



## **Supporting Families Facing Homelessness:** *Centrecare's Entrypoint Outreach Program*



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# Centrecare's Entrypoint Outreach Program

Centrecare's Entrypoint Outreach Program (EPO) was a preventative early intervention pilot funded by Lotterywest designed to divert families and individuals from homelessness into housing. The brief intervention (2–6 weeks) targeted families who were newly homeless or were at immediate risk of homelessness in a very tight rental market.

## Objectives



- Prevent and reduce homelessness by lowering clients' barriers to accessing or maintaining housing.
- Increase the speed with which accommodation could be obtained.
- Alleviate pressure on the homelessness system and mainstream housing services by diverting people away from them.

## Housing and homelessness in Perth, Western Australia



- Long waiting lists for public and community housing.
- High rates of homelessness and new entry into homelessness.
- Historically high private rental market rents and low vacancy rates.
- Cost-of-living pressures.

## Program Participation



290 contacted  
primary clients

- Families: 249 (86%)
- Female: 169 (58%)
- Indigenous: 48 (17%)
- Family Domestic Violence: 72 (25%)

950 people

370 adults

580 children

## Wellbeing outcomes

Centrecare's EPO was able to positively affect life trajectories through advice and information, housing support, advocacy, encouragement, guidance, life and tenancy skills development, and individual development plans.



- Extreme distress dropped from 78% of clients pre-program to 37% of clients post-program.
- Increased happiness.
- Increased safety.
- Increased life satisfaction.
- Improved family functioning.
- Increased hope.

## Housing outcomes

## Decreased barriers

Reduced housing barriers through:

- Improved knowledge of rental search and application processes.
- Skills development, references, improved planning for rental entries/exits, increased awareness of rental inspection property standards.
- Centrecare's advocacy with real estate agents.

- **93%** of families felt confident in their ability to apply for housing on program exit.



## Housing status on entry

**51%** people experiencing homelessness

**49%** at immediate risk of homelessness

■ Rough sleeping ■ Couch surfing ■ Short-term accommodation ■ Public or community housing  
■ Private housing ■ Institutional settings ■ Other



## Housing status on exit

**48%** increase in permanent housing

■ Rough sleeping ■ Couch surfing ■ Short-term accommodation ■ Public or community housing  
■ Private housing ■ Institutional settings ■ Not stated/other



**83%** *avoided* homelessness

(of those at immediate risk of homelessness on entry)

- **156 adults**
- **232 children**

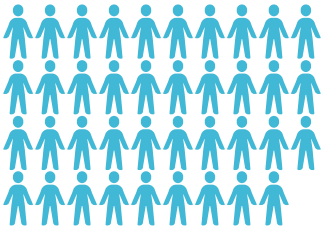
**58%** *exited* homelessness

(of those who were homeless on entry)

- **105 adults**
- **170 children**

Of 143 cases who were at immediate risk of homelessness on entry, 119 had avoided homelessness on program exit (156 adults, 232 children). Of 147 cases who were already homeless on entry, 86 were housed on exit (105 adults, 170 children).

## Family Domestic Violence



- Families: 72
- Women: 70 (97%)
- Women with children: 61 (85%)
- Children: 149

## Housing stability

**93%** not returning to a violent situation

**89%** felt safe and supported

## Program entry

**64%** people experiencing homelessness

**36%** at immediate risk of homelessness



- Housed: 65%
- Private housing: 21% increase
- Couch surfing: 32% decrease

## Program exit

## System-level outcomes

### Rapid outcomes at low cost

Average cost per support period - \$2,354, compared to an estimated WA SHS expenditure of \$3,015 per completed support period. Average cost per person \$723 (including children).

### Client diversion away from chronic homelessness

- Avoid high average health and justice costs.
- Low reliance on the strained public housing system or stretched homelessness support system.

## Why was Centrecare's EPO successful?

**"A new low-cost early intervention approach that complements existing strategies to end homelessness."**

1. Centrecare's existing relationships with stakeholders facilitated a collaborative, networked approach.
2. Centrecare's strong reputation in providing effective responses to vulnerable populations.
3. The program was well regarded by community workers.
4. The service was individualised, flexible, and holistic.

## Acknowledgement of Country

The CSI UWA team are situated on Noongar land, and we acknowledge that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs, and knowledge. We acknowledge the Traditional Custodians throughout Australia and their connections to land, sea, and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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# ACRONYMS, ABBREVIATIONS, AND DEFINITIONS

|                            |   |
|----------------------------|---|
| ABS                        | Australian Bureau of Statistics   |
| AIHW                       | Australian Institute of Housing and Welfare   |
| COVID-19                   | Coronavirus disease 2019  |
| EPO                        | Centrecare’s Entrypoint Outreach program  |
| Family                     | We adopt a simplified version of the ABS definition of a family (Australian Bureau of Statistics, 2012), where primary clients representing multiple people are considered to be a family (either single or multiple parents with children, or multiple adults without children). Children under 18 are considered to be dependent for analytical purposes. |
| FDV                        | Family and Domestic Violence  |
| K5                         | The Kessler Psychological Distress Scale (K10; Kessler et al., 2003) is a psychometric scale that measures psychological distress using self-report data. A shorter version, the K5 (AIHW, 2009) was developed to measure the psychological distress of Australian Indigenous peoples, and can also be used for broader populations.                        |
| “Long-term” housing issues | Clients whose first contact with an SHS service was <i>more than one month</i> prior to their Entrypoint Outreach referral.   |
| “Recent” housing issues    | Clients whose first contact with an SHS service was <i>within one month</i> of being referred to Entrypoint Outreach.   |
| Primary Client             | In the context of Entrypoint Outreach, the primary client is the main point of contact, although they very often represent a supported family unit.   |
| SHS                        | Specialist Homelessness Services are government funded services for the homeless.   |
| SHSC                       | Specialist Homelessness Services Collection is an information platform run by the Australian Institute of Health and Welfare (AIHW) which collects data on those accessing (or referred to) specialist homelessness services.   |
| Wraparound support         | Holistic support services offered in addition to accommodation.   |

# CENTRE CARE'S ENTRYPOINT OUTREACH PROGRAM

Early intervention is critical in preventing entry into homelessness and supporting families and individuals to access and sustain housing. Centrecare's Entrypoint Outreach Program (EPO), an extension of their Entrypoint Perth program, was a preventative early intervention pilot program that ran from August 2021 to May 2023. Contact with clients started in November 2021 and ended in March 2023.

The program was designed to divert families and individuals from homelessness by sustaining housing for those at imminent risk of homelessness, and by enabling access to housing for those who had found themselves recently homeless. The program also sought to decrease families' barriers to accessing and maintaining housing through improving knowledge of the rental search and application process, developing relevant documentation such as references, improving planning skills and the process of exiting and entering rentals, and learning more about property standards for rental inspections.

The brief intervention was two- to six-weeks long, and it targeted a new cohort of people needing housing support, namely, families who were newly homeless (or were at imminent risk of homelessness) in a very tight rental market with cost-of-living pressures.

The program provided rapid intervention designed to halt entry into homelessness or provide rapid re-entry into housing from recent homelessness. Centrecare's EPO staff worked to decrease housing access barriers through: (a) augmenting clients' skills and knowledge relevant to obtaining stable housing, (b) supporting clients to maintain tenancies, and (c) leveraging Centrecare's extensive and established networks in the housing sector including in the private rental market.

Centrecare's Entrypoint Outreach was implemented at a time of long waiting lists for public and community housing (with new capital investments in social housing by the Western Australian Government yet to hit the housing system), along with high rates of homelessness and new entry into homelessness flowing from the private rental market crisis revolving around historically high rents, historically low vacancy rates, and cost of living pressures. Against this background, the program provided a brief intervention that sought, where possible, for clients to access and retain housing in the rental market while not placing additional burdens on the limited public housing stock or stretched homelessness support systems.

## Brief Summary

Centrecare's Entrypoint Outreach program was an innovative low-cost intervention designed to *halt entry into homelessness and rapidly rehouse those experiencing homelessness*. Over 17 months, 370 adults and 580 children (including 241 families with children) were supported to: (a) maintain their housing and avoid homelessness, (b) access housing within a tight rental market, and (c) decrease their barriers to accessing and maintaining housing.

The program showed that the private rental market is not out of reach for the homeless or those at imminent risk of homelessness, and that housing accessibility and stability could be increased for many clients. Strategically, the model presents government with a low-cost opportunity which can complement (i.e., reduce pressure on) public housing strategies in ending homelessness.

## Establishing the need

Through its existing Entrypoint Perth program, Centrecare became aware of the need for greater outreach support due to a high volume of calls from a new cohort of clients—families who had not accessed homelessness services prior to the rental market crisis. After identifying this need, Centrecare successfully obtained funding from Lotterywest to establish a brief intervention program which would augment (but not duplicate) the service of Entrypoint Perth.

## Program model and aims

Centrecare's EPO was based on their evidence-informed Therapeutic Practice Framework. This ecological systems model is drawn from a holistic, client-centred, strengths-based preventative and early intervention recovery framework that recognises the strengths, abilities, achievements and aspirations of the child, young person, and family. As an early intervention, the program was primarily targeted at stopping homelessness before it occurred or became long-term. Thus, Centrecare's Entrypoint Outreach program aimed to:

- Prevent and reduce homelessness by lowering clients' barriers to accessing or maintaining housing;
- Increase the speed with which accommodation could be obtained; and,
- Alleviate pressure on the homelessness system and mainstream housing services by diverting people away from them.

Centrecare made use of industry standard assessment and referral processes to streamline clients. The Centrecare EPO model included:

- Brief intervention support over the two- to six-week period;
- Assistance and advocacy support to link to or sustain a tenancy;
- Practical assistance such as obtaining adequate identification documents and increasing skills to apply for public housing;
- Support and referral to services where domestic violence is evident (daily support until a women's refuge bed can be accessed);
- Referrals and information to relevant services/ongoing support; and
- Exit planning with clients.

## Program participation

Centrecare had hoped the program would support around 220 primary clients (e.g., an adult client in a family seeking support) yearly, or 330 primary clients over the course of the pilot. At close, Centrecare's EPO had been operational for 22 months (August 2021 to May 2023), during which time they received 300 referrals and supported 290 primary clients.

The 290 primary clients represented 950 people including 370 adults and 580 children. The majority of the 290 primary clients represented adults in families with children—principally lone parents (mostly women) and couples with children. In aggregate, 249 families were supported by Centrecare's EPO (representing 86% of all primary clients supported). Of the 249 families supported by Centrecare's EPO, 241 were families with children (83% of all clients supported). Among these 241 families, 580 children were supported—nearly two thirds (61%) of all 950 people supported. Of the 290 primary clients, Centrecare placed 39 in the Family and Domestic Violence (FDV) referral stream (13% of primary clients; 78 children), although the number increases to 72 primary clients when considering recent Specialist Homelessness Services (SHS) data relating to the primary client (25% of primary clients; 77 adults; 149 children) which revealed FDV needs.

