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Ruah Community Services & St Bart's

Joint Submission to the House of Representatives Standing  
Committee on Social Policy and Legal Affairs Inquiry into  
Homelessness in Australia

## Introduction

Both St Bart's and Ruah Community Services are partners and founding agencies in the WA Alliance to End Homelessness (WAAEH). The WAAEH has the goal of ending homelessness by 2028 and is linked to the Australian Alliance to End Homelessness.<sup>1</sup>

Our submission responds to the following elements of Terms of Reference:

- (4) Opportunities for early intervention and prevention of homelessness.
- (5) Services to support people who are homeless or at risk of homelessness.
- (8) Examples of best practice approaches in Australia and internationally for preventing and addressing homelessness.

We draw mainly on our experience implementing programs in Western Australia. However, we also draw on international examples from Finland, Canada and Netherlands that have influenced approaches in our State.

The following themes are discussed:

- The Australian Advance to Zero (A to Z) campaign toward ending homelessness in Australia;
- The meaning of Housing First and Housing Led approaches;
- Examples of programs our agencies have successfully implemented to provide housing and support to people experiencing homelessness; and
- Ways forward to achieve functional zero.

### About Ruah Community Services

Ruah Community Services ("Ruah") is a Western Australian-based community organisation that has been working to support and empower vulnerable and disadvantaged people, so they can create meaningful change in their lives, for more than 60 years. We are driven by our vision of flourishing communities through active participation, connection and wellbeing of people.

Ruah is the lead agency in the 50 Lives 50 Homes collaborative impact project, working with 28 other partner agencies in Perth. To date, 50 Lives 50 Homes has housed 245 people in 201 homes with a retention rate of 83%. Across our housing and homelessness services, we support more than 1,300 people each year who are either experiencing homelessness or housing stress, across our day centre, mobile outreach teams, after hours, tenancy and post-discharge support services. 50 Lives 50 Homes Manager Leah Watkins recently secured a place on Housing First Europe Hub's *Train the Trainer* program – which is aimed at empowering Housing First professionals from across the world, and equipping them with the skills and methodologies required to deliver Housing First.

### About St Bart's

St Bart's is a Western Australian based not-for-profit organisation that provides transitional accommodation services to men, women and families who have experienced homelessness or are at risk of homelessness, as well as providing aged care services for at risk men and mental health accommodation services at several sites.

Our goal is to provide safe, supported accommodation and services to people who need it most, regardless of background, ethnicity, gender or age – and are currently supporting about 550 people.

The transitional accommodation for men receives government funding, as does aged care and mental health services, however the women's service is made possible by the generosity of philanthropists

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<sup>1</sup> WA Alliance to End Homelessness <https://www.endhomelessnesswa.com/>

and other fundraising activities. The Housing Led Reconnecting Lives Program is supporting 99 consumers with wrap around services as they transition into independent living in the community.

## Measuring and understanding the extent of homelessness in Australia: From Registry Weeks to the Advance to Zero campaign

Over the last decade, a number of homelessness services across Australia have undertaken 'point-in-time' data collection exercises on homelessness through 'Connections Week' (previously known as Registry Week). Since 2016, homelessness services across Australia have allied together to end homelessness and move toward a dynamic count.

The 'Advance to Zero' (A to Z) campaign of the Australian Alliance to End Homelessness (AAEH) has a goal to achieve functional zero within three years.<sup>2</sup> It is based on the United States 'Built for Zero' approach that has effectively ended homelessness in twelve US communities.<sup>3</sup> Functional Zero means that the number of people experiencing chronic homelessness is less than or equal to the housing placement rate.<sup>4</sup>

The A to Z campaign uses the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) to collect vital information about the needs of people experiencing homeless, and to track progress toward reaching the functional zero goal. The VI-SPDAT is a validated tool, which can accurately identify acuity of housing and support needs so that different individuals can be provided with the right types of support (Figure 1).

