Better Understanding the People on the Adelaide Zero Project's By-Name List

The evidence on acuity and inflows

from the September 19 2019 By-Name List data capture

SUMMARY REPORT

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May 2020

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Acknowledgements

Acknowledgement of Country

The researchers acknowledge the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the land on which we conducted this research. We pay our respects to ancestors and Elders, past and present. The Australian Alliance for Social Enterprise is committed to honouring Australian Aboriginal and Torres Strait Islander peoples' unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society.

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Acronyms

AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
AZP	Adelaide Zero Project
BNL	By-Name List
CALD	Culturally and linguistically diverse
DDF	Don Dunstan Foundation
PSG	(Adelaide Zero) Project Steering Group
TAASE	The Australian Alliance for Social Enterprise (UniSA)
VI-SPDAT	Vulnerability Index - Service Prioritization Decision Assistance Tool

Terminology

Aligned housing	Aligned housing focusses on an alignment between the housing stock/options allocated to people on the By-Name List, and the housing needs expressed by people on that list with regard to housing design and neighbourhood, including proximity to community services and supports. Aligned housing is achieved when the supply of safe, low or no barrier housing and support options appropriate to individuals' needs is sufficient to maximise the sustainability of tenancies as people rebuild their lives post rough sleeping.
Aligned Housing Working Group	The Aligned Housing Working Group is the body within the Adelaide Zero Project governance structure with responsibility for driving understanding and action around aligned housing.
	The Group reports to, and receives advice from, the Adelaide Zero Project Steering Group on aligned housing and receives advice on aligned housing. The Project Steering Group has resolved to take on responsibility for debating and finding ways forward for any strategic and system barriers impacting progress for the Adelaide Zero Project, including for aligned housing.
By-Name List (BNL)	A database capturing key person-specific housing and support information and used as the basis for prioritising assistance in an end homelessness effort. The Adelaide Zero Project By-Name List is owned by the Adelaide Zero Project, with Neami National the custodian of the data. Information contained in it is primarily collected through the Adelaide Zero Project common assessment tool, the VI-SPDAT or Vulnerability Index - Service Prioritization Decision Assistance Tool.
Chronic rough sleeping	Chronic rough sleeping is defined within the Adelaide Zero Project context as follows: A person is chronically rough sleeping if: • they have slept rough (or have been in an active category on the Adelaide Zero Project By-Name List) for at least six months continuously; and/or, • they have had three or more episodes of rough sleeping in 12 months (with this measured by a change between an active and an inactive/housed status on the Adelaide Zero Project By-Name List).
Continuous Improvement Action Group	The Continuous Improvement Action Group is a structure in the Adelaide Zero Project with responsibility for: • continuous improvement activities focused on reducing the length of time on the By-Name List; and. • identifying opportunities for improvement between identification and housing outcomes; and, • making recommendations for Adelaide Zero Project based on the outcomes of continuous improvement activities.
Data and Evaluation Working Group	The Data and Evaluation Working Group is the structure in the Adelaide Zero Project with responsibility for: • identifying and actioning, where appropriate, longer-term strategies to reduce system inflow; and, • utilising data sets outside the By-Name List to support analysis and research; and, • monitoring and evaluation of Adelaide Zero Project targets and goals.
	The Data and Evaluation Working Group performs some of the functions of the former Strategic Data Working Group.
Functional Zero	Functional Zero is a methodology and approach for working towards and demonstrating a sustainable end to homelessness (Community Solutions 2018).
	Functional Zero will be reached in Adelaide when the number of people sleeping on the streets at any point in time, is no greater than the average housing placement rate for that same period (usually a month) (Tually et al. 2018, p. 7).

H2H (Homelessness to Home)	H2H or Homelessness to Home is the South Australian Housing Authority case management database, linking to the AIHW national minimum dataset.
Housing First	Housing First is a proven approach for moving individuals out of homelessness and into secure (often referred to as permanent/non-temporary) housing, without requirements for behavioural changes on the part of those being assisted. It is an approach that is about low or no barrier housing. As the Mercy Foundation (2017) describe: Housing First is premised on the 'on the idea that people need a stable and secure home before anything else'.

At its core, Housing First is based on:

● rapid access to permanent (meaning non temporary/secure) housing;
● provision of multiple support services and systems as needed once a person is housed;
● not requiring engagement with support services as a condition of housing;
● harm minimisation rather than abstinence; and,
● integrating homeless people into the wider community (Johnson, Parkinson & Parsell 2012).