## Evaluation methodology

A mixed-methods evaluation approach was implemented to understand and measure client outcomes and program impact. All participants in EPO were referred from Centrecare's Entrypoint Perth program, which is an SHS-funded program. Following a process of data cleaning, we linked the SHS Entrypoint Perth data with EPO data. Analyses of this quantitative data were supplemented by interviews and a review of program documents. Analyses were based on outcomes established in partnership with Centrecare, as well as outcomes and themes that developed through engagement with the data.

Ethical approval for the Centrecare Entrypoint Outreach program evaluation was granted by The University of Western Australia Human Research Ethics Committee in accordance with the requirements of the National Statement on Ethical Conduct in Human Research (National Statement) and the policies and procedures of The University of Western Australia (2021/ET000741).

## Outcomes for families and individuals

During the pilot, Centrecare's EPO successfully supported families, women and children experiencing FDV, and vulnerable individuals by diverting families and individuals away not only from the homelessness support system, but also the highly constrained public housing system. In addition, EPO reduced the length of time families and children experienced homelessness over and above what would have otherwise occurred.

The target groups were successfully housed at high rates, and if not housed, they often experienced decreased barriers to accessing housing. Reasons for this include: (a) the high volume of clients due to the reputation Centrecare has built over the years in delivering homelessness services and supports; (b) Centrecare staff developing strong links between clients, services, real estate agencies, landlords and accommodation providers; and (c) staff supporting families and individuals to increase their knowledge, confidence, and skills. Among primary clients that could be contacted following exit from the program, there was evidence of longer-term positive effects and high rates of tenancy sustainability.

Demonstrated EPO program outcomes included:

- Increased knowledge of navigating the system;
- Increased skills to apply for housing;
- Reduction in barriers to accessing housing.
- Prevention of entry to homelessness and lower barriers to housing;
- Reduction in time taken to find accommodation and shortened periods of homelessness;
- Diversion people from the homelessness support system;
- Reduction in the number of people who enter homelessness and reduction in the time spent homeless; and
- Reduction on the burden on public housing and housing services.

Data gathered as part of the evaluation indicated seven key housing, individual and family, and system level outcomes were achieved over the life of the pilot program:

### 1. *Increased access to housing*

Among all primary clients supported by the EPO program, 147 (51%) were homeless on entry (including 125 families with children). On entry almost half of the primary clients who were experiencing homelessness on intake were couch surfing (46%), one-third (35%) were staying in short-term/emergency accommodation, and 19% were sleeping rough.

By the end of the 6-week support period, 44% of primary clients who were homeless on entry had transitioned into private housing, short-term accommodation had decreased to 18%, couch surfing 8%, and rough sleeping to 7%.

Among the 125 families with children who were homeless on entry, over the course of the program, private housing increased from 0% to 42% and public housing from 0% to 13%. Couch surfing decreased from 47% to 9%, short-term accommodation decreased from 35% to 19%, and rough sleeping decreased from 18% to 7%.

## 2. *Reduced risk of homelessness*

On program entry, 143 (49%) of Centrecare's EPO primary clients were housed but at imminent risk of homelessness. At program exit, 82 primary clients (representing a total of 110 adults and 163 children) were permanently housed. A further 37 primary clients at imminent risk of homelessness (26%) on entry retained their housing but were still considered to be at risk of homelessness (representing 46 adults and 69 children). Among the remainder, 17 primary clients had become homeless (representing 22 adults and 43 children), with 8% (of all primary clients) in short-term accommodation, 3% rough sleeping, and 1% couch surfing.

The majority of the 143 primary clients who were at imminent risk of homelessness on entry to Centrecare's EPO represented families with children (116 families), and 97 (84%) of these families remained housed on exit (59% permanently housed, 25% still at risk of homelessness).

## 3. *Housing stability*

There were 75 primary clients (representing 94 adults and 155 children) who were able to be followed up post-exit from Centrecare's EPO support period. Among those primary clients that were able to be followed up, 53 (71%) were in permanent housing seven months (on average) after exit from Centrecare's EPO support period. Housing stability positively impacted personal wellbeing via increased confidence, happiness, safety, and life satisfaction, as expressed in interviews with former clients.

Most of these 75 primary clients represented families with children (59 families), and on exit 85% of families were housed, either permanently (75%) or still at risk of homelessness (10%). However, 9 families (15%) had moved to homelessness, although primarily in short-term accommodation (8 families), with 1 family couch surfing, and no families rough sleeping.

## 4. *Independence and skills*

Centrecare's EPO provided clients with advice and information, housing support, advocacy, life and tenancy skills development, and individual development plans. The combination of capacity building and practical housing assistance led to large numbers of clients (91% of the 126 clients surveyed) feeling confident in how to apply for housing on exit from the program. Among families with children who filled out the survey, 93% felt confident in their ability to apply for housing.

## 5. *Social and emotional wellbeing (including safety from FDV)*

Centrecare's EPO impacted many dimensions of social and emotional wellbeing, including an improved sense of safety, family functioning and reduction in stress, and increased confidence and hope. By measurement on the Kessler Psychological Distress Scale (K5), most clients on intake were extremely distressed (78%), which dropped to 37% of clients on exit. Results for families with children were very similar.

On exit from the program, the vast majority of FDV clients felt safe and supported (89%) and were not returning to a violent situation (94%). Many were also housed (65%), and although 29% were in the homeless category, the majority of those were in short-term emergency accommodation, which can be a necessary interim solution. In many cases, Centrecare's EPO was able to positively affect life trajectories.

## 6. *Service appropriateness*

According to a client satisfaction survey, clients were extremely satisfied with the program and felt that EPO was suited to their needs. Clients expressed appreciation for Centrecare staff, as their confidence and motivation was bolstered by being given encouragement, support, and guidance.

#### 7. Long-term cost savings

Centrecare's EPO achieved outcomes rapidly and at low cost. The average cost per accepted EPO client was \$2,354 for diversion from homelessness (average of 5-weeks service), compared to an estimated WA SHS expenditure of \$3,015 per completed support period. Considering all clients affected by the service (i.e., including children and non-primary clients), the average cost per person was \$723.

Given the strong demonstrated housing and individual outcomes, Centrecare's EPO model represents considerable direct savings in terms of cost per client relative to SHS support, but also long-term savings when considering client diversion away from chronic homelessness (which comes with very high average health and justice costs) and low reliance on the strained public housing system.

### Summary of findings

Centrecare has well-established networks with relevant organisations including real estate agents and SHS services, holds legitimacy in providing effective responses to vulnerable populations, and, with Centrecare's EPO promising immediate support, the program quickly became well regarded by community workers in Perth. An individualised and flexible intervention allowed for support to be tailored to specific circumstances, but the service was holistic enough to address what were often multiple barriers to obtaining and maintaining housing.

Relationships with stakeholders such as housing providers and real estate agents were important in facilitating a collaborative, networked approach to ending homelessness. The program's effectiveness can also be attributed to Centrecare's expertise in the homelessness sector.

The program is at the point where it can be scaled with increased staffing (including those with real estate experience and contacts), flexibility for a longer intervention period if needed, and the availability of flexible brokerage funding. The program also generated novel ideas for systems reform, such as bigger tax concessions for landlords who opt to become providers of housing for those experiencing homelessness or at imminent risk of homelessness.

The private rental housing market is often considered to be out of reach for those experiencing homelessness, but Centrecare's EPO presented an innovative model which successfully challenged this logic—and at a time of a private rental crisis involving high rents and very low vacancy rates. The program was thus able to sidestep the housing stock barriers faced by approaches which focus solely on public and community housing options. Although public housing is an important component of any sound strategy to end homelessness—and crucial in the case of ending chronic homelessness with high needs where a long-term supportive housing model is required—Centrecare's EPO model represents a new low-cost early intervention approach that significantly *complements* such strategies.

Emerging and ongoing housing crises mean that such approaches will be of particular importance, and long-term increased funding in Centrecare's EPO would be well invested to support those at risk of homelessness, ultimately reducing pressure on an overburdened public homelessness response system.

***Case Study***

Adam, his wife Kelly, and their three children had been living in a tenanted property since 2017 and had been asked to vacate as the owner wanted to move in. They had been given three months' notice by the managing agent and had been applying for properties since receiving the notice, but none had been successful. During the assessment Adam and Kelly told Centrecare's EPO they had been applying for up to seven properties a week with no success. EPO helped Adam and Kelly to identify barriers potentially impacting the strength of their applications, especially given they had specific criteria they wanted in a property. Adam worked from home creating a startup company and although he was earning money, the work was difficult to substantiate to prospective real estate agents and landlords. EPO liaised with the employment agency Adam was linked with to obtain a letter regarding the startup business and the financial support he was receiving. This letter was added to Adam and Kelly's rental applications to provide a stronger application.

Centrecare's EPO discussed with Adam and Kelly the importance of vacating their tenancy on time to sustain their positive rental reference and supported them to plan for this. The family located a storage facility and made an interim plan to stay with Adam's parents. They worked hard to balance vacating the current tenancy and applying for new tenancies, with EPO coordinating viewings and advocating on their behalf with real estate agents. Two weeks after they vacated, the family was successful in obtaining a 4-bedroom 2-bathroom property close to Adam's parents. The rent was slightly higher than they desired, but they were prepared to revise their budget to afford the property. EPO brokerage was used to assist the family with fuel vouchers to move their belongings from the storage facility to their new home. Although Adam and Kelly were capable in the process of applying for properties, they benefitted from EPO's advocacy with real estate agents and guidance to achieve their housing goals in the private market.

# INTRODUCTION

## Homelessness in Western Australia

Since 2021, the rental market has tightened in Western Australia with a mismatch between supply and demand resulting in low vacancy rates and high rental prices. Rent increases have become more common and larger on average, with renters now spending a greater share of their disposable income on housing costs compared with owner-occupied households. Private rentals have become increasingly unaffordable, with many families and individuals previously in secure housing now finding themselves either experiencing homelessness or at imminent risk of homelessness.

The Australian Bureau of Statistics (ABS) estimated that more than 9,700 people were experiencing homelessness in Western Australia on Census night in 2021—equating to 36.6 per 10,000 people. The largest proportion of Western Australians experiencing homelessness were living in severely overcrowded dwellings (30%), with 24% sleeping rough, 22% staying temporarily with other households, 17% in supported accommodation, 6% living in boarding houses, and 1% in other temporary lodgings. The high proportion of people in severely overcrowded dwellings reflects the lack of affordable housing that suits people's needs.

In 2021–22, approximately 24,700 Western Australians accessed Specialist Homelessness Services (SHS) at a rate of 89.8 per 10,000 people. The service system for people facing homelessness in Western Australia includes a range of supports and responses across government and the community sector. These can be broadly categorised as crisis responses, housing support, holistic and family-centred wraparound support, and transformative approaches. The homelessness service system in Western Australia has been evolving, supported by a move away from a focus on crisis response for chronic rough sleeping in favour of approaches which address the causes of homelessness, adopting Housing First principles to provide rapid permanent housing (and support to sustain that housing).