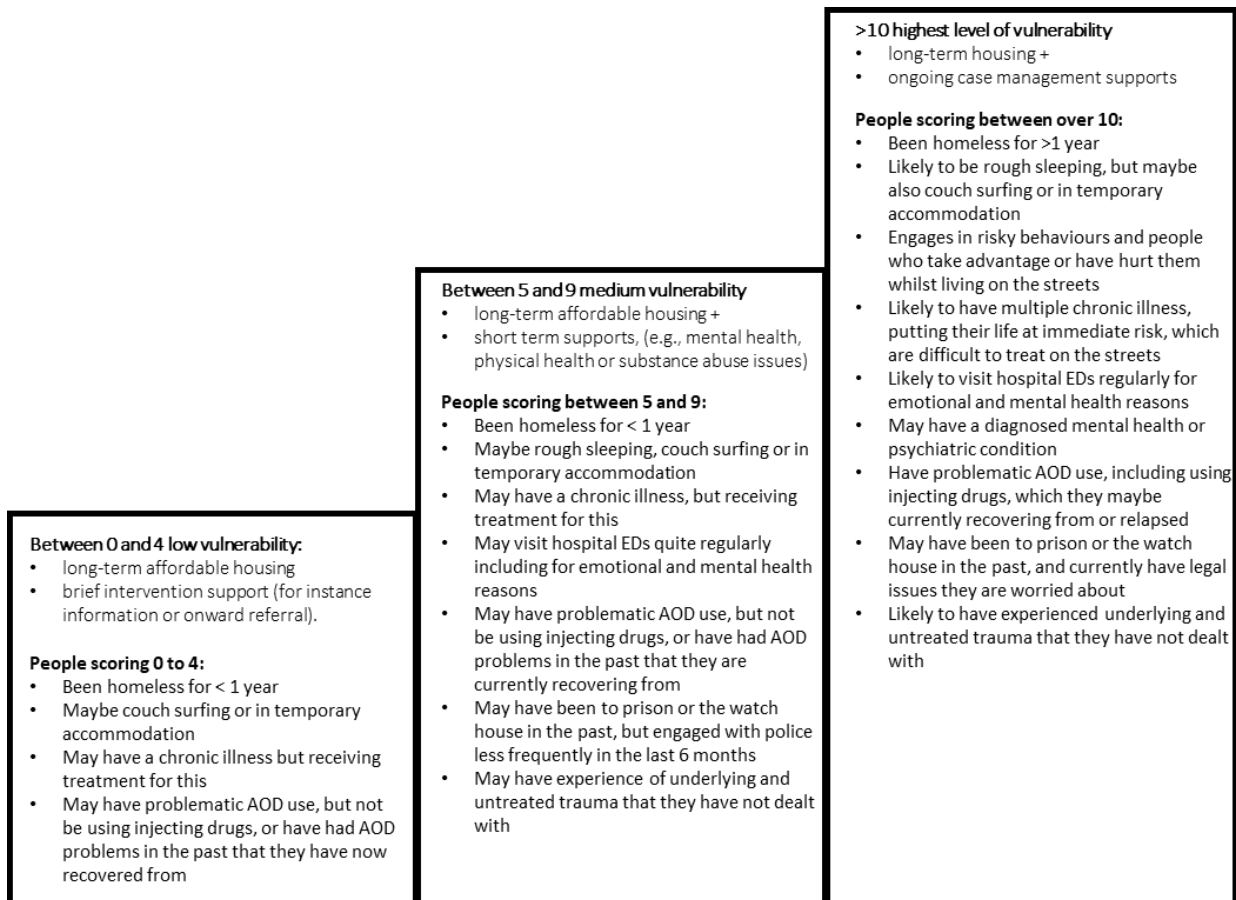
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<sup>2</sup> Advance to Zero, 2020. <https://aaeh.org.au/atoz>

<sup>3</sup> Built for Zero, Community Solutions, 2020 <https://community.solutions/our-solutions/built-for-zero/>

<sup>4</sup> What is functional zero? Canadian Homeless Hub, 2016. <https://www.homelesshub.ca/blog/infographic-what-functional-zero>

Figure 1. VI-SPDAT Vulnerability Scores & Acuity of Need



Across all scores different conditions and experiences may be present, however they are more likely, and more likely to be co-morbid, as vulnerability score increases.

**Vulnerability score of 0 to 4: Long-term housing plus brief intervention, such as onward referral or information**

Christopher is a 37-year-old male. He has asthma and receives treatment from the GP. Chris has a Medicare card and has not needed treatment from a hospital emergency department in the last six months. He does not have a problematic relationship with alcohol and rarely engages with any other drugs.

Chris is currently couch-surfing with friends and has never been to prison. He left school in Year 10 and has been homeless for two years. In the last three years, he has been homeless and re-housed again once.

He does not have any current legal issues and does not engage in any risky activities. Most of his expenses are covered through his regular Centrelink payments. While Chris often has difficulties concentrating, he does not have a diagnosed mental health condition and engages regularly in activities that he enjoys.

From 11,219 VI-SPDATs completed across Australia between 2010 and 2020, 4,096 (37%) had vulnerability scores below five.

**Vulnerability score of 5 to 9: Long-term affordable accommodation, plus some short term supports with mental health, physical health and/or substance misuse**

Lisa is a 46-year-old female. She has been homeless for one and a half years and in the last three years has been housed and become homeless again seven times.

She has previously misused alcohol and other drugs, however in the last six months, she has been trying to reduce her alcohol consumption. She has a regular income through Centrelink, however, this is not enough to cover her living expenses.

Lisa has previously spent time in prison and in the last six months has interacted with the police once. In the last month, she has presented to a hospital emergency department once. She regularly has problems concentrating and is no longer able to engage in activities that bring her happiness. She does not have a diagnosed mental health problem and is not receiving treatment for her mental health.

Lisa sleeps most frequently at her friends or family homes, however her they frequently take or borrow things from her.

From 11,219 VI-SPDATs completed across Australia between 2010 and 2020, 3,888 (35%) had vulnerability scores between 5 and 10.

**Vulnerability score of 10 or higher: Affordable accommodation plus long-term supports**

Molly is 16 years old and identifies as a bi-sexual female. She left school when she was 13 and has been homeless for a year. In the last three years, she has been housed and become homeless again once. Molly sleeps most frequently on the streets and since becoming homeless has been a victim of an attack. She has not had a shower for a while.

In the last six months, Molly has been admitted to a hospital Emergency Department (ED) 10 times and has been diagnosed with Hepatitis C, Cancer and Diabetes. She doesn't use injecting drugs but frequently drinks alcohol and takes other drugs. She has been treated for her mental health issues against her own will and has gone to hospital before because she felt unwell emotionally. While on the streets, she has attempted to harm herself and has engaged in risky activities. She has relationships for convenience and frequently her friends and family make her do things she does not want to do. She is not currently receiving treatment for her alcohol and drug problems, but does see a professional about her mental health.

In her life, Molly has experienced trauma that she has not sought help for. She hasn't been to prison or the Watch House, but many of those that sleep around her have. In the last six months, she has interacted with the police 20 times and has some ongoing legal issues that she is worried may result in her being locked up or having to pay a fine. Molly does not receive any income currently.

From 11,219 VI-SPDATs completed across Australia between 2010 and 2020, 3,235 (39%) had vulnerability scores above 10.