Housing First does not mean housing only. |
Inner City Community of Practice	The mechanism in the Adelaide Zero Project for addressing or escalating issues in client housing and support. It houses two key operational forums within the project: the Coordinated Care group, which brings together the collective resources of project partners to coordinate support for people on the BY-Name List, and, the Housing Allocations Meeting which is the mechanism for allocating housing to people on the By-Name List.
Permanent supportive housing	A type of housing intervention (and one of the categories the VI-SPDAT triages to) that brings together long-term (meaning not time limited) affordable permanent housing with wrap-around supportive services that help to build skills and participation (USICH 2018b).
Private rental brokerage (also known as private rental access)	Private rental brokerage/access programs work with vulnerable households to help them access and sustain private rental tenancies. They do this by providing targeted early intervention assistance designed to build tenancy capacity and by building links with the local private rental industry (Tually et al. 2016, p. 8).
Rapid re-housing	A type of housing intervention (and one of the categories the VI-SPDAT triages to) where a person or family experiencing homelessness is moved into permanent housing as quickly as possible. The intervention involves identifying appropriate housing, case management and tapered support, typically with rent and other move-in assistance. Rapid re-housing is a Housing First intervention and therefore should not require any preconditions for eligibility. It is a housing intervention for individuals and families who do not require intensive ongoing assistance to maintain a tenancy and stability their life and living circumstances (USICH 2018a; Micah 2017b; all Chicago 2018).
Secure housing	The Adelaide Zero Project has adopted the descriptor secure (i.e. for housing and supportive housing) to describe the types of housing outcomes being worked towards for people through the Adelaide Zero Project.

Secure housing in this context mirrors what in some cases in the US and other places is described as permanent housing, with permanency generally accepted to mean standard tenancy rights, i.e. that someone has their own place and can stay as long as they want, provided they are meeting their lease obligations. Shelter, residential drug treatment and transitional housing programs do not qualify (Maguire, J. pers. comm. 2017; all Chicago 2018). |
| **Strategic Data Working Group** | The Strategic Data Working Group is the structure in the Adelaide Zero Project with responsibility for the quality and coverage of project data, setting strategic research priorities and overseeing or carrying out data analytics to advance the project towards its |

	goals. In May 2020 the Strategic Data Working Group ceased to exist, being reformed to become the Data and Evaluation Working Group and the Continuous Improvement Action Group.
Rough sleeping	The Adelaide Zero Project defines rough sleeping as people living on the street, in a park, out in the open, in an improvised building or dwelling, tent, boat, motor vehicle or cabin within the target area, the Adelaide local government area (Adelaide CBD, suburb of North Adelaide and surrounding parklands.
Street homelessness	Street homelessness is used in this report interchangeably with rough sleeping homelessness and as per the Adelaide Zero Project definition of what constitutes rough sleeping, see rough sleeping.
VI-SPDAT	The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) is a survey administered both to individuals (families and youth in other contexts) to capture key housing, support and health information for people who are homeless and to determine vulnerability and prioritisation for assistance.
	As noted in the context of the *500 Lives 500 Homes* campaign in Brisbane 'The VI-SPDAT enables needs to be determined using an acuity scale, which in turn enables us to appropriately triage for services that match those needs' (Micah Projects 2017a).

Background

The AZP holds some of the most comprehensive data on rough sleeping homelessness for a defined geographical area—the Adelaide CBD—in Australia. Such data not only means that people sleeping on Adelaide's streets are no longer anonymous, it also means that we know a great deal about their housing and support needs. And, armed with our understandings from these valuable near-to-real time by-name data, accompanying case management notes and the expertise and experience of the people in our services sector, **we now know what it will take to end street homelessness in our target area**.

This report provides a summary of findings of a targeted deep dive into the rich data source that is the Adelaide Zero Project's (AZP's) By-Name List (BNL), using two distinct lenses: **acuity** and **inflows**. The report articulates some of the ways forward for the homelessness sector and interfacing systems to end street homelessness in Adelaide's inner city area.

The AZP BNL data

The deep data dive utilised the September 19 2019 BNL data capture; herein referred to as the September 2019 BNL. The September 2019 BNL included 199 cases:

- **162 actively homeless people;** and,
- **37 people in temporary accommodation**

This latter group includes people who previously met the AZP definition for inclusion on the BNL and but for being in temporary accommodation, would most likely be rough sleeping in the inner city area. Analysis is presented for both groups in this report; sometimes separately, sometimes together. Not keeping both groups in focus in terms of acuity and inflow is a risk for creating (more/sustained) blockages in the crisis and transitional accommodation options available in the system.

The September 2019 BNL, like all BNL data captures since the May 2019 Connections Week event, includes people who have completed either the first common assessment (triage) tool (VI-SPDAT) used by the AZP, referred to here as VI-SPDAT#1, the improved version of the same common assessment tool now being used within the Project, referred to as VI-SPDAT#2, or both. Specifics of the datasets are discussed in the full report, as there are some complexities around the data, its composition and coverage. Among the 199 data cases we determined:

- **184 completed, consented surveys**
    - **148 for actively homeless people**; and,
    - **36 people in temporary accommodation**.

The majority of these surveys are VI-SPDAT#2 (n=121), the survey which provides the most granular information.

(See Table A1 for the acuity scoring for the respective VI-SPDAT tools that have been used in within the AZP to date).