Due to the current housing climate and shortages of available public and community housing, it has become critical to stop the inflow into homelessness. Early intervention response initiatives with support are crucial in stopping entry into homelessness, as providing only crisis support (or housing without additional support) leads to a cycle where an exit from homelessness is shortly followed by re-entry into homelessness. There is strong evidence that a system which prioritises preventative and wraparound support achieves better individual and population-level outcomes, and moreover is more cost-effective than a system heavily weighted toward the traditional crisis support approach (Culhane & Metraux, 2008).

## Centrecare's Entrypoint Outreach program

Centrecare's Entrypoint Outreach Program (EPO) was a preventative brief intervention pilot designed to stop entry into homelessness by (a) enabling access to the private rental market for the recently homeless, and (b) supporting those at imminent risk of homelessness to sustain their housing. The program targeted private tenants who had not previously accessed homelessness services, families with children in their care, and women experiencing family domestic violence (both with and without dependent children).

## Evaluation approach

In partnership with Centrecare, Centre for Social Impact UWA conducted an evaluation of the Centrecare EPO program to determine if key outcomes and objectives were achieved across housing, individual and family functioning, and systemic impacts on the homelessness sector. The evaluation took a mixed-methods approach, meaning that both quantitative and qualitative data was collected and analysed.

## Report structure

This report outlines the impact of Centrecare’s EPO and showcases a program which alleviates pressure on the public housing system, offering an innovative and cost-effective approach to combatting homelessness.

### Entrypoint Outreach: An Innovative Approach to Ending Homelessness

This chapter provides an overview of Centrecare’s EPO, its aims and objectives, support provided, and target groups. The personalised approach provided by service staff and the impact on program efficacy is described.

### Evaluation Methodology

The three stages of the evaluation methodology—identifying the desired outcomes of the Centrecare EPO program, data collection and linkage, and an outcomes evaluation—are described in detail in this chapter. The program logic, outcomes matrix, goals and vision for EPO are linked to key outcome areas.

### Profile of Centrecare’s EPO Clients

Centrecare’s EPO client demographics (including family composition and referral streams) are defined and discussed, along with the impact on clients at finding themselves homeless or at risk of homelessness.

### Evaluation of Outcomes

Evaluation outcomes are presented for Centrecare’s target groups, focusing on key housing, individual and family outcomes, and system-level outcomes.

### Reflections on What Worked

Interviews with key stakeholders are presented with commentary on the most effective components of Centrecare’s EPO, and suggestions for program improvements.

### Conclusion

The final chapter summarises the impact of Centrecare’s EPO from both an individual as well as a systems point of view; concluding that Centrecare’s EPO represents an important, innovative, and cost-effective approach that should complement and support the broader homelessness system.

### *Case Study*

Tracey and her daughter had been given notice to vacate. Tracey had applied for over 40 properties without success and was becoming overwhelmed with the prospect of becoming homeless. Tracey was a survivor of family domestic violence and experienced mental ill-health. Entrypoint Outreach supported Tracey with skills training to improve her tenancy applications and advocated on her behalf with real estate agents, which led to her securing a tenancy within three weeks of engaging with the service. Centrecare’s EPO provided Tracey with further support to vacate her tenancy positively with the aim of receiving her bond back. Service staff provided information, skills training, and guidance on how to do this effectively, and she subsequently received her full bond back after vacating.

# ENTRYPOINT OUTREACH: AN INNOVATIVE APPROACH TO ENDING HOMELESSNESS

Since 2014, Centrecare has provided a rapid response early intervention assessment and referral service (Entrypoint Perth) to assist people who are homeless, or at imminent risk of homelessness, to access accommodation and support. In 2020, housing pressures were exacerbated by social and economic disruptions brought about by the COVID-19 pandemic, and Entrypoint Perth experienced a significant increase in demand from families who would not have traditionally been accessing homelessness services. This new cohort arose due to multiple factors and pressures, including the economic impacts of COVID-19 lockdowns, a tightening of the local rental market (especially as the COVID-19 rental moratorium policy came to an end),<sup>1</sup> and decreasing confidence in the ability to afford and access suitable housing (primarily due to increased demand for accommodation and a heightened sense of housing scarcity in Perth and Australia more broadly). To cater to this increased demand, Centrecare received Lotterywest funding to expand its services by piloting a new brief intervention service to support Entrypoint Perth—the Entrypoint Outreach (EPO) program. Centrecare’s EPO was delivered over a period of 22-months, from August 2021 to May 2023 (contact with clients started in November 2021 and ended in March 2023), and proved to be an effective low-cost way to deliver homelessness services.

Traditionally, a holistic case management support framework is offered once a person has already become homeless. Centrecare’s EPO represented a departure from this norm by providing a *preventative* holistic support that was intended to divert people away from the homelessness sector. Prevention is valuable not only in limiting individual harms, but in easing the burden on the wider homelessness sector. Chronic homelessness carries the need for resource intensive supports across a range of services, as well as further increasing the need for already limited public housing and transitional/supported accommodation options.

The Centrecare EPO model turned to the private rental market for housing—traditionally thought to be out of reach for the homeless—overcoming the housing stock barriers faced by approaches which focus primarily on public and supported housing options. Although public housing is undoubtedly a crucial component of sound strategies to end homelessness, Centrecare’s EPO model represents a complementary approach. Emerging and ongoing housing crises mean that such approaches are of particular importance, and we evaluated Centrecare’s EPO with that strategic context in mind.

## Program approach and objectives

The Entrypoint Outreach service was a brief two- to six-week intervention designed primarily to prevent families, women and children escaping family and domestic violence, and private tenants

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<sup>1</sup> The COVID-19 rental evictions moratorium was put in place to protect tenancies during an economically insecure time as the effects of COVID-19 and business disruptions were felt. This government policy ended on 28 March 2021.

who had previously maintained housing without accessing homelessness services from becoming homeless and subsequently entering the homelessness system. The original objectives were to support renters who had not previously experienced (or been at risk of) homelessness, and to sustain housing for families with dependent children or with women experiencing domestic violence who were in immediate threat of homelessness to avoid entering the housing support service system. These objectives were refined, and the aim was finalised as to provide rapid, holistic support that could link people to other support services as required, and was also aimed at diverting the recently homeless away from chronic homelessness:

*“The aim was to prevent people becoming homeless in the first place, as well as immediately helping people who are entering into homelessness to get housed straight away again.”* – Staff

*“[We aimed to] help people who were experiencing homelessness for the first time, [such as] women and children escaping domestic violence.”* – Staff

To achieve these goals, Centrecare staff worked to decrease clients’ barriers to accessing housing through augmenting skills and knowledge relevant to obtaining stable housing, as well as making use of Centrecare’s own extensive and established networks in the housing market. At the same time, they offered support for clients where necessary, such as during wait times for another service. While the program was not designed to cater for rough sleepers (due to other services targeting this population), in fact many rough sleepers did engage with the program and had successful outcomes.

The program was based on Centrecare’s evidence-informed Therapeutic Practice Framework. This ecological systems model is drawn from a holistic, client-centred, strengths-based preventative and early intervention recovery framework that recognises the strengths, abilities, achievements and aspirations of the child, young person, and family.

Centrecare made use of industry standard assessment and referral processes to ensure that only appropriate cases were referred to the pilot brief intervention and preventative case management support service. The program’s Assessment and Referral Officers and Outreach workers met with clients to develop their individual Accommodation Plan to identify goals and actions to support the client. As necessary, these Outreach Workers aimed to provide:

- Brief intervention support over the two- to six-week period;
- Assistance and advocacy support to linkage or sustain a tenancy;
- Practical assistance such as obtaining adequate identification documents and increasing skills to apply for public housing;
- Support and referral to services where domestic violence is evident (daily support until a women’s refuge bed can be accessed);
- Referrals and information to relevant services/ongoing support; and
- Exit planning with clients.



### The unexpectedly high demand for Centrecare’s EPO

Just 20 days after contacting clients on November 9<sup>th</sup>, 2021, Centrecare’s EPO had received 37 referrals from Entrypoint Perth. It was estimated then that up to 50 referrals could be incoming per

month. As Centrecare's EPO was designed to provide instantaneous and tailored support, a waitlist to cope with demand was not in line with the program's objectives. Staff described the initial influx as overwhelming, and it led to a further streamlining of the referral and assessment processes.

Feedback from stakeholders and clients indicated that this immediate, strong uptake of the service reflected both a need for this kind of support (due to accelerating housing stress in Perth), as well as recognition of Centrecare's strong reputation in delivering homelessness services and supports over several decades.

### **Intake and engagement**




Centrecare's EPO accepted Entrypoint Perth clients who were homeless or at imminent risk of homelessness, and who were assessed as being likely to benefit from brief intervention case management support. Centrecare anticipated the most suitable cohorts to be (a) private tenants who had previously maintained housing without accessing the homelessness service system; (b) families with dependent children in their care, including those accessing temporary accommodation; and (c) women, with or without children, experiencing family domestic violence (FDV).

Once a client was referred, Centrecare EPO staff aimed to make initial phone contact within 24 working hours, and conduct a face-to-face meeting within one week to complete the intake process and assessment. To expediate the intake process, a triage system was instituted where clients were assessed for suitability and allocated to Centrecare's EPO. Upon referral to Centrecare's EPO, data from Entrypoint Perth's Assessment Form and Common Risk Assessment and Risk Management Framework (CRARMF) tool was utilised (FDV cases only), as well as an intake form, baseline measurement tools, and goal planning with the client. This included documenting their housing history, potential risk, support needs, and willingness to engage with the service. Although the assessment and intake processes were quite involved, turnaround was rapid and Centrecare's EPO case workers began working with clients within days. A simplification of the Centrecare EPO client intake flow can be found in Appendix A.

### **Providing supports and interventions**

Centrecare's EPO was designed to provide a variety of interventions across the support period while prioritising the most urgent needs of families and individuals. The approach was personalised but structured, and a variety of support options were made available across "universal", "selected", and/or "targeted" interventions (see [Table 1](#)). The intention was that all clients would receive universal interventions, approximately 50% of clients would need selected interventions, and 10% targeted interventions.