The A to Z campaign signifies a sector-wide commitment to ending homelessness and achieving functional zero. The next section of this submission describes and explains the mechanism through which functional zero can be achieved.









## Housing First and Housing Led Approaches to Ending Homelessness

Housing First was developed as a model for supporting people experiencing chronic homelessness who had complex needs, particularly around mental health.<sup>5</sup> Before Housing First, people were expected to build their capacity and housing readiness through a pathway of crisis and transitional housing. People with mental health and substance-use issues were excluded from crisis and transitional homelessness and housing services and expected to work toward being ‘housing ready’ while living on the streets.

This approach fails to recognise that for people who are homeless the primary concern in their life will be housing, thus setting people up to fail.<sup>6</sup> Once people are in stable homes, with wrap-around supports, there is capacity to address underlying mental health and/or substance-use issues.

Housing First begins with immediate access to long-term housing without the need to meet housing readiness criteria. It provides support through an intensive and highly person-led model built around eight core principles.

**Figure 2. Housing First Principles**

							
1. People have a right to a home	2. Flexible support as long as it is needed	3. Housing and support are separated	4. Choice and self-determination	5. Active engagement without coercion	6. Recovery-orientated practice	7. Social and community inclusion	8. Harm reduction approach

Given the success of Housing First, it has been adopted internationally and has been the subject of several evaluated programs that have built a strong evidence base around the model.<sup>7</sup> However, studies to date have highlighted that low fidelity implementation to the principles can impact long-term outcomes. In particular:

- Housing First programs that are implemented without appropriate permanent housing, thereby undermining the ability to achieve *housing first*.
- Housing First programs that do not give people enough choice around their housing needs and where they would like to live, risking people feeling isolated from their communities and losing their tenancies as a result.
- Continuing to focus on treatment of mental health and substance-use issues, whilst on the streets, and failing to address the maintenance of judgmental ideas about whether people are housing ‘ready’ on the ground, setting people up to fail.

In contrast, maintaining an understanding of what a high-fidelity version of this model means ensures:

<sup>5</sup> Culhane, D., P., Metraux, S., Hadley, T., 2002. Public service reductions associated with placement of homeless persons with severe mental illness in supportive housing. *Housing Policy Debate*. 13(1), pp.107-163.

<sup>6</sup> Johnson, G., and Chamberlain, C., 2015. Evaluation of the Street to Home Program: Final Report. RMIT University. Available at: <https://www.launchhousing.org.au/site/wp-content/uploads/2016/07/ms2h-final-rpt-4-publication-20150318.pdf>

<sup>7</sup> Vallesi, S., Wood, N., Wood, L., Cumming, C., Gazey, A., and Flatau, P., 2018. 50 Lives 50 Homes – Second Evaluation Report. UWA, Centre for Social Impact. Available at: [https://api.research-repository.uwa.edu.au/portalfiles/portal/34461713/Final\\_2nd\\_50\\_Lives\\_Report.pdf](https://api.research-repository.uwa.edu.au/portalfiles/portal/34461713/Final_2nd_50_Lives_Report.pdf)

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Tim Aubry (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada.

Full repository of Housing First evaluations available at: Europe Hub: Evaluation Archives: <https://housingfirsteurope.eu/research-type/evaluation/>

- The delivery of Housing First is done in a way that will achieve the outcomes evidenced in evaluations, including prevailing cost-benefit estimates.
- The credibility of Housing First as a model is maintained because watered down versions with reduced outcomes are not introduced.
- There is clarity for policy makers and commissioning bodies about what is required to deliver Housing First.

In addition, a positive cost benefit ratio for Housing First is dependent on the model being applied to the most vulnerable rough sleeping people. Keeping an eye on model integrity, both in the way it is delivered and who it is delivered to, protects against the cost of applying a full Housing First model to people with lower support needs. For this, a more holistic 'Housing Led' systemic approach is required.

### *Towards a Housing Led Systemic Response to Homelessness*

The success of the Housing First model has resulted in the spread of Housing First naming and language internationally in relation to campaigns focused on ending homelessness. In these contexts, there is usually a focus on the immediate access to permanent housing without housing readiness criteria, but not a full application of the other core principles of the model. This has been described as a Housing Led approach. Claiming this name as a positive expansion of Housing First would give the homelessness services sector the capacity to learn and grow from its success for a wide range of cohorts.

The diagram below maps what a Housing Led sector, infused by the core principles of Housing First, would look like. This acknowledges that homelessness is about many things and is experienced differently depending on a wide range of factors – ***however, ending and preventing homelessness is always about one thing – it is always about housing.***

A Housing Led systemic approach recognises the fundamental importance of a safe home to all people – from chronic rough sleepers, to those who will experience homelessness only temporarily. A sector that is truly Housing Led will be more effective, because:

- It retains focus on housing as fundamental to human wellbeing.
- It reduces the gap between becoming homeless and being housed for all people.
- It reduces the trauma experienced by people as a result of extended periods of homelessness and therefore the recovery time and levels of support required in the longer term.
- It moves the majority of service delivery into the rebuilding lives phase which only occurs when people have a stable home, rather than resourcing repeated crisis interventions because the underlying issue of homelessness has not been addressed.
- It ensures efficient delivery of services that are tailored to acuity of need.

