

THE VALUE OF AFTER-HOURS SUPPORT AS PART OF  
**A HOUSING FIRST  
RESPONSE TO ENDING  
HOMELESSNESS**

*Zero Project Snapshot*

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November 2021

**We acknowledge and pay respect to** the traditional owners of the land, the Whadjuk people of the Noongar nation on which we work and live. We pay our respects to their culture, their Elders past, present and emerging.

The research team acknowledges with gratitude everyone involved in providing information, feedback, data and support for this report. We are especially thankful for all the people who are supported by 50 Lives 50 Homes who took the time to meet with us and share their stories that this report seeks to capture and honour.

#### **Suggested citation**

Vallesi S, Tuson M, Turvey J, Wood L. (2021). *The Value of After-Hours Support as part of a Housing First response to ending homelessness. Zero Project Snapshot.* Centre for Social Impact & School of Population and Global Health, University of Western Australia.



## **THE 50 LIVES 50 HOMES PROJECT**

***The 50 Lives 50 Homes (50 Lives) program was a collective impact program that commenced in late-2015 with the aim to house and support the most vulnerable rough sleepers in Perth.***

50 Lives was founded on a Housing First approach, working to provide people with safe, stable, permanent accommodation, without preconditions. In October 2020, 50 Lives transitioned into the broader **Zero Project**, expanding the model to other communities and adopting an Advance to Zero methodology aimed at completely ending rough sleeping.

A key principle of the Housing First model is the provision of

wrap-around support to people who have been housed. For 50 Lives, such support was delivered through the After-Hours Support Service (AHSS). This snapshot report explores the impact of the AHSS.

Due to a change in data reporting systems over time, this report shows figures and statistics for the AHSS for the period from the 20th of May 2019 to the 21st of October 2021.

***One of the guiding principles of Housing First is the separation of housing and support. Whilst support is encouraged it is non-compulsory and does not result in eviction or loss of accommodation based on engagement... The length of support is also a critical factor. Housing First is based on the premise that service users have access to support for as long as they need it.***  
– Homeless Link (2015)<sup>1</sup>

# AFTER HOURS SUPPORT SERVICE

The AHSS is a collaboration between Ruah Community Services and Homeless Healthcare (HHC) that provided nursing and psychosocial support to 50 Lives clients on evenings, weekends and public holidays. Since transitioning to the Zero Project Team, the AHSS now provides integrated case management and tenancy support to people listed on the By Name List (rather than through 50 Lives).

The AHSS operates across Perth, Fremantle, Midland and Southern River areas.

Once someone has been referred to the AHSS, visits and support can be booked by the client, their caseworker (from any organisation), or their housing provider.

A range of support is provided, determined by individual needs. This includes: emotional support; assistance with health issues, including wound care; proactive goal setting; assistance with anti-social behaviour or relationships with neighbours; and assistance to those who are experiencing difficulties with property standards. The AHSS also supports people with meaningful use of their time, and to become engaged in activities that align with their interests.

Since its inception, the AHSS has been a distinguishing aspect of Perth's first Housing First initiative, and a critical element in enabling 50 Lives to sustainably house and support the most vulnerable

## Underlying Principles of the AHSS:

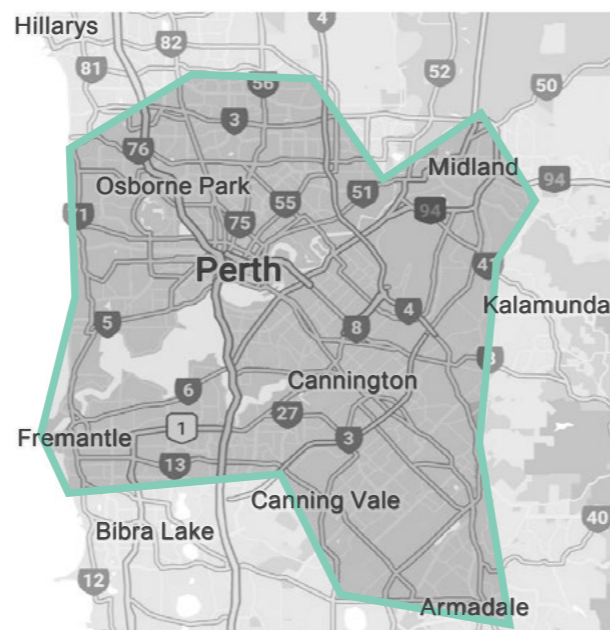
- 1 Immediate response to requests for service (no waiting list or appointment processes)
- 2 Assertive outreach model (responsibility for engagement lies on workers, not clients)
- 3 High levels of integration with external providers and caseworkers
- 4 Capacity for individuals to become their own lead workers and continue to receive support
- 5 Health and psychosocial needs are intertwined

rough sleepers in Perth. The work of the AHSS extends and complements the capacity of existing service providers to support people who are adjusting to being housed and who often have multiple support needs.

In 2020, the AHSS won the "innovation for people" category at the Shelter WA Affordable Housing and Homelessness Awards.

AHSS is funded by the WA Primary Health Alliance and the Sisters of St John of God.