**Table 1: Entrypoint Outreach intervention levels and activities**

| OUTCOME AREA  | DESCRIPTION  | ACTIVITIES  |
|---|--|---|
| <b>UNIVERSAL</b><br> | Proactive activities to improve the capacity in all target groups. These activities were a compulsory component of the work undertaken with clients.   | Intake Registration<br>Evaluation Consent Form<br>Individual Accommodation Plan<br>Brief Intervention<br>K5<br>Referral pathways and links<br>Exit Summary<br>Client exit interview<br>Evaluation |
| <b>SELECTED</b><br>  | Selected program activities were designed to aid in identified areas of additional support and or risk. These activities were applied in addition to the universal activities. At this level clients were exhibiting signs of distress that were likely to increase and cause long-term difficulties if not managed. | Skills training to complete a housing application<br>Brokerage expenditure to meet accommodation plan goals<br>Referral pathways and links for accompanying children                              |
| <b>TARGETED</b><br> | Targeted interventions occurred when the individual was already experiencing distress and exhibiting difficulties. Activities at this level were intensive in nature and mostly delivered individually, although they could be delivered in small groups.  | Specialised Counselling Referral - Child or Parent<br>Risk Impact Screen Alcohol and Other Drugs and Mental Health  |

For clients who needed support to sustain a tenancy, Centrecare EPO staff played an assistance and advocacy role, but those with longer-term needs were linked to a tenancy support service. For clients in need of housing, Centrecare’s EPO support typically began with discussions about housing applications, public housing, and the private rental market, assisting with any gaps in understanding, providing guidance and any practical help that was required to become more competitive in the rental market (e.g., obtaining adequate identification documents, applying for public housing, and increasing skills to complete private rental application). This was followed by a consolidation period which often involved contacting real estate agents to ensure application correctness, advocating for clients, putting forward support letters, and obtaining rental references. If a property was obtained, support was given to ensure they were able to move in, become settled, and maintain the tenancy. Exit planning with clients included revising ongoing goals and actions.

Where a client was assessed as experiencing family domestic violence and Entrypoint Perth had purchased crisis accommodation, referrals to services were given along with daily support while waiting for a women’s refuge bed to be available. Referral and information were also provided to support accompanying children.

### The target groups

Centrecare identified and described three target groups:

#### 1 Private tenants who had previously maintained housing without accessing homelessness services

This target group had never faced homelessness before, and were often anxious and shocked at the experience of becoming homeless or facing homelessness for the first time. For this cohort, one of the main barriers to accessing housing was understanding and completing the application process for a new tenancy. Even for those who were confident with the online platforms, the rental application

systems could be overwhelming, thus the typical intervention for this cohort was assistance with completing applications. EPO staff then assisted with supporting the logistics of the process, as well as in submitting competitive applications.

## **2 Families with dependent children in their care**

This target group consisted of families who faced housing barriers due to a poor rental history, as well as a lack of knowledge regarding the submission of good rental applications. Centrecare EPO staff worked with clients to negotiate with the current or past managing agent to rectify the issues that prevented them from obtaining a good rental reference. Clients could be reluctant to address issues from previous tenancies; however, with facilitated negotiation and advocacy, debts could be cleared, payment plans made, reasons for poor property standards discussed, and new standards discussed and agreed upon. Previous property managers could then give more context to agents who were requesting rental references, for example by providing extra information of the client's good intentions to rectify any outstanding issues.

## **3 Women, with or without children, experiencing family and/or domestic violence**

Women who had fled domestic violence and had been accommodated by Entrypoint Perth were referred to Centrecare's EPO and contacted immediately. Others escaping family and domestic violence (but not accommodated by Entrypoint Perth) were deemed high priority and assistance was given according to the assessment. Clients in this stream were often exhausted and in a highly vulnerable state, being unsure about the next steps to take. EPO staff supported and assisted with immediate tasks including creating safety plans, assisting with obtaining identification if needed, assisting with crisis payment applications, providing guidance in housing or referral to community legal organisations, and attending to any other needs. Clients were also supported to prepare finances and manage risk, to act quickly in searching for support services, and overall supported to rebuild their lives while staying safe when accessing support.

## **The responsive approach and emphasis on effectiveness**

The support provided was highly personalised due to the relational nature of the program. For example, some clients accessed culturally appropriate supports or interpreters. This personalised approach enabled program staff to be responsive not only to diversity, but also to what was individually effective. For instance, in the case of a woman experiencing an FDV crisis, discussing long-term housing options became secondary to the immediate concern of listening to and calming the client, while also providing critical supports (e.g., help to stay in a motel while waiting for a refuge bed to avoid returning to living with a perpetrator). The focus on effectiveness and readiness to engage was also reinforced by an emphasis on the brief period in which tangible housing goals were achieved. This meant that staff were highly focused on exit planning, and therefore helping clients to achieve their goals right from the outset.

### ***Case Study***

Susan was a single mother of four children experiencing family domestic violence. She was attempting to move to Perth from a regional area and had applied for over 30 rental properties without success. Centrecare contacted Susan within 24 hours of receiving a referral. Susan was proactive, engaged, and had good rental references; however, she had been applying for properties above her rent affordability. EPO staff supported Susan to research affordable rental properties to meet her family's needs and contacted agents known to Centrecare. Within three weeks of engaging with the EPO service, a tenancy was secured for the family. Susan was in financial hardship due to the costs of moving back to Perth, so Centrecare's EPO supported her with brokerage for fuel costs and emergency relief food vouchers. EPO also referred Susan to support services in her new community that could help meet her needs, including a counselling service. Upon exit Susan was given information about where to access emergency relief and counselling for her children.

# EVALUATION METHODOLOGY

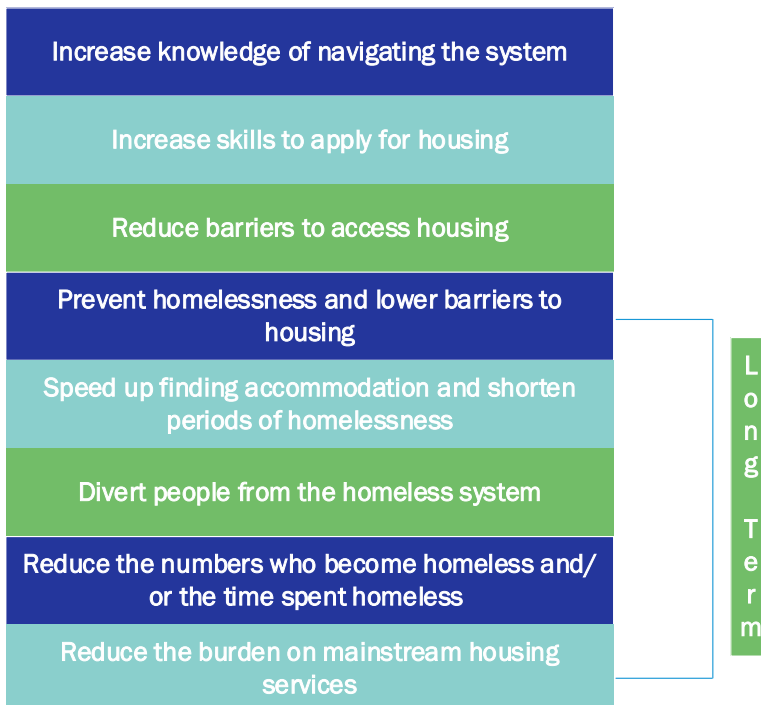
CSI UWA’s evaluation process occurred in three stages: identifying the desired outcomes of the Centrecare EPO program, data collection and linkage, and an outcomes evaluation.

## Identifying outcomes




Centrecare’s EPO program logic captured the relations between organisational resources, activities, outputs, and outcomes (see Appendix B – Program Logic). This program logic was then operationalised to develop a comprehensive outcomes matrix (see Appendix C – Outcomes Matrices), which defined Centrecare’s EPO intended outcomes, the measurable indicators of success for each outcome, and each indicator’s data source.

Original outcomes of the Centrecare EPO program were revised and six key client outcome areas were derived from the program logics, outcomes matrix, and the goals and vision for Centrecare’s EPO (Table 2). In addition to client outcomes, we also examined three system-level outcomes to capture the socioeconomic benefits of a prevention-focused approach to addressing homelessness. With respect to Table 2, *Housing Outcomes* refer to direct effects on accommodation, such as housing access. *Individual and Family Outcomes* refer to variables such as family functioning, safety, or emotional wellbeing. Finally, *System Level Outcomes* refer to the systemic impacts of client diversion away from the homelessness sector, as well as any associated cost savings. For instance, savings are presented in terms of simple differences between Centrecare’s EPO support costs versus average SHS support period costs, but we also consider the broader financial benefits of diverting clients from chronic homelessness and the high service costs that are associated with it.

Original key outcomes



**Table 2: Entrypoint Outreach key outcome areas**

| <b>HOUSING OUTCOMES</b><br> | <b>INDIVIDUAL AND FAMILY OUTCOMES</b><br> | <b>SYSTEM LEVEL OUTCOMES</b><br> |
|--|--|---|
| 1. Access to housing   | 4. Independence and skills   | 7. Reduction in homelessness  |
| 2. Reduced risk of homelessness  | 5. Social and emotional wellbeing (including safety from FDV)  | 8. Reduction in risk of homelessness  |
| 3. Housing stability   | 6. Service appropriateness   | 9. Long-term cost savings   |

**Data collection**

The research process involved both novel data collection, as well as linking disparate pre-existing data sources to converge on the most compelling base from which to draw our conclusions. [Figure 1](#) provides a conceptual overview of the process, and below we give a brief account of each data source.

**Ethics**

Ethical approval for the Centrecare Entrypoint Outreach program evaluation was granted by The University of Western Australia Human Research Ethics Committee in accordance with the requirements of the National Statement on Ethical Conduct in Human Research (National Statement) and the policies and procedures of The University of Western Australia (2021/ET000741).