Report purpose

Fundamentally, the deep dive analysis was undertaken to help the groups and stakeholders within the AZP to better understand:

- who is on the BNL/rough sleeping by cohorts and acuity;
- how they came to be rough sleeping/on the BNL (inflow/homelessness pathway); and,
- what person-centred needs for housing and support look like, framed particularly in terms of acuity.

The acuity focused analysis within the report examines acuity for particular cohorts of people on the BNL at a point in time, to:

- identify future housing and support needs by cohort in a way that has not been possible before;
- inform advocacy points for the AZP for housing and support, including the 'asks' of AZP partners and others around housing and support pipelines for the AZP;
- determine current and future resourcing, prioritisation of actions and changes to the service/business model of agencies and across the homelessness sector servicing the inner city area (and beyond); and,
- continue the conversations about ongoing analysis of the BNL (by acuity, cohorts or other lenses) to illuminate emerging/changing housing and support needs for the Project over time.

The inflows section examines the AZP BNL data to articulate what it tells us about pathways into rough sleeping. Some of these pathways are known factors in entrenched and recurrent homelessness – commonly referred to as chronic rough sleeping or chronicity.
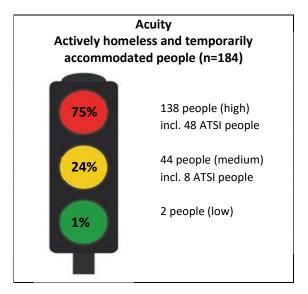
Findings

Analysis of the September BNL data allowed us to identify a number of key cohorts, with the acuity of these data outlined below. These data have allowed us to draw a number of ways forward and conclusions for the advancement of the AZP.

Summary data: acuity

All persons (overall acuity)

Seventy-five per cent of people on the BNL self-report needs that classify them as high acuity cases, meaning need they are triaged for assessment for more intensive support options, including secure supportive housing. These data are consistent across the two segments of the BNL considered in this report: all actively homeless people and temporarily accommodated people.

Figure 1: Overall acuity, all actively homeless and all temporarily accommodated people, BNL September 19 2019

Source: AZP BNL September 19, 2019.

Additionally, 24% of people meet the definition for medium acuity or assessment for rapid rehousing with commensurate assistance (n=44/184). This is also relatively consistent among the two active segments of the BNL:

- o 24% all actively homeless (n=36/148).
- o 22% temporarily accommodated people (n=8/36).

And, only 1% of people are low acuity or light touch support cases, including people who are likely to self-resolve their homelessness.

These data speak to the specific cohorts evidence in the AZP BNL, particularly the high prevalence of Aboriginal people among people rough sleeping and their high acuity needs, discussed further below.

Gender

Females (n=50/184, 27% whole active population).

Most females were actively homeless (n=45/148), as opposed to temporarily accommodated (n=5/36).

- • 80% high acuity (n=40/50).
- • 20% medium acuity (n=10/50).

- No females in light touch support.

Males (n=131/184, 71% whole active population).

- 73% high acuity (n=96/131).
- 25% medium acuity (n=33/131).
- Less than 1% light touch support (n=1/131).

Aboriginal and Torres Strait Islander people

Note: data presented are for all actively homeless people only, due to the small number of people indicating ATSI status in temporary accommodation (n=5, 100% high acuity).

Among the whole active population 31% of people indicated ATSI status (n=56/182). The proportion of ATSI people was significantly higher among the actively homeless population (34%, n=51/148) than among people temporarily accommodated at the same time (14%, n=5/36).

ATSI status is associated with an acuity gradient, for actively homeless people only:

- 84% high acuity (n=43/51) v 70% non-Indigenous (n=67/96).
- 16% medium acuity (n=8/43) v 29% non-Indigenous (n=28/96).
    - All eight individuals were actively homeless.
- No ATSI light touch support v 1% non-Indigenous (n=1/96).

Notably, 28 of 56 people indicating ATSI status were women (51% among actively homeless people, n=26/51 versus 20% for non-Indigenous women), with 86% (n=24/28) high acuity. Among ATSI men, 86% were also high acuity (n=24/28).

Among the September data capture 18 ATSI people indicated they were a remote visitor, with 78% high acuity.

Culturally and linguistically diverse (CALD) people

- 11 people, 82% (n=9) high acuity

Older people

The AZP BNL is **not** a list of older persons, as traditionally defined, i.e. 65+.

- Only two people aged 65+ were among the active categories on the September list (one being high acuity).

Broadening the definition of 'older' to reflect premature ageing per the My Aged Care system (50+ for non-Indigenous people and 45+ for ATSI people Australians with lived experience of homelessness), significantly extends the cohort of 'older' people, to n=48/184 people (26%), with:

- 75% high acuity (n=36/48, 18 ATSI).
- 19% medium acuity (n=9/48, 2 ATSI)
- 6% low acuity (n=3/48).

Youth

- 100% high acuity (n=9/184).