Figure 3. A Housing Led Systemic Approach



The range of services within this model fall into the following broad categories:

- **Housing retention** – for people **at risk** of homelessness, services across all sectors acknowledge the high risk of significant harm and rapid deterioration to individual and families’ health and mental health if they are made homeless, and therefore prioritise housing retention with a similar priority that is applied to suicide prevention.
- **Crisis services** – to ensure people’s immediate safety a small and highly accessible range of low barrier crisis services are needed.<sup>8</sup>
- **Rapid re-housing** – targeted at those with low support needs, these services bridge the gap between someone who is newly homeless and immediate re-engagement in mainstream or private rental housing. Such services are likely to offer brief interventions and have access to significant flexible brokerage funds. Such models may be useful for those with low level support needs that are able to be met by mainstream services or a few sessions of support.
- **Housing led case management** – targeted at those with low-medium support needs, these service models prioritise housing as one of the first steps, but offer lower levels of support than a high-fidelity Housing First model and may have an expectation that people will transition out of support within an established timeframe as they rebuild their lives.
- **High fidelity Housing First** – targeted at those who have experienced chronic homelessness and/or complex needs, and offering intensive case management delivering fully to the Housing First principles with low caseloads and no time limits on support.
- **Supportive housing** – long-term permanent housing models with on-site support (eg. Common Ground) which offer higher levels of support than scattered site Housing First but are still consistent with the principles of the Housing First model. These are targeted at the 15% of chronic homeless people with complex needs who are not successful in a Housing First model.

## Examples of programs our agencies have successfully implemented to provide housing and support to people experiencing homelessness

### *St Bart’s –Reconnecting Lives Program*

St Bart’s decided to pilot the housing led approach to meet the needs of its own consumers in

<sup>8</sup> Low barrier services means there is minimal eligibility criteria needed to access the service



transitional accommodation and at the same time test, in the WA environment, the shift in policy to transitioning people who experience homelessness from supported St Bart’s services into sustainable housing in the community.

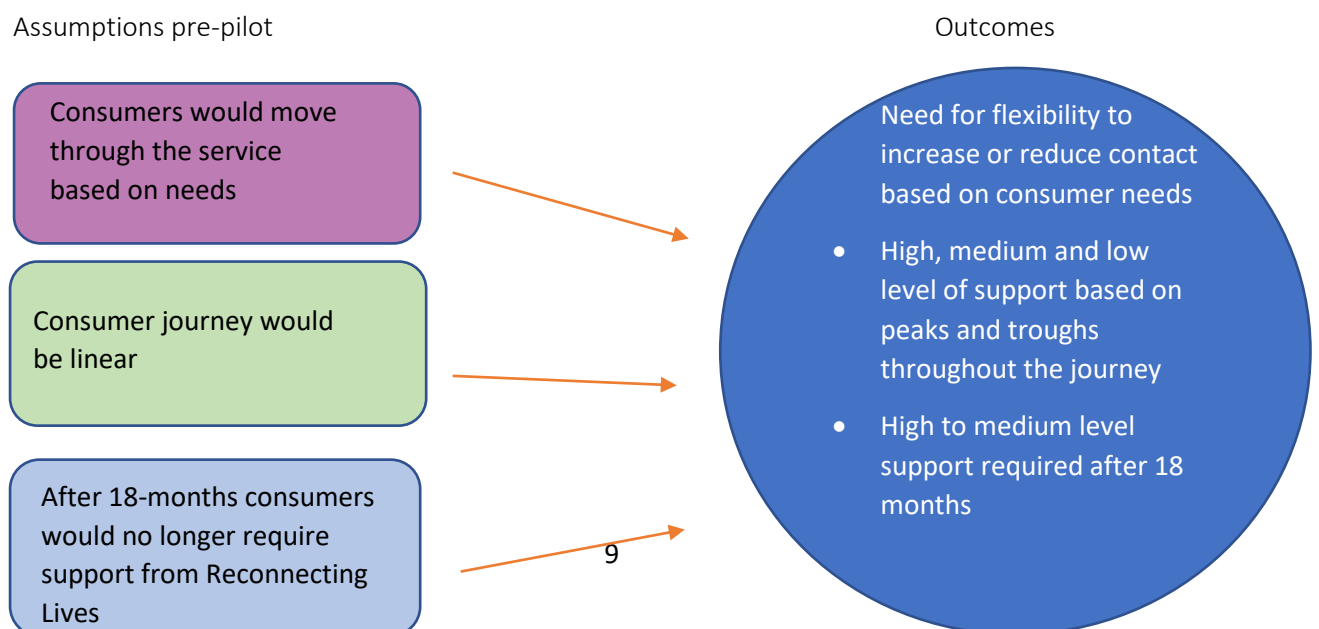
St Bart’s has worked with consumers entering the services recently to work towards leaving the supported accommodation after three months, to meet both the needs of the consumer to live independently in the community and to free up supported accommodation for more people who are currently sleeping rough.

To do that, we needed to provide wrap around services. Thanks to a partnership with BHP, funding of \$1 million for an 18-month pilot program was secured, and the Reconnecting Lives Program (RLP) began in 2018. The program was set up to support up to 150 consumers currently in St Bart’s services to find and secure sustainable housing using a person centred, housing led approach. Referrals to RLP are received from all services run by St Bart’s, with 50 per cent of the referrals from Future Homes, the transitional accommodation service for men. The majority of referrals from the St Bart’s Women’s Service and Family Service were for Aboriginal or Torres Strait Islander consumers, and culturally and linguistically diverse (“CaLD”) consumers.

All RLP service users have low-medium support needs (VI-SPDAT scores of 0-9, where used). The program offers wrap around services provided by three case managers including referrals to relevant services e.g. GP, counselling, employment support; attending health, hospital and Centrelink appointments; training (e.g. transport); social support; NDIS implementation; goal planning; tenancy support e.g. liaison with landlord regarding debt/arrears/issues; budgeting support; and obtaining ID. The level of support provided is tailored, based on the needs of each person with some consumers requiring a ‘light touch’ and others more intensive support. The service is responsive to changing needs and can vary from weekly to fortnightly to monthly consumer contact.