Figure 1: Data sources and process for program evaluation

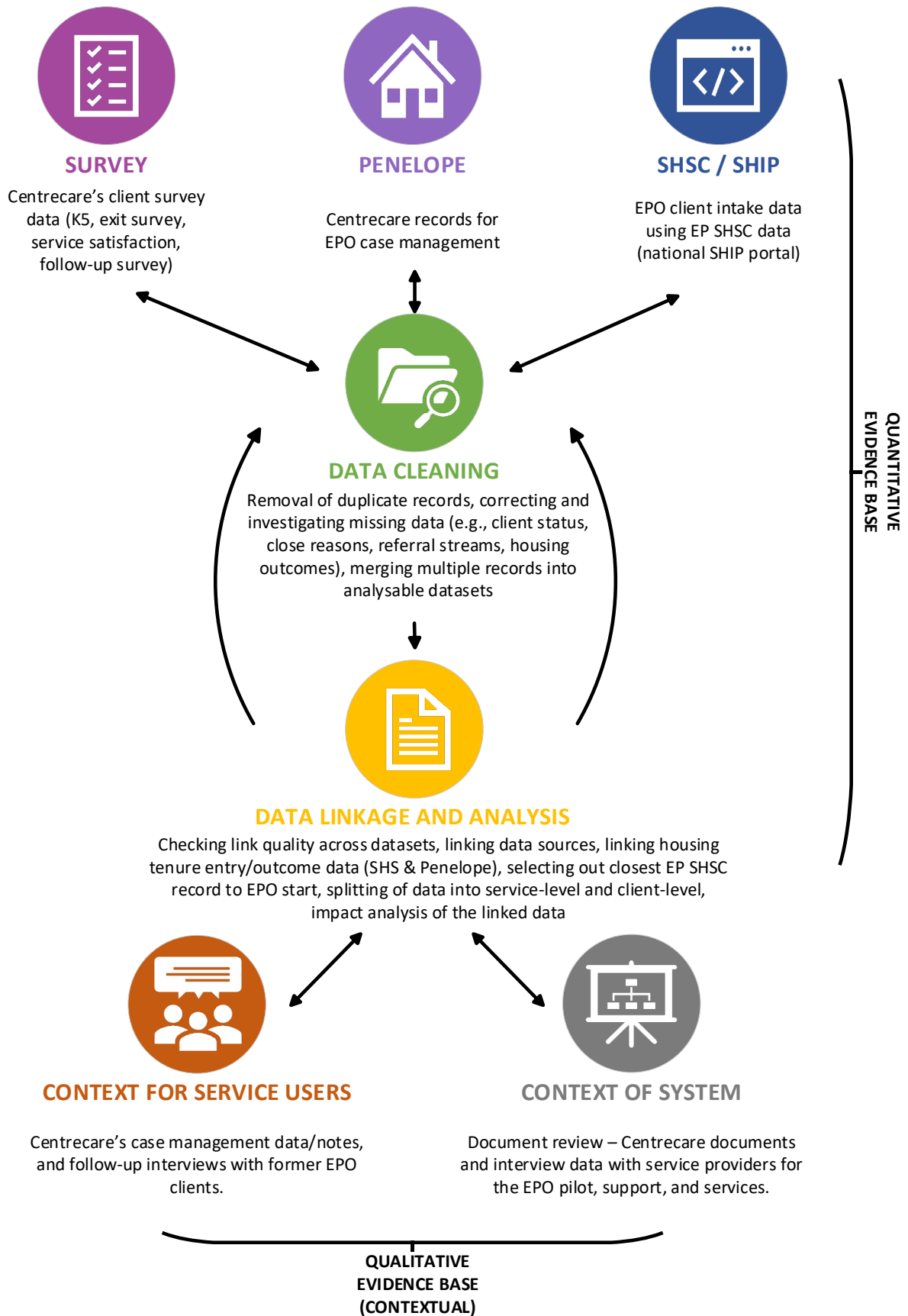


Table 3: Data sources

|  |  |
|--|--|
| Specialist Homelessness Services (SHS)   | Specialist Homelessness Services are government funded agencies that deliver services to people who are either homeless or at-risk of homelessness. These agencies submit data to the Australian Institute of Health and Welfare (AIHW) for a collection called the Specialist Homelessness Services Collection (SHSC). While the Entrypoint Outreach pilot was <i>not</i> an SHS funded service (and therefore did not collect data for the SHSC), their clients were referred from Entrypoint Perth, which is an SHS funded service. Therefore, we increased our analytical capacity by collecting Entrypoint Perth SHS client data and linking it to Entrypoint Outreach client data.   |
| Entrypoint Surveys Management (Penelope) | Penelope was EPO's case management system and functioned as the central repository for EPO data. We requested and received various data exports concerning administrative and client data, such as client demographics, reasons for entry into and exit from the program, services delivered, et cetera. While we did not access case notes for individual clients, we worked closely with experienced EPO staff to utilise them when necessary, for instance in determining the stability of housing outcomes for clients.  |
| Entrypoint Surveys (Penelope)            | <p><i>Kessler Psychological Distress Scale (K5):</i> The Kessler scales are psychological distress screening instruments. The modified 5-item version was used, which was developed for use with both Indigenous and non-Indigenous populations (McNamara et al., 2014). Scores on the K5 range from 5 (low distress) to 25 (very high distress). In EPO, 76% of clients who took the K5 completed it at both intake and exit (131 clients), with 24% (42 clients) only completing it at a single time point.</p> <p><i>Service satisfaction:</i> On exit from EPO, 123 clients completed a survey regarding their satisfaction with the services received. Answers were captured on a 5-item Likert scale, ranging from Strongly Disagree (1) to Strongly Agree (5).</p> <p><i>Exit survey:</i> In addition to service satisfaction, 124 clients completed an exit survey (which employed the same Likert-scale as the satisfaction survey). These items concerned the client's accommodation goals and plan, their feelings about personal safety and support, and their confidence in applying for housing.</p> <p><i>Follow-up survey:</i> After leaving EPO, 76 clients were contacted for a follow-up survey. The average time lapse from program exit to follow-up was 7 months (standard deviation = 4 months). This survey consisted of yes/no items concerning current accommodation status and tenure, and the existence of barriers to housing (e.g., financial problems, poor health, or loss of employment).</p> |
| Interviews (CSI)                         | Interviews were conducted with Centrecare senior management and EPO staff, EPO clients, and other stakeholders. Interviews were transcribed in-house to maintain strict data privacy for research participants, and thematic analyses conducted which deepened and contextualised our quantitative findings. Extracts from these analyses have been woven throughout the report. This qualitative material forms a crucial part of the report, since the stories and experiences behind EPO are key to understanding what was happening during the rental crisis, and what was effective in addressing it.   |

### Qualitative interview selection process EMF

All interviews were conducted by a co-author of this report (LL). For staff and stakeholders, interviews were carried out with Centrecare's General Manager, Centrecare's EPO program and staff managers, frontline workers, real estate agents, and a community aged care provider. For interviews with clients, Centrecare EPO frontline staff selected clients to be interviewed with the aim of demonstrating different program outcomes for different types of clients. Thus, client interviews were conducted with couples, women with children, a father with children, and single people, but with varying outcomes (e.g., from obtaining housing to increasing knowledge). Case studies were provided by Centrecare.

### Data linkage

The linkage performed between Entrypoint Perth's SHS data and Entrypoint Outreach's client data enabled two key features: (1) access to clients' tenure status just prior to entering Centrecare's EPO, and (2) the ability to leverage SHS data to perform more informative analyses. For instance, by linking SHS data we were able to further identify cases where FDV was relevant, as well as determining the

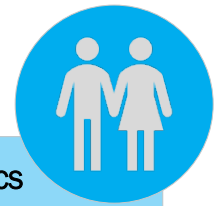
length of time clients had been accessing SHS services (and therefore whether their housing issue was recent or more long-term).

The linkage process itself can be onerous, as data first need to be cleaned for obviously incorrect entries, although there are often subtle data mismatches between the same client's records across disparate systems (such as SHSC and Penelope). To make this task manageable we employed probabilistic data matching techniques, which helped us to identify cross-database records which did not cleanly link, but were likely to be the same individual. Consultation with Centrecare EPO staff about the mismatched records enabled a fully linked dataset which was the basis for our quantitative analyses.

### *Case Study*

Entrypoint Outreach received a referral for Shae and her three children, aged 8 years and under. Shae had moved from interstate to escape family domestic violence. She had been supported by a specialist domestic violence service in her previous home state, however, she was not linked to any supports upon her arrival in Perth. Shae was staying temporarily with a family member in Perth but found herself at risk of homelessness when she was told to find alternative accommodation. Shae had been applying for rental properties for almost six-months without success. During Centrecare's EPO assessment Shae became visibly upset and identified several complex needs in conjunction with her housing needs. These included adequate and safe housing, counselling for her children and herself, assistance with acquiring furniture, budgeting, employment and training, legal advice, and domestic violence support. Centrecare's EPO assisted Shae to build her knowledge of the rental application process in Perth, supported her to attend viewings, and advocated for her with real estate agents. Shae was not successful in securing a private rental within the brief intervention period and her family's support needs were extensive, so the service then supported Shae with a referral to the Centrecare Family Accommodation Service (CFAS). Shae was accepted into CFAS, which provided her with transitional accommodation and weekly in-home supports to work towards her goals, including long-term accommodation.

# PROFILE OF CENTRECARE'S EPO CLIENTS

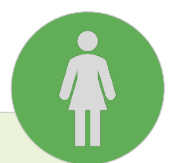
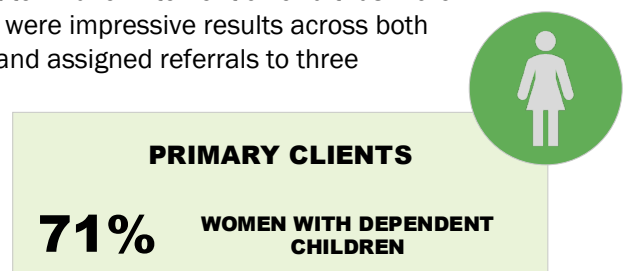
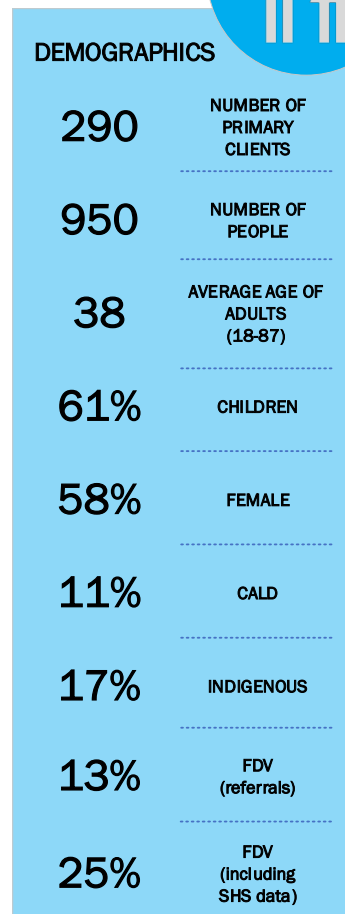


From November 2021 to March 2023, 300 cases were referred to Centrecare's EPO. Each case was a service unit with a single primary client, although cases were most often families with an average of three people (973 people in total across 300 primary clients). Thus, **while we often refer to "primary clients" in this report, it should be kept in mind that on average a single primary client represents around 3 people in total (most often a family unit).** Indeed, most primary clients (83%) represented families with children, the majority of which were single women with children.

Of the 300 referred primary clients, 10 were not contactable by Centrecare EPO staff, leaving 290 that were contacted for initial intake. Of those contacted, 88 referrals either solved their housing problem or disengaged before being formally accepted into service. However, the agile nature of the program meant that clients who communicated with Centrecare EPO staff in some capacity may still have received support (for instance, via advice over the phone), therefore the full 290 cases have been included here for analysis (see Table 4), instead of only the 202 with formal acceptance into the program.

Centrecare's EPO primary clients were much more likely to be women (83%), and most of these women had dependent children in their care (71% of primary clients were women with children). For Centrecare's EPO clients overall (including children), individuals were largely Australian born, slightly more often women and girls, and for adult clients, around 38 years of age. Adult ages ranged from 18 up to 87, showing that even the elderly in Perth are being affected by homelessness. Moreover, 61% of all individuals were children. While these children would have been attached to an adult primary client, the high percentage again points to the threat of homelessness in Perth on vulnerable groups. There was also an overrepresentation of Indigenous clients, with around 17% of clients identifying as Indigenous.

The systemic drivers of homelessness (e.g., the rental crisis) during the Centrecare EPO pilot meant that a new cohort of people were either homeless or at risk of homelessness. Among Centrecare's EPO primary clients, we identified two broad groups: (a) Those who had long-term problems with homelessness (who were not a program target group), and (b) those whose housing problems were comparatively recent. An example of a client in the second category may be someone who was housed, but at imminent risk of losing their tenancy with no support network or place to go if they were evicted. While the Centrecare EPO pilot was a short-term brief intervention and thus more applicable to the second group, it will be seen that there were impressive results across both cohorts. Additionally, Centrecare targeted three cohorts and assigned referrals to three streams: (a) private tenants who had previously maintained housing without accessing homelessness services, (b) families with dependent children in their care, and (c) women with or without children experiencing FDV. In Table 4 we provide basic demographics across these groupings.