Figure 1: The AHSS catchment area



## HOW AHSS SUPPORT DIFFERS FROM OTHER HOUSING FIRST PROJECTS

One of the core principles of Housing First models in Australia<sup>2</sup> and internationally,<sup>3</sup> is the need to provide flexible support for as long as it is needed. One of the ways in which this ongoing, wrap-around support was provided for people supported by 50 Lives was through the AHSS.

As demonstrated through Principles 2 and 3 of the Housing First Principles for Australia,<sup>2</sup> support provided through the AHSS is: 1) separate from housing; it is continuous and has followed people through tenancy moves; 2) holistic; it is requested at the individuals' own discretion; and 3) most importantly, built on authentic and trusting relationships.

### HOUSING AND SUPPORT ARE SEPARATED

- ✓ **Separation** – While they work closely together to maintain and support tenancies, the provision of housing and support must be functionally separate. This is to ensure housing and support are not contingent upon one another and unwavering advocacy is provided for the individual or family.
- ✓ **Tenancy** – There are no additional requirements to participate in support or treatment as part of the tenancy and people are able to maintain their home regardless of their engagement in support services.
- ✓ **Continuity** – The offer of support stays with the person if they choose to move home or if a tenancy fails. The support is available to people in their new living situations including a return to homelessness or to an institutional setting where support will actively assist people secure new homes.
- ✓ **Security** – People are supported to follow the terms of their tenancies in the same way as anyone else renting a home. Support services work to maintain tenancies while understanding the critical part a home plays in the wellbeing of both individuals and families.

### FLEXIBLE SUPPORT FOR AS LONG AS IT IS NEEDED

- ✓ **Continuity** – Support does not have a fixed end date and people can return to or continue support for as long as needed.
- ✓ **Holistic** – Support is directed by the people receiving the support, and is available across a wide variety of domains being sensitive to people's family context, cultural identity and past trauma.
- ✓ **Intensity** – Support intensity can rise and fall with individual or family need so services can respond positively when people need more or less support on a day to day basis.
- ✓ **Accessibility** – People are able to quickly re-engage with support without needing to undergo a new assessment or intake process.
- ✓ **Relationship** – Support is built from an authentic relationship and it is practical, flexible and creative – responding to each unique set of circumstances as required.

While international models of Housing First feature similar principles of flexible and continuous support across a wide range of mediums (home visits, public outings, phone calls),<sup>4</sup> the AHSS appears to be the only after-hours service of this kind for Housing First internationally.

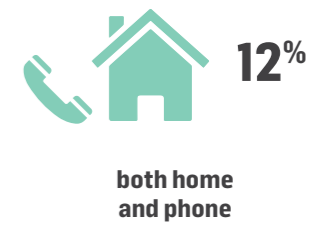
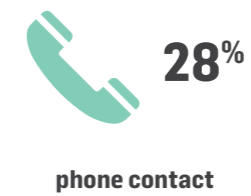
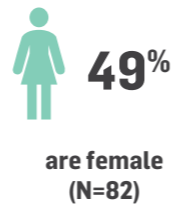
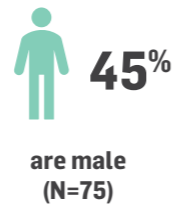
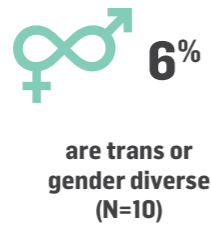
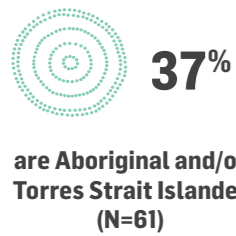
A unique aspect of the service is that if people do need assistance in the future they can have an immediate re-entry into AHSS without the need to redo any assessment or join a waitlist. This is provided because of the high levels of trauma and relapse in the cohort and that this soft re-entry can provide immediate support to prevent further decline through either a brief intervention or assistance to connect people to further support should need it.

– AHSS Team

# EXTENT OF SUPPORT PROVIDED BY THE AHSS

*Between May 2019 and October 2021, a total of 167 people involved in 50 Lives were supported by the AHSS. Approximately 200 people were housed at this point in time with some individuals choosing not to access/engage with the AHSS. The demographic characteristics of the 50 Lives clients who were supported by the AHSS were similar to those of the entire 50 Lives cohort.*

## OF THE 167 50 LIVES CLIENTS WHO WERE SUPPORTED BY THE AHSS



### Number of supports in total and per person

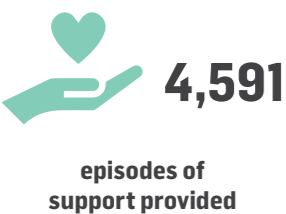
Between May 2019 and October 2021, a total of 5,660 episodes of support were recorded for the 167 50 Lives who were supported by the AHSS. For 19% (n=1,069) of these supports, the client did not answer or was not home at the time of their scheduled visit; thus, there were 4,591 episodes of care where support was provided.

During the 29-month period, clients had an average of one contact per month where at

least one support was provided. However, the number of such contacts varied widely between clients; over the period, some individuals had only one support contact while others had > 100 such contacts. One client had 142 contacts with at least one support provided during the period.