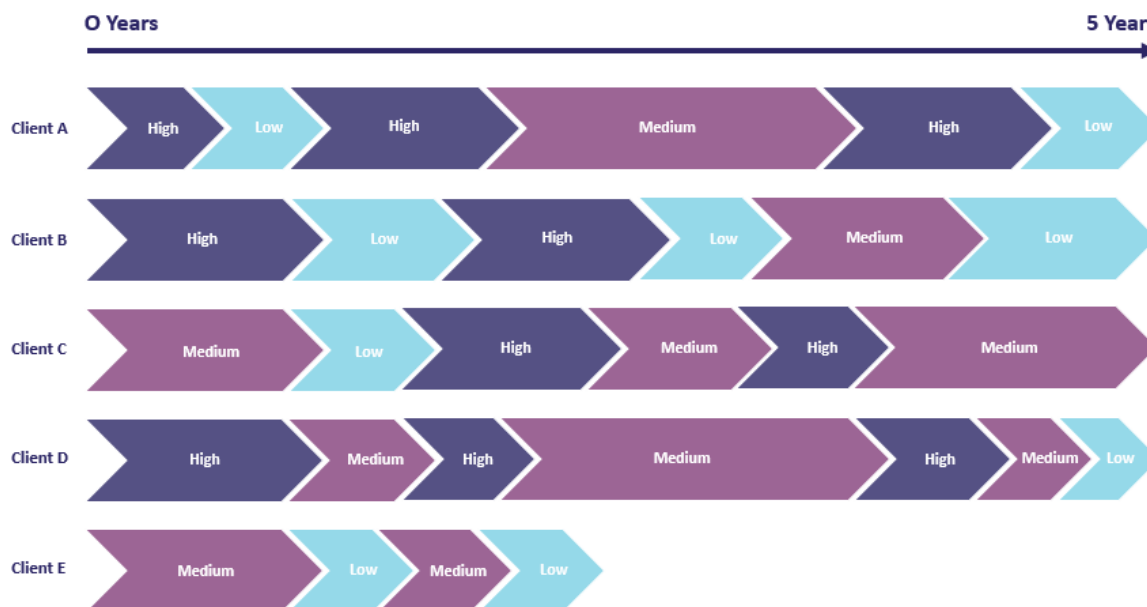
Early evaluation results of the RLP pilot are very encouraging. After 17 months into the 18 month pilot, 109 consumers have participated in the Program and 82 (75%) of those consumers were living in long term housing. Of those living independently, all of them had sustained their tenancy in their own accommodation. At 17 months, 139 goals set by 88 consumers were closed and 72% of these were fully achieved. The top three primary outcomes achieved through these goals were increased life skills and ability to live independently (25%), increased quality of life (20%), and improved or stabilised physical/mental health and wellbeing (15%). Lessons learned from the RLP pilot to date are summarised in the figure below:

**Figure 4. Lessons learned from the RLP pilot to date:**



Actual consumer journeys are unique, as illustrated in the figure below projecting level of consumer needs over five years for five different people.

**Figure 5. Variation in level of consumer needs**



Going forward, recruitment of a third Case Manager, two Peer Support Workers (PSW) and the services of skilled Volunteers is recommended to provide a different level of support to consumers and enable a more manageable caseload for Case Managers. Supports provided by PSW and volunteers may include social support, computer literacy skills, resume writing and interview coaching etc. In addition, if further funding can be sourced, the employment of at least one PSW who identifies as Aboriginal or Torres Strait Islander or CaLD would help address the needs of the diverse consumers involved in RLP.

BHP is considering a proposal from St Bart’s to extend the pilot program so that more data can be gathered to test the housing led approach and to identify the best model to support consumers.

A barrier to being able to support consumers to live independently is housing. While there has been more availability in the private rental market, it is still a challenge to find private landlords who will support at risk people despite the case management support they receive. It has already been identified that additional public and community housing is needed as a priority.

### *50 Lives 50 Homes*

Ruah is the lead agency in the 50 Lives 50 Homes collective impact project. The 50 Lives 50 Homes project brings together 28 partner agencies to collectively house Perth’s most vulnerable rough sleepers. It has been the first Housing First project in Western Australia, working exclusively with individuals who score over 10 through the VI-SPDAT. For the evaluation period (2017-2019), a total of 341 individuals had been supported, with 162 people supported into 186 properties, with an 81% retention rate after one year.<sup>9</sup>

<sup>9</sup> Wood, L., Vallesi, S., Gazey, A., Cumming, C., Zaretzky, K., 2020. 50 Lives 50 Homes – Third Evaluation Report 2020. UWA Centre for Social Impact. As yet, unpublished.

Two fundamental components of the 50 Lives 50 Homes project in Perth are discussed in this submission: the bringing together of sector agencies and front-line staff through several working groups; and the After-Hours Support Service. The working groups are coordinated by Ruah, who host the backbone support for the collaboration.

A key component of the 50 Lives 50 Homes model is the Rough Sleepers, Youth, Family and Housing working groups. These multi-disciplinary working groups bring together front-line workers across homelessness support and community services, police, government, health, and family and domestic violence support services. They bring once siloed services together and facilitate troubleshooting, information sharing, coordination, rapid decision making and identification of vulnerable rough sleepers eligible for the project. Working group participants discuss individuals yet to be housed, responding to the various challenges 50 Lives 50 Homes participants face in their efforts to secure housing. Examples include missing identification, debt, financial difficulties, and having their names “blacklisted” on previous tenancies.