**Table 4: Demographics for contacted Centrecare EPO clients**

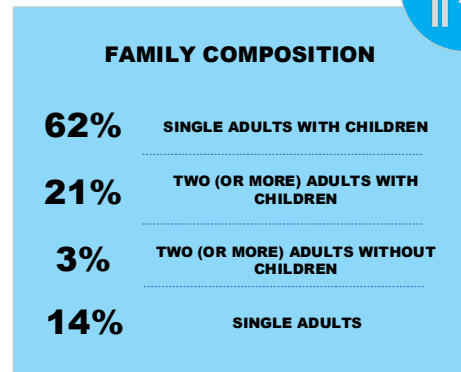
| Clients   | Number of Primary Clients | Number of Adults | Number of Children | Total Number of People Supported |
|---|---------------------------|------------------|--------------------|----------------------------------|
| Contactable Referred Clients                      | 290                       | 370              | 580                | 950                              |
| <b>Gender</b>                                     |                           |                  |                    |                                  |
| Male  | 49                        | 94               | 304                | 398                              |
| Female  | 241                       | 276              | 276                | 552                              |
| <b>Families</b>                                   |                           |                  |                    |                                  |
| Single Adults With Children                       | 179                       | 179              | 421                | 600                              |
| Two (or more) Adults With Children                | 62                        | 129              | 159                | 288                              |
| Two (or more) Adults Without Children             | 8                         | 21               | 0                  | 21                               |
| <b>Lone Individuals</b>                           |                           |                  |                    |                                  |
| Single Adults                                     | 41                        | 41               | 0                  | 41                               |
| <b>Referral Streams (From Entrypoint Perth)</b>   |                           |                  |                    |                                  |
| Families With Dependent Children                  | 122                       | 148              | 299                | 447                              |
| Prevention Of Homelessness                        | 129                       | 179              | 203                | 382                              |
| Women Experiencing FDV (With or Without Children) | 39                        | 43               | 78                 | 121                              |



For many Centrecare EPO clients, being homeless was something they never imagined would happen to them. The following stories are illustrative of the diversity of people and contexts of homelessness, but also of the gravity of the crises that people found themselves in, which were often unexpected and shocking.

*“I’ve never been homeless. I’ve been an independent person and my whole family was shocked, but they gave me a lot of attention. But the issue was this; it was attention that wasn’t really productive.” – Client*

*“I couldn’t find anything. And then I knew I needed help. I can’t do this. My depression got worse. My anxiety got worse. I just couldn’t do it. I had no faith left, I thought, wow, we’re going to be living in the car.” – Client*



It is understandable that facing the risk of homelessness was often experienced alongside anxiety or feelings of depression. For some, efforts to seek housing put stress on their work commitments, with the thought of losing their job causing additional stress:

*“Everything’s a mess. I’m lacking confidence as a citizen, lacking confidence as an employee, lacking confidence as to what resources are available. I was really tired. I was actually fearful of losing my job because I had to go out searching for a home during work hours. My boss was pretty supportive, pretty cool, but he did say that you might need to look for another job, so that’s when I had to cry, because, like, oh my God, I’m homeless. I’m about to lose my job.” – Client*

Even though many clients were not rough sleeping, their experience of contemplating homelessness, often for the first time, was incredibly daunting, leaving them overwhelmed and unable to even begin solving problems:

*“One of the challenges that we had was when people came to us they were so overwhelmed and stressed by the situation that they’d found themselves in, they actually couldn’t see the forest for the trees. One of the things that we found ourselves doing was helping them see where they needed to go and making that kind of plan to avoid becoming homeless.” – Staff*

Some clients also delayed searching for a house until a crisis was imminent (e.g., presenting at Entrypoint Perth very close to the termination of their lease). While clients may have searched for housing on their own, they were often unaware of rental market constraints and the difficulty in finding suitable and affordable housing:

*“It was hard enough to move my daughter in the first place, because that was the only home she knew. So, you can imagine my anxiety being somewhere for four years and then all of a sudden—they’re selling. And right at the time when the market is crazy out there.” – Client*

*“I was pretty much just staying on people’s lounges and it wasn’t good. I was living out of my car as well. I was that desperate, and those seatbelts just keep digging in. It wasn’t good. I thought I’ve got to do something here, I can’t go on like this. You know I had showers and everything down at the beach, and had my barbeque. I was always trying to look at the bright side of things, but it wasn’t very bright.”*

Centrecare EPO client

The seriousness of clients’ situations in some cases led to feelings of being unable to go on, and even contemplation of suicide:

*“Up to 2 months ago I was living around Gosnells on the streets, sleeping in doorways and it was cold, wet, miserable, and scary. That was because I was asked to leave from my last rental property as the owner was selling. I’m 73 years of age, I’m a grandmother. I just didn’t know what to do, didn’t know where to go. I read newspapers, watched TV news and I saw that the rental vacancy rate was down to 1% or something. This set me into a spiral of depression. I’d sit around all day, I’d end up going to McDonald’s for breakfast. Then I’d turn it around and go to Hungry Jack’s. You know it was a lot of time in the library just getting warm. And I got to the stage where I thought, it’s either do away with myself, which I was seriously considering, and I felt so ashamed. I’d lost all hope, lost faith.” – Client*

However, even though clients may have been in extremely distressing circumstances, this could be further compounded by the fact that finding the right help was not easy:

*“There are people out there who can help you, I’ve just found it difficult to get that information. There should be a central hub that you can go through that would give you a really quick interview to find what path you need to go on and direct you into that stream. I got one through the Department of Community Housing, but that was just a printed sheet. Just, “go through the numbers” sort of thing, and I got the referral through that. Even just finding that information was a little bit difficult.” – Client*

Entrypoint Perth is an existing example of such a centralised hub within Western Australia, with an interview process that allows for the client to connect with the right service (indeed, that was the only entry path into Centrecare’s EPO), and the volume of clients going through the hub suggests strong access to Entrypoint Perth. Yet as the above quote suggests, some issues remain in the human services for first time users in navigating support systems. Despite this perspective of lived experience and the difficulty encountered in finding adequate resources to resolve looming housing problems for some clients, the positive outcomes we describe in the next section help to explain why many Centrecare EPO clients spoke so highly of the program.

# EVALUATION OF OUTCOMES

Before considering the key outcomes for the entire Centrecare EPO client base, we first present housing outcomes for Centrecare's three target groups, and outcomes for the EPO client groupings based on housing status (i.e., either already homeless, or at imminent risk of homelessness), with a focus on changes in housing stability and housing appropriateness for each group.

## Housing outcomes for target groups

### Families with dependent children in their care (122 cases)

Figure 2 shows housing outcomes for this group of 122 families, and it is notable that 58% of this cohort were homeless on entry into the program (i.e., either rough sleeping, couch surfing, or in short-term/emergency accommodation). On program exit, all forms of homelessness had decreased (with the largest decrease for couch surfing, down from 25% to 8%), with public housing increasing by 8%, and private housing increasing by nearly 20%. In terms of housing stability, permanent housing for families with children increased from 0% (on intake) to 42% (on exit).

### Prevention of homelessness (129 cases)

Figure 3 shows housing outcomes for this group of 129 primary clients (representing 382 individuals). This referral stream was intended for those in private rentals without a history of accessing homelessness services, although according to SHS data around 36% were already experiencing some form of homelessness on program intake. Private housing remained relatively stable for the group, suggesting that many private tenants did avoid homelessness, although there were flows out of private housing and into homelessness. However, these flows were compensated for by some clients exiting homelessness and entering housing. For this cohort, the largest housing increase was in public or community housing programs. Housing stability was also strong, increasing from 0% on intake to 58% on exit.

### Women, with or without children, experiencing FDV (39 cases)

Figure 4 shows housing outcomes for this group of 39 women (representing 121 individuals), although it should be noted that further ahead we analyse FDV in terms of linked SHS data, leading to a higher number of cases. This referral stream cohort was comparatively small, but qualitatively different in that the majority (75%) were classed as homeless on intake (rough sleeping, couch surfing, or in temporary/emergency accommodation). At program exit, there was a large decrease in couch surfing (41% to 3%) along with increases in private and public/community housing (23% to 38%; and 3% to 10% respectively). Of note was the increase in short-term accommodation, which is classed as a form of homelessness by the AIHW. However, this classification includes women's shelters and refuges, which would in fact be a positive outcome in cases where this increased clients' safety. Housing stability for this cohort increased from 0% on intake to 33% on program exit, and while this was a comparatively lower increase, it is important to keep in mind that short-term/emergency accommodation (which cannot be considered as stable housing) can be a positive outcome given the circumstances of FDV.

Figure 2: Outcomes for 122 families with dependent children in their care (representing 447 individuals)