The frequency of contact with the AHSS varies depending upon client needs. While many people have regular, scheduled AHSS visits (e.g., multiple times per week, weekly or fortnightly), individuals

can also contact the AHSS and request additional visits, or go through periods of having regular phone contact with the AHSS in addition to having face-to-face visits. Some individuals require ongoing support, whilst for others support needs increase following a specific issue or crisis. Housing can also result in increased needs for some AHSS clients as they transition out of homelessness; however, the need for this support can decline as they become linked with the community.



equivalent to  
**1 SUPPORT PER PERSON, PER MONTH**  
(over the 29 month period)

*...people may contact us for an additional visit when they are going through a difficult patch. For example, we have been asked to go see a lady who is feeling very anxious as she has to attend court tomorrow as she has been a victim of domestic violence in the past.*

– AHSS Team

### Mode of support

The majority of AHSS support is provided through home visits (56%), followed by phone contact (28%). When someone commences receiving support through the AHSS, the team works with them to identify the best way to contact and support them. For example, some individuals preferred phone contact first to confirm their visit before the team went out to see them (12%). Others like to receive multiple calls so they know it's actually the team contacting them.

In light of COVID-19, support provided via phone calls and text messaging was increased to ensure that people felt supported during this time. For some individuals this was sufficient, while for others there were challenges around not being able to physically see the team

(particularly for people who are reliant on reading facial expressions and cues); in the latter instances during the lockdown, video calling was used.

While phone calls are a quick and easy mode of checking in on people, they only work so well due to the

already-established relationship between staff and clients. Face-to-face support is important in building trusting relationships between staff and clients, and lays the groundwork for support to be provided through phone calls.

### THE BENEFITS OF PHONE CALLS AND 'CHECKING IN'

The regular contact provided by the AHSS phone calls often represents valuable social interaction and emotional support for some individuals. The calls can act as an engagement opportunity with someone they trust, and enables them to express concerns regarding a particular challenge faced that day, which AHSS staff note is particularly valuable for those who *"might not have heard another person's voice that day"*. The reassurance of the regular contact also provides a level of additional emotional support, with people being comforted in knowing that the AHSS will 'check in', and have a chat should something go wrong.



**Types of support provided**

The AHSS provides a wide range of supports, including: emotional support; assistance with health issues, including wound care; proactive visits to address support needs; and support for clients who are having issues with anti-social behaviour or relationships with neighbours, or who are experiencing difficulty with property standards. The AHSS also supports clients to make meaningful use of their time, and

to become engaged in activities that align with their interests. There is regular communication between the AHSS team and lead workers and, as the AHSS nurses are also part of HHC, clients are supported to make and attend medical appointments, and to get support for their health needs.

Of the 167 people who received support between May 2019 and October 2021, the most common type of supports received per person were for information

and paperwork (98% of clients) and health-related needs (97% of clients). On average, individuals received 4.2 different types of support per contact.

Overall, 70% of individuals supported received support for basic needs such as toiletries, clothing and food hampers. It was noted that food is often used as a facilitator to engage with clients and to check in on them about other needs.

**The impact of Covid-19 on the AHSS**

For many homelessness service providers, the initial COVID-19 outbreak saw a reduction in support for clients, as many providers were forced to stop face-to-face service delivery and/or pause the acceptance of new client referrals, despite increasing demand. At the height of COVID-19 restrictions (i.e. between January to June 2020), the AHSS team delivered a record number of instances of critical support, with more than 1,500 instances of support being to people housed through 50 Lives. Face-to-face contacts continued to be provided throughout this time, with the exception of the lockdown periods when only phone support was provided.

During the critical COVID period, additional support was made available so that the AHSS was able to quickly respond to text messages and calls. Since the return to normal service delivery, there have been some challenges for clients adapting back to original support levels and frustrations for clients when they don't receive immediate responses from the team.

Additionally, the moratorium on housing evictions that was implemented by the State Government relieved many clients of significant stress and uncertainty, while the increased COVID-19 income support payments also provided additional, albeit temporary, support to cover rent, food, and other expenses.

social engagement to visits with particularly complex clients who AHSS workers had previously struggled to build rapport with.

Every Sunday, Obie (Kelpie x Labrador), Mike (Pitbull), Luna (Staffy X), Harlem (Kelpie X) or Jack (Jack Russell) go out with the AHSS team. Feedback on the K9 Project has been overwhelmingly positive, and it is clear that their presence has broken down barriers between clients and AHSS staff, whilst also bringing a sense of calm and joy to client visits.