Disability (aggregate measure)

- 78% of people (n=143/184) reported disability of any 'type' (including mental health), with 81% high acuity (n=116; including 40 ATSI people) and no one low acuity.
    - Acuity levels highest among ATSI people, for males 90% high acuity (n=19/21) and females 100% high acuity (n=21/21).
- 21 people (11%) indicated physical disability impacting housing, with 86% high acuity.

Mental health

- 73% reported mental health issues (n=135/184).
  - 110 people high acuity (81%)
  - 19% medium acuity (n=25).
- 38 ATSI people among the 135 people; 18 ATSI women (100% high acuity) and 20 ATSI men (90%).

Trimorbidity

Trimorbidity is a measure of vulnerability, indicated by reporting simultaneous presence of mental health, physical health and substance use issues.

- 50% all actively homeless people trimorbidity (n=75/148)
  - 93% high acuity.
  - Data includes 31 ATSI people (60% of all ATSI people, n=51), with 100% high acuity.
- 36% people temporarily accommodated trimorbidity (n=13/36)
  - 92% high acuity.

Domestic and Family Violence (DFV)

- Using the most appropriate indicator of DFV on the BNL, we find that among the 119 people for whom we have the data, 31 (26%) indicate DFV, with 100% high acuity.
  - 14 ATSI people (eight women, six men)
- Prevalence of all violence = 62% (n=74/110).
  - 95% high acuity.

Veterans

- Six veterans, 83% (n=5) high acuity.

Summary data: inflows

The AZP BNL captures some useful (but limited) data on inflow/pathways into rough sleeping or data on touchpoints with other systems where prevention work or interventions might prevent a return to rough sleeping. Key inflow data are summarised here.

Prior living arrangement

Collected in current VI-SPDAT only, n=111 people. Prior to rough sleeping:

- 41% living temporarily with family and friends (n=46).
- 29% permanent housing, tenure unspecified (n=32).
- 9% prison/juvenile detention (n=10).

Interaction with institutions

Health

In the six months prior to survey (VI-SPDAT), among all actively homeless people only:

- Accident and emergency: 60% reported one or more presentations to A&E (n=83/140), average 3.0 presentations, range 1-20 presentations.
- Ambulance use: 54% reported one or more uses of an ambulance (n=74/137), average 2.3 uses.
- Inpatient hospitalisations: 44% (n=60/135) reported one or more inpatient hospitalisations, average 2.4 hospitalisations (3.8 hospitalisations for ATSI women).
- Specialist mental health hospitalisations: 21% reported one or more specialist mental health hospitalisations (n=21/100), predominately non-Indigenous men, average 1.8 hospitalisations.

Corrections

In the six months prior to survey (VI-SPDAT), among all actively homeless people only:

- Watch house or prison: 45% reported a stay or one or more nights in a watch house or prison (n=61/137, 42 men), average 2.6 stays, range 1-20 stays. (3.0 stays for all men, 3.6 stays for ATSI men).

Care institutions

Among all actively homeless people, reported experience of:

- Foster care, out of home care or institutional care as child: 16% (n=16/98 people), mostly Aboriginal people, especially women.
- Youth detention: 20% (n=19/97 people), non-Indigenous men comprising majority (11 of 19 people).

Relationship breakdown

Among all actively homeless people:

- 3 in 5 (n=88/148 people) report relationship breakdown as factor in their current period of homelessness, with women more impacted.

Poverty/income

Among all actively homeless people:

- 92% receiving Centrelink payment (n=110/120 people), with 60% on Newstart (now known as JobSeeker).

Health and disability

Among all actively homeless people:

- 25% (n=36/148 people) report having ever left accommodation due to physical health.
- 12% people presence of physical disability impacting housing or ability to live independently (n=18/147 people).
- Almost 2 in 5 people (38%) ever been kicked out of housing or accommodation because of drinking or drug use (n=55/145 people).
- 21% difficulty affording/staying housed because of drinking or drug use (n=31/148 people).
- 14% presence of mental health or brain issues impacting ability to live independently (n=20/146 people).
  - 50% group non-Indigenous men.

Homeless history, trauma, debt, legal issues, gambling

Among all actively homeless people:

- Average age first homeless 27.7 years, range = 10-75 years.
- 30% people first experience as child, average age 14.0 years (n=30/100 people).
- 69% report past trauma or abuse (n=99/145 people).
  - 73% for ATSI people (n=37/51 people).
- 38% reported legal issues likely to impact ability to rent (n=56/148 people).
- 42% debt challenges (n=61/146 people).
- 29% problematic gambling behaviour (n=30/104 people).

Ways forward – implications for inflow and outflow

Preventing inflow

The inflow analysis undertaken as part of this deep dive into the September BNL data, leads to three key points around reducing inflows:

- **A clear role and place for tenancy support (prevention work)**.
  Prior living arrangement data contained within the BNL reveals that 29% of actively homeless and temporarily accommodated people for whom we have this data (VI-SPDAT#2 only) tipped into rough sleeping from permanent housing, although data are unfortunately not collected in the current VI-SPDAT on tenure type for prior living arrangement.