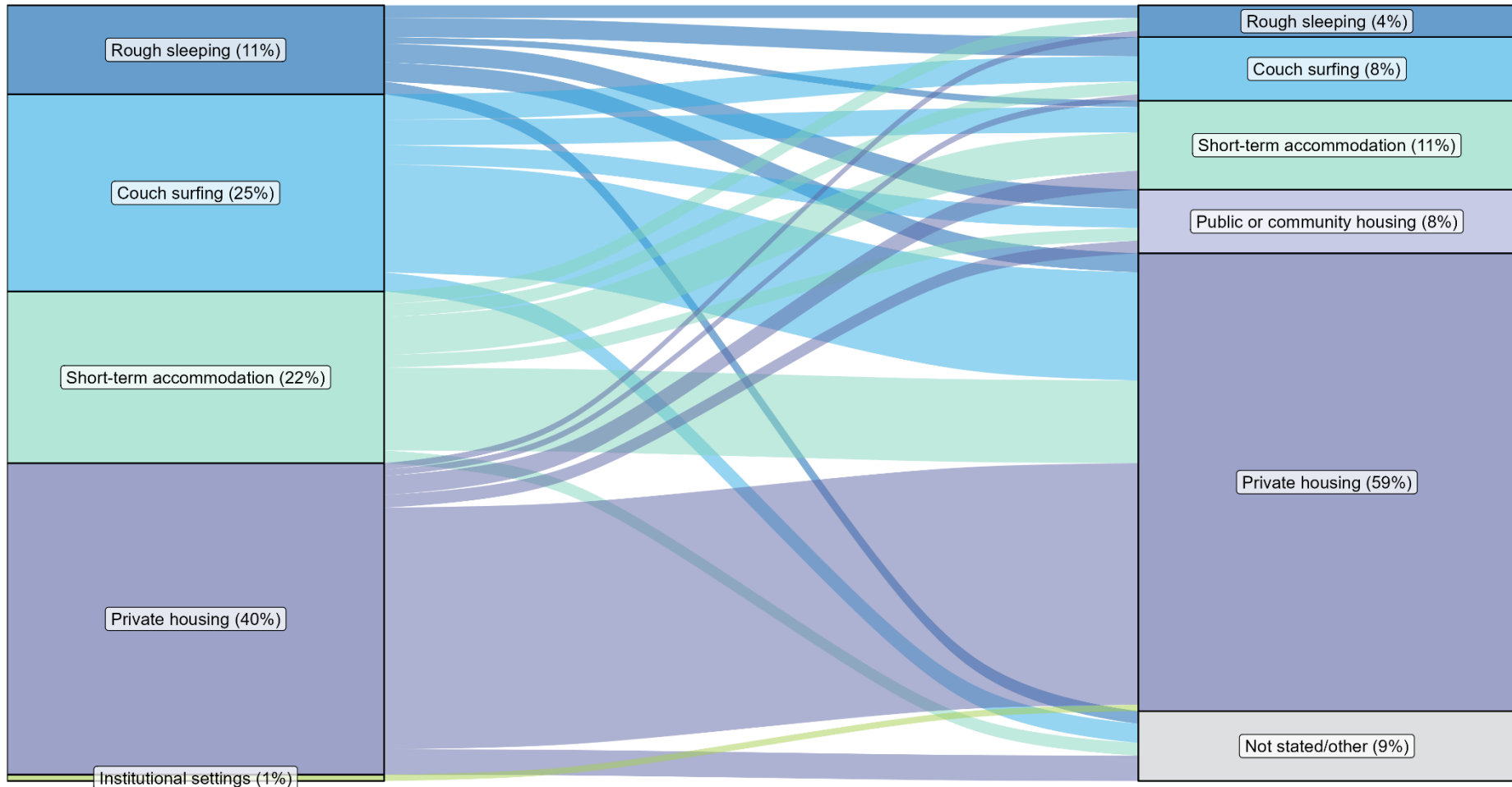


Figure 3: Outcomes for 129 families and single adults (representing 382 individuals) for prevention of homelessness

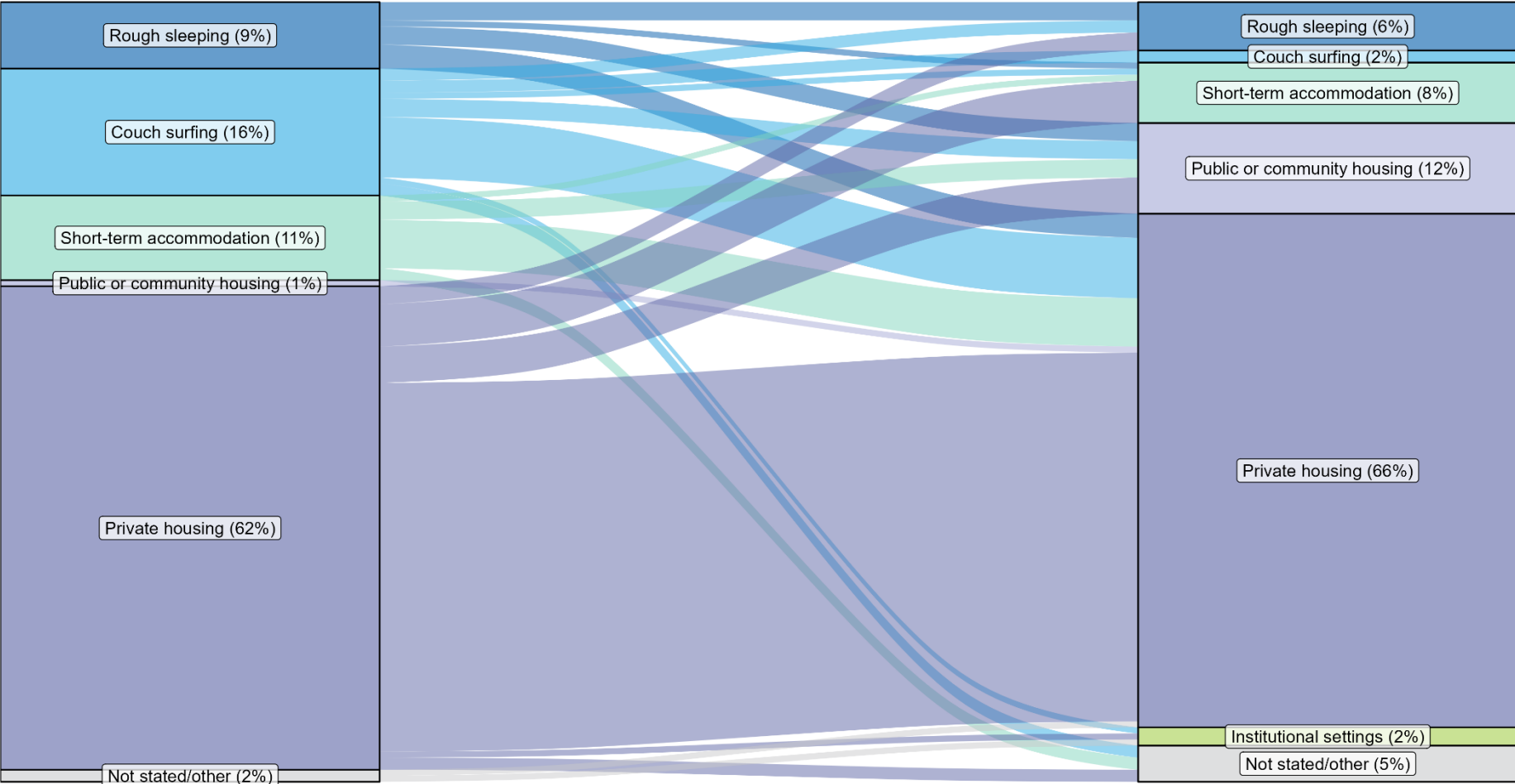
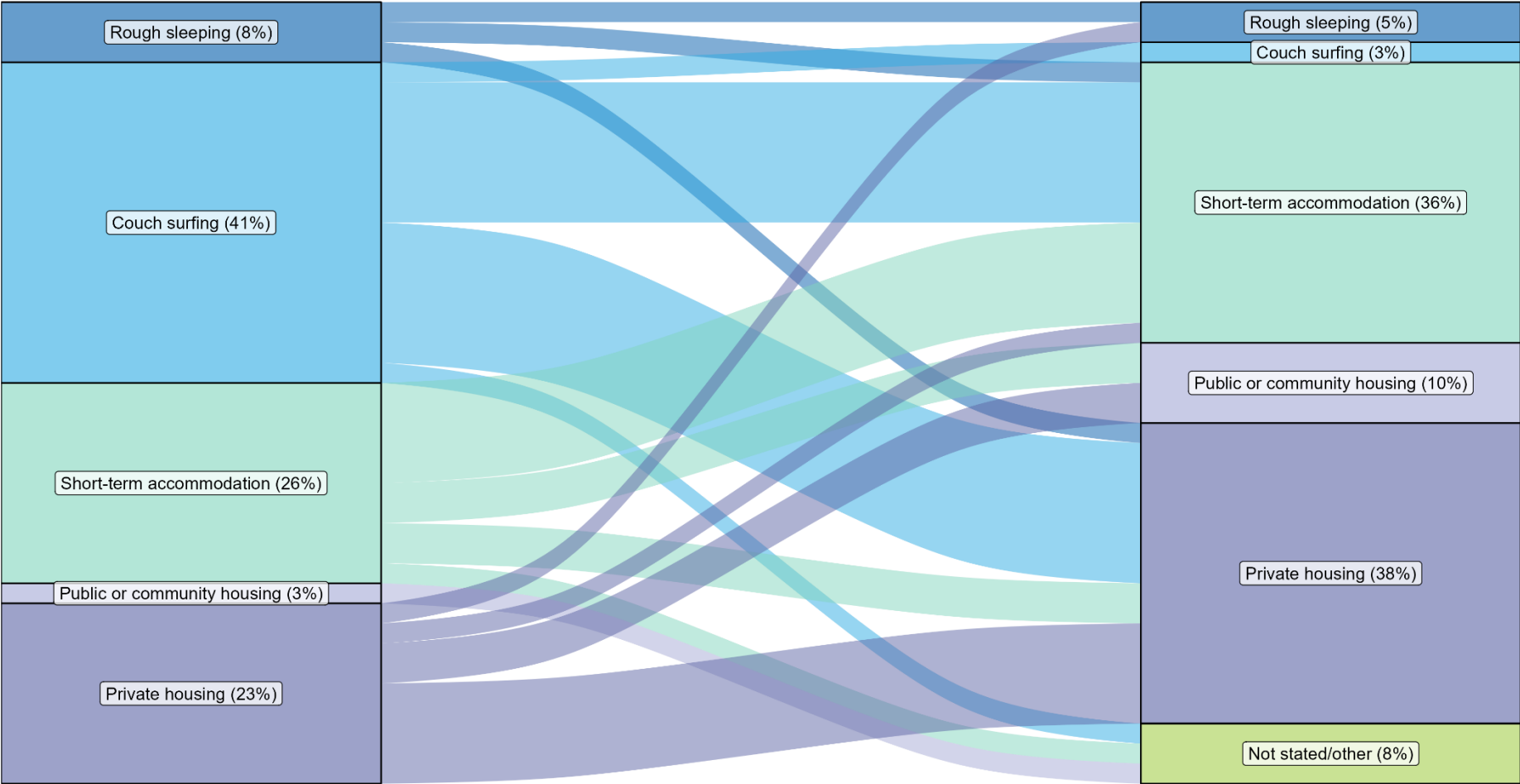


Figure 4: Outcomes for 39 women, with or without children, experiencing domestic violence (representing 121 individuals)



### Housing outcomes for different client groupings

The housing outcomes for contacted primary clients, families, children, and adults are present in Table 5 below. Approximately half of each group were homeless or at risk of homelessness prior to program intake. On program exit, 47%–48% of each client group were permanently housed.

For each group the change in positive housing status was significant: the proportion in private housing, public or community housing increased, while decreases were seen in the proportion rough sleeping, couch surfing, and in short-term accommodation.