The Housing working group is made up of public, not-for-profit and community housing providers. It functions to communicate to the project when suitable housing becomes available and prevent housed 50 Lives 50 Homes participants returning to homelessness by raising any issues participants may be facing.

Evaluations demonstrate the improved efficiency facilitated by the four working groups. Of 162 people who moved into tenancies during the evaluation period (2017-2019), 137 (86%) were housed through the working groups. The working groups have reduced the time taken to access appropriate and affordable housing. Of those housed, 71% were housed more quickly than the average waiting time of nine-months through the WA Department of Communities priority housing list.<sup>10</sup>

A second key component of the Perth-based 50 Lives 50 Homes project is access to wrap around supports through the WA Primary Health Alliance (WAPHA) funded After Hours Support Service. The After Hours Support Service is a collaboration between Homeless Healthcare and Ruah. The service provides housing, health and psycho-social support and is available evenings and weekends to all 50 Lives 50 Homes participants. Of the 341 people supported, the service has supported 176 people since commencing operations in January 2017.

The combination of wrap around support and the multi-sector collaborative approach has facilitated the following outcomes for Perth’s most vulnerable rough sleepers:

- 81% of housed 50 Lives 50 Homes participants retained their tenancies for at least 1 year (with 92% retention at one year for those allocated a property through the working groups).
- 70% of tenancies had no issues in relation to rent and bills, 84% of tenancies had no issues relating to property standards and 83% had no issues with disruptive behaviour.
- 28% increase in number of people with no recorded offending, one year post-housing (from n= 61 to n=78), with an overall reduction of offences of 35% in the year after housing (from 164 to 106 offences).
- 47% reduction in number of ED presentations and 46% number of hospital admissions (37% decrease in total length of stay) in the one year after housing.<sup>11</sup>

Ongoing evaluation of the project by researchers at the Centre for Social Impact at the University of Western of Australia has been made possible by generous funding received by Lotterywest. In particular, the researchers have been able to identify vulnerability hotspots in the tenancies of vulnerable people, particularly at 5-6 months, 8-12 months, and 20-24 months (see Figure 6 below).

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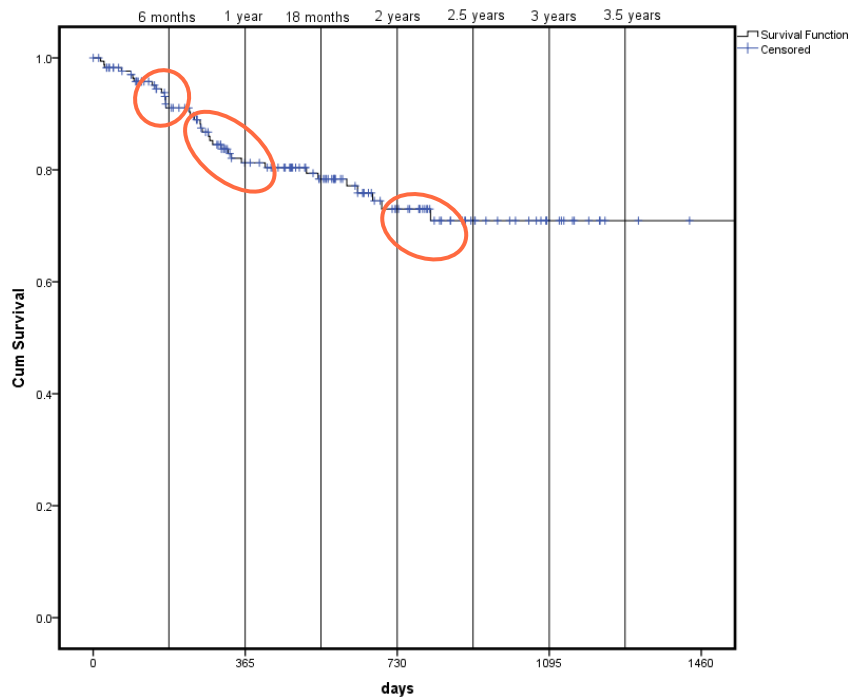
<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

These findings reflect the fluctuations in support needs recognised through the evaluation of the St Bart's RLP.

