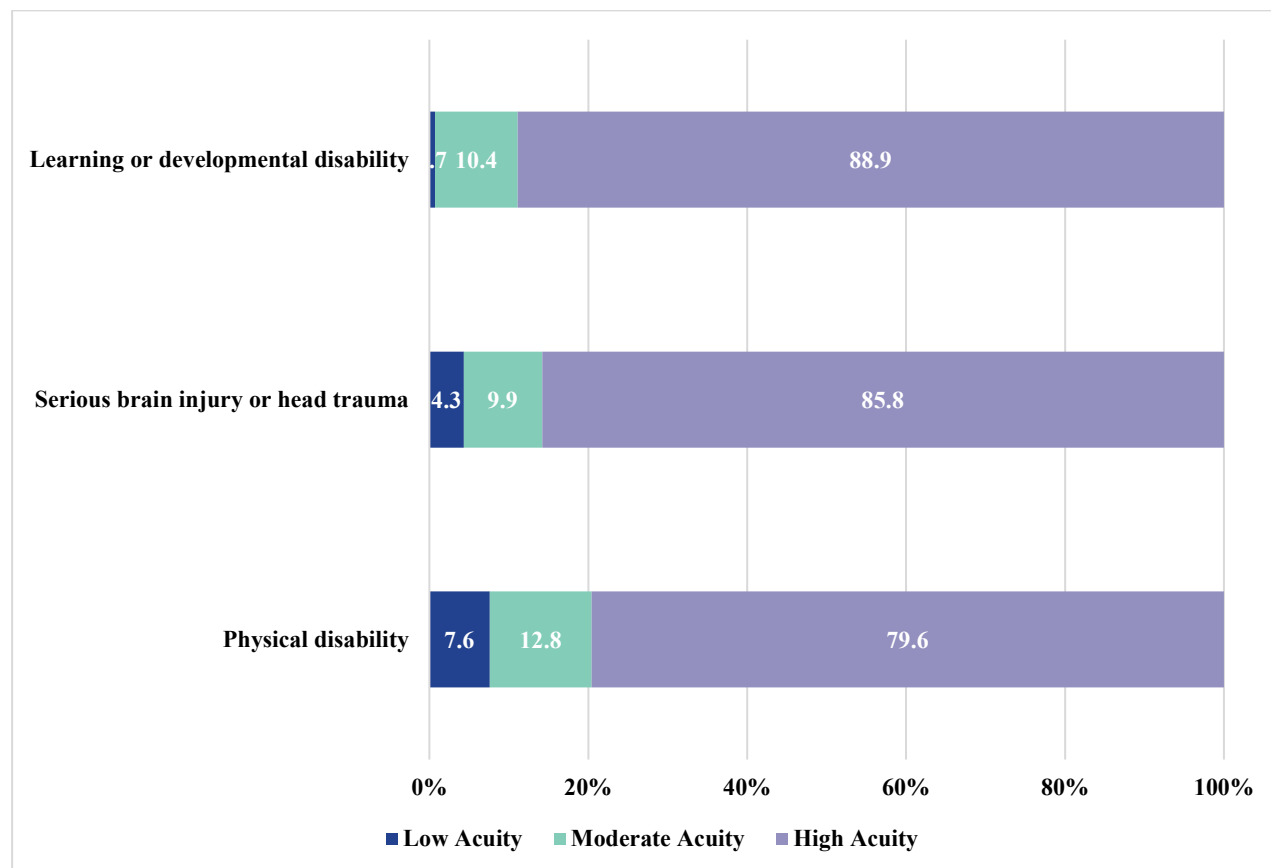


Source: Advance to Zero national data 2012-June 2022.



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 (85.8%), learning or developmental difficulties (88.9%), or a physical disability (79.6%) 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-June 2022.



10. THE HOMELESSNESS JOURNEY

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 By-Name List is a key tool for prioritising most vulnerable and understanding effectiveness of work, capturing data on rough sleepers across Perth, Bunbury, Geraldton, Mandurah and Rockingham (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.

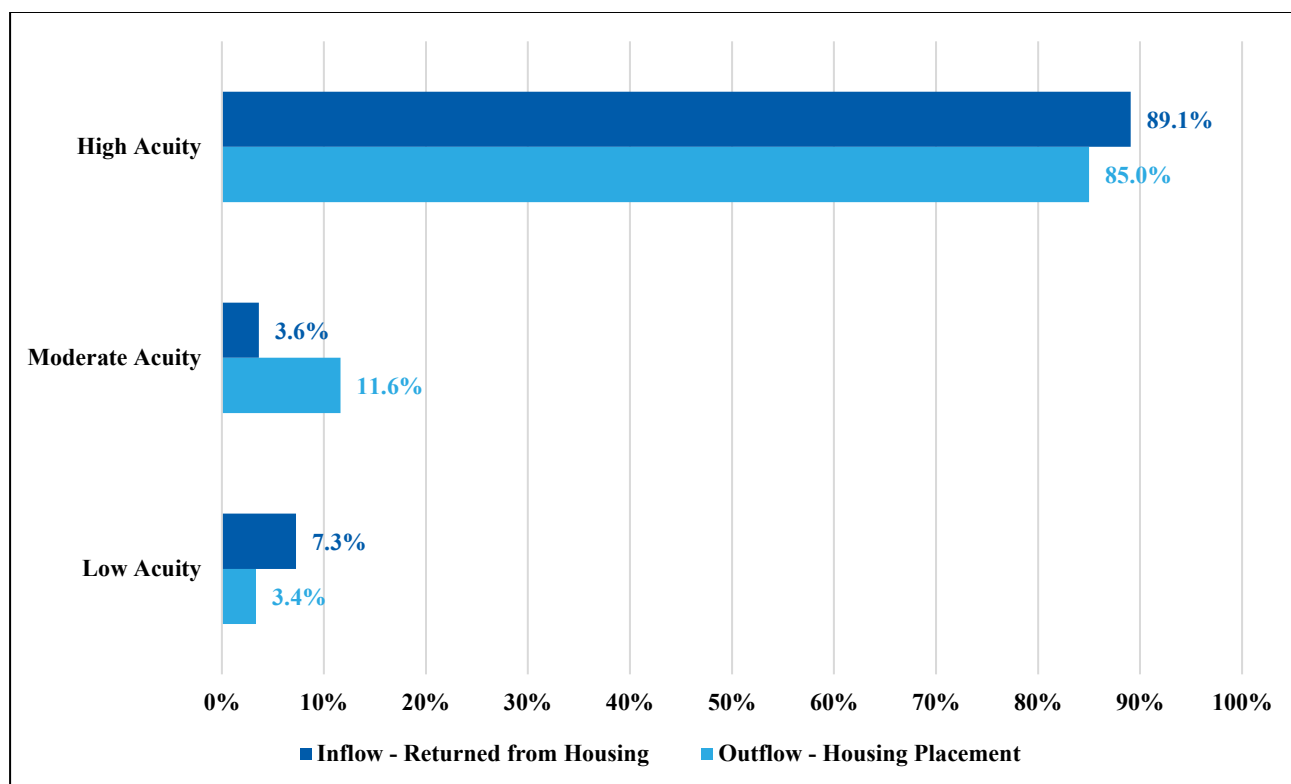
The combined data contains over 22,000 records relating to over 6,700 individuals in Western Australia, with each individual appearing in the database on average 3.4 times. Of these individuals 56.3% were rough sleepers and 41.5% were chronic homeless as defined by more than six months spent homeless.

Overall, 71.9% 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 (85.0%), but housing placement is not necessarily based on duration of homelessness.

A total of 2,851 people were housed between 2012 to 2022. Of the people housed, 89.1% cent of high acuity respondents have returned from housing, whereas a smaller 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). Seventy-eight per cent of high acuity respondents who had returned from housing, were housed in temporary accommodation. Fifty-three per cent of respondents who had returned from housing were female, 41% were Aboriginal and/or Torres Strait Islander, and 74% were aged under 44.



Figure 33 Inflow and outflow by acuity, per cent, Advance to Zero, Western Australia

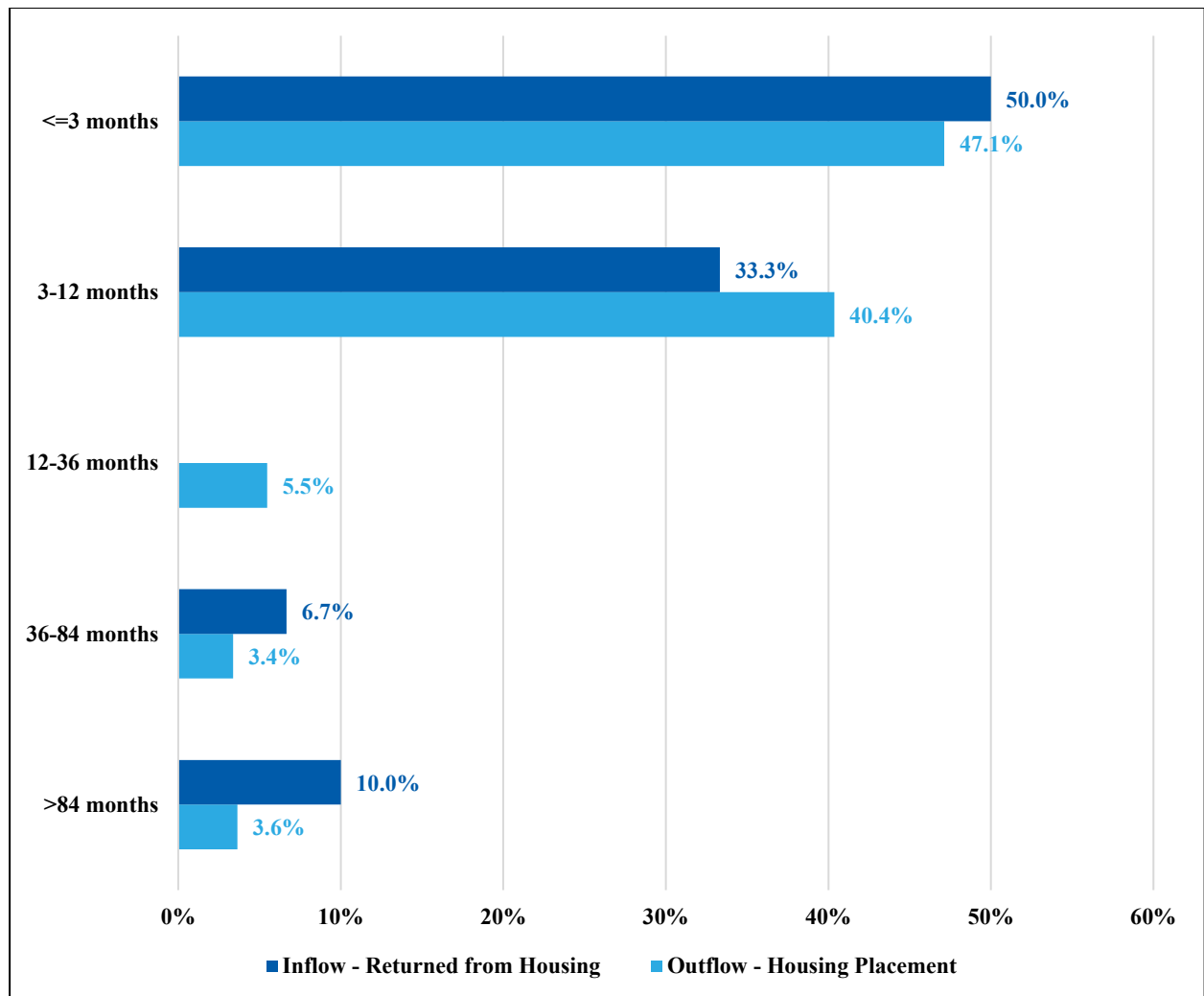


Source: Advance to Zero national data 2012-2022 By-Name List and survey data

Notes: (1) Estimates based on multiple respondent records with initial VI-SPDAT score



Figure 34 Inflow and outflow by duration of homelessness, per cent, Advance to Zero, Western Australia



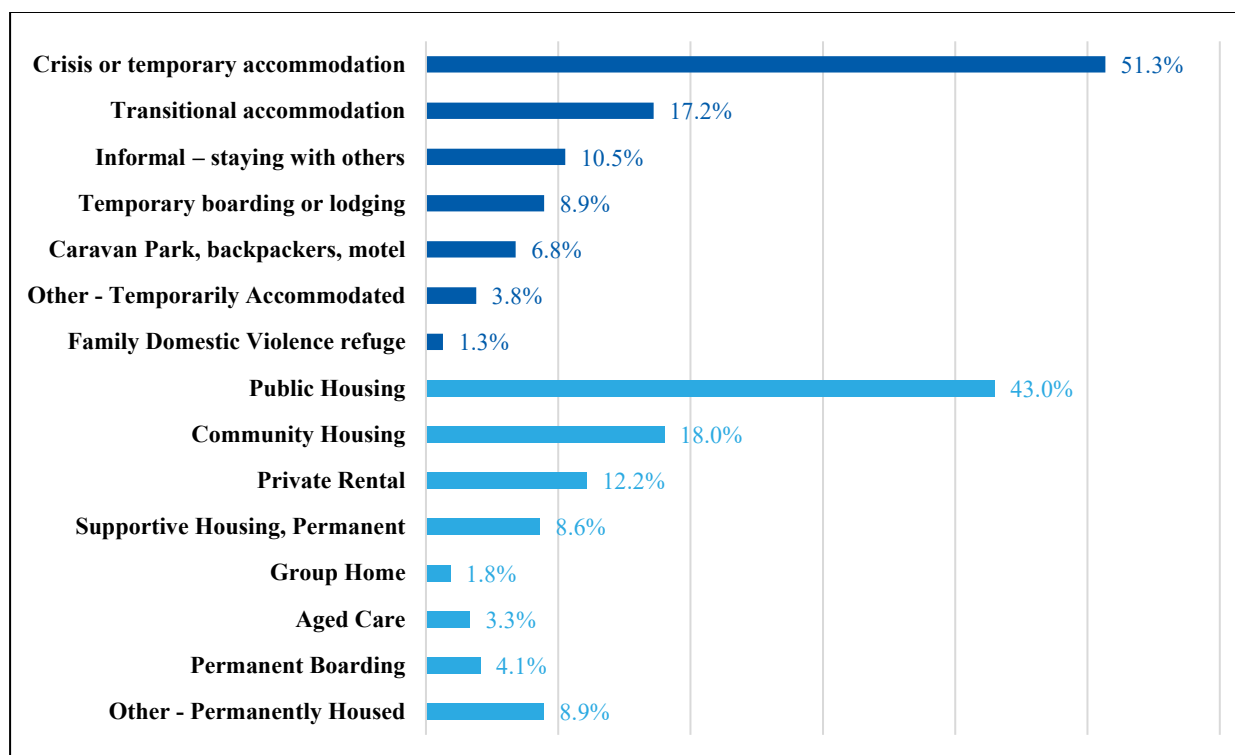
Source: Advance to Zero national data 2012-2022 By-Name List and survey data

Notes: (1) Estimates based on multiple respondent records with initial homelessness duration (months lived on streets or in emergency accommodation)

One quarter of respondents who were given a housing placement were permanently housed, and 75.0% were temporarily accommodated. Of those with a permanent placement, 43.0% were placed in public housing, 18.0% in community housing, 12.2% in private rentals, 8.6% in supportive housing, and 14.0% in a group home, aged care, and 'other' permanent housing (Figure 35). Of those who were temporarily accommodated, 51.3% were placed in crisis accommodation, 17.2% in transitional, 10.5% in informal accommodation, 8.9% in boarding or lodging, and 11.9% in a caravan park, backpackers, motel, refuge or other accommodation.



Figure 35 Housing placements, per cent, Advance to Zero, Western Australia

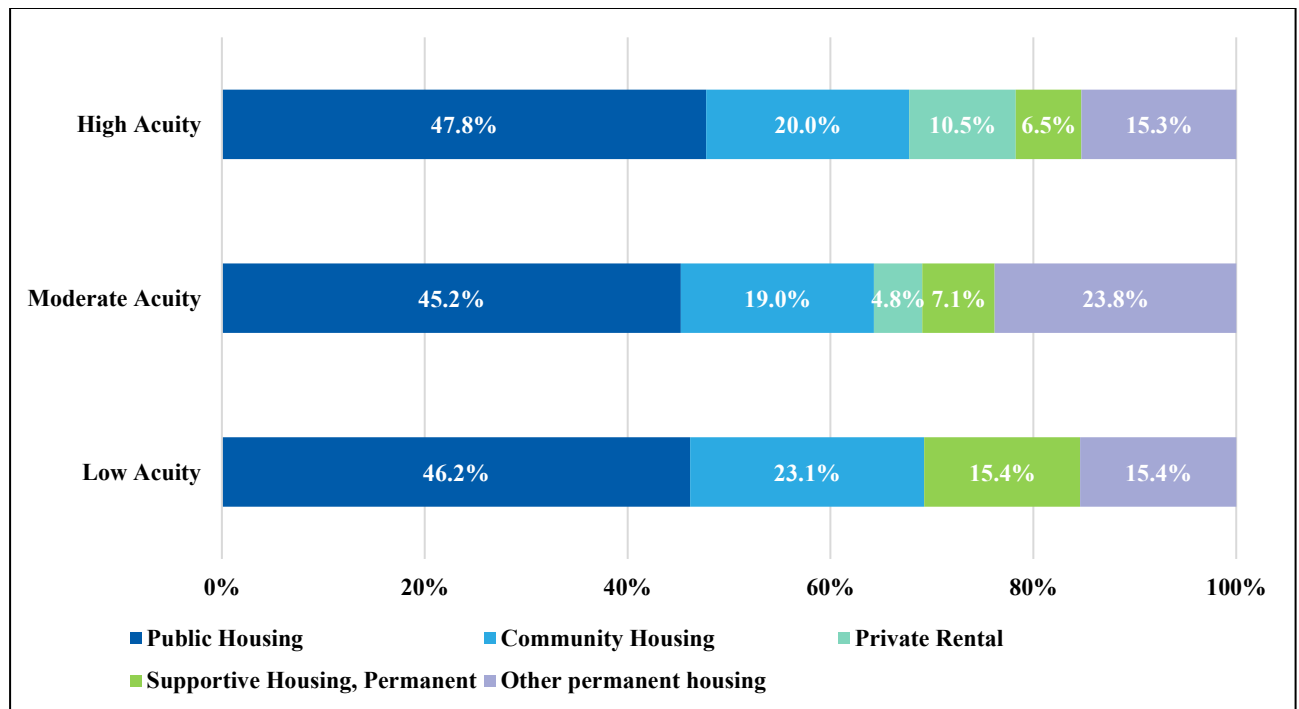


Source: Advance to Zero national data 2012-2022 By-Name List
Notes: (1) Estimates based on multiple respondent records

Public housing was not dependent on acuity with 47.8% of high acuity respondents being placed in public housing, compared to 45.2% of moderate acuity respondents, and 46.2% of low acuity respondents. Overall, a greater proportion of people with a high acuity (10.5%) were housed in private rentals compared to moderate (7.1%) 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 (Figure 36).