  Tenure type aside, there is clearly **room for an expanded tenancy support role** here, through TIAS or a similar mechanism.

  Gathering more data around the factors influencing the tip into rough sleeping should be prioritised in the BNL, case management and tenancy support, for the value of this information to individual advocacy and planning and system learnings, responsiveness and reform.

- **Working closely with Correctional Services to understand why 9% of people for whom we have prior living arrangement data nominated prison or juvenile detention**. While this is a small cohort in terms of direct inflow (n= 10/111 people) other BNL data indicates more significant interactions between people sleeping rough (especially men) and prisons/watch house. There is therefore the likelihood that jail/juvenile detention has been an arrangement on the path to rough sleeping, and not the immediate option prior to rough sleeping.

  Understanding the interaction with corrections and people rough sleeping offers a potential avenue where support could be bolstered or refined to ensure people don't exit prisons, remand or other correctional facilities to street homelessness and the services offered to ensure people don't exit to homelessness by corrections are client outcome-focused.

- **Building understanding around the 41% of people (n=46/111 individuals) on the BNL whose** living arrangement prior to rough sleeping was living temporarily with family and friends. Basic information about why such a living arrangement happened and broke-down would be highly instructive and should be considered as an addition to any future version of the VI-SPDAT and/or captured by other means (through case management or periodic surveys of rough sleepers by services). Capturing and sharing this information is invaluable for formulating prevention responses for a reformed housing/homelessness system.

These suggestions for reducing inflows/prevention work are important for building and evolving prevention responses for rough sleepers and align with state strategic priorities around housing and homelessness system reform.

Rethinking outflow

Examination of the AZP BNL data leads to identification of key cohorts where activity could and should be directed to significantly reduce the number of people rough sleeping and to support people to move on from this 'type' of homelessness, i.e. increase outflow.

Notably, the identified cohorts and ways forward include using other funding streams (for housing and support) to assist people to move on from rough sleeping, and for sustainment of outcomes. Such funding streams include (among others):

- The NDIS (including, potentially, Supported Disability Accommodation).
- The aged care system/sector, especially My Aged Care and its prematurely aged/homelessness specific structures.
- Health and mental health services.

- Veterans' services.
- Youth services.
- Domestic and family violence services.

Opportunities to work with these 'cohorts' are outlined in Table 1. While some or all of the opportunities outlined (and report recommendations) may have been tried in the past, we feel that the comprehensive data about the 'groups' and, especially their needs and vulnerabilities, may make it easier to demonstrate a broader case for support, including via strengthened or new partnerships or collaborations.

Responses for Aboriginal people need more focused attention and effort. There is other work within and alongside the AZP around Aboriginal 'homelessness' in Adelaide (and beyond) which will assist with identifying the suite of responses needed. Cultural safety is the key underpinning in such work and, as such, it may be the case that exits from rough sleeping for some Aboriginal people, such as remote visitors, are/need to be safety rather than permanent housing responses.

Table 1: Cohort-specific opportunities for increasing outflow from the BNL

Cohort	Size of cohort (no. of people)	Cohort of total pop'n	Opportunities	Comments
Aboriginal and Torres Strait Islander people	56	30%	• Role of/for NDIS and My Aged Care (see premature ageing and mental health categories). • ATSI-specific Elders facility? 20 people among the 56 are aged 45+, potentially meeting priority definition for My Aged Care premature aged (see below).	Options for remote visitors; current research and practice work to identify ways forward.

Older people (premature aged)	48
	
	65+: 3
		26%	• Role of/for My Aged Care:
			   ○ Potential pathway to case management/wayfinding for eligible older people on the BNL (aged 50+ and 45+ for Aboriginal people), including to accommodation and support.
			   ○ Presents an opportunity for older people within the list generally as well as veterans (active service) and people with substance abuse histories.
				My Aged Care is a potential avenue for homelessness prevention work, given the 'at risk of homelessness' focus within the program and eligibility.

Veterans	6	3%	• (Re)connect with specific supports for veterans and their families, including, for example:
			   ○ Returned Services League (RSL) SA for all serving and ex-serving veterans, who provide housing placement, financial assistance (including bonds), support with entitlements and advocacy, referrals;
			   ○ RSL Care SA who operate the Andrew Russell Veteran Living program (for homeless at risk of homelessness veterans) and provide aged care and affordable housing for veterans in SA;
			   ○ Soldier On (contemporary service, since 1990) who have an Adelaide branch and provide a range of services (non-government funded) for health and wellbeing, employment, learning and participation;
			   ○ Defence Communities Organisation (DCO), who provide time limited support/navigation assistance in relation to ADF transition (12 months post-transition);
				Support also exists for partners/spouses and some other family members of ADF personnel impacted by service and transition to civilian life. Possibility for supports for people on the BNL in these circumstances may exist via these avenues. Currently the BNL data does not identify people who may have this life experience. Case management data may identify this.
				