canine support workers

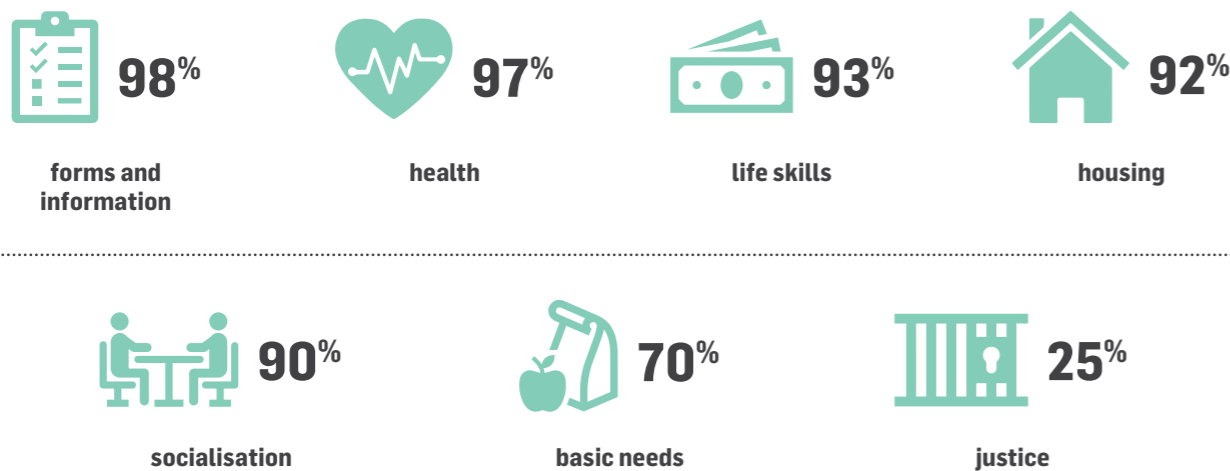
**Canine support worker**

In February 2021, the AHSS team commenced a **K9 Pilot Project**, which seeks to harness the emotional and psychological benefits of pet interaction within the AHSS's home visits. Research has shown that connections with animals can improve emotional engagement during conversations,<sup>9</sup> and it was hoped that this pilot project would bring a level of anxiety reduction and

*I have never felt so supported. Obie helped me to open up about how I was truly feeling and Obie made what has been one of the toughest times ever joyful for a moment. I was able to get on her level and feel safe to open up and today I smiled for the first time in a week.*

– Person Supported via the CSW

**PERCENTAGE OF CLIENTS WHO RECEIVED EACH TYPE OF SUPPORT:**



**Footnote:** *Health* includes contacts related to medication management, alcohol and other drug (AOD) support, physical health, mental health, and Family Domestic Violence (FDV). *Forms and Information* includes undertaking the VI-SPDAT and Outcome Star, completing a health plan or Housing Authority application. *Life skills* include managing money, self-care, and motivation. *Socialisation* includes meaningful use of time, relationships and peer work. *Basic needs* include support with toiletries, clothing, food hampers, blankets and household items, vouchers and transport.

# CRITICAL ELEMENTS OF AHSS DELIVERY

*Having an after-hours service is unique for a Housing First program, and there are a number of critical elements that make it so effective in supporting people once they have been housed.*

**RESPECT, ACCEPTANCE AND TRUST** The respectful and non-judgemental way in which AHSS workers supports people has been critical to establishing rapport and building trusting relationships.

*"There's no judgement, they're really just there to help." – Person Supported by 50 Lives*

A number strategies are used to ensure that people feel comfortable with the support they are receiving, from confirming the best way to contact each person (e.g., calling and confirming appointments before going to their house), to letting the individual dictate the meeting place (e.g., talking outside if they don't feel comfortable inviting someone inside their home).

**PERSON-CENTRED CARE** Due to the flexibility of the AHSS, the team supports people in differing ways depending on their individual need. The breadth of this support spans from providing basic needs (i.e., food hampers), empowering individuals to develop life skills, to providing health care advice and management, and various psychosocial support such as supporting people with family reunification and setting healthy boundaries. The person is always put at the centre, with the team working closely with them to identify their goals and support needs.

**CONTINUITY OF CARE** The nurses involved in the AHSS are also part of Homeless Healthcare (HHC), who provide weekly clinics at the Ruah drop-in centre. This facilitates valuable synergies between people supported by AHSS, primary care access and back to the Ruah drop-in for support. Additionally, some AHSS workers have other roles across the homeless sector, meaning individuals can see the workers across numerous settings for support.

Additionally, a benefit of the nurses being embedded within the AHSS, is that they are able to review clients' medical history notes prior to AHSS visits to determine if there are health needs that need to be discussed during the visits, and can simultaneously report back to the clients' GPs if there are any changes to current health needs.

*"...she said she was anxious about a health issue and so we let her GP know. As we see her weekly through AHSS we can check on how her health is going and encourage her to go to one of the HHC clinics. At the start of an AHSS shift, we can check to see if there any notes about health concerns that have been made by a GP or HHC nurse and can then follow up about this during the home visit." – AHSS Team*

**CONNECTION TO OTHER SERVICES AND SUPPORTS** Beyond the support that the AHSS can directly provide to people, there is also an emphasis of connecting people to other services in their own communities. This not only helps build program sustainability but ensures that people are assisted across all areas of need. One example where the AHSS has referred people, is into the Re-Engaging Communities program.<sup>6</sup> This program was established due to an identified service provision gap in the 50 Lives program, and assists people experiencing social isolation and disengagement once they have been housed by connecting people to volunteer social supports to engage back into their local communities.

*"Once a person has been housed in their forever home it is crucial for them to have connection and relationships with others that are not 'paid' to be there such as case managers. Building up relationships with neighbours, community or estranged family members can result in lifelong meaningful connections, friendships and support." – 50 Lives Partner Organisation*

**SAFETY NET BETWEEN REGULAR SUPPORT AND AFTER-HOURS NEEDS** The AHSS enabled both people supported via 50 Lives and their support services an additional safety net so that if anything happened outside of business hours there was peace of mind that there would be someone to help. This complemented and somewhat extended the capacity of services to be able to support people during the evenings and over the weekend.