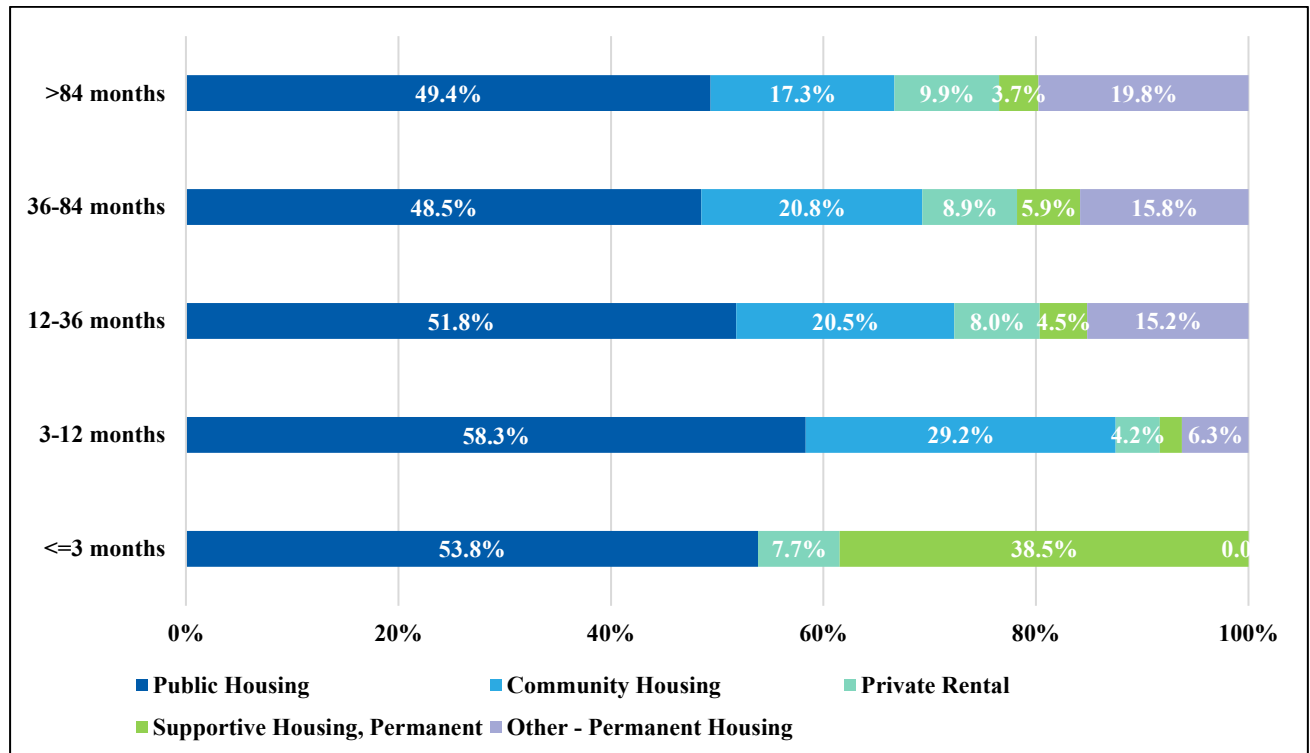
Figure 36 Acuity by permanent housing placement, per cent, Advance to Zero, Western Australia



Source: Advance to Zero national data 2010-2022 survey data, By Name List and housing placement data
Notes: (1) Other permanent housing includes 'other', aged care, group home and permanent boarding.

A greater proportion of respondents who had been homeless for less than 12 months were placed in public housing compared to respondents who had spent more time homeless (Figure 37).

Figure 37: Homelessness duration by permanent housing placement, per cent, Advance to Zero, Western Australia

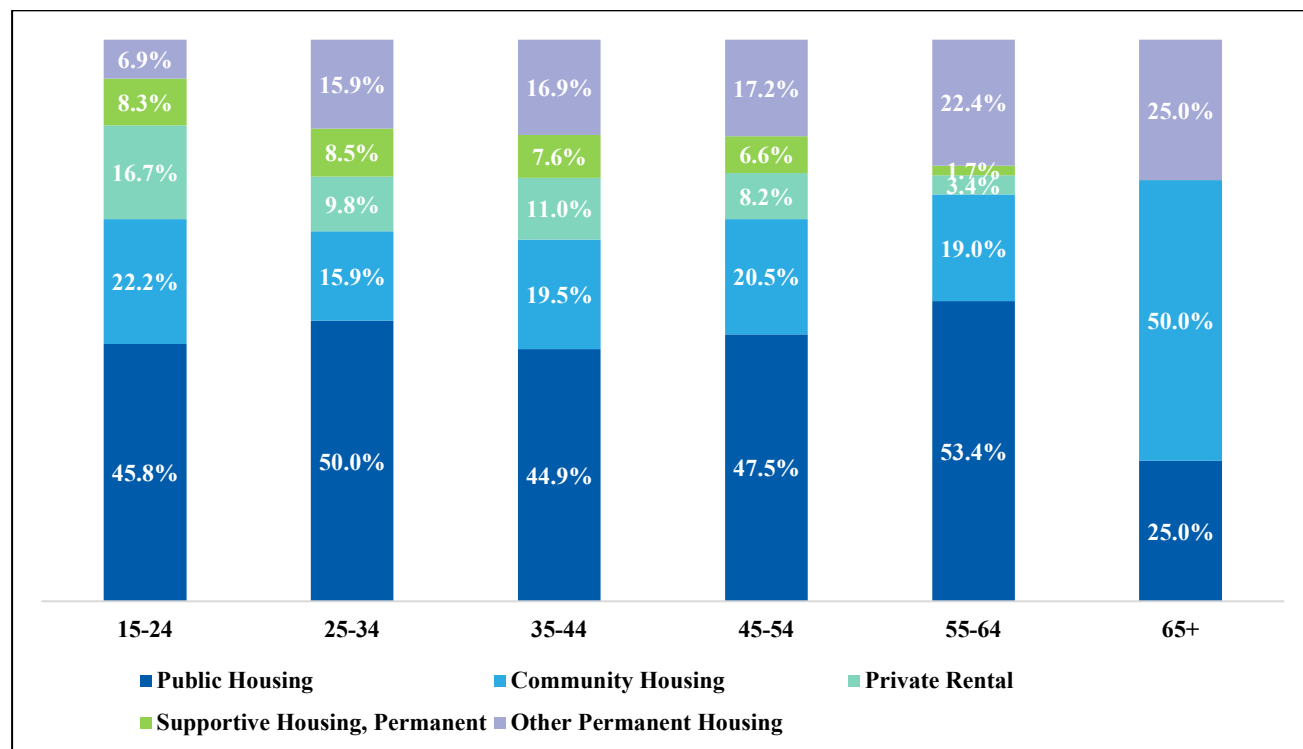


Source: Advance to Zero national data 2010-2022 survey data, By Name List and housing placement data
Notes: (1) Other permanent housing includes 'other', aged care, group home and permanent boarding.
(2) Other temporary housing includes caravan park, backpackers, motel, and transitional accommodation.



Housing placement is dependent on age and Aboriginal and/or Torres Strait Islander status, with a greater proportion of respondents under 65 placed in public housing compared to older respondents, and a greater proportion of non- Aboriginal and/or Torres Strait Islander respondents placed in private rentals than Aboriginal and/or Torres Strait Islander (Figure 38, Table 26).

Figure 38: Age by housing placement, per cent, Advance to Zero, Western Australia



Source: Advance to Zero national data 2010-2022 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 Aboriginal and/or Torres Strait Islander status, Advance to Zero, Western Australia

	Number	Per cent
Aboriginal and/or Torres Strait Islander Australians		
Public housing	68	59.1
Community housing	27	23.5
Other permanent housing	12	10.4
Private rental	3	2.6
Supportive housing	5	4.3
Total	115	100.0
Missing	1	
Non- Aboriginal and/or Torres Strait Islander Australians		
Public housing	116	45.5
Community housing	47	18.4
Other permanent housing	39	15.3
Private rental	34	13.3
Supportive housing	19	7.5
Total	255	100.0
Missing	1	

Source: Advance to Zero national data 2012-2022

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. 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 built up 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



Stakeholder	Role in the homelessness system
	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; establish additional Aboriginal Short Stay Facilities where there is evident need; and, through the Aboriginal Community Connectors Program, provide 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 has brought 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 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.

The 2021-22 state budget included \$875 million social housing investment, including a \$750 million Social Housing Investment Fund, with \$228 million for short-term projects to increase social housing and \$522 million to deliver 3,300 new social homes from 2022-23. As part of reforms to boost social housing availability in regional WA, 39 long-term vacant and unused Government Regional Officer Homes have been transferred to the public housing stock. Regions include the Pilbara, South-West, Mid-West/Gascoyne, Kimberley, Wheatbelt, Great Southern and Peel. In the 2022-23 state budget, \$408 million of additional funding has been allocated to housing and homelessness.

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 is 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 facilities were designed to be environmentally sustainable, disability accessible, and culturally safe (Western Australia Government, 2021).

A total of \$45.4 million funding has been invested in East Perth Common Ground. Located on the corner of Hill and Wellington streets, it consists of 112 self-contained apartments with communal areas, on-site support services and commercial space.

Announced in September 2021, the 2021-22 State Budget includes \$28.1 million for the Mandurah Common Ground facility. It contributes to the construction of 50 self-contained apartments and on-site support services situated on the corner of Allnutt and Dower streets in central Mandurah (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

Following a six-month co-design process with the homelessness sector facilitated by the Centre for Social Impact UWA in 2020 to facilitate a No Wrong Door approach, the WA Government is developing an Online Homelessness Services Portal (the Portal) and has awarded a \$2.25 million contract to develop and run the portal. The contract has been awarded to Infoxchange, who submitted an offer in partnership with Anglicare WA, the Innovation Unit and Anthologie. 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 portal will provide real-time data on available beds and supports making it easier for people sleeping rough and those at risk of, or experiencing homelessness, to access accommodation and other services in Western Australia.

A Lived Experience Advisory Group comprising people with lived homelessness experience, along with homelessness service providers will provide feedback on the ongoing development of the Portal. Homelessness service providers will be participating in a prototype walkthrough late August 2022 where they will provide input on the design of the Portal, how services will be able to use and access the Portal, and how the integration with SHIP will work.

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, is 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.

The Boorloo Bidee Mia service model is underpinned by Aboriginal people and Aboriginal ways of working, complemented by a community development approach, committed to sharing responsibility for the success of the community with residents, staff, and partner agencies.



Residents report feeling safe, connected and part of a family or community. Often, the most important interactions are informal with support work staff at reception, who provide simple opportunities for residents to check-in and reflect on where they are at that day.

11.3.5 Housing First Homelessness Initiative

The Housing First Homelessness Initiative (HFHI) provides accommodation and wraparound support to people sleeping rough in the Perth Metropolitan Area, Rockingham/Mandurah, Bunbury, and Geraldton. The Housing First Homelessness Initiative seeks to integrate 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 a number of 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. 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. Addressing FDV is a priority within the 2022-23 State Budget, investing a further \$34.4 million into the FDV initiatives in the family, domestic and sexual violence sector. Initiatives include the Co-ordinated Response Service (CRS), one-stop FDV hubs, and regional FDV services.

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. Unfortunately, the program of work associated with *Our Priorities* was 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 prioritised 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.

11.7 *Government funding of homelessness services and social housing*

The Funding of Western Australian Homelessness Services 2022 report (Flatau, Lester, Callis, et al., 2022) provides comprehensive evidence of the funding of specialist homelessness services, mainstream services and Aboriginal services which assist those experiencing homelessness and those at risk of homelessness in Western Australia.

In 2020-21, \$171.7 million was provided by the Australian Government through the National Housing and Homelessness Agreement (NHHA) for housing (\$125.6 million) and homelessness (\$46.1 million) services to Western Australia (SCRSGP, 2022). Commonwealth funding for housing and support services is on the proviso state and territory governments have publicly available housing and homelessness strategies. On the basis of Report of Government Services data, the Western Australian Government expended \$90.3 on homelessness services and \$645.3 million on social housing in 2020-21.

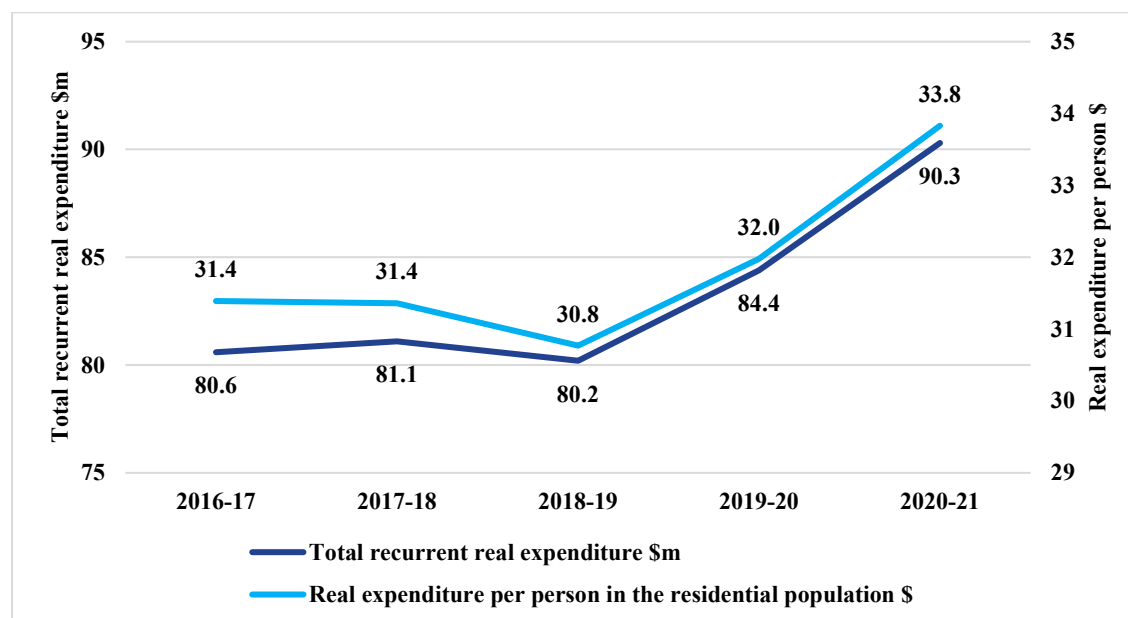


The 2021-22 WA Government budget included \$875 million social housing investment going forward, including a \$750 million Social Housing Investment Fund, with \$228 million for short-term projects to increase social housing and \$522 million to deliver 3,300 new social homes from 2022-23. As part of reforms to boost social housing availability in regional WA, 39 long-term vacant and unused Government Regional Officer Homes have been transferred to the public housing stock. Regions include the Pilbara, South-West, Mid-West/Gascoyne, Kimberley, Wheatbelt, Great Southern and Peel.

The significant Western Australian Government new commitments on social housing and major historic new initiatives going forward for social housing over time will help to ease major gaps in the system by providing more avenues for transition from homelessness to permanent housing. However, at present there is a significant shortage of permanent housing options. The benefits of recently announced major increases in social housing capital expenditure will not be realized for some time.

Total WA Government recurrent real expenditure on homelessness services has increased in real terms (2020-2021 dollars) from \$80.6 million in 2016/17 to \$90.3 million in 2020/21. Over this same time period, real expenditure per person has increased from \$31.40 to \$33.80 (Figure 39).