				Most veterans' services also have a specific focus on supporting current serving and ex-serving members, their spouses/partners and children impacted by domestic and family violence.

			o Programs through the Department of Veterans' Affairs, such as the Veteran's Home Care program and Coordinated Veterans' Care program. DVA also provides aged care accommodation and a housing-related crisis payment to eligible people to establish in a new home. • Open Arms Veteran's and Families Counselling Services and 24 hour crisis support for mental health and wellbeing (current and ex-serving).	
Youth (18-24 only)	9	5%	Continued rapid referral of youth to youth-specific services, although targeted housing options for youth remain challenging.	Investigate use of youth version of the VI-SPDAT in Adelaide and its value for better understanding, capturing and assessing the needs of this cohort.
Culturally and linguistically diverse people	12	7%	• Role of/for settlement services (providers under Humanitarian Settlement Program and complementary Settlement Engagement and Transition Support (SETS) Program). • Scope opportunities for social support, specialist supports within CALD background organisations and communities.	Room exists to improve data on CALD background and citizenship status of people on the BNL, as data has not been captured for all people on this variable.
Domestic and Family Violence	Females: 15	13%	• Links to DFV services.	Data for VI-SPDAT#2 only (119 people).
Disability, mental health, trimorbidity	Disability (all): 143	78%	• Map and better understand links to the disability and mental health sectors, including o Existing supported accommodation, other specialist disability/MH accommodation. o NDIS, including for psychosocial support. o SDA (reach?). • Role of/for specific disability and mental health advocates? (i.e. NDIS support brokers).	Space to present/value in presenting data from the BNL about challenging disability and/or mental health and possibly case studies of success and where challenges remain present, to promote and forge links with mental health services. Better mapping to understand service landscape needed.
	Disability (physical): 21	11%		
	Mental health: 135	73%		
	Trimorbid: 88	48%	• Trimorbidity data not only shows the high rates of people with multiple and complex needs, but also the clear importance of sectors/services working closely together to end homelessness	

| | | | for individuals and 'cohorts' within the BNL. This is especially the case for specialist homelessness services, mental health services and drug and alcohol services, indicating the need for high level support for efforts to end homelessness among advocates and senior officials with policy and practice responsibility in the relevant government portfolios: health and human services.
 • Per disability and mental health above, opportunities may exist for the greater involvement of disability and psychosocial support services for people on the BNL through the NDIS and its supporting structures such as support coordination. | |

Source: AZP BNL September 19, 2019 (data).

Note: Categories are *not* mutually exclusive.

Conclusions

The abridge data analysis presented in this summary report **supports several evidence-based and equally important conclusions of significance in advancing the AZP**. Such conclusions, like the ways forward outlined previously, have shaped the recommendations developed, outlined at the conclusion of this section.

First, person-centredness is paramount in system and individual responses to supporting people to move on from rough sleeping. There is a wealth of useful data in the BNL to understand peoples' needs and wants. The AZP BNL data can be analysed in many ways. The overriding reality though, is that no matter which way the data are grouped or interrogated, each line in the database represents a person, their circumstances, their history, their needs, their story. And it is understanding and meeting these needs at the individual level that must be at the centre of all efforts to improve responses, services and the system as a whole (including housing).

Second, examination of the BNL data with cohort and acuity lenses clearly shows that Adelaide's street homeless population is comprised of **highly vulnerable people facing many and intense risks, with poor health and many and complex needs**. These truths are not unknown to those within the homelessness service system. They are undeniable when the data we have is considered closely.

Third, the significant proportion of people with self-reported high acuity needs, links strongly with the need for **more Housing First options in Adelaide and South Australia**. Housing First is a guiding principle of the AZP, however, it is evident that implementation remains a challenge. Matching people to the types/intensity of housing and other supports they need based on triage category, for duration of need, is critical to the success of the AZP and sustainable outcomes. Opportunities clearly exist to strongly embed Housing First in the relevant systems, particularly given directions in *Our Housing Future 2020-2030* (Government of South Australia, 2019) and homelessness sector reforms.

Fourth, almost a quarter of people on the BNL at the data capture point (24%) reported needs triaging them for assessment for **rapid rehousing** (i.e. are medium acuity). However, **we don't have a clear understanding in Adelaide/South Australia of what a rapid rehousing process looks like currently or the capacities in the system to support a rapid rehousing approach**. Scope/room exists to build understanding and capacity around rapid rehousing locally.

Fifth, there remain some significant **gaps in our understanding around the temporarily housed cohort** as noted in the report and how temporary accommodation can support people to move through the system to secure and sustainable housing.

Sixth, **consistently more than 30% of people on the BNL identify as ATSI and many in this cohort are seeking support to move on from rough sleeping**. More work is needed to understand challenges and needs of Aboriginal people on the BNL, including cultural safety needs, rather than a focus only on housing needs. We need to codesign a suite of culturally-specific responses for Aboriginal people and groups: for housing, for support, and/or for safety.

