INITIATIVES THAT ARE ENDING CHRONIC HOMELESSNESS IN AUSTRALIA

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Chronic homelessness in Australia
The Vulnerability Index & its role in Housing First approaches and measuring the reduction in the number of people who are chronically homeless and/or rough sleepers – in Australia.
Housing First and Permanent Supportive Housing (PSH) in Australia
The Common Ground model of PSH in Australia.
Chronic homelessness

- 6 months or longer
- Multiple episodes of homelessness for more than 12 months
- Generally, single adults (may need different responses for young people).
- Often have co-occurring physical and other health problems.
Australia has a satisfactory ‘safety net’ that deals somewhat effectively with the majority of people who become homeless.

Most homeless people do not experience long periods of homelessness.

Most chronically homeless people are often rough sleepers and considered ‘primary homeless’.

Chronically homeless people cycle through the service systems (health, welfare, justice etc) for many years.

Ending their homelessness is ethical as well as potentially more cost effective.

No need to ‘assume’ a new group of chronically homeless people will appear (but also reliant on better prevention and earlier intervention).
Costs research

- Dennis Culhane – 1999 NY Study - $41,000
- Felicity Reynolds (not methodologically robust – but Sydney estimate 2006 $34,000)
- Some Australian research – Flatau
- True that only a very small group use high number of services (as recently noted by Johnston, 2012)
- However, even moderate use over many years costs a lot and we know health problems worsen the longer someone remains homeless.
Australian initiatives ending people’s chronic homelessness

- Vulnerability Index projects (and assisting to measure reductions identified by the White Paper – The Road Home).
- Permanent supportive housing
- Common Ground (as an example of permanent supportive housing).
- Other projects – some examples from the Mercy Foundation’s Grants to End Homelessness.
Vulnerability Index in Australia

- VI as practice tool as well as providing key information about chronically homeless people’s health and service needs. Primary aim – to house and support people identified as vulnerable as soon as possible.
- Has now been used in Brisbane, Inner Sydney, Townsville, Mebourne, Hobart and Western Sydney.
- The VI is based on a study conducted by Hwang, O’Connell et al. (1998)
- The study identified the demographic and clinical factors associated with an increased risk of death in homeless individuals.
Vulnerability factors

- More than 6 months street homeless AND at least one of the following:
  - End Stage Renal Disease
  - History of Cold Weather Injuries
  - Liver Disease or Cirrhosis
  - HIV+/AIDS
  - Over 60 years old
  - Three of more emergency room visits in prior three months
  - Three or more ER or hospitalisations in prior year
  - Tri-morbid (mentally ill+ abusing substances+ medical problem)
- Under 25 risk factors
  - Alcohol everyday in past 30
  - HIV+/AIDS
  - Injection Drug Use
## Vulnerability Index Survey

### Housing History Questions

13. How many years have you lived on the streets or in shelters?
14. In the past three years, how many times have you been homeless and housed again?
15. Where do you sleep most frequently? (check one)
   - Streets
   - Bus stop
   - Park
   - Subway
   - Beach
   - Other (specify)
16. Where did you live prior to becoming homeless? (check one)
   - Brisbane
   - South East Queensland
   - Queensland
   - Somewhere else (specify)

### Health Questions

17. How many times have you been to the emergency room in the past three months?
18. How many times have you been in hospital in the past year?
19. Do you have any of the following medical conditions: 
   - History of diabetes and/or diabetes complications
   - History of heart disease, hypertension, or ischemic heart disease
   - History of cancer
   - HIV/AIDS
   - AIDS
   - Hepatitis
   - Diabetes
   - Stroke
   - Heart disease
   - Arthritis
   - Chronic obstructive pulmonary disease

22. Have you ever served in the Australian Defence Force?
23. Have you ever been in debt?
24. Have you ever been in prison?
25. Have you ever been in foster care or institutional care as a child?
26. How do you make money? (choose as many as apply)
   - Work
   - Unemployment
   - Government assistance
   - Rent assistance
   - Other