Figure 39 Western Australian government expenditure on homelessness services, 2020-21 dollars

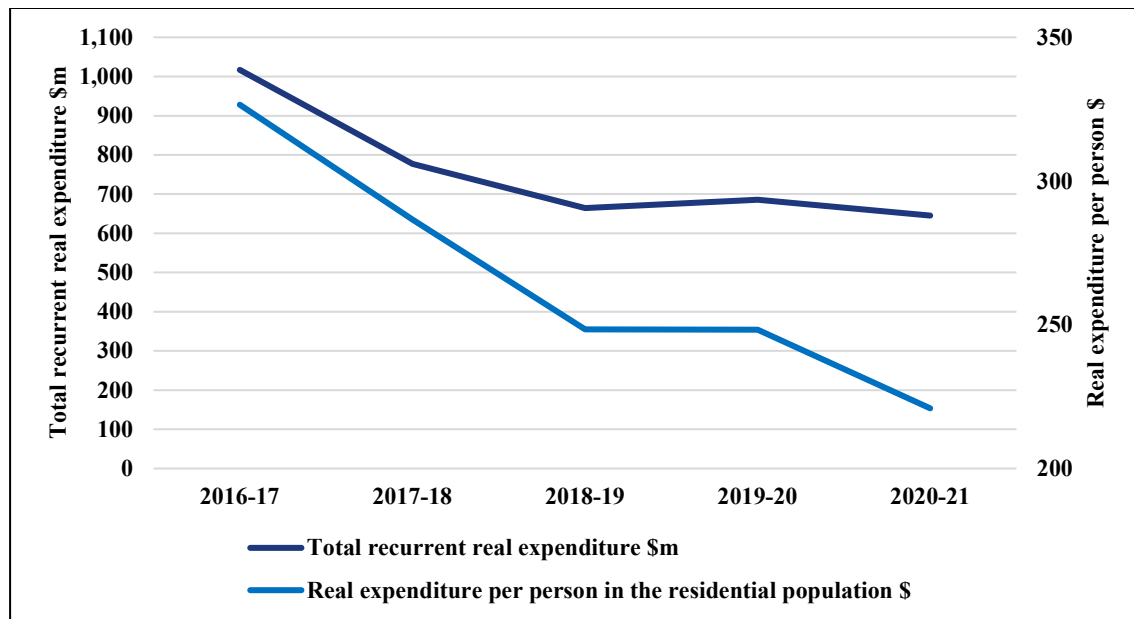


Source: Report on Government Services, 2022. [www.https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness](https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness). Financial data are adjusted to 2020-21 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator

Total recurrent real expenditure on social housing in Western Australia has decreased from \$1,017 million in 2016/17 to \$645.3 million in 2020/21; real expenditure per person has decreased from \$326.56 to \$220.94 (Figure 40).



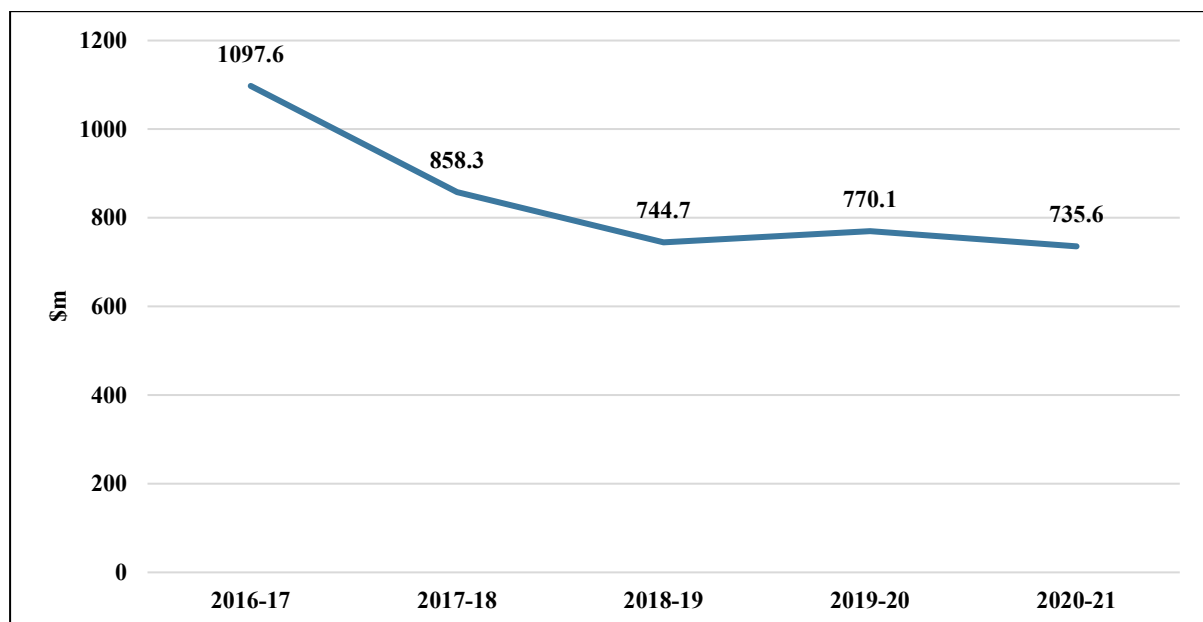
Figure 40 Western Australian government expenditure on social housing, 2020-21 dollars



Source: Report on Government Services, 2022. [www.https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness](https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness). Financial data are adjusted to 2020-21 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator

WA Government real expenditure on social housing and homelessness services combined decreased from \$1097.6 million in 2016/17 to \$735.6 million in 2020/21 (Figure 41).

Figure 41 Western Australian government real expenditure on social housing and homelessness services, 2020-21 dollars

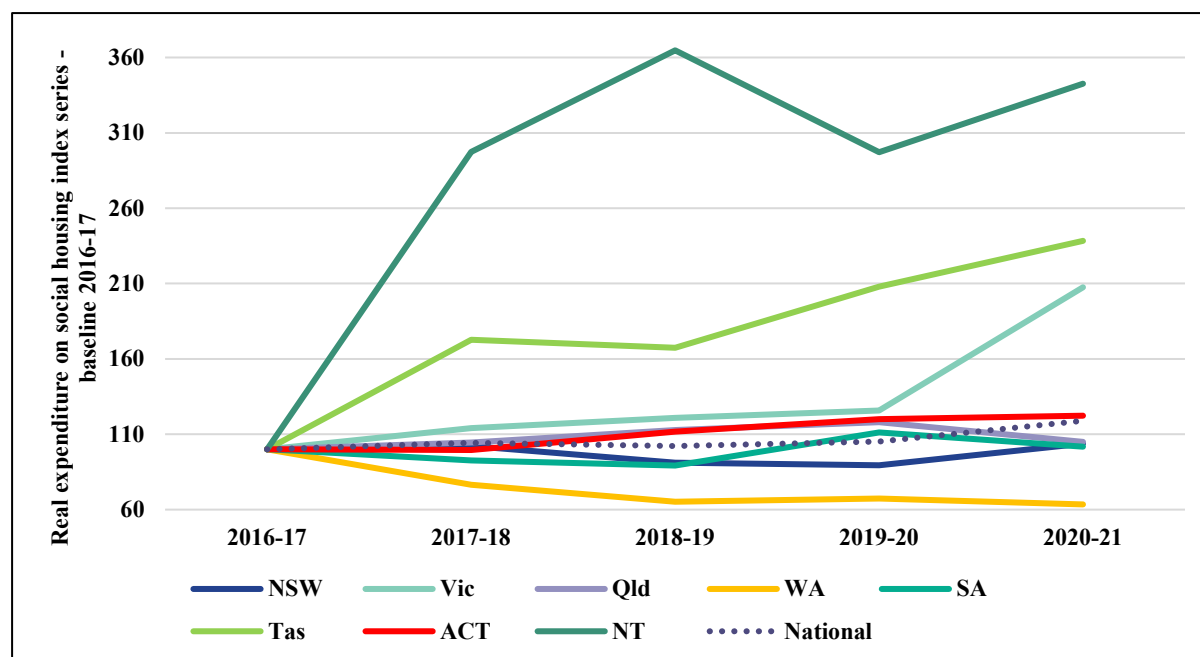


Source: Report on Government Services, 2022. [www.https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness](https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness). Financial data are adjusted to 2020-21 dollars using the General Government Final Consumption Expenditure (GGFCE) chain price deflator



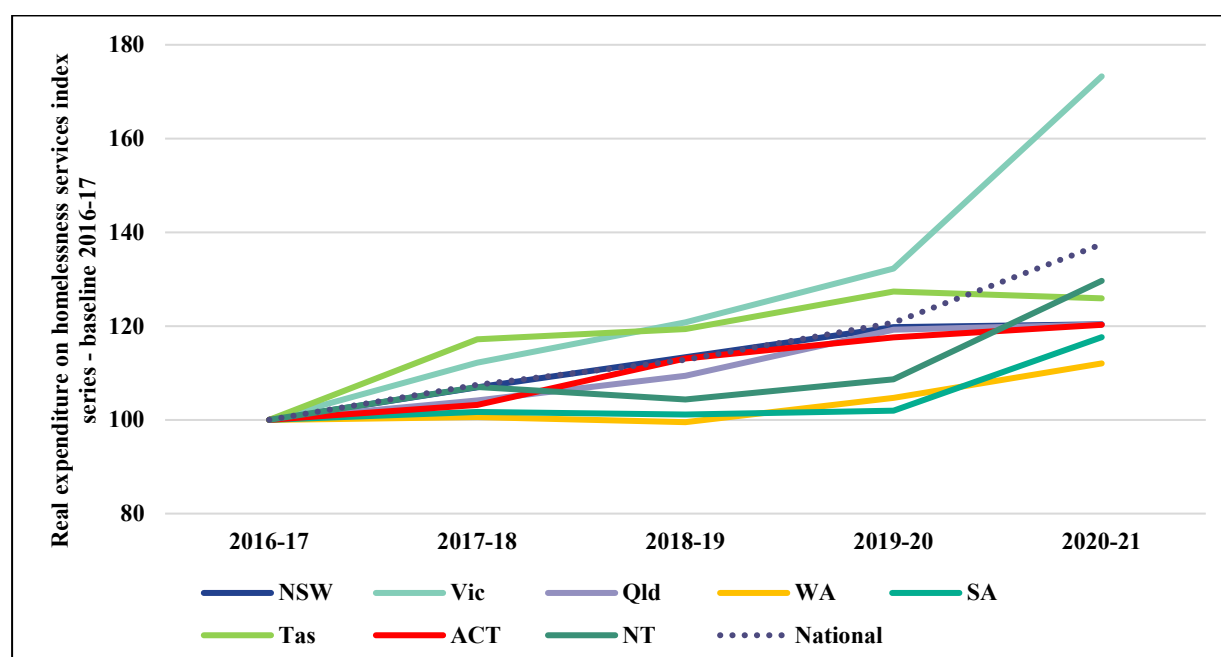
Compared to 2016/17, real expenditure on social housing has decreased by 36.5% for Western Australia compared to a 18.93% increase nationally (Figure 42). The national increase in real expenditure on social housing is heavily affected by a very large increase in spending in Victoria. Compared to 2016/17, real expenditure on homelessness services has increased by 12.0% for Western Australia compared to a 37.5% increase nationally (Figure 43). The national increase in real expenditure on homelessness services is heavily affected by a very large increase in spending in Victoria.

Figure 42 Real government expenditure on social housing index, 2020-21 dollars, baseline comparison 2016-17



Source: Report on Government Services, 2022. [www.https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness](https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness). Time series financial data are adjusted to 2020-21 dollars (i.e. 2020-21=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. Government expenditure includes Australian Government NHHA, and state government expenditure on social housing and homelessness. Baseline comparison year 2016-17.

Figure 43 Real government expenditure on homelessness services index, 2020-21 dollars, baseline comparison 2016-17

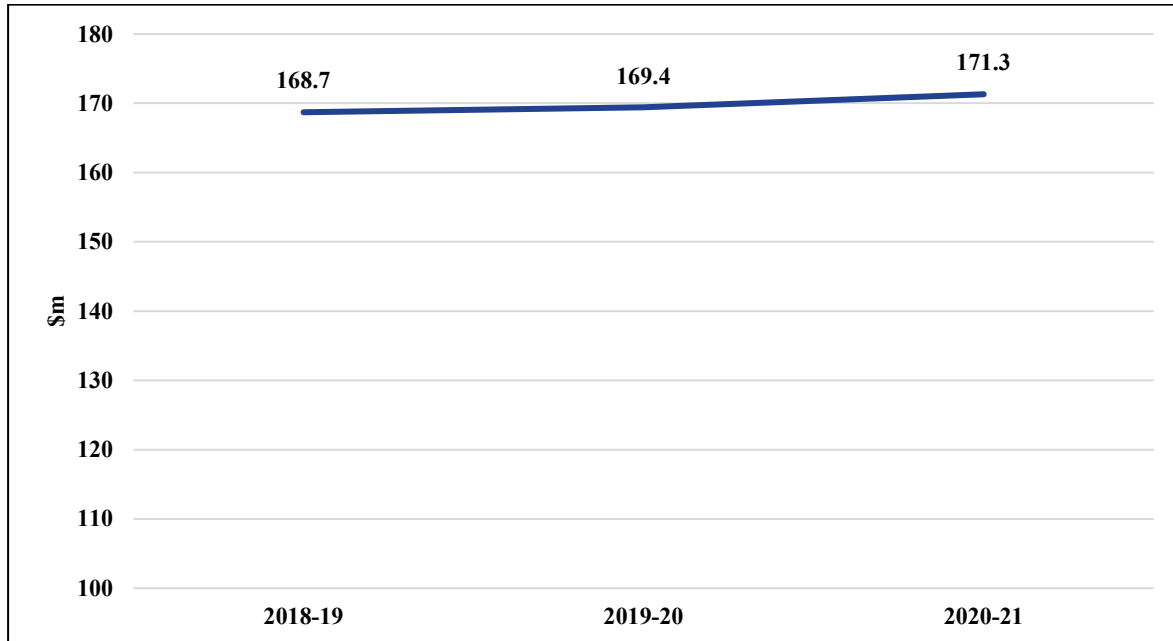




Source: Report on Government Services, 2022. [www.https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness](https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness). Time series financial data are adjusted to 2020-21 dollars (i.e. 2020-21=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. Government expenditure includes Australian Government NHHA, and state government expenditure on social housing and homelessness. Baseline comparison year 2016-17.

Australian Government NHHA allocations to Western Australia has remained stable from \$168.7 million in 2018/19 to \$171.3 million in 2020/21 (Figure 44).

Figure 44 Australian Government NHHA allocations to Western Australia, 2020-21 dollars



Source: Report on Government Services, 2022. [www.https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness](https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/housing-and-homelessness). Time series financial data are adjusted to 2020-21 dollars (i.e. 2020-21=100) using the General Government Final Consumption Expenditure (GGFCE) chain price deflator. Government expenditure includes Australian Government NHHA, and state government expenditure on social housing and homelessness.



12. SYSTEM AND SERVICE LEVEL RESPONSES TO ENDING HOMELESSNESS IN WESTERN AUSTRALIA

A significant number of system and service initiatives are in place to address homelessness in Western Australia. This section focuses on funding, 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, and other cycle-breaking initiatives. 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 was 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. The State Government committed \$37.2 million in the 2021-22 State Budget to expand Home Stretch WA into a permanent, state-wide program. 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. Currently, 135 children have been mentored by 90 volunteer mentors.

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. The Government has announced a contract extension to Wungening Moort until 30 June 2023.

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. In 2020/21 349 highly vulnerable families incorporating 696 adults and 941 children accessed Wungening Moort services, with 96% of children remaining safe at home.

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.

12.1.5 Financial Counselling Network

The Financial Counselling Network (FCN) is a partnership of not-for-profit community service organisations (Anglicare WA, Australian Red Cross, Blue Sky Community Group, City of Cockburn, Communicare, Money Mentors, Foothills Information and Referral Service, Gosnells Community Legal Centre, MIDAS, Mission Australia, Southcare, Sussex Street Community Law Service Inc, The Spiers Centre Inc. and Uniting WA) and local government across the Perth metropolitan region, which adopts a systems-based approach to maximise outcomes and impact for the WA community.

The FCN supports people during their most vulnerable time by helping clients to develop the necessary skills, knowledge and strategies to manage their short-term and longer-term financial situation, and to improve their financial resilience and wellbeing. It also supports people navigate the complex service system to ensure clients have access to other services that they might need, including mental health services and family and domestic violence services etc. This is achieved by providing a range of integrated and person-centred services, including financial counselling and financial coaching, which aims to reduce the drivers and impacts of financial hardship, including housing and living stress, which can be contributing factors to homelessness.

As part of the FCN, trained financial support workers assess client's eligibility for Hardship Utility Grant Scheme (HUGS). The service focuses on supporting clients to get back on track through providing information and/or referrals through to other support services. The service also incorporates an energy coaching program for households with higher-than-expected energy use, which can contribute to financial hardship due to unmanageable utility bills.

The FCNs Emergency Relief and Food Access Service (ERFAS) provides an assisted referral pathway to West Australians needing assistance via a freecall triage and assessment service for access to food relief and financial support. Of the 4,808 clients supported with facilitated referral pathways in the six months to 30 June 2022, 697 (14%) were either homeless or in transitional or insecure housing.

For the July–December 2021 period, the FCN supported 1,411 people with information provision and worked with 3,217 clients who presented with a total debt exceeding \$500 million, including mortgage debt. Financial counsellors successfully negotiated with lenders and/or suppliers to waiver of over \$5 million of client debt. With the remaining debt having payment arrangements typically put in place to stabilise the clients' financial positions. Additionally, 10% of clients who presented for financial counselling were experiencing housing stress or difficulties, of which 74% were assisted to 'avert or resolve' their housing issue, demonstrating how Financial Counselling supports clients to stabilise and maintain secure housing, thus preventing homelessness.