**Figure 6. Sustainment of Tenancies Over Time**

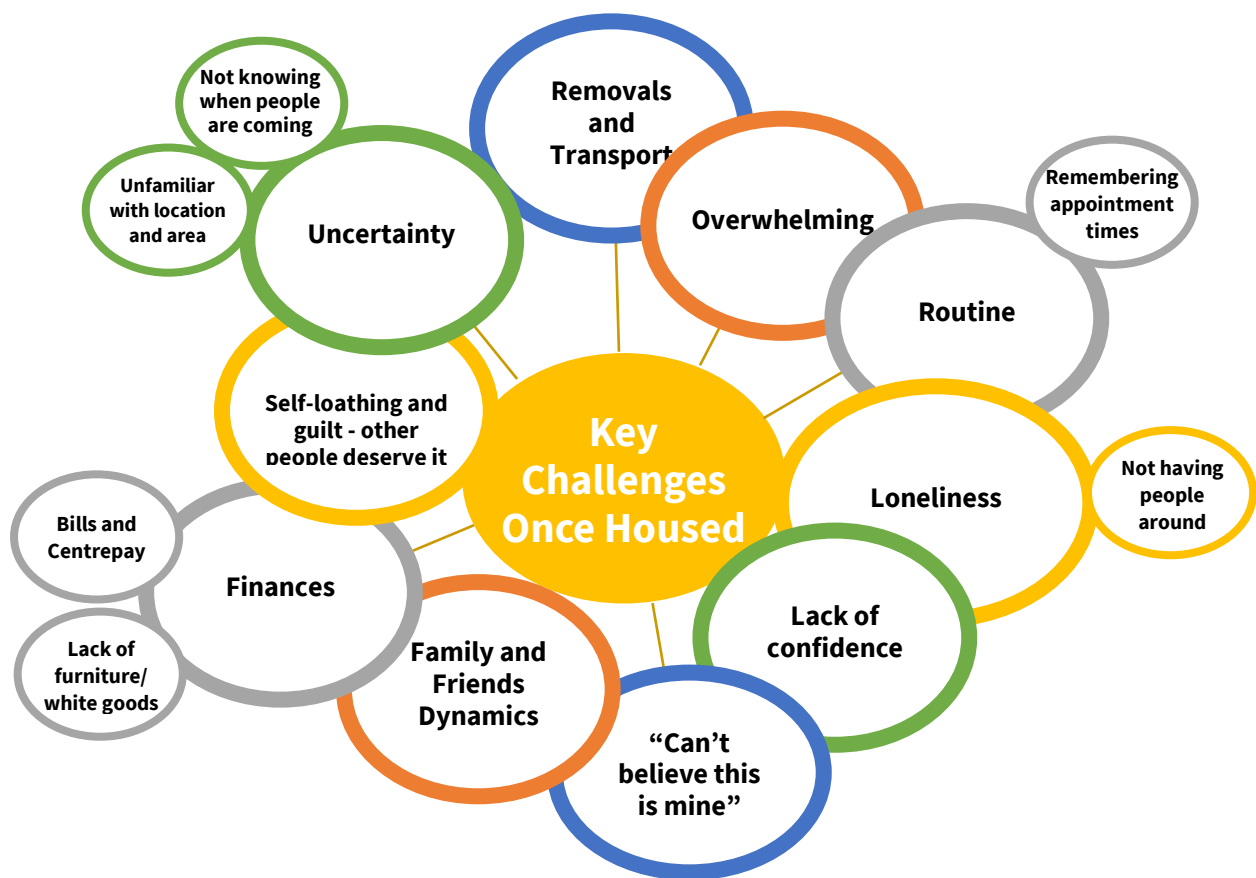
*(reproduced here with permission from the authors<sup>12</sup>)*



Both evaluations highlight that even once housed, there is a need to continue to provide support that is ongoing and not linked to housing as individuals housed continue to face a range of challenges (Figure 7 below).

<sup>12</sup> Wood et al., 2020 50 Lives 50 Homes – Third Evaluation Report – as yet unpublished.

*Figure 7: Key Challenges Housed Consumers Experiences Once Housed – Based on 50 Lives Project Participants (reproduced here with permission from the authors)*



### *St Bart's Women's Service*

St Bart's Women's Service provides safe transitional accommodation for up to 24 women experiencing homelessness or who are at risk of homelessness who are actively seeking to secure long term stable housing. The majority of women accessing the service have experienced family or domestic violence and find themselves unable to secure affordable and suitable housing. They are not typically visible as 'rough sleepers' but may be 'couch surfing' or relying on friends for housing and support.

All women aged 18+ can access the Women's Service. Women have access to support from a case manager and chaplain; assistance to find and secure long term housing; advocacy services; activities that encourage socialising; and referrals to health and community support agencies. Services are based on models of recovery and trauma-informed practice.

At 30 June 2019, St Bart's Women's Service had assisted 147 women since opening in 2014. The majority of women (51%) were aged over 55 years and in FY18/19 49% of women identified as Aboriginal or Torres Strait Islander or CaLD. Between 2015 and 2019, 69 women moved to stable housing. Other reasons for exiting the service included incarceration, hospitalisation, and referrals to other services.

St Bart's Women's Service does not yet receive any government support and is fully funded by corporate partners and philanthropists. The accommodation was refurbished by a donation from Hawaiian Group and the ongoing costs are covered by other major donations and St Bart's Foundation. However, it is important to note that 24/7 support is not currently possible without additional resources and this limits the capacity of the service to support women with complex needs.

## *International examples*

### **Finland**

Since 2010, Finland has reduced the number of people experiencing homelessness year on year – from more than 3,000 chronic rough sleepers in 2010 to less than 1,000 in 2019. Key factors for success in Finland are:

- Sustained and focused capital investment in housing infrastructure, including 2500 housing units.<sup>13</sup>
- Social and peer work supports for vulnerable homeless people with mental health and/or AOD.
- Focused investment in preventative housing social support services (€24 million, 2016-2019).
- Consultation with experts by lived experience in service development and homelessness strategy.<sup>14</sup>

The Finnish Strategy has three phases: Phase 1 focusing on chronic rough sleepers (Paavo I 2008-2011), which successfully reduced homelessness by 28%; Phase 2, adding additional services for hidden homelessness and prevention (Paavo II 2011-2016), further reducing homelessness by 23%; and most recently The Action Plan for Preventing Homelessness (2016-2019) which has continued to reduce homelessness year-on-year.

Long-term financial investment and commitment to monitoring and analysis have made these achievements possible.

### **Netherlands**

Housing First has been the official homelessness policy of the City of Amsterdam since 2017. Compared to the 50 Lives 50 Homes Housing First model, Housing First support in the Netherlands commences with housing allocation. However, ongoing support is not tied to housing. Support focuses on prevention, helping people manage their tenancies, finances and connection to communities.<sup>15</sup>

The main challenges in the Netherlands have been the scarcity of affordable and appropriate housing. Government data from 2019 indicates that since 2009 the number of people experiencing homelessness in the Netherlands has doubled.<sup>16</sup>

### **Canada**

Canada's national homelessness strategy 'Reaching Home' focuses on prevention and reduction. This includes targets to reduce chronic homelessness by 50% by 2028 and a budget of CAN\$2.2 billion.<sup>17</sup> The Canadian approach to housing supply focuses on rent subsidy, with consumers of Housing First programs required to contribute 30% of their income to rent.