### Additional Notes

- **Refused**
- **Yes**
- **No**
Interview questions

- Housing history
- Health, usual health services accessed, ED presentations in the past three months, hospitalisations in the past twelve months, questions related to physical health conditions, drug and alcohol, mental health, history of trauma.
- Institutional involvement
- Demographics
- Engagement with support services
- Employment, benefits, citizenship
- Photo is taken – (essential for follow-up) and ‘de-anonymising’ ‘the homeless’.
1522 people surveyed as at May 2012
Some summary results – nationally (across all 6 regions)

- 76% male; 22% female; 1% transgender; 1% unknown.
- 1074 people – Australian; 318 Aboriginal; 28 Torres Strait Islander; 77 New Zealand; 272 Other.
- 54% were aged between 36 -55.
- 38% on DSP; 36% on Newstart
Institutional and homelessness history

- 28% foster care; 75% police cells; 53% prison.
- Average age of respondents across all regions was 43 years.
- The average length of homelessness ranged from 6 – 15 years. The average across all regions was 8.8 years.
- 773 had not been housed in previous 3 years
- 395 had failed tenancies 3 or more times in previous 3 years.
Trauma and health

- 51% reported being the victim of violent attack since becoming homeless.
- 24% reported limited mobility.
- 29% reported brain injury or head trauma.
- 61% reported MH condition; 51% reported any treatment for that MH condition.
- 73% reported D&A problems. With 46% having received treatment.
## Vulnerability risk qualifiers across regions

### Australia-wide by region

<table>
<thead>
<tr>
<th></th>
<th>Brisbane</th>
<th>Townsville</th>
<th>Sydney</th>
<th>Sydney</th>
<th>Melbourne</th>
<th>Hobart</th>
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<tr>
<td>Sample size total</td>
<td>425</td>
<td>56</td>
<td>463</td>
<td>148</td>
<td>321</td>
<td>109</td>
<td>1522</td>
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<tr>
<td>Number of vulnerable</td>
<td>295</td>
<td>36</td>
<td>294</td>
<td>67</td>
<td>204</td>
<td>70</td>
<td>966</td>
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<tr>
<td>Cold/wet Weather Injury</td>
<td>24</td>
<td>&lt;5</td>
<td>38</td>
<td>7</td>
<td>36</td>
<td>13</td>
<td>118</td>
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<tr>
<td>HIV+/AIDS</td>
<td>12</td>
<td>&lt;5</td>
<td>12</td>
<td>&lt;5</td>
<td>5</td>
<td>&lt;5</td>
<td>29</td>
</tr>
<tr>
<td>Kidney disease</td>
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<td>12</td>
<td>27</td>
<td>7</td>
<td>28</td>
<td>5</td>
<td>114</td>
</tr>
<tr>
<td>Liver disease</td>
<td>94</td>
<td>11</td>
<td>86</td>
<td>19</td>
<td>66</td>
<td>30</td>
<td>306</td>
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<tr>
<td>3x ER last 3 months</td>
<td>86</td>
<td>11</td>
<td>54</td>
<td>17</td>
<td>46</td>
<td>16</td>
<td>230</td>
</tr>
<tr>
<td>3x ER or hospital last year</td>
<td>141</td>
<td>21</td>
<td>116</td>
<td>23</td>
<td>79</td>
<td>31</td>
<td>411</td>
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<tr>
<td>*Tri-morbid</td>
<td>176</td>
<td>15</td>
<td>181</td>
<td>53</td>
<td>123</td>
<td>59</td>
<td>607</td>
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<tr>
<td>&gt; 60 years old</td>
<td>46</td>
<td>&lt;5</td>
<td>35</td>
<td>11</td>
<td>27</td>
<td>5</td>
<td>124</td>
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</table>

Total 63% of respondents were found to be vulnerable according to VI factors.
Health care – where do people go?