Whilst the West Australian economy continues to show strength, those on low incomes are finding it increasingly difficult to make ends meet. Across the Network, there has been a more than 10% increase in clients who are not in the labour force accessing financial counselling services when compared to pre pandemic data, with 79% of our client base earning less than \$60,000 a year. These are people on Disability Support Pensions, Age Pensions and carers of young children.

The new Statement of Financial Position data collected over 2021 across 2,637 financial counselling clients show these clients spend on average of 32% of their income on accommodation and 44% of debt repayments leaving only 24% of income for essentials like food, medical and utilities.

This has contributed to the significant increase across the Network of clients using unregulated Buy Now Pay Later (BNPL) services to supplement insufficient income. In many cases clients are using BNPL products to cover the costs of essentials including food. For these clients, a significant amount



of their income is going towards meeting BNPL repayment obligations impacting their other financial obligations and leading to higher reliance on emergency relief and food relief providers as well as contributing to growing utility debt and rent arrears.

The simplicity in accessing these types of debt facilities with no safeguards such as income, serviceability and/or credit checks by the various providers is a major concern. The Network continues to support sector advocacy through member organisations and peaks.

Across all regions, financial counsellors are reporting housing stress as a key driver of financial hardship. Tenants in private rentals (35% of total clients) have reported significant rent increases following the end of the COVID moratorium. Due to the lack of alternative affordable housing available tenants feel they have no choice but to accept the rent increase. This has a big impact on tenants who are on a low/fixed income as they struggle to balance the household budget. The impossible choice between homelessness and going without essentials like food and electricity is a reality for renters in hardship. Many clients report purchasing gift cards from BNPL providers to purchase essential items including food and petrol. This has also led to an increase in homelessness and overcrowding in homes.

Financial counsellors have also seen clients accessing the service for assistance with mortgage stress. Banks are starting to seek to recover arrears that accumulated over COVID moratoriums and reassessing loan eligibility prior to capitalising arrears. In some cases, banks are wanting additional repayments instead of capitalising the arrears, placing clients in hardship. Financial counsellors are having to use inter dispute resolution to get banks to review their client's situation and approve for capitalisation. Clients in mortgage stress are reluctant to sell given the limited availability and cost of rentals.

There has been an increase in elderly clients reporting they are isolated, fearful of COVID, and suffering intense loneliness. They feel vulnerable to online and phone scams and having no trusted family or friends to assist when these things happen. They are also experiencing food insecurity and struggling with utilities.

Clients impacted by family and domestic violence has increased to 11% over the reporting period, almost doubling when compared to the same period in 2019. As most refuges are full, and with limited rental opportunities available, the choice can sometimes be homelessness or remaining in the house with the perpetrator. In addition, 25% of clients are experiencing a mental health issue and 10% of clients have reporting parenting and family issues, up from 4% in 2019.

The FCN is supported by the Department of Communities WA, Department of Social Services and Keystart.

12.1.6 Housing Stability Project

From April to December 2021, Anglicare WA partnered with the Consumer Protection Division of the Department of Mines, Industry Regulation & Safety to deliver the Housing Stability Project (HSP). The HSP worked alongside the Division's Residential Tenancies Mandatory Conciliation Services (RTMCS) and Residential Rent Relief Grant Scheme (RRRGS), part of the State Government's Covid-19 relief package. Whilst the Division was well-positioned to support those in rental stress with conciliation services and financial assistance, client's financial and housing issues were often compounded with physical and mental health, family and legal concerns. By nature of their function, they were simply ill-equipped to support people's wider wellbeing needs, and so Anglicare WA created the self-funded Housing Stability Project.

Over the 10-month period, the HSP received 290 referrals statewide, and played an instrumental role in stabilising tenancies, supporting people to address their multiple unmet needs, and ultimately preventing homelessness. Many clients were first-time help seekers, who in a time of high situational anxiety benefited greatly from the system navigation provided by the HSP team. The HSP ceased with the unfortunate end of the RRRGS on 31 December 2021, despite WA being in the middle of a housing crisis with the worst rental shortage in over a decade (Meachim & Lynch, 2020), and Perth rentals having increased over 16% in the last financial year alone (CoreLogic, 2022).



A Project Lead and a Housing Support Worker provided phone-based support to over tenants across the state, but majorly focused on the Perth and Peel regions, warmly referred from the RTMCS/RRRGS. Support included immediate financial assistance, information and advice, tenancy advocacy, connection to various place-based supports and a skilled and empathetic ear for people experiencing high anxiety. As the crisis worsened and services were at-capacity, the HSP pivoted to a brief case management model, supporting clients for as long as required until place-based support services could step in. Supports included: emergency relief in partnership with the Emergency & Food Access Service, plus HSP brokerage; connection to financial counseling, community legal assistance and other place-based supports; immediate housing needs assistance as well as warm connection to funded place-based Private Tenancy Support Services (PTSS), namely partners Red Cross, Centrecare and Ruah; and as the crisis worsened, brief case management until a transition to place-based PTSS' could occur.

In regional areas without funded PTSS', the HSP facilitated client connections with a wide variety of support services, requiring quick-response partnership development where there were no connection previously.

Many people in housing crisis are first-time helpseekers. These clients are vulnerable, not having the same resilience in adversity and know-how in seeking help as those that seek this from community services more regularly. The strength and agency of people in seeking out multiple services to access what they need should never be underestimated, and the question which must always be asked is "who isn't coming through the door"? For many help-seekers, government is their first port of call, and so our relationships with government must be robust.

The system is complex to navigate for those that have experience in doing so, let alone for those that have never accessed services before. A range of place-based services is key to strengths-based and sustainable service delivery, but equally it is difficult for someone facing imminent homelessness to expend mental, emotional and physical energy navigating the service system on their own. A system navigator who can walk behind, beside, or in front of a client is key. People appreciate not having to repeat their story. Clients are experiencing high situational anxiety and appreciate that the person calling them understand what they are experiencing and had ideas for additional support.

Government/non-government partnerships work when we acknowledge and complement our respective strengths. CP and AWA brought different offerings, but together this holistic model of support provided immediate financial relief, complemented by someone to walk beside a client as they navigated other supports. Government has many touch points with people facing multiple unmet needs which need to be considered in a client's journey through community services.

12.2 *Systems-based 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 secure housing, 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). The sector, however, faces significant challenges achieving this (and therefore a faithful Housing First approach) due to shortage of housing supply as evidenced earlier in this report.

Given its evidence-based success in both national and international settings, there has been an emphasis on adopting a Housing First approach in both government policy and service delivery. To ensure such services achieve the positive outcomes demonstrated by such research, it is important to consider the issue of model fidelity. While Housing First principles are a useful guide to improve our service system and inform day to day service practices in a range of service models, a high-fidelity Housing First model delivers a service in a particular way to a particular cohort of people with the resourcing to align fully with all the principles. International work like the Housing First fidelity scale developed by Pathways for Housing (Geoffrey et al., 2013) or the "Housing First Not Negotiables" produced by Homeless Link (Homeless Link, 2020) are examples of how services can assess their



fidelity to the Housing First model. A similar fidelity scale has also been developed in Canada for Housing First for Youth (Homelesshub, 2019) and work is currently underway at a national level to develop a Not-Negotiables document to complement the Housing First Principles for Australia.

The services outlined below are a sample of services funded to deliver Housing First, services inspired by Housing First, system change work, and other homeless service initiatives currently being delivered in WA. Future reports will specifically analyse the fidelity of Housing First services and explore their place within the system along with other service responses.

12.2.1 50 Lives 50 Homes and 20 Lives 20 Homes (Fremantle)

The 50 Lives 50 Homes (50 Lives) program was the first systems-based 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.

The evaluation of 50 Lives spans from late 2016 to early 2022, making it one of the longest longitudinal evaluations of a Housing First initiative to date in the world. A total of 427 people were supported by 50 Lives project over its lifespan, with at least 284 people housed by March 2022. As of the end of 2021, the overall permanent housing retention rate was 73 %.

The strong collaboration with Homeless Healthcare and RPH Homeless team has achieved both individual and system-level benefits. A significant decrease of 48% is shown in ED presentations, and a dramatic reduction of 51% in inpatient admissions was observed in the first-year post-housing, as compared to the one-year period pre-housing. In addition, there is substantial reductions in offending after being housed for 1 year. Declines are recorded in offences committed (35%), court appearances (68%), and move-on notices (62%).

The program is also mindful of the imperative of meeting the specific cultural, community and family connections and needs of Aboriginal and Torres Strait Islander people. As of April 2022, in conjunction with Aboriginal Elders and Community members, the Wongee Mia initiative, has supported 28 members of one Aboriginal family experiencing chronic, intergenerational homelessness, with 20 family members permanently housed through a family-centred approach.

Nevertheless, the program evaluation also stated significant rise in the average time to be housed since the last report. It took an average of 338 days for someone to be housed after completing their 50 lives application. There are 143 people supported by 50 Lives who had not been "permanently" housed at some point up to March 2022, 54% remained supported during the program.

A key barrier of achieving rapid housing is the dire shortage of public housing stock and other affordable, suitable housing options in WA. Housing in the private rental market has become progressively unaffordable and unavailable, especially to vulnerable individuals on low incomes or Centrelink support. As of 12 April 2022, an increase of 11.8% was recorded in the average weekly asking rent across Australia's capital cities over the previous 12 months. Concurrently, rental vacancy rates are at record lows across Australia (1.9%). Additionally, there is mismatch between available housing and the areas of greatest need. It is important to recognize that Housing First cannot perform its effectiveness without considerable investment in diverse housing stock options. Moreover, the lack of availability for lead workers and limitations on their caseload also add to the challenges.

To amplify support for keeping people housed long term, it is crucial to resource for more cases and lead workers who support people to not only remain housed but also as a conduit for practical, emotional, health and independent living support. Only 12% of people who were sleeping rough (on the By Name List) had a lead worker, which indicates an urgent need to significantly expand case worker availability and capacity to take on new rough sleeping clients in WA. Case managers within



homelessness support services can ensure that allocation of the limited housing best meets individual choice, as per housing first principles.

20 Lives 20 Homes, was a local place based response to ending homelessness in Fremantle and South Metropolitan Perth, initiated by St Patrick's in November 2019. Building off the success of the 50 Lives 50 Homes program, and adopting Housing First principles, 20 Lives 20 Homes ran as a partnership with St Patrick's as lead agency, Ruah providing afterhours support, and Foundation Housing initially piloting an innovative rental brokerage project, with funding support primarily from Lotterywest and City of Fremantle.

The program drew to a close in June 2022. Over the course of the program, the two St Patrick's 20 Lives 20 Homes caseworkers, supported 29 individuals, 72% of which identified as Aboriginal and/or Torres Strait Islander, 52% were men, 48 % female and an average age of 44 years. The average time spent experiencing homelessness was 3.7 year, with the longest time spent as street present being 43 years. By the end of the program, 16 participants were still housed, 1 in the process of purchasing his own home, 5 staying with relatives/friends, 1 incarcerated, 1 deceased and only 3 disengaged from the program.

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

12.2.2 Zero Project

The Zero Project, for which Ruah provided backbone support and coordination, built 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 Zero Project adopts a systems approach with extensive collaborations between service providers, government, and community stakeholders provide Housing First coordination for WA. Currently, the Zero Project works with communities across the Perth metropolitan area, as well as in Geraldton, Mandurah, Bunbury, and Rockingham, providing place-based coordination and training for local services to more effectively allocate housing and support.

In June 2022, Zero Project assisted with coordinating and organising the ID Connect event in Geraldton. 42 staff coming from 6 NGOs and 6 government departments worked collaboratively to help 60 attendees to get ID and support. Venus, ID, and food costs were 100% covered by the organisations involved. Zero Project provided staff on the day, paid for Birth Certificates, supplied Emergency Relief vouchers, and wrote letters of support for priority housing applications. The event supported 53 birth certificates, 15 photo ID cards, 41 Concession cards, Medicare cards, interim printouts, claims, appointments, and 20 priority housing letters written for people on the Geraldton By Name List. This collaborative event was successful in helping the homeless to gain identification and documents for housing opportunities.

Despite the positive outcomes of the programs, insufficient resources have posed challenges for the Zero Project. Sixty-five per cent of the 1,000 individuals identified on the Perth, Fremantle and Surrounds By Name List have no case worker and require ongoing housing support. Despite the continuous frustration, the honest data underlines that everyone plays a role in ending homelessness and further empowers the stakeholders to achieve functional zero.



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) is 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 offers a suite of culturally competent services, including: connecting rough sleepers with local services suitable to their cultural and personal needs; assisting in the search for suitable accommodation; helping tenants seek culturally secure support by actively collaborating with key service partners ; and ultimately, create long-term culturally secure pathways from homelessness to home ownership

The program supported 54 Aboriginal people experiencing chronic homelessness and housed 19 people to date. It provides much-needed psychosocial support while they are street-present, vulnerable and feel abandoned by society. It has also achieved two family reunifications.



Noongar Mia Mia staff and board members with the Telethon NGNKG Elder Co-Researchers at the Moorditj Mia launch. Photo by Noongar Mia Mia.



12.3 *Homelessness support programs*

12.3.1 **Horizon House**

St John of God Horizon House offers safe, stable accommodation and support to young people aged 16-22 who are homeless or at risk of homelessness. With six locations throughout Western Australia, it supports young people in the program to identify their strengths and goals through individualised case management and a strengths-based life skills program. The clients come from a wide variety of backgrounds. Many have experienced significant and complex trauma in their life. Therefore, all support provided by the service is trauma informed.

Furthermore, the Horizon House supports young people to remain connected with family, friends and community and strives to foster close working relationships with key external agencies to ensure each client receives a comprehensive individualised support plan that meets their mental, physical, social and spiritual needs.

A team of case managers and key workers work with each young person to identify their goals and develop clear, achievable action plans on which they can work to build healthy living skills, resilience and gain access to education, training and employment opportunities. The primary aim is to equip each young person with the skills necessary to support them to safely transition to independent living.

There are three stages within the program:

- Tier 1 which provides accommodation within a staffed home for up to 12 months. They share the home with between 4- 6 young people, where they receive intensive support and case management
- Tier 2 provides up to 12 months access to transitional accommodation and ongoing case management which a focus on continuing to develop their independent living skills
- Tier 3 provides ongoing as needed case management for a further 12 months to support the young person once they are in their own accommodation with a focus on empowering them to build on their living skills and maintaining their accommodation.

Young people may enter Horizon House at any of these stages and they are not required to access them in a particular order. Additionally, Horizon House also offers specialist support programs to young mothers in the metropolitan area and young Aboriginal men in regional Western Australia.



One of our Young people working with our Support Coordinator to develop their action plan. Photo by St John of God Social Outreach - Horizon House.

12.3.2 Living Independently for the First Time (LIFT) Program

Indigo Junction's Living Independently for the First Time (LIFT) program was developed in partnership with the Department for Child Protection and Family Support and the Housing Authority, which has been operating in Midland since 2014. LIFT provides transitional arrangements to independent living for care leavers with complex needs and significant behavioural challenges. Young people referred to the program average between 45-88 placements with the Department prior to entering the program. Therefore, it is a specialist program intersecting between the homelessness and out-of-home care sectors. Furthermore, the principles of Housing First underpin the LIFT program strategy, adopting a recovery-orientated approach and working from the premise that housing is a human right and required as a precondition for growth and recovery.

The LIFT Program is a niche, specialist program sitting at the centre of the intersection between the homelessness and Out of Home Care sectors. The LIFT program has its roots in a place-based approach relevant to Midland and surrounding areas in WA, with implications for policy and practice developments nationally and globally. The LIFT program model was developed with a no-fail principle that meant young people with associated trauma-behavioral issues were not excluded from services. Rather, over time, focus on rapport, relationship and trust could mitigate safety and foster a genuine working partnership that could enact lasting change.

The LIFT program aims to provide accommodation options through a sense of place and belonging based on principles of consistency, trust and strengths. Additionally, it ensures young people feel safe and supported through the delivery of evidence-based and recognised trauma-informed care and therapeutic responses. The LIFT workers provide authentic "parent-like" relationships for young people: listening, modelling, coaching, planning, transporting, and teaching life skills. Workers strive to avoid punitive, disciplinary strategies and focus on experiential learning, natural justice, shared power and integrated care. In short, the program enhances the young person's knowledge and confidence around independent living skills and thus reduces the likelihood of future crisis.