Housing First programs in Canada include housing officers whose role it is to strengthen relationships with landlords and increase supply of private rental properties.<sup>18</sup> At the local level, successful programs have centralised intake and assessment to match housing with needs and provide multi-disciplinary intensive case management supports (defined as a caseload ratio of 1:18 and at least one meeting per week). Multi-disciplinary teams include addiction workers, therapeutic recreational therapists and

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<sup>13</sup> Finland Action Plan for Preventing Homelessness, 2016-2019 cited in Pleace, N., 2017 The action plan for preventing homelessness in Finland 2016-2019: The culmination of an Integrated Strategy to End Homelessness? *European Journal of Homelessness* 11,2 pp.95-115

<sup>14</sup> Pleace, N., 2017 The action plan for preventing homelessness in Finland 2016-2019: The culmination of an Integrated Strategy to End Homelessness? *European Journal of Homelessness* 11,2 pp.95-115

<sup>15</sup> Loenen, T., van den Dries, L., Jansen, N., and Wolf, J., 2018. Het Housing First model en de uitvoering van Housing First in Nederland. Available: <https://housingfirstnederland.nl/wp-content/uploads/2018/12/Informatieblad-Housing-First-model-en-uitvoering-van-Housing-First-in-Nederland-2.pdf>

<sup>16</sup> Freya Sawbridge 2019. The amount of homeless people in the Netherlands has doubled in 10 years. *The Dutch Review*. Available at: <https://dutchreview.com/culture/society/homeless-people-in-the-netherlands-has-doubled-since-2009/>

<sup>17</sup> Government of Canada 2019. <https://www.canada.ca/en/employment-social-development/programs/homelessness.html>

<sup>18</sup> Gaetz, S., Scott, F., and Gulliver, T., 2013. *Housing First in Canada: Supporting Communities to End Homelessness*. Toronto: Canadian Homelessness Research Network Press

primary health care workers. In Calgary, between 2008 and 2012 3,677 new units were funded with 11,250 affordable housing opportunities.

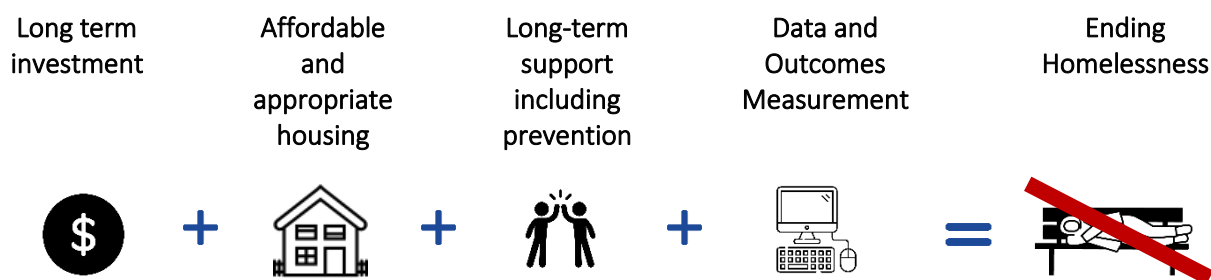
## Toward ending all forms of homelessness

This submission has outlined the current homelessness support services offered by two partner agencies in Perth, Western Australia – Ruah Community Services and St Bart’s.

Both agencies work with people experiencing homelessness in Perth and are partners in the WAAEH working to end homelessness by 2028. The programs presented here work with people with differing levels of vulnerability and support needs:

- the 50 Lives 50 Homes project and After Hours Support Service supports people recognised as the most vulnerable chronic rough sleepers;
- the RLP supports people currently in crisis and transitional accommodation with medium to low vulnerability; and
- the St Bart’s Women’s Service supports women in transitional accommodation who are often experiencing family and domestic violence.

**Drawing on the programs of these agencies, and international evidence, this submission advocates that ending homelessness requires significant and long-term investment in affordable and appropriate housing, combined with long-term support and a commitment to monitoring program outcomes.**



In Perth, development of the A to Z campaign will support the metropolitan region to achieve functional zero through dynamically counting down the number of homeless people. This requires commitment to a Housing-Led sector and a continuum of services and supports that correlate with high and low intensity support needs that are not tied to housing.

In turn, this is contingent on increasing and assuring affordable and appropriate homes. These recommendations are consistent to all forms of homelessness, including hidden forms of homelessness such as couch-surfing.

Long-term secure and stable investment is needed in both housing solutions and support services. International examples from Finland and Canada demonstrate the success of using private rental subsidies to increase available housing stock. These are proposed in the WA 10 Year Strategy on Homelessness ‘All Paths Lead to a Home’ (2020-2030) and the WA Alliance to End Homelessness: Strategy to End Homelessness 2018-2028.<sup>19</sup>

<sup>19</sup> WA Department of Communities 10 Year Strategy on Homelessness 2020-2030: All Path’s Lead to Home <https://www.communities.wa.gov.au/media/2156/homelessness-strategy-final.pdf> P.21 and p.35

Funding for services working with vulnerable people needs reconfiguring to offer secure long-term funding that reflects the pressures facing agencies supporting the most vulnerable. Significant investment in housing, long-term support, data collection and measurement of successes offers the greatest opportunity to achieve functional zero within 10-years.

[REDACTED]