Seventh, in discussing ways forward for supporting people to move on from rough sleeping, it is critical that we also do not lose sight of **the need for options to be sustainability-focused**. Addressing the cyclical and increasing chronicity of street homelessness depends on a long-term housing and support focus, built around meeting the immediate and evolving needs and capacities of individuals/households. Building flexibility into wrap around supports – across the multiple and (should be) intersecting sectors where such support can be found, is funded and where outcomes/outputs are determined and reported – is essential.

Finally, this examination of the AZP BNL data with cohort, acuity and inflow lenses has helped to understand that among the rough sleeping population in Adelaide are people whose needs could and should be met within the remit of other services systems, or in more collaborative client outcomes-focused ways. **Ending homelessness is not just the homelessness sectors responsibility**. Many of the

ways forward for the AZP (outlined previously) and the recommendations stemming from this deep dive report (outlined below) relate to this precise and important point.

Recommendations

This summary report provides an abridged version of what we call 'actionable intelligence' for the AZP. Such actionable intelligence is about improving the coordination of service responses to ensure that homelessness is rare, brief and non-recurrent. We have translated this intelligence into a series of (often related) evidence-informed recommendations for the AZP.

Systematically working through the recommendations, and specific suggestions around data, will stand the AZP in good stead to meet its goal of ending street homelessness in the inner Adelaide area. Reporting periodically on the both the implementation of the recommendations and to capture and reflect on progress (for continuous improvement and accountability purposes) is essential.

General

Recommendation 1

The AZP Inner City Community of Practice review all recommendations relating to inflow and outflow in this report before they are actioned, particularly in the light of the changing services landscape because of COVID-19 pandemic and sector reforms.

Recommendation 2

The AZP Backbone report on the implementation of all adopted recommendations at key time points:

- **after consideration by the AZP Inner City Community of Practice and when the relevant agency/agencies have set an action plan; and,**
- **at appropriate time points after the recommendations have been implemented to monitor and report progress and learnings (i.e. at quarterly intervals).**

Regular monitoring of progress against these recommendations should be considered longer-term, and as part of the AZP Monitoring and Evaluation Framework.

Increasing exits from homelessness (outflow)

Recommendation 3

Investigate options for increased/stronger pathways to My Aged Care (premature aged/homelessness stream) and the NDIS as core support for all people moving on from rough sleeping.

Recommendation 4

Investigate options for increased/stronger pathways to My Aged Care and the NDIS as core support for Aboriginal people moving on from rough sleeping.

Recommendation 5

Map links to the disability and psychosocial support sectors to understand existing and future supported accommodation capacity as potential sources of support for people moving on from rough sleeping.

Capitalise on these options by formalising/reinforcing relationships with relevant providers and aligning housing and supports from a range of sources, including NDIS and MyAged Care.

Recommendation 6

Develop and resource a data project specifically looking at Aboriginal people (including remote visitors) on the BNL and their needs.

This project should link to other research and practice work for Aboriginal people, including testing the cultural appropriateness of the VI-SPDAT and development of a community mobility BNL, potential work around town camp models and managed alcohol facilities, current AHURI work on urban Indigenous homelessness and the opportunities for project learning presented through supporting Aboriginal people and families during the COVID-19 pandemic.

Recommendation 7

Consult with Aboriginal communities and relevant stakeholders regarding the establishment of an Aboriginal residential aged care facility in Adelaide with priority access to people with complex health and psychosocial support needs moving on from rough sleeping.

Recommendation 8

Develop and resource a rapid evidence and practice review project on Housing First in the Adelaide context, including mapping of opportunities for greater system orientation to Housing First for people with high acuity needs on the BNL.

This project should link to other work within AZP, including Aboriginal specific response work (cultural safety), the work being undertaken by AZP project staff within the Don Dunstan Foundation for the Mercy Foundation grant and the sustaining housing options project funded by UniSA.

Recommendation 9

Investigate opportunities for rapidly rehousing lower acuity people on the BNL in the private rental market.

This work should define rapid rehousing and the parameters around who it suits. It should also build on the activity already undertaken by Neami National (SA) as part of the Private Rental Solutions Lab and look to other models/approaches already working in practice locally and further afield (private rental/emergency brokerage, step-up/step-down subsidies). Consideration must be given to support as part of the rapid rehousing package where necessary.

Recommendation 10

Formalise a relationship with veterans' specific services to support veterans (and their families) moving on from rough sleeping with their housing and support needs and sustainment.

Recommendation 11

Explore opportunities for closer working with the domestic and family violence sector, especially around women and Aboriginal people on the BNL impacted by violence.

Recommendation 12

Investigate potential community support and accommodation options within CALD background organisations and communities.

The AZP should closely monitor inflows of people of CALD backgrounds as the full impacts of the COVID-19 pandemic play out for international students and people on particular visas who are not able to receive certain supports, including income support.