Key outcomes that have been noted in the most recent LIFT evaluation:



- Community participation: Approximately 60% of young people attached to the LIFT Program have had significant gains in the SCORE circumstances relating to Participation and Networks.
- Managing money: 72% of LIFT clients currently engaged with the program have made significant gains with regards to managing their money. Services such as Indigo Junction's financial counsellor have helped build capacity and knowledge around money management for the LIFT clients.
- Housing: 66% of current LIFT clients are in stable accommodation. Accommodation ranges from transitional accommodation, Department of Communities: Housing properties, private rentals and NDIS accommodation.
- Tenancy management: Of those LIFT clients that have been housed, 92% of these young people have had significant gains across their SCORE domains with regards to managing their tenancies.
- Independent living skills: 78% of LIFT clients have made gains across their independent living skills SCORE domains. In building the capacity of a young person with regards to their independent living skills, LIFT workers have worked one-on-one and held workshops on cooking, budgeting, shopping, cleaning, getting inspection ready as well as food and meal preparation.
- Mental health, wellbeing, self-care: 78% of young people engaged with the LIFT program have increased their mental health and wellbeing SCOREs. LIFT clients are connected to services such as private psychologists and YouthLink and supported to access mental health care plans. Personal hygiene has also been a common theme that has required focus and case-management by the LIFT team in improving a young person's wellbeing.
- Employment, education & training: 39% of young people connected to the LIFT program have participated in employment, education or training.
- Behaviour: 72% of young people connected to the LIFT program have made gains in their targeted behaviour goal part of their SCORE assessment. Targeted behaviours are personalised to each LIFT client in order to focus attention on a specific area of concern. Examples of these include impulse control, trauma behaviour, offending, self-harming and personal safety.
- Impact of AOD use: 56% of LIFT clients have made significant gains with regards to reducing the impact of their AOD use. LIFT workers refer clients to such organisations as Holyoake, and Drug and Alcohol Youth Service when young people are requiring support with their AOD use.

12.3.3 Tuart House

Communicare provides a unique range of services and initiatives to reduce the risks and harms associated with family and domestic violence (FDV). To have the strongest impact possible, Communicare works across a range of strategies to: prevent FDV wherever possible; minimise the risk of violence recurring or escalating; and maximise safety for victim-survivors.

Communicare uses a holistic and integrated response model to address FDV. Using rigorous, evidence-based models, Communicare works closely with Federal and State Governments and community sector organisations to ensure the safety needs of victim-survivors. They also work with those who have used violence to ensure a continued emphasis on perpetrator accountability and responsibility.

Tuart House is a residential support service for women and their children who are homeless, or are at imminent risk of homelessness, as a result of FDV. While residing at the refuge, residents are supported with counselling referrals, family law matters, family violence restraining orders, housing advocacy, financial counselling, children's support services and referrals, and health and wellbeing support. Additionally, Tuart House operates an outreach support service for women and the children



who have experienced and/or currently experiencing family and domestic violence. For the 2021 period, Tuart House accommodated and supported a total of 81 women and 91 children.

12.3.4 Tom Fisher House

Tom Fisher House (TFH) established by St Vincent de Paul Society WA (SVdPWA) is an intensive intervention service for those experiencing long term homelessness. The service provides support to people facing complex challenges which may prevent them from accessing other programs. It operates from a unique and specialised Low Threshold and Change Model, recognising that those who are most in need, are the hardest to reach, with the most challenging life issues. Underpinning the Low Threshold and Change Model, is a well-grounded trauma informed practice approach that recognise four critical elements that people need to thrive in day to day life. These include a sense of safety, significance, related (sense of belonging) and respected.

Tom Fisher House minimizes as many barriers as possible for individuals to access support. Operating from the specialized Low Threshold and Change model, integrated with a strong trauma informed practice and therapeutic crisis intervention approach encourages individuals to have a space for healing to begin to consider the journey of change. There is no pressure for an individual to engage within the services but an emphasis to create opportunities for organic engagement to occur, to build rapport and trust, for intentional conversations to happen.

On any given night TFH accommodates up to 12 adults (singles and couples – non-gender specific). The service can provide up to 7 nights stay, free of charge, and is open between 5:30pm and 8:00am every night of the year. TFH also accepts pets into the service with the recognition that people experiencing homeless often rely heavily on their pet companions and as such deters them from seeking accommodation when these barriers present.

TFH works collaboratively with specific referral pathways. These include the outreach programs such as Street to Home, MCOT, Nyoongar Outreach and HEART. Other referral pathways are through Tranby, Ruah and Wungening Aboriginal Corporation.



Photo by St Vincent de Paul Society WA.



TFH staff work within a strengths-based philosophy that is culturally relevant and compassionate. They assess each individual's needs, understanding the relationship between trauma exposure, homelessness, mental health, substance dependency and social disadvantage, ultimately working towards finding a pathway from homelessness to housing.

Raw data depicts 635 clients were accepted into TFH during 2021/22. Specialist Homelessness Information Platform highlights that during this period include: 35.7% of those presenting for allocated beds into TFH identified as Aboriginal and/or Torres Strait Islander; approximately 31% of clients presented accessed as a couple; 35-54yrs was the prominent age demographic to access TFH during this period; 51.9% of those that accessed TFH stated they have a diagnosis of Mental Health from a health professional, 16.6% of those clients stated they are currently receiving mental health support; 519 external referrals were made; 76.1% referrals were to specialised services which include accommodation, linkage to case workers, alcohol and drug services, MCOT for mental health support, Homeless Health Care; and 23.9% referrals were for material aid/emergency relief.

Over 2400 referrals were unaccepted to Tom Fisher House during 2021/22 due the service operating at capacity. This data signifies the growing need for emergency care and respite for rough sleepers in the Perth area.

12.3.5 Homelessness Accommodation Support Worker – South East & North West Metropolitan

Homelessness accommodation support worker is a Centrecare service, delivered in partnership with Mission Australia in the South East metropolitan region, and collaborating with the Patricia Giles Centre and Youth Futures WA in the North West metropolitan region. The service is for families, young people, single adults, couples and women who have experienced domestic violence exiting National Housing and Homelessness Agreement (NHHA) accommodation services.

The service works in collaboration with NHHA accommodation providers in the provision of support to clients in the transition to their alternative and long-term housing by addressing issues that may have contributed towards their homelessness. Support is targeted to meet the needs of the individual or family and may include: assistance to secure suitable accommodation; assistance to establish a home, including furniture and household items; tenancy support and education to maintain the tenancy; referral to Centrelink, employment, education and training options, where possible; assistance to resolve financial issues; reconnect with social and community networks; linking children with local school and recreational opportunities; and linking to local health and community services.

12.3.6 The Bunbury Supportive Landlord Pilot (BSLP)

The Bunbury Supportive Landlord Pilot (BSLP) was established by Housing Choices WA to trial the use of the Supportive Landlord model in a homelessness context. The model has been successfully used in mental health for many years and has been adapted to the homelessness context to offer priority access to housing for people experiencing chronic homelessness with additional resources to absorb higher levels of commercial risk and enable closer collaboration with support services. The pilot has been funded for a year by the Department of Communities and is supported by the work of the Zero Project which provides interagency collaborative working groups, collaborative consent protocols and the By Name List.

The premise of a Supportive Landlord model is that irrespective of how much support is in place around a person, housing providers, as landlords, are pivotal in sustaining tenancies. The decisions landlords make and the approach they take to both allocating and managing tenancies can have a significant impact on people's sense of home and the sustainability of housing. The model uses:

- Sensitive letting to allocate the right person to the right house, combining the knowledge of the property and neighbourhood of housing providers with the knowledge of the person of support providers. In the Bunbury pilot this is undertaken collaboratively using the Zero Project's established Collaborative Housing Action Group which brings together local services focusing on housing and supporting people on the local By Name List.



- Person-centred tenancy management with higher staffing levels and specialist training which enables tenancy staff to take an active role in connecting people to support services, using a more trauma-informed approach to tenancy issues and actively participate in case conferencing and interagency collaboration. In Bunbury, the pilot included a cross-sector training session using Housing First and the Supportive Landlord model to explore how housing and support providers can work together to sustain tenancies.
- A subsidy for tenancies which enables community housing providers carry higher commercial risks and both undertake small property adaptations (eg. soundproofing or fencing) and absorb some additional costs (eg. tenant liability, transfer costs, rent arrears) in order to sustain a tenancy. A supportive landlord is funded so decisions can prioritise individual and personal outcomes over commercial, reputational and compliance risks associated with complex tenancies.

The Bunbury pilot is funded to establish 8 tenancies and began in December 2021. To date 7 households have moved into their new homes. Of these 3 are Aboriginal, 4 are single-parent families and 3 are in over 55s properties. In total 13 people have been housed through the program (including children). Tenancy issues have emerged within three properties, but to date they have been managed through liaison with support services, work from tenancy staff and advice from family members.

The model compliments the Housing First approach by enabling Housing Choices to prioritise available housing to chronic rough sleepers, offering more choice and self-determination in allocations, and in the long-term providing an ongoing presence to identify and link to support services in the form of a Supportive Landlord when the person or their support becomes disengaged.

12.3.7 Koort Boodja

Following the success of the Beds for Change program, Uniting WA developed Koort Boodja, which is a short term 24/7 supported low barrier accommodation program for people experiencing homelessness from the site previously occupied by the Backpacker City and Surf hostel on Money Street, Northbridge. Twenty-eight beds are funded by The Department of Communities.

Underpinned by a Low threshold model of support, the program provides accommodation and wrap-around case management support for up to 28 people at once including couples, people with adult children, and single men and women. It aims to offer individualised support for people whose needs are too complex for mainstream services, empower them to address issues that contribute to their homelessness, achieve positive change in their lives, and support them into longer term accommodation.

Sixty-nine people were assisted with accommodation during the 2021-2022 reporting period: 11 people were supported into longer term transitional accommodation; 2 people were transitioned into accommodation with the Salvation Army for their supported family accommodation as they fell pregnant during their stay at Koort Boodja; 1 person completed rehabilitation through Cyrennian House and has since transitioned into his own accommodation; 2 people have obtained their homeswest property and moved into the property with support to obtain material assistance in acquiring the furniture etc that they needed; 6 people have reconnected with family and moved back in with them; and 17 people were supported to return back to their country.

12.3.8 Reconnecting Lives Program (RLP)

St Bart's Reconnecting Lives Program (RLP), fully supported and funded by BHP, is providing support services for people who have experienced, or are at risk of homelessness, and are currently in St Bart's transitional accommodation services or at risk of losing their St Bart's community housing tenancy. It is a pilot program which aims to assist consumers in securing sustainable, long-term housing to achieve their goals of living independently within the community.

Through an innovative, housing-led and person-centred approach, the program has three phases of support: (1) Proactive Support: Weekly individual case management; (2) Light Touch Support:



Fortnightly catch-up, phone or face-to-face; and (3) Preventative Support: Monthly check-in and crisis assistance.

The program provides outreach wrap-around services including: assistance and advice to set-up and maintain a tenancy; completing and understanding the requirements for a rental property; discussions on what makes a good tenant and how to prepare for rental inspections; establishing and exploring good relationships within the local community; employment assistance and advice; help to understand and utilise public transport; assistance with NDIS application; budgeting and finance advice; and assistance in crisis situations.

As of June 2022, 286 clients have benefited from the program since its inception. Eighty-three per cent of the clients supported by the Program are in long-term accommodation, with 100% of those consumers maintaining their residency, with the other 17 per cent receiving support to access longer-term accommodation. Engaging Aboriginal people is a high priority for the program, it is recorded that 64 Aboriginal and Torres Strait Islander clients have accessed the program.

12.3.9 St Bart's Women's Service

In 2014, in response to the growing number of older women experiencing homelessness, St Bart's opened the Women's Service at its property in Kensington Street, East Perth, to provide transitional accommodation for women. It is done with the support of some generous donors and using St Bart's own reserves. This was a new venture for St Bart's. Since its establishment in 1963, St Bart's had provided this kind of transitional accommodation and support services for men only.

The St Bart's Women's Service is the only facility of its kind in Perth for single women, who make up the fastest growing demographic of homeless people.

It provides a safe and supported environment for women to work through the trauma and other circumstances contributing to their homelessness and help them regain their independence, to reconnect with their families and friends, and to refer them to other support services as required.

The key criteria for women to access the St Bart's Women's Service is that they have experienced, or are at risk of, homelessness. Most of the women have experienced serious trauma and have long-standing and complex needs, with many requiring specialised support for mental and physical health and alcohol and drug issues.

Services are delivered in accordance with the principles of 'trauma-informed recovery' which means St Bart's works with each woman individually on the issues which have contributed to her homelessness.

The aim is to assist the women in the service to move to accommodation in the community within three months, though the average stay is often longer due to difficulties accessing affordable housing in the community and the individual's recovery progress.

During 2021/22, 51 women were supported with 12 women moving on to stable accommodation. Thirty-two of the 51 women identified as Aboriginal. The largest proportion of women were aged between 36 – 55 years.



Art Therapy is a valuable tool often utilised at St Bart's Women's Service to help engage and promote wellbeing. Photo by St Bart's.



A St Bart's Case Manager and a consumer at our Women's Service enjoy some time outside while having a chat. Photo by St Bart's.

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

My Home Australasia was started by architect Michelle Blakely. It uses a public private partnership model, and a prefabricated 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. The first site chosen for the My Home project is in North Fremantle, on land secured from the Public Transport Authority via the Department of Communities. A partnership has been formed with registered community housing provider St Patrick's Community Support Centre, who will manage the housing. The development will provide 18 homes for older women exiting homelessness, with support intended to be delivered through the new Housing First support services. The project is expected to be completed in 2023. Two other sites have been secured in Victoria Park and Dianella which are intended to accommodate a range of other cohorts, and between them would accommodate over 50 people.

12.3.11 Foyer Oxford

Foyer Oxford is a cutting-edge youth housing service located on Oxford Street in Leederville, which opened its doors in 2014. Part of the international Foyer movement, the project is founded on the idea that ending youth homelessness can be achieved through education, training and sustainable employment.

Operated by a consortium of Foundation Housing Ltd, Anglicare WA and North Metropolitan TAFE, the combination of housing, support and access to diverse education and work opportunities, allows Foyer Oxford to deliver significant outcomes for the young people who reside at Foyer. The world class complex operates 24 hours a day, 7 days per week, 52 weeks per year and has the capacity to house and support 98 young people, including 24 young parents and their children. It is the largest single site homelessness service for young people in Australia.

Foyer Oxford provides young people with fully self-contained transitional housing for up to two years in duration, combined with personalised social supports and opportunities to access employment, education and training. The design of the service is based on the Foyer 'deal' which acknowledges the



idea of reciprocity whereby a 'something for something' agreement is developed with the young person. This would include engaging in employment, education or training during their stay. Foyer Oxford believes in a holistic model of support and provides: case management (case management staff during the day and residential youth workers overnight and on weekends); enables young people to access the range of activities available in the local community including sporting groups, art, hobbies and other networks; a range of positive, engaging activities that enable the development of skills and the maintenance of a strong, aspirational community feel; longer-term transitional accommodation, 24 hour on-site support and case management, with access to education, training and employment opportunities; links with specialist and mainstream services, and assisted to gain the knowledge and skills they require to successfully transition to sustainable independent living in the community upon existing Foyer; and specialist parenting support for young people.

Since 2017, Foyer Oxford has observed a steady increase in the number of young people experiencing mental health challenges. Since the beginning of 2020, these rates have significantly increased, well beyond the original design of the Foyer Oxford model, which is around a balanced community of tenants to manage risk and duty of care. 86% of current residents (July-Dec 2021 period) identify a mental health challenge as their primary reason for seeking support. In comparison, in 2019 this figure was 59%, and in 2014 when Foyer Oxford opened, the figure was 39%.

To support residents with their mental health challenges, the service has upskilled the team in understanding and responding to the needs of young people, and an additional Case Manager has joined the team, funded philanthropically.

Key community partnerships through the co-location of Youth Focus and headspace have also assisted the team to help young people move towards recovery, however the demand and complexity is now significant and additional specialist resources are required. To help address this resourcing need, the Mental Health Commission have committed to investing in greater resourcing of Foyer's response to mental health complexities of the residents recognising the need for this pivotal support. It is envisioned that this will result in greater mental health outcomes of young people to be reported in the next period.

During the July-December 2021 period, 28 young people exited Foyer. Fifteen (54%) exited to private rental, six (21%) to family, four (14%) to transitional housing or homelessness and 1 (4%) purchased their own unit. The number of young people returning to live with family was lower than January- June 2021 period (14% compared to 47%). Of the Foyer residents who left during this period, only seven (25%) were either working casually or not engaged in employment, education or training and 21 (75%) were either working part-time, full-time or studying. This suggests that their long-term financial and housing independence will be sustainable.

12.3.12 Armadale Youth Accommodation Service (AYAS)

Armadale Youth Accommodation Service is a supported crisis accommodation service by Parkerville Children and Youth Care for at risk and homeless young people aged between 15 – 20 years of age. AYAS provides safe secure accommodation and structure for young people. The service staff work with the clients to get an income with Centrelink, learn independent living skills, teach cooking and cleaning as well as refer out to services to address issues that could be contributing to their homelessness. Each client has a case worker that goal plans achievable goals. Clients are supported to reengage in education, maintain education and or support to find employment or courses to help them enter the workforce. AYAS has an onsite drug education support worker to educate and support young people experiencing alcohol and drug issues. AYAS also has access to mental health support for clients experiencing mental health.

12.3.13 The Salvation Army's Emergency Accommodation & Referral Support Services

The Salvation Army's WA Homelessness Services (Emergency Accommodation & Referral Support Services, EARSS) span across the Perth Metro and regional WA. These services are either targeted at providing emergency accommodation to families or individuals who are experiencing, or at imminent risk, of homelessness for 3-6 months. All facilities offer strengths-based and person-centered case management, trauma informed care, advocacy, information and referral support.



The Beacon in Northbridge, Perth, is a 102-bed emergency accommodation facility for individuals and couples over the age of 18. All rooms within the facility are en-suite and equipped with a double bed, study desk, small fridge and television. Consumers can access on site laundry facilities, library and recreational areas as well as kitchenettes on their respective floors. Three balanced meals and two tea breaks (with condiments) are on offer 365 days a year. A range of onsite support services, including but not limited to, advocacy, allied medical services (GPs, dietician, psychologists) and financial coaching are offered. The 8-week Restorative Lifestyle Programme (RLP) which supports case management, assists consumers to develop valuable life skills – from cooking, budgeting, health promotion, art & music – to name a few.