**For Clients:** For some individuals, knowing that someone is coming to visit regularly can assure them that "someone cares". For others, knowing that if things start to become unmanageable all they have to do is pick up the phone and someone will check on them provides a sense of relief.

*"...I wouldn't have survived without them, seriously. Even now just knowing they're there and just touching base with them even though it might be once a month... It's really comforting to know you have someone to call on if things get a bit wobbly." – Person Supported by 50 Lives*

**For Staff and Support Services:** For the homeless sector, who are often stretched and unable to meet the current demand on services (particularly the need for additional case work), the AHSS bridges the gap between staff service delivery/capacity. Workers involved in 50 Lives often commented on how having the AHSS lessened their own mental health concerns, as they knew once they went home for the day there was another service to step in and check on people they were concerned about.

*"So yeah, it's really helpful on those sorts of days where I'm worried and I can't get out there, after hours will go." – 50 Lives Partner Organisation*

**"INDEFINITE" SUPPORT PERIOD** True to the Housing First premise that service users have access to support for as long as they need it, the AHSS does not have a set timeframe of support. Individuals can access support for as long and as regularly as they feel they need it.

*"So, we have that sense of, we don't actually completely exit people. We always keep an eye out on where they are. They can always come back at any time, there's this wrap-around support." – 50 Lives Backbone Staff*

# AREAS OF AHSS SUPPORT

Supporting people to get housed and remain housed is the key goal of Housing First.

For the 50 Lives program, the AHSS has been critical in supporting people to develop the necessary skills to manage a tenancy, whilst also providing them with a safety net while they learn to navigate the challenges and responsibilities of having a home. Through interviews with people supported and partner organisations involved over the duration of the 50 Lives program, a number of areas of support provided by AHSS have been identified:



## Tenancy support

**Support settling into their homes:** For some individuals, support was required for the initial "moving in" period. For example, many individuals have been supported by the AHSS while in temporary or transitional accommodation so that the move into permanent housing goes smoothly.

**Rent inspections:** For individuals who are living in their own home for the first time (or for the first time in a long period), expectations around rental inspection requirements can be mismatched. The AHSS has supported numerous individuals to prepare for their inspections, including sourcing cleaning supplies for people and teaching them the basics of preparing for inspections.

*With rent inspections as well, that can be really helpful, when young people reach out and they might say to us like, "I'm ready," and then realised that they're not ready, and then call after-hours and they often come out and give them a hand or just guide them about what needs to be done. Yeah, that's a direct impact on tenancy.*

*– 50 Lives Partner Organisation*

**Support for landlords and property managers:** The AHSS can also directly benefit landlords in the sense that it provides another point of contact and support if they are having issues with the tenant. The knowledge that there is someone to contact if there are any issues with their tenant represents an additional, attractive safety element for property managers.

*There was an issue with a tenant, antisocial behaviour, and the strata contacted us, so I told the tenancy officer to contact After-Hours and let them know and they were going to go out there and see what was going on and how the tenant is.*

*– Housing Provider*

## PREVENTING EVICTION

**Dane\*** is in his late twenties and has a history of rough sleeping before engaging with 50 Lives. He was housed in mid-2018 but initially struggled to adapt to housing, often wasn't present for rental inspections and within three months of being housed had received a breach notice for inadequate property standards.

His lead worker and the AHSS worked intensively to support Dane to maintain his property, providing him social support. The AHSS supported Dane with budgeting skills and provided education on property maintenance and cleaning. The housing provider commented on how valuable the 50 Lives lead worker and AHSS were in supporting Dane and helping him to maintain his tenancy and prevent further breaches:

*...the last inspection we both went out there and he did an inspection. He did everything we asked for... he's got great support and they've tried to do everything with him. – Housing Provider*

\* pseudonym

## Support developing independent living skills

**Cooking and Cleaning:** One practical area of support that the AHSS has been able to assist people with is teaching people how to cook and clean. For many (especially the younger people supported through 50 Lives), this was their first time living in their own home and their first time needing to learn such skills. In 2021, the AHSS started offering cooking classes on Tuesday evenings, run through the Ruah Centre; the participants decide on a recipe, go shopping and make the meal together.



*I don't use After Hours anymore, but that's because I feel like they taught me to do it all independently. If they didn't teach me to keep the house clean, and this is how you budget your money to do a good food shop and all that, then I probably wouldn't be where I am now, but – yeah, 'cause they taught me everything, I just don't need their help anymore.*

– Person Supported by 50 Lives

**Managing Money and Budgeting:** For some individuals supported by 50 Lives, there are struggles around managing their finances. The AHSS has supported people in a number of ways, including setting up payment plans for unpaid fines and helping people to budget (especially with regards to the importance of purchasing medications). The service has even assisted someone to get a personal loan to buy a replacement washing machine. For others, more practical support, such as a food hampers or vouchers, are sometimes provided if they have not budgeted correctly for the week.