Reducing pathways into homelessness (inflow)

Recommendation 13

Develop and pilot a model for homelessness prevention targeted at providing timely and necessary support to prevent people from tipping into rough sleeping in the first place.

Capitalise on the practice experience and data held by project partners, for example SYC and Hutt Street Centre, around prevention and maximise the State Government Prevention Fund opportunity.

Recommendation 14

Develop and pilot a model for rapid rehousing, with the necessary tenancy support (prevention from recurring rough sleeping) for people moving on from rough sleeping specifically.

Capitalise on the practice experience and data held by project partners around rapid rehousing/private rental brokerage and maximise the State Government Prevention Fund opportunity.

Recommendation 15

Work with Correctional Services to better understand the immediate and longer-term pathway to rough sleeping homelessness from correctional facilities and how supports can be maximised to ensure this is not a frequent occurrence.

Recommendation 16

Undertake a targeted project to investigate further prior living arrangements among people sleeping rough

Data-specific

Recommendation 17

Expand regular reporting on acuity, inflow and outflow data per the model provided by this report, to ensure AZP partners have access to timely, quality, near-to-real time data on the needs of people on the BNL for continuous improvement in practice and system responses.

This will be significantly easier with the new data platform and its in-built analytics and reporting capabilities and should be used to maximum effect.

Recommendation 18

The relevant structures within the AZP review the data considerations identified from this deep dive report and action as appropriate (Table A2).

Recommendation 19

Revise the current version of the VI-SPDAT in use to more clearly capture important information about prior living arrangement.

Recommendation 20

Investigate the value of using the youth version of the VI-SPDAT.

Research-specific

Recommendation 21

Agree and find resourcing for the AZP phase 3 suite of research projects which have been developed from this deep dive report and other priorities discussed across AZP governance structures.

This recommendation links with several of the others listed.

The phase 3 research suite should also be evolved and refined as needed.

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Appendix A

Table A1: AZP BNL housing and support (aligned housing) triage categories

Common assessment tool		Acuity	Triage category	Recommended level/type of support
VI-SPDAT#1 scores	VI-SPDAT#2 scores			
8+	10+	High	Secure supportive housing	Assessment for secure supportive housing
4-7	5-9	Medium	Rapid re-housing	Assessment for rapid re-housing (private rental brokerage-type assistance, for example)
0-3	0-4	Low	Light touch support	No intensive supports be provided to access or maintain housing

Source: AZP VI-SPDAT versions 1 & 2; OrgCode and Community Solutions *n.d*.

Table A2: Data considerations from the deep dive data report

Domain/question	Suggestion/action(s)
Overall: VI-SPDAT versions	Constantly working to move all actively homeless and temporarily accommodated people to VI-SPDAT#2 for the finer grained information it collects and for data comparability. (Every new VI-SPDAT version in use complicates data comparability, data interpretation and data presentation.) A monthly tracker for number of people on the current VI-SPDAT version might be useful for internal monitoring purposes. .
Overall: completed VI-SPDAT	Determination of who has completed/complete enough VI-SPDATs and reporting against this. (A number of surveys were removed from the analysis presented because of incompleteness or so many missing/declined fields the data loses its meaningfulness.)
Overall: data domain/analysis definitions	Clear and consistent definitions are needed for all cohorts, especially where questions are aggregated to make a data point (mental health, disability) or where a proxy is used (DFV). Data from the VI-SPDAT can be easily misreported or misrepresented without careful working through of what the data point captures (i.e. mental health impacting housing is not the same as having a mental health diagnosis). Data/domain definitions should be revisited regularly for consistency and to capture changes/evolution in indicators.
Overall: Seeking housing?	Considering asking a clear question: Are you seeking permanent housing?/Are you open to support to help you find permanent housing?
Older people	Inclusion of the My Aged Care premature ageing cohort in data reporting, to show changes in the size of this 'older' cohort.
Veterans	Targeted effort to collect and verify veteran status of people on BNL. Anecdotal evidence suggests that some people may not have declared their veteran status.
Chronicity	Chronicity (chronic homelessness) could not easily be determined from the data questions posed in the VI-SPDAT and these questions need revisiting for the next version of the tool.
Prior living arrangement	Ensure question asks/captures living arrangement immediately prior to rough sleeping.
Prior living arrangement	Add an additional question asking tenure type/lease arrangement for the living arrangement immediately prior to rough sleeping.
Prior living arrangement	Include option to add an additional prior living arrangement data point for people indicating temporarily living with family and friends.
Poverty	Capturing the importance of poverty (income and housing stress) would be a helpful addition to the dataset, allowing cross referencing between housing tenure data, housing and support needs and capacity to meet housing and living costs etc.
Prevention	Adding a question around what would have prevented the tip into rough sleeping homelessness and the main reason for the tip would be instructive for answering the reducing inflows/prevention questions.