- Of the total respondents, 604 (or 40%) had visited the ED in the past 3 months. There was a total of 1972 occasions of service.
- This may represent a total cost of $390,000.
- 739 (or 49%) had at least one hospitalisation in previous year. 2245 occasions of service.
- Based on average cost of average length of hospital stay, this represents approximately $9.36M.
Importantly, each region has directly followed up to ensure people are linked to housing and support.

To date, Brisbane (Micah Projects) have housed and supported 134 people (32% of respondents). This is an effective measurement tool for rough sleeper targets identified in the Federal government’s White Paper.

Sydney – Way2Home team have also housed more than 60 from initial survey. Most recently 28+ have been housed in new CG building at Camperdown.
Additional question: Hobart and Western Sydney

What do you need to be safe and well?
A few random answers from homeless people interviewed during the WS VI in May 2012.

- A roof over my head
- Somewhere dry and warm
- Good food, affordable housing
- My own space
- A home
- Help with getting a house
- House and stability
- Feed and a roof over my head
- Safe and secure accommodation
- A place I can live so my Grandkids can visit
- Roof over head and food and people to trust
- A nice quiet place
- A house, not my car
- More money to live on
- Stable accommodation, closer to community
- Health care for my mental health and a house or home
Ending chronic homelessness through housing and support

- Permanent Supportive Housing (scatter site) – some examples in inner Sydney (including Platform 70).
- Project 40 – Wentworth Community Housing (Western Sydney). Original objective was 40 chronically homeless people housed. Now, more than 76 people housed AND supported.
- Long term example in NSW – HASI (but pathway into it for homeless people still difficult).
- Lessons being learned – re. Need for systemic involvement by health and other services as well as generalist support workers. (as per VI results).
Common Ground in Australia

- **Common Ground**
  - ACGA & SA, Vic, NSW, Tas, Qld.
    - SA – 2007 (now 3 buildings)
    - Vic – 2010 – 65 formerly homeless people
    - NSW – 2011 -52 formerly homeless/10 SH/42 Affordable
    - Qld – 2012
    - Tas – 2012
  - Useful way to create additional affordable housing in a climate with few affordable housing options in the major cities.
  - Mixed residential model (50/50)
  - Urban model
  - No clear funding streams yet; individual projects
Key attribute 1
The housing is permanent

- Permanency (for as long as the tenant wants to stay in the housing) creates a sense of stability

- A sense of stability can help to settle people who may have experienced chronic and episodic homelessness and cycle in and out of crisis, temporary and transitional housing.
• this ensures that people with a history of chronic homelessness live in the building alongside workers and students who also need affordable housing.
Key attribute 3
Support services are provided on-site

- Support workers work closely with tenants to sustain tenancies and link them with other needed community health and support services.

- The provision of that support is differentiated from the tenancy management, but co-ordinated to maximise the chances of people avoiding eviction.
Good security and safety in the building is promoted – using various security measures; for example - 24/7 concierge or front desk staff.
Key attribute 5
Common Ground is first and foremost a housing option

- Common Ground supportive housing is not a program or an institution.
- It is a housing option that ensures tenants who need it receive ongoing support services.
- Sites are often co-located with business and social enterprises and can make an active and positive contribution to the local neighbourhood.
Financing Common Ground

- All States have funded CG differently
  - South Australia – Government and corporate
  - Victoria – Government ($8.7 million savings by Grocon and sub-contractor – significant contribution)
  - NSW – Place to Call Home program (Federal/State & $1 million savings by Grocon)
  - Tasmania
    - Liverpool Street : Place to Call Home Program (Federal/State)
    - Campbell Street : National Economic Stimulus Package Funding
  - Queensland: Nation Building Economic Stimulus (&Grocon)

- Need to develop robust private investment models
- Funding concierge/security
- Funding ongoing support
What do we need before we can take these models to scale?
How can we work together to create more PSH opportunities that will end people’s experience of chronic homelessness.
How much evidence do we really need to understand that housing (with support) forms a platform on which chronically excluded people can regain their lives?
Have we reached a paradigm shift yet? No.
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