INITIATIVES THAT ARE ENDING CHRONIC HOMELESSNESS IN AUSTRALIA

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Overview

- 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-ocurring physical and other health problems.

Key reasons for a focus on ending chronic homelessness

- 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

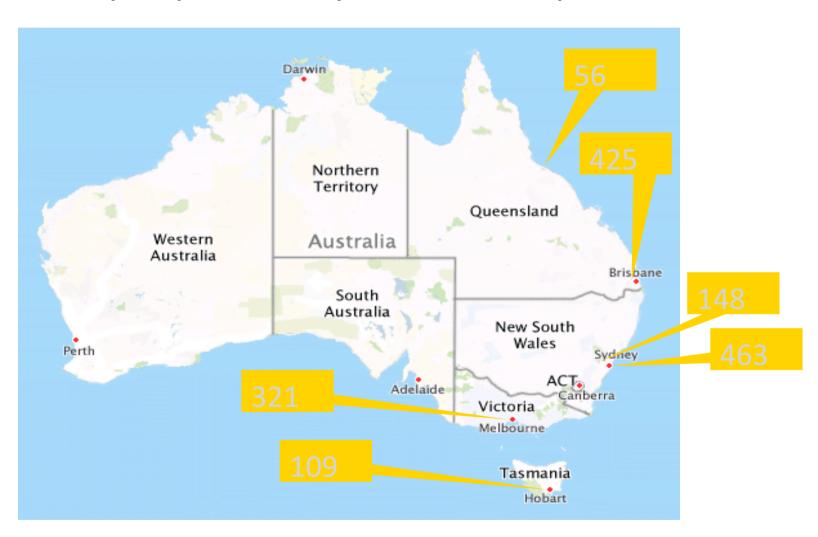
Vulnerability Index Survey

	Identifier:	Common Ground Vulnerability Index	Identifier:
OK, first I'm going to ask you a few questions abou	ut your housing history	n. Have you ever abused drug/alcohol, or been told you do?	PYes DNo
13. What is the total length of time you have lived on the streets or shelters?	# of years:	Have you consumed alcohol everyday for the past month?	
	# of m on this:	p. Have you ever used injection drugs or shots?	
		q. Have you ever been treated for drug or alcohol abuse?	
14. In the past three years, how many times have you been ho	meless and then housed again?	r. Do you or have you ever chromed paint/petrol/other substances?	vvvvv□ Yes □ No
15. Where do you sleep most frequently? (check one)		s. DO NOT ASK: Surveyor, do you observe signs of symptoms	
□ Shelters □ Streets □ Car/Van/RV □ Subway/Bus □ Be	each/Riverbed Other (specify)	gf alcohol or drug abuse?	
16. Where did you live prior to becoming homeless? (check or	ne)	t. Are you currently or have you ever received treatment for mental health issues.	ues?□Yes □No
□ Brisbane □ South-East Queensland □ Queensland □ Somewhere else (specify)		u. Have you ever been taken to the hospital against your will for mental health	
		v. DO NOT A SK: Surveyor, do you detect signs or symptoms	
OK, now I'd like to ask you a few questions about y	our health	of severe, persistent mental illness?	
17. Where do you usually go for health care or when you're no		w. Have you been the victim of a violent attack since you've become homeless	s?□Yes □No
□ Royal Brisbane and Women's Hospital □ Princess Alexandra		 Do you have a permanent physical disability that limits your mobility? [i.e., w 	vheelchair, amputation,
☐ Mater Health Services ☐ Aboriginal and Torres Straight Islan		climb stairs]?	
□ M OSH PIT Van (Mobile Outreach Support and Health Project b □ Community Mental Health Services (CMHS) □ Alcohol, Taba			
□ Real Street Clinic □ Qld Homeless Health Outreach Team □		y. Have you had a serious brain injury or head traum a that required hospitaliza	ation or surgery?
Other (specify) 18. How many times have you been to the emergency room in	Does not go for care		
18. How many times have you been to the emergency room in	the past three months?	21. What kind of health insurance do you have, if any? (check all that apply)	
19. How many times have you been hospitalized as an inpatie	ent in the past year?	☐ Medicald ☐ Private Insurance ☐ DVA ☐ None ☐ Other (specif	ty):
20. Do you have now, have you ever had, or has a healthcare	provider ever told you that you have any of the		
following medical conditions?		Alright, now I've just got a few more questions	
 Midney disposal End Chang Bloom Disposal or Districts 	DVec DNe D Setured		
	□ Yes □ No □ Refused	22. Have you ever served in the Australian Detence Force?	DYes DNo
b. History of frostbite, Hypothermia, or immersion Foot	DYes □No □ Refused	22. Have you ever served in the Australian Detence Force?	
History of frostbite, Hypothermia, or immersion Foot History of Heat Stroke/Heat Exhaustion	OYes □No □ Refused	25. Have you ever been in Watchhouse?	
History of frostbite, Hypothermia, or immersion Foot. History of Heat StrokelHeat Exhaustion		25. Have you ever been in Watchbouse? 26. Have you ever been in prison?	Yes
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History of fros tolle, Hypothermia, or immersion Foot. History of Heat Stroke/Heat Exhaustion		25. Have you ever been in Watchhouse? 26. Have you ever been in prison? 27. Have you ever been in foster care or in stitutional care as a child?	Yes
History of fros tolle, Hypothermia, or immersion Foot. History of Heat StrokelHeat Exhaustion		25. Have you ever been in Watchhouse? 26. Have you ever been in prison? 27. Have you ever been in foster care or in stitutional care as a child? 28. How do you make money? (choose as many as apply)	□Yes □No □Yes □No □Yes □No
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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 'deanonymising' '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

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

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.

What does all this mean?

- 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.



Key attribute 2 A positive social mix of tenants



 this ensures that people with a history of chronic homelessness live in the building alongside workers and students who also need affordable housing.





Above: Tasmanian building plan

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 coordinated to maximise the chances of people avoiding eviction.



Key attribute 4 Security and safety

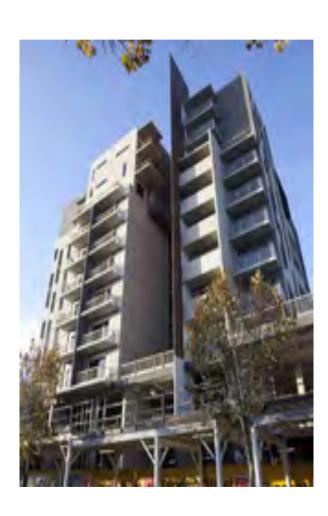


 Good security and safety in the building is promoted – using various security measures; for example - 24/7 concierge or front desk staff.



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

From Projects to Programs

- 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.

More information

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