Regional Salvation Army residential facilities are located in Bunbury, Geraldton and Kalgoorlie. Bunbury EARRS consists of two onsite family units and families are supported for up to 6 months, whenever possible, to obtain stable, long-term accommodation to transition to upon exit. An assertive outreach program is also provided to individuals who are rough sleeping in the Bunbury region.

Geraldton EARSS consists of four onsite family units and families are supported for up to 6 months.

Kalgoorlie EARSS consists of a six-bed emergency accommodation service, providing 3-month emergency accommodation to adult males over the age of 25. In addition to the residential facility, there is also a house to accommodate one family.

12.4 *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.

12.4.1 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., 2019).

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 (Sustainable Health Review, 2019).

12.4.2 After Hours Support Service

One of the most critical success factors of the 50 Lives and 20 Lives Housing First programs (described in section 12.3.1), 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., 2020). 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., 2020).



12.4.3 Medical Respite Centre

Medical Respite Centre is Homeless Healthcare's newly established post-hospital discharge facility that opened in April 2021. 10 general respite beds are funded by philanthropic donors. Another 20 beds of post-hospital discharge respite were opened on 25th October 2021 as a 2 year pilot program funded by the Department of Health with project oversight by East Metro Health Service. People experiencing homelessness who present to hospital with poor health are now able to be discharged to the Medical Respite Centre rather than back into homelessness for lack of suitable accommodation options, as was often occurring previously (Gazey et al., 2019; Turvey et al., 2021).

It 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., 2019), 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.

12.4.4 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., 2021).

12.4.5 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).

12.4.6 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.

12.4.7 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 of Western Australia 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.

The program assists people to continue engaging with specialist drug and/or alcohol services or re-engage, encouraging individuals to connect to community and support agencies, reconnect with family including children, and build positive social networks. Each individual is encouraged to gain knowledge and build financial literacy so they can effectively manage their finances and increase their capacity to maintain long term stable accommodation.

Support is provided to the client for an average of 6 months with intense support being provided initially and reducing over time as the needs impacting upon homelessness are addressed. Tenancies are secured through several avenues including the Department of Communities Housing, community housing and the private rental market. Through the provision of service, it is an aim that 75% of clients assisted will obtain and sustain accommodation for at least 12 months.

12.4.8 St Patrick's Health and Dental Clinic and Community Centre/Engagement Hub



Photo by St Patrick's.

St Patrick's Day Centre offers a variety of onsite support services including legal advice, links to housing and financial support, social and recreation activities and free breakfasts. The centre is visited daily by around 100 men and women who experience complex issues including financial distress, homelessness, and mental health issues.



The Health Clinic embedded in the day centre provides medical services such as nursing, counselling, physiotherapy, chiropractic, optometry and access to outreach GP. It provides on average 2,000 pro bono allied health appointments each year. In 2016, the Oral Health Clinic was established to provide easy to access, no cost oral health care. The service is staffed by volunteer dentists and dental assistants/nurses with support given by a lead dentist, clinic coordinator and clinical advisory committee. From July 2021 to June 2022, the clinic provided over \$247,000 worth of treatments and 993 appointments.

The clinic aims to overcome the barriers of access, affordability and lack of trust in mainstream services. Since many clients have already visited the Day Centre for other services, offering oral health services within that familiar and welcoming space reduces the anxiety of clients who have been discriminated in mainstream services. It is important for St Patrick's to create an environment of trust, safety and advocacy for clients as well as providing quality dental care.



Photo by St Patrick's.

12.5 *Innovative assessment and referral programs*

12.5.1 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.

From July to December 2021, 5367 calls were answered by the small team of five Assessment and Referral Officers (ARO's). Over 7900 outgoing calls were made by the team of ARO's. The vast majority of these outgoing calls were made to return calls to clients who had left a voice message or online enquiry, or to liaise with third party services to arrange supports for clients (contacting services to complete referrals, booking hotel accommodation, contacting Child Protection and Family Services to discuss safety plans etc.).

A significant increase has been seen in the number of families with children seeking support from Entrypoint Perth since the commencement of the COVID pandemic. Distinct support periods for people presenting with children in their care have increased from 1054 in 2019/20 (43.9% of total clients) to 1673 in 2021/22 (73.6% of total clients).

Case Study- Connie

Connie is a single mother in her late 20's with two children under the age of ten. Connie was living in a regional Aboriginal community but left due to experiencing family violence. Connie and her children came to Perth and became homeless after being exited from a women's refuge that she had been referred to. Connie contacted Entrypoint seeking crisis accommodation for her family. An Assessment and Referral Officer (ARO) completed a general homelessness and a domestic violence risk



assessment. Referrals to transitional housing were completed and Entrypoint were able to accommodate Connie for two nights to prevent immediate street homelessness. An ARO attempted to refer Connie to a regional refuge due to the lack of metropolitan vacancies, however this referral was declined due to her situation presenting as homeless, rather than at current risk of domestic violence. Entrypoint continued to monitor the Crisis Accommodation Vacancy Register for refuge or crisis vacancies but nothing suitable appeared. Connie was made aware that she may not be able to access a refuge anytime soon. In light of this, Connie had arranged a plan with her friend in Broome, who had spare rooms in her house and wanted to support Connie. Entrypoint supported Connie and her family to travel to Broome to access more stable and safe accommodation. Entrypoint supported Connie to follow through with her plan which prevented her family from being homeless.

12.5.2 Entrypoint Outreach



Entrypoint Outreach Case Workers. Photo by Centrecare.

Since the beginning of 2021, homelessness in Western Australia has escalated and the state-wide homelessness assessment and referral service Entrypoint Perth has received an increase in requests for assistance from families who are at risk of homelessness or who have become homeless as a result of Covid-19 induced rental market changes, including housing shortages and rental price increases.

To ameliorate a proportion of this increased demand, 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. In cases where Entrypoint Perth has purchased crisis accommodation for women experiencing violence who are waiting to access a women's refuge bed, the service can provide daily support. Entrypoint Outreach will meet with clients either at their home or in the community. Clients are provided with culturally appropriate supports and Interpreters are accessed when required.



The target groups of Entrypoint Outreach include: 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.

The service goal is to divert families and individuals away from the homelessness service sector by preventing homelessness, and to reduce the length of time that families and individuals experience homelessness by decreasing barriers, increasing skills, and providing active hold until a service can support them.

Since its inception, November 2021 to end of July 2022, Entrypoint Outreach has received 168 referrals from Entrypoint Perth. Some referrals are not accepted for a variety of reasons; disengagement, uncontactable or unsuitable for the service. Other referral outcomes have been one off interventions (13), decreased barriers (25), clients housed in long term accommodation (29) and those still being assessed or worked with (30).

The aim of this service is to divert people away from the homelessness sector by decreasing barriers to homelessness. The pilot program is ultimately working to support the end of homelessness in WA. The housing outcomes to date have shown clients securing a tenancy through: private rental tenancies through Real Estate Agents (18); 12 month tenancy with Centrecare Family and Accommodation Service (4); shared accommodation (3); over 55s facilities (2); Victoria Park Youth Accommodation Service (1); and Department of Communities property (1).

Case Study - Debbie

Referral was received for Debbie and her husband Roger, who had been homeless for three months and living with Roger's parents with their three children. During the assessment the couple disclosed they had applied for 20 properties and none had been successful. The Entrypoint Outreach team reviewed their applications and discovered they could improve the quality of the applications to give them a better chance of success in the future. Debbie and Roger took the feedback on board and worked on four applications with the Entrypoint Outreach worker. The family was successful in one of their rental applications and exited from Entrypoint Outreach with a new tenancy. As they were exited from this service, they were referred to Centrecare's Family Accommodation and Service for some ongoing outreach support. Debbie and Roger were able to complete all tasks associated with the new tenancy and subsequently the Real Estate Agent contacted the Entrypoint Outreach team to advise that the tenancy is going well, and the real estate agency is keen to assist others coming through the service in the future.

Case Study – Linda:

Linda was in her seventies and living in a private rental tenancy when she received notice to vacate the property, as the owner wanted to regain possession to move a family member in. She had been living in the property for 2.5 years and her rental references were excellent. Linda is vision impaired and found it difficult to apply for rentals due to her lack of technology skills and vision impairment. Linda vacated the property as required but had been unable to secure another tenancy, so was forced to sleep rough in her local area for four weeks.

With no knowledge of where to go for help, Linda then contacted Entrypoint Perth for assistance, who immediately referred her to Entrypoint Outreach for brief intervention support. Meanwhile, Linda had met someone in the community who offered for her to stay with them temporarily. Entrypoint Outreach met with Linda and together developed an Accommodation Plan. The Case Worker liaised with multiple services and accommodation providers, advocating on Linda's behalf, and were able to support her to secure a one-bedroom unit in an over 55s independent living complex within one week of the referral.



Linda is now secure in her new tenancy, with affordable rental payments. She has more money each fortnight to better address her health issues, pay bills and facilitate social connection. During her period of support, Entrypoint Outreach supported Linda to obtain photo identification, arrange a statutory declaration in order to secure the unit, provided transportation and support to attend property viewings, assisted with housing applications, advocated with numerous services, assisted Linda to connect her utilities, set up direct debit for rental payments and much more. Entrypoint Outreach linked Linda to other services in the community including Ruah for assistance with bond and obtaining a birth certificate, Good Sammies for furniture assistance, Anglicare for Emergency Relief, and connected her to a local medical centre in her new suburb. Linda has settled well into her new home and has made social connections within the complex. She is receiving support from her property manager, who has linked her into My Aged Care for an assessment for in-home care. Linda is now thriving and looking forward to the coming years in her new home. With brief intervention support, she was able to be diverted away from the homelessness system and her period of rough sleeping was limited to four weeks.



Linda making a cup of tea in her new home. Photo by Centrecare.

12.5.3 Passages Youth Engagement Hubs

St Vincent de Paul Society WA's (SVdPWA) Passages Youth Engagement Hubs are two specialist youth homelessness services in Inner City, Perth and Peel region. They have been at the forefront of providing specialised support to young people experiencing homelessness. Passages Youth Engagement Hubs were established more than 20 years ago due to growing youth homelessness and the need for a unique specialist engagement service.

Passages Youth Engagement Hubs are a joint venture between Vinnies WA and the Rotary Club of Perth and Mandurah offering a safe, friendly and non-judgemental space to access support and referrals to our communities most marginalised and at-risk young people aged 12 to 25 in Perth and Peel. It minimizes as many barriers as possible for individuals to access support. Operating from the specialized Low Threshold and Change model, integrated with a strong trauma informed practice and therapeutic crisis intervention approach encourages individuals to have a space for healing to begin to consider the journey of change.

Passages does not require referrals or exclude individuals on the basis of presenting issues such as behaviours of concern, drug use or criminal activity. The service provides practical needs such as food, showers, laundry facilities and access to the internet as well as specialised support services. Within the Hubs, Passages staff are able to build relationships with young people and begin informal conversations about their support needs.

Passages is very often the first step off the street for young people with complex needs. They are often excluded from other support services and would otherwise have nowhere else to turn. Access to appropriate youth accommodation is limited to the cohort of individuals that Passages support due to the criteria of entry that most services operate from. Passages works to build relationships with young people by offering practical assistance and support, while identifying longer term needs and issues to assist them to overcome disadvantage and realize their full potential.



In Perth 2021/22, approximately 459 individual Young People accessed the service 3543 times which included 25 young people identifying as LGBTQI. Of the 3543 visits to the service 19.5% identified as Aboriginal and/or Torres Strait Islanders. In Peel 2021/22, approximately 317 individual Young People accessed the service 1602 times which included 1 young person identifying as LGBTQI. Of the 1602 visits to the service 10.3% identified as Aboriginal and/or Torres Strait Islanders.



Passages Youth Engagement Hub in Perth. Photo by St Vincent de Paul Society WA.



Passages Youth Engagement Hub in Peel. Photo by St Vincent de Paul Society WA.



12.5.4 Tranby engagement hub

The Tranby Engagement Hub is an engagement and referral service for people 18 years and over who are experiencing homelessness in and around the City of Perth. It assists adults in crisis who have been referred from outreach or other support services. The team provides essential services such as showers and food. One on one service is also available for people to understand their individual needs and assist them to access the suitable services.

Tranby is a safe, supportive environment where people are encouraged to develop the capacity and skills they need to move from crisis towards secure, long-term accommodation. Tranby also partners with visiting agencies to provide medical, legal, counselling and advocacy services.

The 2021/22 reporting period recorded 42,770 presentations, 2744 accommodation services referrals, 998 HHC referrals, and 32 AOD referrals

12.5.5 Library Connect Fremantle

The Library Connect program was launched in late September 2020 as a partnership between St Patrick's Community Support Centre and City of Fremantle and modelled on similar services in North America. 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. The community support worker works out of the Fremantle Library, offering support, advice and referrals, and has been incredibly successful in reaching certain cohorts particularly women (78% average) and older people, and with strong responses also from First Nations (41% average) and CALD communities (11% average). The most common presenting issues are financial difficulties, housing affordability, housing crisis and lack of support. The service has been funded by St Patrick's with philanthropic backing, and delivered in partnership with the City of Fremantle, who are also contributing some funding to the project. Library Connect Fremantle is the first service of its kind WA, and the second in Australia. Now into its second year of operation, it is proving successful as an early intervention model- diverting people from homelessness.



Photo by St Patrick's



Case Study

A single mother of three children initially approached the Library Connect program in a state of anxiety and distress, after fleeing domestic violence. This was her first time accessing services, and she had been reluctant until now to reach out because she had felt embarrassed to do so. She advised that she was inundated with bills, rent, and the costs associated with her children. Her stress had reached boiling point and she had ended up in hospital due to severe panic attacks. She stated that she has not been able to send the children to school for a week because she had nothing to give them for lunch. A referral was provided to financial counselling to assist with her bills, as well as a counselling service for her mental wellbeing, food assistance and transport was also provided.

A few weeks later, she returned to the library in brighter spirits. The counselling was supporting her mental health and she was in the process of finding employment. She was assisted with her CV and cover letter and food vouchers.

A few months later, she had received an eviction notice and was understandably concerned for the wellbeing of her family. It was arranged for a housing assessment with Anglicare to occur in two weeks' time. Shortly after, she had advised that she had been successful in securing a house for her and her children and would be able to move in shortly. She was supported with moving costs, food, and transport assistance.

The next day, she returned visibly distressed. She informed that her landlord had cut off her power and refused to turn it back on until she had paid \$150 worth of rent owing. She needed power and hot water for herself and her children and, as the day was coming to an end, worried she would be left without it. We liaised with her landlord and organised to pay the amount owing, under the condition that the power was switched back on that night. The landlord agreed.

A couple of months later, the family advised that they had settled into their new home and the children had adapted well to school. They were in the process of acquiring furniture and household necessities, a referral to the Starting Over Support (SOS), was made to assist. A further financial counselling referral was provided for assistance with school uniforms and books for the children. Information and advice were also provided regarding a new Indigenous program offered by Jacaranda, which she showed great interest in pursuing. Lastly, food and transport assistance were provided, and she advised that she was feeling hopeful about her future, and that of her children.

"They feel it's a safe space for them to come- not judgmental, not dangerous, friendly , supportive. I think women can sometimes feel bit overwhelmed by men's presence, so they prefer coming here because they feel safe here. They come to take some books and stuff, but also to receive support" – Library Connect worker

"There's a different kind of families that are coming to us that haven't had to reach out to services before. So libraries, because they go to the children's groups in the mornings and the story time, and things like that, that's a really familiar place for them" – Librarian

"I only went to (homelessness service) once...because when I was there, everyone was there, so I got a bit nervous. But when I came here, it's just me and (the Library Connect worker) so I felt comfortable. I brought my son and he was playing there... as I was just chatting with (the Library Connect worker) and we're trying to look for accommodation." Library Connect client



12.5.6 HEART



This photo was taken on an outreach session which the HEART team conducted with the WA Office for Homelessness. During this outreach session Minister Carey, Jacqui Herring and Katie Vos from the Department for Communities accompanied the HEART team on their morning outreach. During the visit, The HEART team was able to show Minister Carey some of the frequent locations that the HEART team provides assertive street-based support to people experiencing homelessness, and were able to discuss the current and emerging needs of people who are rough sleeping and the gaps that outreach services can fill in this space. This photo was produced by the communications team at Uniting WA.

The Homelessness Engagement Assessment and Response Team (HEART) program was launched in February 2021, to support existing efforts to respond to the increasing prevalence of people experiencing homelessness and sleeping rough across the Perth metropolitan area. HEART is a multi-agency response, developed in close partnership with the Department of Communities, St Patrick's as lead agency, Uniting WA and Wungening Aboriginal Corporation, with Ruah providing after hours support in its first year.

HEART provides rapid outreach and intensive support primarily for people who are chronic rough sleepers. This involves engaging and assessing individuals to identify immediate supports and pathways to accommodation, holding them until appropriate referrals and transitions occurs.

Unlike other outreach programs, which tend to focus on one geographical area or section of the community, HEART works with state and local government departments, commercial and not-for-profit organisations across the metropolitan area, allowing it to mobilize wrap-around responses focused on effective client outcomes.