*So, I might ask for a bit of food help occasionally... like the day before payday or something like that, I just ate more than what I budgeted for and I'm like, "I'm a day short." And they just bring out frozen food for the night 'cause they know I don't need much.*

– Person Supported by 50 Lives

**Developing Life Skills:** Depending on individual need, people are supported and empowered to develop different "life skills". From navigating transport to grocery shopping, preparing resumes, and assistance making medical appointments, the AHSS has supported people in many different ways. Sometimes these small, practical support efforts can lead to big increases in confidence.



*And the ones that have just been housed often don't have the independent living skills and stuff like that, so making themselves a doctor's appointment, or getting themselves there. So that's been tricky, but having after-hours service has been a little bit of extra support that was needed and it fills in the gap.*

– 50 Lives Partner Organisation

## Health related support

A critical aspect of the AHSS is the embedding of nurses in the team to provide out-of-hours health support. The majority (97%) of people supported by the AHSS received some form of health-related support between May 2019 and October 2021.

**Health Education (Hygiene, Lifestyle):** the AHSS supports individuals across a number of health education domains, including in the improvement of personal hygiene and the provision of information on how to reduce "lifestyle" risk factors through dieting, exercise and reducing smoking. For individuals who have settled into their homes and who have started addressing other areas of need, including managing their overall health, there is an increased interest in addressing lifestyle health factors. For example, 74% of AHSS clients (who had a VI-SPDAT), reported being a current smoker.

The AHSS has been supportive in providing information on both healthy eating habits and how to increase incidental exercise and movement into routines:

## MOTIVATION TO EXERCISE AND LOSE WEIGHT

**Anthony\*** noted to the AHSS team that he had put on about 10kgs over the past year. This was partly due to the medication he was taking, but he also noted that he has a high sugar consumption (four spoons of sugar per coffee, five times a day) and that he drives everywhere.

Anthony set a goal around his desire to lose weight with the AHSS workers and they discussed the benefits of exercise with him. One of the AHSS workers set a plan with him to go for a walk on the weekend to get Anthony feeling more confident about exercise. Anthony now walks to the pharmacy every day to get his daily dispensed medication as an easy way to incorporate exercise into his day.

\* pseudonym

**Chronic Healthcare Management:** There are a number of ways in which the AHSS is able to support people in relation to managing their chronic health conditions. These include reminders to take medications and to attend specialist appointments, and case-conferencing with other health services to ensure everyone is on the same page:

## HEALTHCARE MANAGEMENT

**Background:** Jessica\* is in her mid-twenties and has autism, anxiety and schizophrenia. Jessica presents with paranoia, intrusive thoughts, delusions, and hallucinations. She has a history of self-harm, suicide attempts and an eating disorder. If Jessica stops taking her medication, her AOD use, anxiety and paranoia all increase. Jessica is at risk of deserting her current property when unmedicated and untreated.

**Support Provided:** Jessica is on a Community Treatment Order and sees a psychiatrist fortnightly. During her weekly AHSS visits, the team noticed her mental state declining. AHSS workers reached out to Jessica's services and organised a case conference to discuss these concerns and coordinate support from all those involved in Jessica's care.

**Current Situation:** A Behaviour Support Plan was created and shared with all involved, to help identify patterns of behaviour and subsequently develop effective management strategies and actions workers could take to support her. She is regularly attending her appointments and reaching out for support when needed. The AHSS remains involved in ongoing communication with Jessica's support team.

\* pseudonym

**Wound Care:** For individuals who non-suicidally self-harm, the AHSS has been able to provide immediate wound dressing and care. This has potential to reduce avoidable ED presentations by providing immediate care in their homes.

**Harm Minimisation:** Overall, 49% of people supported by the AHSS reported IV drug use in the six months before completing the VI-SPDAT; one of the ways the AHSS has been able to support people is through clean needle education, including not reusing and not sharing needles and also around not injecting into open wounds and abscesses. The AHSS has also connected people to the Peer Based Harm Reduction WA<sup>7</sup> program that enables them to text the service and request new needles to be delivered for free.



## Social and emotional support

**Someone to have a chat with:** A theme throughout the 50 Lives evaluation has been a focus on the increase in loneliness and social isolation once people had been housed. Just knowing that there is a service there to regularly check in reduces these feelings of loneliness and promotes the understanding that “someone cares”.



*Basically they [the AHSS] just pop in, have a chat, sometimes they'd do my bloods or whatever. Just having them on call as a safety net, it's a bonus, especially when you've got no one.*

– Person Supported by 50 Lives

## IMPORTANCE OF SOCIALISATION

**Arjun\* has been engaged with the AHSS since early 2017.** Initially the AHSS provided Arjun with a range of practical support when he was first housed, but after becoming more accustomed to his accommodation, Arjun now primarily engages the AHSS caseworkers as a means of social interaction and emotional support.

Every week case workers arrange to pick him up for a drive along the coast. These drives provide Arjun with regular social interaction, and are less confrontational than a regular face to face discussion, which Arjun finds intimidating. AHSS case workers have noted that he has become more open to communicating his feelings and mental health issues as they built a stronger relationship with him, and see the drives as a beneficial form of support for Arjun.

\* pseudonym

**Navigating Relationships and Setting Boundaries:** The AHSS team is able to support clients to set boundaries with people and navigate relationships. A 50 Lives partner commented that support from the AHSS enabled their client to manage a situation where other people were staying at their property, where it was especially distressing for the individual as they had an upcoming rental inspection and felt their tenancy was at risk.