12.6 Families and children

12.6.1 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; and referral to ongoing supports upon exit, as required.

Centrecare Family Accommodation Service (CFAS) has received an increased volume of referrals during the July to December 2021 reporting period. CFAS registered 561 families for Centrecare's Family Accommodation Service (CFAS), which included 561 adults and 1,190 children. Of the 561 families on the wait list: 38% identified as Aboriginal or Torres Strait Islander. In 2022, Centrecare has secured an additional three properties, increasing the number of families it can support through supported accommodation.

12.6.2 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.



Centrecare staff from Sky, Family Accommodation Service, Housing Support Worker South East and Housing Support Worker Corrective Services. Photo by Centrecare.



12.6.3 Barn Doyintj Doyintj

Barn Doyintj Doyintj is a Family Domestic Violence response team working with women experiencing rough sleeping in Perth. It offers outreach and case management service for women and children whose safety has been further compromised by COVID-19. The service is provided by Wungening (lead) and Noongar Mia Mia and works with all stakeholders, including family and community, to improve the safety of Aboriginal women and children. The service mainly targets Aboriginal families, and people connected to our existing services, however, they are committed to a whole of community response to FDV and a 'No Wrong Door' approach.

12.6.4 Young Women's Program (YWP)

It is an independent living program by Parkerville Children and Youth Care for young women aged 16 to 25 at risk or experiencing homelessness, the program accommodated mums with or without children. Four units accommodating 2 clients in each unit, staff go into the units and support the young women by teaching independent living skills, assisting with cooking and cleaning and referring out to services to address the issues contributing to homelessness. The YWP works closely with the department of child protection to support mothers who may not have their children in their care, helping mums to achieve reunification with their children. YWP supports mothers with parenting skills, holding workshops as a group or individually to learn skills in parenting and maintaining a house for when they are able to get their own accommodation. YWP staff support clients with transport to appointments and will advocate for clients when required.

12.6.5 The Salvation Army's Family Accommodation Program

The Family Accommodation Program provides transitional, supported accommodation to families who are experiencing, or at imminent risk of homelessness. This program, operating in partnership with Salvation Army Housing, provides safe, stable and affordable housing for ten families at any given time, providing independent rental properties within the Balga community and surrounding suburbs.

As an outreach program, the Caseworker works alongside families in their home environment, supporting to identify and then address issues and challenges that have contributed to their homelessness. Families present with a range of comorbidity of issues and are supported to address a range of complex challenges such as alcohol and other drug dependency, family and domestic violence, mental health concerns and interactions with the child protection and justice systems.

The Caseworker provides intensive case management and support, offering; information and advocacy, tenancy support, court support, education and training opportunities and individualised referrals to both internal and external support services. In addition, there is the provision of assistance with education, training and employment opportunities to increase financial capability and capacity to support independent living within the community. Support for children to access education or childcare is also a critical part of each families support plan, recognising that all children have the right to access education opportunities and structured learning and play environments to support key developmental milestones. Self-determination and client directed support underpins this program, ensuring that clients receive individualised support, specifically tailored to their needs.

This service is embedded in a network of other Salvation Army services, operated onsite at the Balga location, providing holistic wrap-around support services for the families, including; emergency relief, financial counselling, early learning centre, playgroups and a child health clinic. External services onsite, including; 12 Buckets, Orange Sky, Oz Harvest and Foodbank, provide other vital assistances for the families within the program.

From the 1st July 2021 – June 2022, the Family Accommodation Program assisted 21 families. This ensured that 26 adults and 50 children had a safe place to call home and the support to thrive.



12.7 Supporting individuals and families to maintain rental accommodation

12.7.1 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.

12.7.2 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 (RRGS). 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 supports. 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 need 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. The RRRGS finished December 2021.



12.7.3 Boola Moort Tenancy Support Program



Boola Moort Tenancy Support worker Rachel and NMM tenant Darryl, in front of his home. Photo by Noongar Mia Mia.

Launched in July 2021, Noongar Mia Mia's Boola Moort Tenancy Support program ensures their tenants are supported in a culturally secure and individualised fashion, while enabling the organization to deepen their understanding of what works well to help minimise tenancy risk. The program has two full-time support workers supporting a total of 28 tenancies towards psychosocial inclusion.

Tenancy support is tailored for tenants' individual and family needs. It includes emotional support, yarning, accompanying them to meetings with government agencies, helping them to maintain their properties (particularly for Elders), taking them to Foodbank, assisting them to navigate available services, etc.

12.8 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.

12.8.1 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 wraparound 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).

12.8.2 Ground and Co

Ground and Co is an initiative of the 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 to support an end to homelessness.

12.8.3 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.

12.8.4 Safe Night Space

The Ruah-operated City of Perth Safe Night Space for women opened its doors in June 2021. It is the first facility of its kind in Perth and provides a place for women to rest, access basic facilities, seek support and connect to other services in a safe and secure environment at night. The Safe Night Space is open and available to women every night from 7pm to 7am. Approximately 80 per cent of women who stay at the Safe Night Space are referred from other services and 20 per cent self-present. A recent internal six-month evaluation of the service confirmed that it was fully achieving its objectives, with visitors to the centre believing that it provided them with physical, emotional, cultural and health/hygiene safety benefits.

12.8.5 Housing Support Worker – Corrective Services (men)

Centrecare's Housing Support Worker Corrective Services (men) provides support to adult men exiting prison, transitional accommodation support services or prison re-entry services in the Perth metropolitan area to secure and maintain stable accommodation and avoid homelessness. The men's partner and/or children can also be included in the service, where applicable. This is an outreach service that provides both pre- and post-release support to men in the lead up to exiting prison and in their home or the community following release. This service adopts a case management approach, supporting men to achieve the goals they have identified. The service assists men to effectively transition back into the community by addressing issues that may have contributed towards their incarceration, assisting men and their families to connect to the community, and supporting them into long-term housing. The service is funded by the Department of Communities to support 16 men and their families per year.

Case Study – Charlie:

Charlie is in his thirties and was referred to Housing Support Worker - Corrective Services for support to avoid homelessness during his transition from prison to the community. He disclosed significant past substance misuse that had contributed to his incarceration. Following referral, Charlie's housing support worker met with him weekly to establish trust and rapport before goal planning with him to gain a deeper understanding of his needs, and to develop an achievable plan focusing on his strengths. Charlie was encouraged to reflect on his past offending behaviours and positive changes were adopted that would enhance the social inclusion he aspired to. The worker supported Charlie to recognise and acknowledge his strengths and build upon this to achieve his goals.



Charlie identified that he would not be successful in accomplishing his goals if he continued with the lifestyle he had followed prior to entering the prison system. He expressed an interest in working in the mining industry. Together, Charlie and his housing support worker liaised with his job provider to identify and register for free training courses. Brokerage funds were utilised to purchase the relevant tools Charlie would need to secure work. His worker also sourced a donated desktop computer to support him to complete online training courses, as he had been completing the courses on his mobile phone. Through goal planning, Charlie identified a need for pro-social activities that prioritised his health and self-care, so joined a gym to maintain his physical and mental well-being and to better connect with people in the community.

Charlie was able to work through his goals with the support of his worker and became successfully employed in the mining field, which supported his goal of securing a private rental. Charlie was overwhelmed by the support he received and was keen to give back to the community. As a result, when he returned home on his breaks from work, he would visit and provide food to people sleeping rough in his community.

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.
- Supporting and seeking funding for Noongar Mia Mia to develop the Noongar Cultural Framework and Noongar Housing First Principles to ensure an cultural approach to the application of Housing First.

In November 2019 the State Government launched its WA 10 Year Strategy on Homelessness - All Paths Lead to a Home and shortly after announced new funding - Housing First Homelessness Initiative (HFHI). As the Strategy was underpinned by the adoption of Housing First, the HFHI was new funding to allow 5 communities to implement the Housing First approach. The communities that were



identified was metropolitan Perth, Geraldton, Bunbury, Rockingham and Mandurah. This also included backbone funding for an organisation to support the implementation and service co-ordination across these communities.

At that point in time, the WA Alliance did not have any ongoing funding, nor the organisational capability to form a back-bone service. At the same time, Ruah had the 50 Lives 50 Homes Project and so it was agreed that they would be supported to continue this function within the emerging HFHI funding due to their infrastructure and organisational capability to undertake this work going forward.

This led to the development of the Zero Project which has been jointly funded by HFHI and Lotterywest to undertake a systems co-ordination role to support the 5 communities to address rough sleeping and chronic homelessness. The Zero Project also undertook the Connections Weeks and implementation of the By Name Lists in each of the communities and also provides Housing First Training along with the service co-ordination. The Zero Project came into existence in late 2020.

The Alliance and the Zero Project will act as a resource to help the community to actively end homelessness and to work as a system. As the By-Name list data develops a better picture of what is working and where the gaps are within the homelessness system, there needs to be continual advocacy on addressing those shortfalls within the system.

12.10 Funding of services

The Funding of Western Australian Homelessness Services 2022 report, recently published by Centre for Social Impact UWA (Flatau, Lester, Callis, et al., 2022) provided comprehensive evidence of the funding of specialist homelessness services, mainstream services and Aboriginal services which assist those experiencing homelessness and those at risk of homelessness in Western Australia. The report presented a comprehensive overview of the funding of homelessness services in Western Australia based on the extant literature, findings from a survey of 73 representative homelessness services operating across Western Australia and outcomes from focus groups comprising service managers.

The total funding amount received in 2020-21 for services completing the *Western Australian Homelessness Funding and Delivery Survey* was \$68.8 million (\$65.1 million for SHSs), with NHHA funding making up 34.5 per cent of all service funding. NHHA funding made up 41.7 per cent of all SHS funding. In other words, while NHHA funding is a very important source of funds for SHSs, it is by no means the only source and agencies receiving NHHA-based funds supplement those funds from a variety of sources.

The vast majority of respondent homelessness services (90.8%) in the *Western Australian Homelessness Funding and Delivery Survey* received funding from external sources with NHHA funding representing the largest source of funding; 26.2 per cent of services received in-kind support, 15.4 per cent received funding reallocated to the service from the managing agency, and 7.7 per cent received capital funding. Only 44.4 per cent of non-SHSs received funding from external sources. Funding allocated by the parent agency made up one-third of non-SHS funding, compared to 1.7 per cent of SHS funding. Reflecting the type of assistance provided, internally generated revenue made up 41 per cent of all SHS funding, compared to 1.1 per cent of non-SHS funding.

The report highlighted issues faced by homelessness services in terms of funding with service delivery being impacted by the rollover of contracts, the short-term nature of contracts, and the (in)flexibility and (lack of) discretion of use of funding. Funding from government sources was generally seen to have comparatively low flexibility and discretion.

The *Western Australian Homelessness Funding and Delivery Survey* revealed high levels of unmet need. Overall, only 27.4% of services indicated that they were able to meet 90% or more of client demand, and less than a half (45.2%) said they were able to meet 76% of demand or greater (Flatau, Lester, Callis, et al., 2022).

Unmet demand is higher in cohorts such as young people, families, those with alcohol and substance use, those who have been incarcerated, and those in rural areas. Unmet need by homelessness



agencies has been estimated at almost three-quarters of those experiencing or at risk of homelessness.

Homelessness services have, for some time, argued that the level of funding provided in government contracts is not keeping pace with underlying costs. The Non-Government Human Services Sector (NGHSS) indexation policy annually indexes community sector WA Government contracts against a formula which weights by the Consumer Price Index and the Australian Bureau of Statistics Wage Price Index. The argument put by services is that the NGHSS indexation uplifts are insufficient to cover wage cost and price increases particularly those increases in costs associated with the increases in award salary rates under the Equal Remuneration Order (ERO) issued in 2012 by Fair Work Australia to address gender pay inequity.

In the *Funding of Western Australian Homelessness Services 2022* report, we compared outcomes where NGHSS indexation uplifts are applied on a WA State Government funded component of a homelessness service over the period 2014-15 through to 2022-23 with estimated actual costs based on National Wage Case increases (80% of baseline costs) and Perth CPI increases (applied to 20% of baseline costs). We factored in a 5.1% increase in the National Wage Case and CPI Perth in March 2022 of 7.6% but dropping down to 5% over the 2022-23 financial year. On this basis, service costs were estimated to be 12.2% higher than the indexed WA Government contract over the 2014-15 to 2022-23 period. For a \$500k contract, this equates to costs \$70,633 above the NGHSS indexed contract.

Services report that costs may actually be rising above CPI in a number of areas such as increases in insurance, rent and maintenance costs, and fuel and transport costs. Moreover, services are facing financial pressures due to greater staff turnover, increased risk management, quality standards and compliance costs, increased occupational health and safety requirements, and Covid-related pressures around personal protective equipment, and expenditures and staffing absences.



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 as social housing supply (after a period of decline in real investment), 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, as in last year's report, at the aggregate level 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 in Western Australia.

It will take some time before the current range of measures impact on homelessness outcomes and the recent significant boost in social housing, after a long period of stagnation in real investment, to provide increased opportunity for housing placement by homelessness services. 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 health and social need is particularly high. This underlines the need for greater investment in long-term supportive housing models to support those with high needs. 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 strategy on homelessness and increased funding through NHHA of homelessness services and social housing. 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.

To end homelessness in Western Australia, the WAAEH supports a strategy is based on five fundamental pillars:

1. **Ensure adequate and affordable housing.** This means having a supply of housing that meets the needs of those who need it. It also means having multiple pathways into permanent housing and multiple housing options including housing with support services that are all effective.



2. **Prevention:** A focus on prevention and early intervention. Develop system, service and social responses that ensure people at risk of homelessness have the supports they need to prevent them entering homelessness. This will involve an improving recognition of the health value of a home.
3. **A strong and coordinated response:** A 24/7 'no wrong door' system that delivers responsive action across different community and health support systems that are well coordinated and act quickly.
4. **Data, research and targets:** Improve data, the evidence base on what works, systems knowledge, and the accountability of the health and social support system to achieve the goals of the WWAHE Strategy. Building the evidence base around the health value of a home. Set clear targets and ensure delivery.
5. **Building community capacity:** Solutions are sourced from those who have experienced homelessness. All sectors that support those experiencing vulnerability and disadvantage deepen their capacity to end homelessness in WA. Developing a broad public movement, inclusive of all members of the community who have the desire to end homelessness brings more people and resources to ensure success.

REFERENCES

- Australia. Human Rights Equal Opportunity Commission & Burdekin, B. (1989). *Our homeless children: Report of the National Inquiry into Homeless Children*. Canberra: Australian Government Publishing Service. <https://nla.gov.au/nla.obj-2510755828>.
- Australian Bureau of Statistics. (2018). Census of population and housing: Estimating homelessness. Canberra, ACT: Statistics ABS.
- Australian Bureau of Statistics. (2021). *General Social Survey: Summary Results, Australia*. <https://www.abs.gov.au/statistics/people/crime-and-justice/corrective-services-australia/latest-release>.
- Australian Health Ministers' Advisory Council (2017). *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC, Canberra.
- Australian Human Rights Commission. (2019). *Older Women's Risk of Homelessness: Background Paper*. https://humanrights.gov.au/sites/default/files/document/publication/ahrc_ow_homelessness2019.pdf.
- Australian Institute of Health and Welfare. (2018). *Sleeping rough: a profile of Specialist Homelessness Services clients (cat no. HOU 297)*. <https://www.aihw.gov.au/getmedia/96b4d8ce-d82c-4149-92aa-2784698795ba/aihw-hou-297.pdf.aspx?inline=true>.
- Australian Institute of Health and Welfare. (2019). *The health of Australia's prisoners, 2018* (cat no. PHE 246). <https://doi.org/https://doi.org/10.25816/5ec5c381ed17a>.
- Australian Institute of Health and Welfare. (2020). *Specialist Homelessness Services Annual Report* (cat no. HOU 322). <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/summary>.
- Australian Institute of Health and Welfare. (2022a). *Diabetes*. <https://www.aihw.gov.au/reports/australias-health/diabetes>.
- Australian Institute of Health and Welfare. (2022b). *Specialist homelessness services Annual Report 2020-21* <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents>.
- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and violent behavior*, 15(6), 430-439. <https://doi.org/https://doi.org/10.1016/j.avb.2010.07.005>
- Barak, G., & Bohm, R. M. (1989). The crimes of the homeless or the crime of homelessness? On the dialectics of criminalization, decriminalization, and victimization. *Contemporary Crises*, 13(3), 275-288. <https://doi.org/https://doi.org/10.1007/BF00729344>
- Brown, M., Cummings, C., Lyons, J., Carrión, A., & Watson, D. P. (2018). Reliability and validity of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) in real-world implementation. *Journal of Social Distress and the Homeless*, 27(2), 110-117. <https://doi.org/https://doi.org/10.1080/10530789.2018.1482991>
- Busch-Geertsema, V. (2013). *Housing First Europe: Final Report*. Bremen/Brussels: European Union Programme for Employment and Social Solidarity.
- Caton, C. L. M., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., McQuiston, H., Opler, L. A., & Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American journal of public health*, 95(10), 1753-1759.
- Conroy, E., Bower, M., Kaddwell, L., Reeve, R., Flatau, P., & Miscenko, D. (2016). *St Vincent's Hospital Homeless Health Service: "Bridging of the Gap" between the Homeless and Health Care*. Western Sydney University. https://www.westernsydney.edu.au/_data/assets/pdf_file/0010/1346851/St_Vincents_Research_Bulletin_FINAL_FINAL.pdf
- Core Logic. (2022). *Quarterly Rental Review, June 2022*.
- CoreLogic. (2022). Which regions have seen the highest rent value increases over the year? *CoreLogic Australia*. <https://www.corelogic.com.au/news-research/news/archive/which-regions-have-seen-the-highest-rent-value-increases-over-the-year>
- Cronley, C., Petrovich, J., Spence-Almaguer, E., & Preble, K. (2013). Do official hospitalizations predict medical vulnerability among the homeless?: a postdictive validity study of the vulnerability index. *Journal of health care for the poor and underserved*, 24(2), 469-486. <https://doi.org/https://doi.org/10.1353/hpu.2013.0083>.