*This person became particularly distressed because they thought they were going to lose their housing. They had a rent inspection the next day or something. So it was the perfect storm – and the 50 Lives backbone and the AHSS were absolutely instrumental in resolving that situation. They went around there the night before the rent inspection and spoke with these people that were in the house... they explained the situation... and essentially, they moved on. So, yeah, but without them, that person wouldn't have been able to manage that on their own.*

– 50 Lives Participating Organisation

The AHSS has also supported individuals experiencing or impacted by family and domestic violence (FDV), including supporting individuals who are feeling isolated after having to leave their family home, supporting people to move to a new tenancy away from an abusive partner.

**Welfare checks:** It is easy for clients to make and schedule AHSS appointments; they can either ring up and schedule their appointment in advance, or call and ask for immediate support. As reflected by both people supported through 50 Lives and through partnering organisations, the flexibility of the service to be able to provide these check-ins with people when they aren't tracking too well is a unique aspect that the AHSS can provide that other services cannot.

*So something specifically is going on with the person and we're quite concerned, whether they've self-harmed or they're having a rough time coming off medication or whatever. We can send an email to the team and just say, "We have general concerns with this person tonight. Is someone able to check in with them?"*

– 50 Lives Partner Organisation



**Additional support for crisis situations and de-escalation:** Between May 2019 and October 2021, approximately 7% of all appointment bookings were “crisis” related, indicating that the individual called up with an immediate problem that needed to be addressed. For some, there is an increase in stress and feelings of being overwhelmed at night time, and having a service to call has been “life-saving” in terms of de-escalating negative thoughts, aggression and agitation.

*If I'm struggling, I just call them up... I've called them up a few times and I had a chat on the phone 'cause I've been a bit stressed... they just calm me down and make it sound more realistic.*

– Person Supported by 50 Lives



## PROVIDING INCREASED SERVICE PROVISION DURING TIMES OF CRISIS

**Background:** Cathy\* an Aboriginal female in her mid-thirties who has been rough sleeping, couch surfing or incarcerated for over 10 years. She has a long history of family and domestic violence, mental health issues inclusive of trauma, anxiety, depression and long-term drug and alcohol misuse. Cathy said that the trauma she experienced set her on a path of “self-destruction” and feeling like she did not “belong” anywhere.

**Support:** One night, Cathy telephoned the 20 Lives 20 Homes support worker in a distressed state and expressed suicidal ideation. Specialist support was organised via Alma Street MHS for triage assessment and support. They also worked with the AHSS to design a support program with genuine wrap round support, including home visits, case management plans and telephone support. Cathy has said that “she often felt overwhelmed at night-time” and that having support outside of traditional office hours-based support has assisted her immensely. Cathy stated that the support she received from the AHSS team was “life-saving”. The AHSS team increased their visits to support Cathy when needed and put in place further appointments for counselling and mental health services ensuring Cathy attended.

**Current Situation:** The AHSS continues to provide support Cathy so that she can achieve the best outcomes and thrive emotionally.

\* pseudonym



### Meaningful use of time activities

Paradoxically, social isolation and loneliness can be heightened when people who have experienced long-term homelessness are housed, as a consequence of both physical and psychological disconnection from the social networks established whilst homeless. In a UK study, feeling socially isolated once housed contributed to some people choosing to return to rough sleeping.<sup>8</sup> Australian research has shown that people can struggle to re-establish social networks they had prior to becoming homeless.<sup>9</sup> Homelessness can also leave a legacy of perceived marginalisation and stigma, and this, along with financial and other practical barriers can be an impediment to engaging in the community once housed.<sup>9</sup> Meaningful use of time and community engagement once housed is primarily facilitated through the AHSS, to help clients maintain a sense of social connection and community engagement.

**Exploring Hobbies and Community Activities:** AHSS workers are able to sit down with the people they support and set goals around meaningful use of their time. For some this is about engaging in sports, arts programs, learning music, other social activities (such as walking groups or men's shed).

## COMMUNITY ENGAGEMENT AND MEANINGFUL USE OF TIME

**Amy\* is a 50 Lives client who has been housed for over four years.** Her anxiety was making it difficult to engage more with her local community and participate in physical activity, which were two of the goals she set out to achieve. She has a strong relationship with the GP she sees at HHC, who suggested that she could join 'On My Feet', a running and support group for people who have experienced homelessness. Amy was supported through AHSS to engage in the community and maintain her involvement with the program. Amy discussed how involvement with On My Feet has helped her to 'get out of the door' and created social connections:

*I was really committed to it and I really enjoyed it so just made myself go and I really loved it and you know you don't want to let your team down and all those people – so many people are helping you. – “Amy”*

She now plans to volunteer and mentor future participants:

*That On My Feet program increased my confidence, self-belief and ability to step out a bit more... For me, exercise is so important so really head down, bum up with the on my feet and mentor someone and hopefully be able to do some strength sessions for the group. – “Amy”*

\* pseudonym

# CHALLENGES FOR THE AHSS

### Accessing the AHSS

While there were no particular barriers identified regarding accessing AHSS if you were a client identified through the interviews (i.e., everyone spoken to said AHSS was easy to book, that they were usually available to check-in on their clients and the right types of support were provided). There have been challenges raised for individuals without a dedicated case worker trying to access the AHSS for the first time (even if they are listed on the By Name List). With the current shortage of case workers overall in the homeless sector this does potentially limit the number of people who require after-hours support able to access it.

### AHSS model of care

There were seldom challenges in relation to the delivery model identified:

### Time spent following up people:

approximately a fifth of all contacts with clients were unsuccessful in being able to reach them (i.e., no one home during a scheduled visit, or not answering a call). In some instances, the team could go out and see no clients in an evening due to

the distance and time taken to travel between people's homes. Meaning that others may have missed out on support while the team was following up people.

### Clients wanting specific workers:

given the flexible nature of the AHSS team and the fact that most staff work part-time across multiple services in the homeless sector, this can pose a challenge for some individuals where they have established trust with one worker and only want to see them. Particularly in a crisis where they may be demanding to see a certain worker immediately when they aren't rostered on.

*Can you make sure no randoms come out tomorrow?*

*– Person Supported by 50 Lives*

**Client risk to staff:** As with any program that involves outreach into someone's home there is associated risks e.g., clients under the influence, used needles on the floor, violent partners staying in the property. Part of this is mitigated

via having two workers going out, taking proper risk assessments and precautions to prevent this (i.e., meeting outside). However, it was noted that case workers may refer someone to AHSS and note they are “no-risk” only for the team to go to the house at night and discover there is no outdoor/street lighting, or rowdy neighbours or other potential risks associated with the visit that haven't been considered.

**Client expectations:** Clients needing “immediate” help can be challenging if the service is at capacity for the evening, where its not possible for the team to fit them in, people are referred to services such as the emergency department (ED) or LifeLine for assistance. However, one of the challenges post-COVID lockdown has been that all the additional support that was provided during that period has returned to 'normal'. Meaning that staff don't have the additional capacity like they did at the start of the year to be responsive to all needs, as described below for one individual they felt ignored by the service when they couldn't immediately drop everything to support her:

## CLIENT EXPECTATIONS ABOUT AHSS ROLE

At the start of a shift one evening Gabi\* sent multiple messages and called the AHSS numerous times to complain about the ED waiting time. About half an hour later, the AHSS received another call from Gabi who was distressed and angry after she had been removed from the ED and prohibited from re-entering. Gabi requested the AHSS immediately come down and see her on the footpath outside of the hospital to assist her into the ED, however no AHSS staff were available at that time. Gabi proceeded to send numerous abusive texts to the AHSS team because they were unable to see her at the time or stand up for her being “kicked out for nothing”. At 8pm the AHSS team checked in with her again, and received further abusive texts demanding to know why the AHSS team hadn't supported her yet.

The AHSS worker once again advised Gabi that if she is experiencing the described symptoms, she should attend another ED and if she is feeling unsafe to call 000. Mental Health Emergency Response Line (MHERL) and LifeLine numbers were also provided, as well as advising that the team were available until 10:30pm.

\* pseudonym

# SUMMARY

***Averting a return to homelessness or loss of tenancy is a key challenge for all Housing First programs, and vulnerability to this is heightened among people who have been rough sleeping for many years and have complex health and psychosocial challenges.***

In response to this, a key component of the original theory of change that underpinned the 50 Lives program, was the provision of an after-hours wrap-around support service that complements and is integrated with the role of case management and nursing care. Dedicated after-hours support via the AHSS that is available in the evenings and on weekends was a core part of 50 Lives since its inception, with funding increased over time to expand its capacity to support people living across a wider spread of suburbs. The pairing of a specialist homelessness nurses and case workers for home visits has enabled intertwined psychosocial and health needs to be supported.

Throughout the evaluation, numerous organisations and people housed and supported by 50 Lives have described the AHSS as the single most important factor in enabling people to remain in their homes.

Unfortunately due to the absence of a control group, we were unable to measure the impact that AHSS had on tenancy sustainment (i.e., anyone who did not receive after-hours support in 50 Lives did not require it and thus the tenancies cannot be compared).

Housing First programs around the world vary as to how wrap-around support is provided, with no comparable dedicated after-hours examples found. The 50 Lives program was fortunate to have had funding for the AHSS from the WA Primary Health Alliance, and this recognises the vital role that community-based health and psychosocial support can play in improving health and wellbeing outcomes among a population group that has high levels of trauma, and for most, co-existing chronic health conditions and mental health or alcohol and drug issues. Additionally, social isolation and loneliness have been common struggles among many housed and supported by 50 Lives, and this underlies much of the work of the AHSS team.

For future Housing First initiatives in WA, some form of face-to-face after-hours support should be considered essential, ideally based on the 50 Lives model where both health and psychosocial needs are able to be met. As articulated in the States 10-year Strategy,

a recovery orientation is also a core principle of Housing First, and this is not just the remit of the lead or case workers, but should guide the ethos and delivery of afterhours support.

*I think it's just that knowing that there is somebody at the end of the phone call that you can reach out to or that will check in with you when your normal support is not around. That creates a real safety element that wouldn't exist. And that inadvertently does prevent people from making decisions that could jeopardise their accommodation or themselves.*

– 50 Lives Partner Organisation

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