- Culhane, D. P., & Metraux, S. (2008). Rearranging the deck chairs or reallocating the lifeboats? Homelessness assistance and its alternatives. *Journal of the American Planning Association*, 74(1), 111-121. <https://doi.org/https://doi.org/10.1080/01944360701821618>.
- DeLisi, M. (2000). Who is more dangerous? Comparing the criminality of adult homeless and domiciled jail inmates: A research note. *International Journal of Offender Therapy and Comparative Criminology*, 44(1), 59-69. <https://doi.org/https://doi.org/10.1177/0306624X00441006>
- Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *The Lancet*, 384(9953), 1529-1540. [https://doi.org/https://doi.org/10.1016/S0140-6736\(14\)61132-6](https://doi.org/https://doi.org/10.1016/S0140-6736(14)61132-6).
- Flatau, P., Bock, C., Baron, J., & Mollinger-Sahba, A. (2020). *The Western Australian Alliance to End Homelessness Outcomes Measurement Framework: Dashboard* (Version 2.0, February 2020 ed.). Centre for Social Impact, The University of Western Australia. <https://doi.org/http://doi.org/10.26182/5e44e63eeec0c>.
- Flatau, P., Bock, C., Baron, J., Mollinger-Sahba, A., & Callis, Z. (2019). *The Western Australian Alliance to End Homelessness outcomes measurement and evaluation framework*. Centre for Social Impact, The University of Western Australia. <https://doi.org/http://doi.org/10.26182/5d42a799811d6>.
- Flatau, P., Conroy, E., Spooner, C., Edwards, R., Eardley, T., & Forbes, C. (2013). *Lifetime and intergenerational experiences of homelessness in Australia*(AHURI Final Report No. 200). Australian Housing and Urban Research Institute. https://www.ahuri.edu.au/_data/assets/pdf_file/0028/1999/AHURI_Final_Report_No200_Lifetime-and-intergenerational-experiences-of-homelessness-in-Australia.pdf.
- Flatau, P., Lester, L., Callis, Z., & Kyron, M. (2022). *The Funding of Western Australian Homelessness Services 2022*
- Flatau, P., Lester, L., Fairthorne, J., Minto, K., Mok, K., & Callis, Z. (2021). *The Western Australian Alliance to End Homelessness Outcomes Measurement and Evaluation Framework: Dashboard* (Version 3.0, July 2021). Centre for Social Impact, The University of Western Australia. <https://doi.org/https://doi.org/10.25916/mvid-mt92>.
- Flatau, P., Lester, L., & Kyron, M. (2022). *The Western Australian Alliance to End Homelessness Outcomes Measurement Framework: Dashboard 2022 Version 4.0*
- Flatau, P., Lester, L., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C., & Callis, Z. (2021). *Ending homelessness in Australia: An evidence and policy deep dive*. Centre for Social Impact, The University of Western Australia and the University of New South Wales. <https://doi.org/https://doi.org/10.25916/ntba-f006>
- Flatau, P., Seivwright, A., Mollinger-Sahba, A., Bock, C., Cull, O., Thomas, L., & Baron, J. (2020). *The Western Australian Alliance to End Homelessness Outcomes Measurement and Evaluation Framework: Data Dictionary* (Version 2.0, February 2020 ed.). Centre for Social Impact, The University of Western Australia. <https://doi.org/https://doi.org/10.26182/5e44e4eeec0a>.
- Flatau, P., Thielking, M., MacKenzie, D., & Steen, A. (2015). *The cost of youth homelessness in Australia study: snapshot report 1*. Swinburne Institute for Social Research, Salvation Army Australia, Mission Australia, Anglicare WA, Centre for Social Impact. <https://doi.org/http://doi.org/10.4225/50/55AC3D19B3DAE>
- Flatau, P., Tyson, K., Callis, Z., Seivwright, A., Box, E., Rouhani, L., Ng, S.-W., Lester, N., & Firth, D. (2018). *The State of Homelessness in Australia's Cities: A Health and Social Cost Too High*. Centre for Social Impact, The University of Western Australia. https://www.csi.edu.au/media/STATE_OF_HOMELESSNESS_REPORT_FINAL.pdf
- Frankish, C. J., Hwang, S. W., & Quantz, D. (2005). Homelessness and health in Canada: research lessons and priorities. *Canadian journal of public health*, 96(2), S23-S29.
- Gazey, A., Wood, L., Cumming, C., Chapple, N., & Vallesi, S. (2019). *Royal Perth Hospital Homeless Team-A Report on the First Two and a Half Years of Operation: February 2019*. School of Population and Global Health, The University of Western Australia.
- Geoffrey, N., Eric, M., Rachel, C., Tim, M., Greg, T., Myra, P., Ana, S., Sam, T., & Paula, G. (2013). *Follow-up Implementation and Fidelity Evaluation of the Mental Health Commission of Canada's At Home/Chez Soi Project*. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/Housing_At_Home_Qualitative_Report_Follow-up_Implementation_Fidelity_Evaluation_Cross_Site_ENG_0.pdf
- Giano, Z., Williams, A., Hankey, C., Merrill, R., Lisnic, R., & Herring, A. (2020). Forty years of research on predictors of homelessness. *Community Mental Health Journal*, 56(4), 692-709.

- Greenberg, G. A., & Rosenheck, R. (2010). Mental Health Correlates of Past Homelessness in the National Comorbidity Study Replication. *Journal of Health Care for the Poor and Underserved*, 21(4). <https://doi.org/https://doi.org/10.1353/hpu.2010.0926>
- Hail-Jares, K., Vichta-Ohlsen, R., Butler, T. M., & Byrne, J. (2021). Queer homelessness: the distinct experiences of sexuality and trans-gender diverse youth. *Journal of LGBT Youth*, 1-25.
- Health Policy Analysis. (2017). *Emergency care costing and classification project: Cost report. Independent Hospital Pricing Authority. Independent Hospital Pricing Authority.* https://www.ihipa.gov.au/sites/g/files/net636/f/emergency_care_costing_study_final_report.docx.
- Hewett, N. (2010). *Evaluation of the London Pathway for Homeless Patients*. University College Hospital.
- Homeless Link. (2020). Developing Housing First: The 'non-negotiables'. https://homelesslink-1b54.kxcdn.com/media/documents/Housing_First_non-negotiables.pdf
- Homelesshub. (2019). *Pathways Housing First Program Fidelity Scale - HF4Y Version*. Youth Homelessness Demonstration Lab. https://conference.caeh.ca/wp-content/uploads/HF-08_B_John-Ecker_Development-of-a-Measure-for-Assessing-Fidelity-in-Housing-First-Programs-for-Youth.pdf
- Hwang, S. W., Lebow, J. M., Bierer, M. F., O'Connell, J. J., Orav, E. J., & Brennan, T. A. (1998). Risk factors for death in homeless adults in Boston. *Archives of Internal Medicine*, 158(13), 1454-1460.
- Johnson, G., & Chamberlain, C. (2011). Are the homeless mentally ill? *Australian Journal of Social Issues*, 46(1), 29-48. <https://doi.org/https://doi.org/10.1002/j.1839-4655.2011.tb00204.x>.
- Kaleveld, L., Atkins, M., & Flatau, P. (2019). *Homelessness in culturally and linguistically diverse populations in Western Australia*. Government of Western Australia, Department of Communities. <https://doi.org/https://doi.org/10.26182/5dad4806d91d7>.
- Kaleveld, L., Seiwright, A., Box, E., Callis, Z., & Flatau, P. (2018). *Homelessness in Western Australia: A review of the research and statistical evidence*. Government of Western Australia, Department of Communities. <https://doi.org/https://doi.org/10.25916/5b6386ebc913a>.
- Kaleveld, L., Seiwright, A., Flatau, P., Thomas, L., Bock, C., Cull, O., & Knight, J. (2019). *Ending Homelessness in Western Australia 2019 Report* (The Western Australian Alliance to End Homelessness Annual Snapshot Report Series). Centre for Social Impact, The University of Western Australia. <https://doi.org/https://doi.org/10.26182/5d4937c80bcd6>.
- Lehmann, E. R., Drake, C. M., Kass, P. H., & Nichols, S. B. (2007). Risk factors for first-time homelessness in low-income women. *American Journal of Orthopsychiatry*, 77(1), 20-28.
- Lester, L., Seiwright, A., Flatau, P., Crane, E., & Minto, K. (2021). Supporting women and children experiencing family and domestic violence: the Zonta House impact report. <https://doi.org/https://doi.org/10.25916/z9z0-qq04>
- Lund, S., & Kazim, A. (2021). A Tale of Two Trials: Extending Care in Western Australia. *Parity*, 34(1).
- Mackenzie, D., Flatau, P., Steen, A., & Thielking, M. (2016). *The cost of youth homelessness in Australia research briefing*. Swinburne University, University of Western Australia, Charles Sturt University, The Salvation Army, Mission Australia, Anglicare Canberra and Goulburn, Melbourne.
- Meachim, L., & Lynch, J. (2020). WA is experiencing its worst rental shortage since 2007 with many facing homelessness. ABC News. <https://www.abc.net.au/news/2020-11-15/wa-rental-crisis-covid-19-people-at-breaking-point/12868428>
- Mollinger-Sahba, A., Flatau, P., Seiwright, A., Kaleveld, L., Bock, C., & Baron, J. (2019). *The Western Australian Alliance to End Homelessness Outcomes Measurement and Evaluation Framework*. Centre for Social Impact, The University of Western Australia. <https://doi.org/https://doi.org/10.26182/5d282b695bd95>
- Mollinger-Sahba, A., Flatau, P., Seiwright, A., Kaleveld, L., Bock, C., Baron, J., Cull, O., & Thomas, L. (2020). *The Western Australian Alliance to End Homelessness outcomes measurement and evaluation framework, Version 2.0, February 2020*. Centre for Social Impact, The University of Western Australia. <https://doi.org/https://doi.org/10.26182/5e44e412eec09>
- Nino, M. D., Loya, M. A., & Cuevas, M. C. (2009). Who are the Chronically Homeless? Social Characteristics and Risk Factors Associated with Chronic Homelessness. *Journal of Social Distress and the Homeless*, 19(11 - 12), 41-65. <https://doi.org/https://doi.org/10.1179/105307809805365145>
- Olivet, J., McGraw, S., Grandin, M., & Bassuk, E. (2010). Staffing challenges and strategies for organizations serving individuals who have experienced chronic homelessness. *The journal of behavioral health services & research*, 37(2), 226-238. <https://doi.org/https://doi.org/10.1007/s11414-009-9201-3>
- Parsell, C., & Moutou, O. (2014). *An evaluation of the nature and effectiveness of models of supportive housing* (AHURI Positioning Paper No.158), Australian Housing and Urban Research Institute. https://www.ahuri.edu.au/_data/assets/pdf_file/0014/2741/AHURI_Positioning_Paper_No158_An-evaluation-of-the-nature-and-effectiveness-of-models-of-supportive-housing.pdf

- Productivity Commission. (2020). *Mental health: Productivity Commission inquiry report*. Australian Government. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>
- Productivity Commission. (2021). *Innovations in Care for Chronic Health Conditions-Productivity Reform Case Study*. Australian Government. <https://www.pc.gov.au/research/completed/chronic-care-innovations/chronic-care-innovations.pdf>
- Robinson, B. A. (2018). Conditional families and lesbian, gay, bisexual, transgender, and queer youth homelessness: Gender, sexuality, family instability, and rejection. *Journal of Marriage and Family*, 80(2), 383-396. <https://doi.org/https://doi.org/10.1111/jomf.12466>
- ROGS. (2022). (Report on Government Services, Issue. <https://www.pc.gov.au/research/ongoing/report-on-government-services>
- Romero, A. P., Goldberg, S. K., & Vasquez, L. A. (2020). *LGBT people and housing affordability, discrimination, and homelessness*. UCLA School of Law, Williams Institute.
- Seivwright, A., Lester, L., Fairthorne, J., Vallesi, S., Callis, Z., & Flatau, P. (2021). *The Western Australian Alliance to End Homelessness: Ending Homelessness in Western Australia 2021. Version 2.0 August 2021*.
- Shier, M. L., Jones, M. E., & Graham, J. R. (2012). Employment difficulties experienced by employed homeless people: labor market factors that contribute to and maintain homelessness. *Journal of poverty*, 16(1), 27-47.
- Stagoll, B., & Lynch, P. (2002). Promoting Equality: Homelessness and Discrimination. *Deakin Law Review*, 7(2), 295-321.
- Sustainable Health Review. (2019). *Sustainable Health Review: Final Report to the Western Australian Government*. Department of Health, Western Australia.
- Teesson, M., Hodder, T., & Buhrich, N. (2003). Alcohol and other drug use disorders among homeless people in Australia. *Substance use & misuse*, 38(3-6), 463-474. <https://doi.org/https://doi.org/10.1081/JA-120017382>
- Tsai, J., O'Toole, T., & Kearney, L. K. (2017). Homelessness as a public mental health and social problem: New knowledge and solutions. *Psychological services*, 14(2), 113. <https://doi.org/https://doi.org/10.1037/ser0000164>
- Tsemberis, S. (2011). Housing first: The pathways model to end homelessness for people with mental illness and addiction manual. *European Journal of Homelessness*, 5(2).
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American journal of public health*, 94(4), 651-656. <https://doi.org/https://doi.org/10.2105/AJPH.94.4.651>
- Turvey, J., Wood, L., & Gazey, A. (2021). *Homeless Discharge Facilitation Fund Project Evaluation Report*. School of Population and Global Health, University of Western Australia, .
- Vallesi, S., & Wood, L. (2021). *Mental Health Homeless Pathways. Second Evaluation Snapshot*. The University of Western Australia.
- Vallesi, S., Wood, L., Gazey, A., Cumming, C., Zaretsky, K., & Irwin, E. (2020). *50 Lives 50 Homes: A Housing First Response to Ending Homelessness in Perth. Third Evaluation Report*. Centre for Social Impact and the School of Population and Global Health, The University of Western Australia. <https://doi.org/https://doi.org/10.13140/RG.2.2.25729.48487>
- Walsh, T. (2003). 'Waltzing Matilda' one hundred years later: interactions between homeless persons and the criminal justice system in Queensland. *Sydney law review*, 25(1), 75-95.
- Western Australia Government. (2019). *Our Priorities Sharing Prosperity*.
- Western Australia Government. (2021). *Common Ground*.
- Wood, L., Flatau, P., Seivwright, A., & Wood, N. (2022). Out of the trenches; prevalence of Australian veterans among the homeless population and the implications for public health. *Australian and New Zealand Journal of Public Health*, 46(2), 134-141.
- Wood, L., Flatau, P., Zaretsky, K., Foster, S., Vallesi, S., & Miscenko, D. (2016). *What Are the Health, Social and Economic Benefits of Providing Public Housing and Support to Formerly Homeless People? (AHURI Final Report No. 265)*.
- Wood, L., Hickey, J., Werner, M., Davies, A., & Stafford, A. (2020). 'If you have mental health, alcohol and drug use issues you often fall through the cracks of the health system': Tackling this challenge through a novel dual diagnosis outreach service for people experiencing homelessness. *Parity*, 33(2), 50-52.
- Wood, L., Vallesi, S., Gazey, A., Kelty, E., Cumming, C., & Chapple, N. (2019). *Choices Post Discharge Evaluation Report*.
- Zanella, D., Flatau, P., Hunt, A., Glasson, M., Berger, J., Gregory, K., Knight, S., Rooney, S., Morrison, D., & Stubbley, K. (2018). *The Western Australian Strategy to End Homelessness* Western Australian Alliance to End Homelessness.

- Zaretsky, K., Flatau, P., Clear, A., Conroy, E., Burns, L., & Spicer, B. (2013). *The cost of homelessness and the net benefit of homelessness programs: a national study. Findings from the Baseline Client Survey (AHURI Final Report No. 205)*. Australian Housing and Urban Research Institute.
- Zerger, S., Bacon, S., Corneau, S., Skosireva, A., McKenzie, K., Gapka, S., O'Campo, P., Sarang, A., & Stergiopoulos, V. (2014). Differential experiences of discrimination among ethnoracially diverse persons experiencing mental illness and homelessness. *BMC psychiatry*, 14(1), 353-353. <https://doi.org/https://doi.org/10.1186/s12888-014-0353-1>
- Zlotnick, C., Robertson, M. J., & Lahiff, M. (1999). Getting off the streets: Economic resources and residential exits from homelessness. *Journal of Community Psychology*, 27(2), 209-224.
- Zuvekas, S. H., & Hill, S. C. (2000). Income and employment among homeless people: the role of mental health, health and substance abuse. *The journal of mental health policy and economics*, 3(3), 153-163.



**Western Australian Alliance
to End Homelessness**
#ENDHOMELESSNESSWA



**CENTRE
for SOCIAL
IMPACT**



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

#