Table 5: Housing outcomes by client groupings

| Clients                     | Contacted primary clients |         | Families |         | Children |         | Adults   |         |
|-----------------------------|---------------------------|---------|----------|---------|----------|---------|----------|---------|
| Cases                       | 290                       |         | 249      |         | 580      |         | 370      |         |
| <b>Status on entry</b>      |                           |         |          |         |          |         |          |         |
| At-risk                     | 49%                       |         | 48%      |         | 49%      |         | 50%      |         |
| Homeless                    | 51%                       |         | 52%      |         | 51%      |         | 50%      |         |
| <b>Status on exit</b>       |                           |         |          |         |          |         |          |         |
| At-risk                     | 23%                       |         | 23%      |         | 22%      |         | 22%      |         |
| Homeless                    | 23%                       |         | 24%      |         | 25%      |         | 22%      |         |
| Permanently housed          | 48%                       |         | 47%      |         | 47%      |         | 48%      |         |
| Not stated                  | 7%                        |         | 6%       |         | 5%       |         | 7%       |         |
| Housing Status              | On Entry                  | On Exit | On Entry | On Exit | On Entry | On Exit | On Entry | On Exit |
| Rough Sleeping              | 10%                       | 5%      | 9%       | 5%      | 12%      | 5%      | 10%      | 5%      |
| Couch surfing               | 23%                       | 4%      | 24%      | 5%      | 23%      | 5%      | 21%      | 5%      |
| Short-term accommodation    | 18%                       | 13%     | 18%      | 14%     | 16%      | 15%     | 18%      | 12%     |
| Public or community housing | 1%                        | 10%     | 0%       | 9%      | 0%       | 10%     | 1%       | 9%      |
| Private housing             | 48%                       | 59%     | 47%      | 59%     | 48%      | 58%     | 48%      | 60%     |
| Institutional settings      | 0%                        | 1%      | 0%       | 1%      | 0%       | 1%      | 1%       | 1%      |
| Not stated/other            | 1%                        | 7%      | 1%       | 7%      | 1%       | 6%      | 1%       | 7%      |

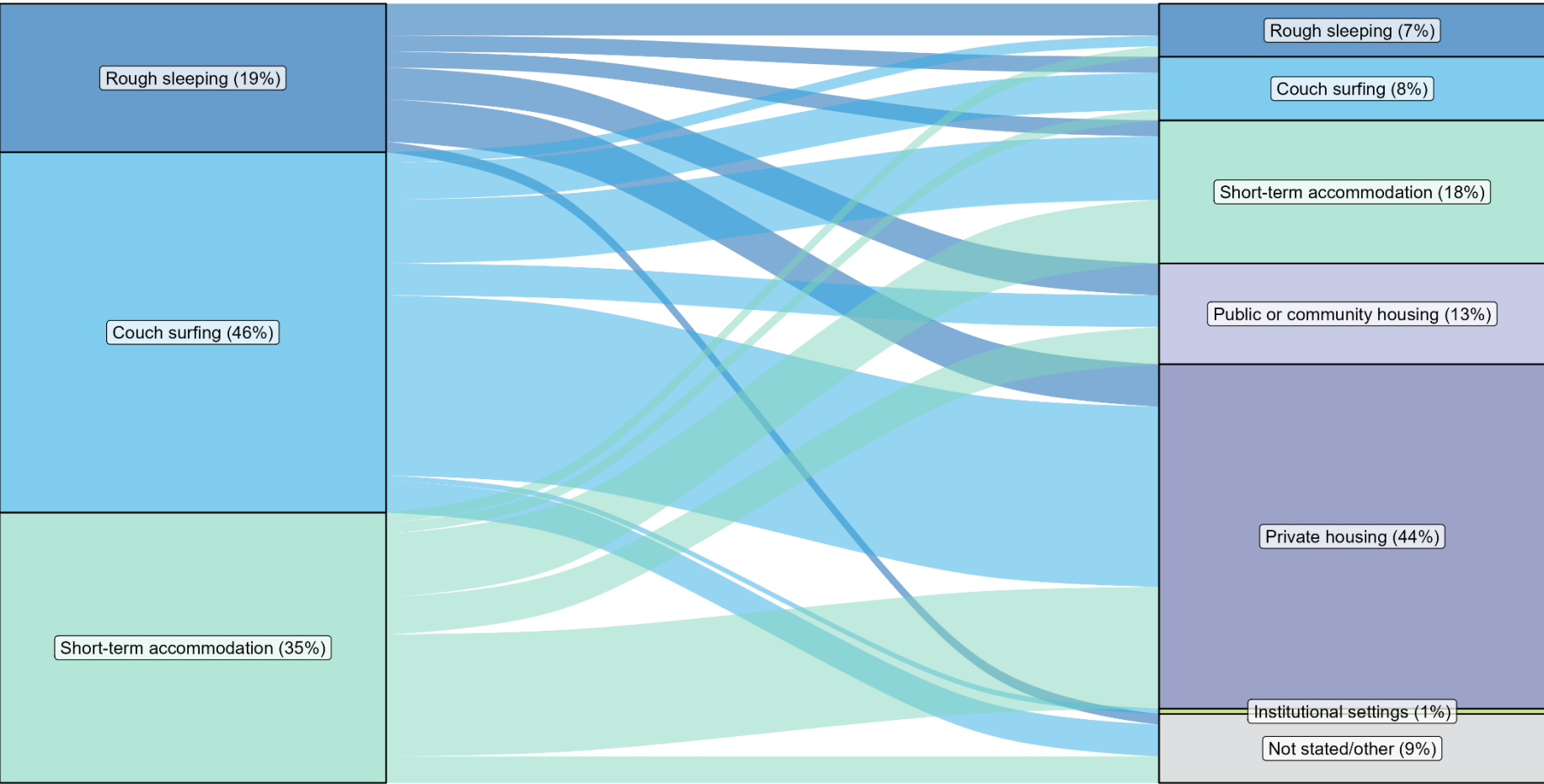
## Access to housing

Enabling housing access is a key outcome that acutely affects homeless clients and their families, but also applies to many of those at-risk who are in unacceptable housing conditions or facing unavoidable circumstances (e.g., a victim in a family domestic violence situation, clients facing certain eviction, or those who simply cannot afford to stay). Key indicators of success in increasing access to housing were demonstrated across: (a) a reduction in homeless clients, (b) a reduction in the length of time people remained homeless, and (c) decreasing barriers to housing access. On entry almost half of the primary clients who were homeless on intake were couch surfing (46%), one-third (35%) were staying in short-term accommodation, and 19% were rough sleeping. At the end of the 6-week program, 44% were privately housed, short-term accommodation had decreased to 18%, couch surfing to 8%, and rough sleeping to 7%. Those who exited housed spent on average 5-weeks in support, which is exceptionally fast when considering wait times for access to public housing. For example, even for priority clients (e.g., the homeless, or those in FDV situations), in 2022 only 34% were placed in public housing in less than 3 months, and in fact 30% had waited between 1–5 years to access public housing (AIHW, 2023).

**Table 6: Access to housing outcomes**

|   |   |
|---|---|
| <p><b>Reduction in homelessness</b></p>                         | <p>58% of clients exited the program housed, either at-risk or permanently housed</p> <p>86% of those moving from homelessness to housed were experiencing long-term housing issues</p> |
| <p><b>Reduction in length of time clients were homeless</b></p> | <p>For clients who exited the program housed, the average time spent in EPO service was 5 weeks</p>   |
| <p><b>Decreasing barriers and enabling housing access</b></p>   | <p>Of the clients who began EPO non-housed (i.e., in neither public nor private housing), 67% were able to improve their housing situation</p>  |

Figure 5: Outcomes for 147 primary clients (478 individuals) who were homeless on intake



Tenure outcomes showed not only that a sizeable percentage of homeless clients had achieved housing, but that it occurred primarily in the private market (i.e., private housing tenure increased from 0% to 44% from entry to exit). This is a considerable achievement given that (a) many homeless clients had long-term histories of accessing homelessness services, and (b) that accessing the private market was extremely difficult. For example, the tightening rental market meant significant numbers of people were applying for properties along with increased financial requirements, and a highly competitive rental culture had emerged where applicants were effectively bidding for places by privately offering above the advertised rental amount. This structure is exclusionary by its nature, and would inevitably lead to long-term problems for those that were disadvantaged by it:

*“The market is the real problem because of my income. I viewed properties out of my budget just to get a sense of the market and talk to agents to learn from them, and sometimes other clients. Some told me they had been looking for 12 months.” – Client*

Yet part of the success of Centrecare’s EPO lay in flexible solutions to housing where clients broadened their thinking around options and expectations for accommodation:

*“For me, the best thing about [an EPO client] was that he was open to suggestions to solve his problem. He didn’t put any barriers up, just OK, whatever we have to do, we’ll do. So with that I made a few phone calls and we were able to secure a place in Balga, in a share house. He’s got a nice room.” – Staff*

*“People get narrow minded thinking they can’t move from their little pocket. Whereas you have to be open to stretching yourself out a little bit more. Being in a home is more important than being in a car or a garage.” – Staff*

At other times, success was related to interpersonal connection, and the way that Centrecare EPO staff interacted with clients:

*“To go into community housing you feel like a second-class citizen because they sort of looked down their noses at you. That’s why [Centrecare staff member] was great, she came in and she did care.” – Client*

*“EPO asked me if we had anything in the area that she was considering, and unfortunately, we did not, but we ended up housing her in a whole different area that she didn’t [initially] want. Before she had lived the majority of her life north of the river. And we had a house south of the river. And when I’ve spoken with her afterwards, she said it’s the best decision she made. She can basically walk everywhere, she can go to the shops, walk to the Rockingham shopping centre. She can walk to the medical centre and everything she needs is just around the corner.” – Stakeholder*

Despite instances of clients needing to adjust expectations or broaden their housing options, access to housing was ultimately met with appreciation:

*“We were homeless and stumbled onto Entrypoint [Perth] and through Entrypoint Outreach we now have secured a 2-bedroom over 55s unit in the city. It is a secure nice unit and subsidised rent, so it suits us. So thankful, we would still be homeless if not for you.” – Client*

The effectiveness of Centrecare’s EPO in housing significant numbers of clients within a highly restricted rental market is a strong indication that the service’s personalised, problem-solving approach to decreasing barriers is a valuable approach.

## Reduced risk of homelessness

Nearly half of contactable Centrecare EPO clients were housed on intake, but at imminent risk of homelessness. However, most of these clients had managed to avoid homelessness on program exit—an impressive reduction in risk of homelessness, especially considering the relatively small amount of support time provided for each client.

Many Centrecare EPO clients represent a new cohort of people at risk of homelessness who do not fit the traditional image. Indeed, ages ranged right up to 87 years, and many clients from this new cohort had actually been housed long-term:

*“Now all of a sudden, middle-aged, single mums with children are being told to leave and not only are they being told that they’ve got to vacate, but the actual process of locating a new property has completely changed. It’s not that easy. And that in itself was very overwhelming for a lot of people when we first met them. People just didn’t have that education and knowledge because they’d been in a home for a very long time and hadn’t had to deal with that before. So that was a challenge for that cohort of people that did not access homelessness services before.” – Staff*

As can be seen in [Figure 6](#), some at-risk clients did move to homelessness—either rough sleeping, couch surfing, or in short-term/emergency accommodation. However, the majority were diverted from homelessness and were able to either maintain their tenure or find alternative accommodation (mostly in the private market, and to a lesser degree in public housing). In many cases the effectiveness of the program hinged on addressing clients’ knowledge gaps in critical areas as well as developing their personal skills, but also in drawing on Centrecare’s established networks:

*“It was education, it was teaching them how to use technology and how agencies are using it now. It was giving people hope and knowledge and also the reality of the market, a lot of people didn’t know that.” – Staff*

*“[Centrecare EPO staff] came and met me, and we were doing rental applications together. She was ringing agencies that she had a good relationship with, and that were helping people like me. She was going above and beyond.” – Client*



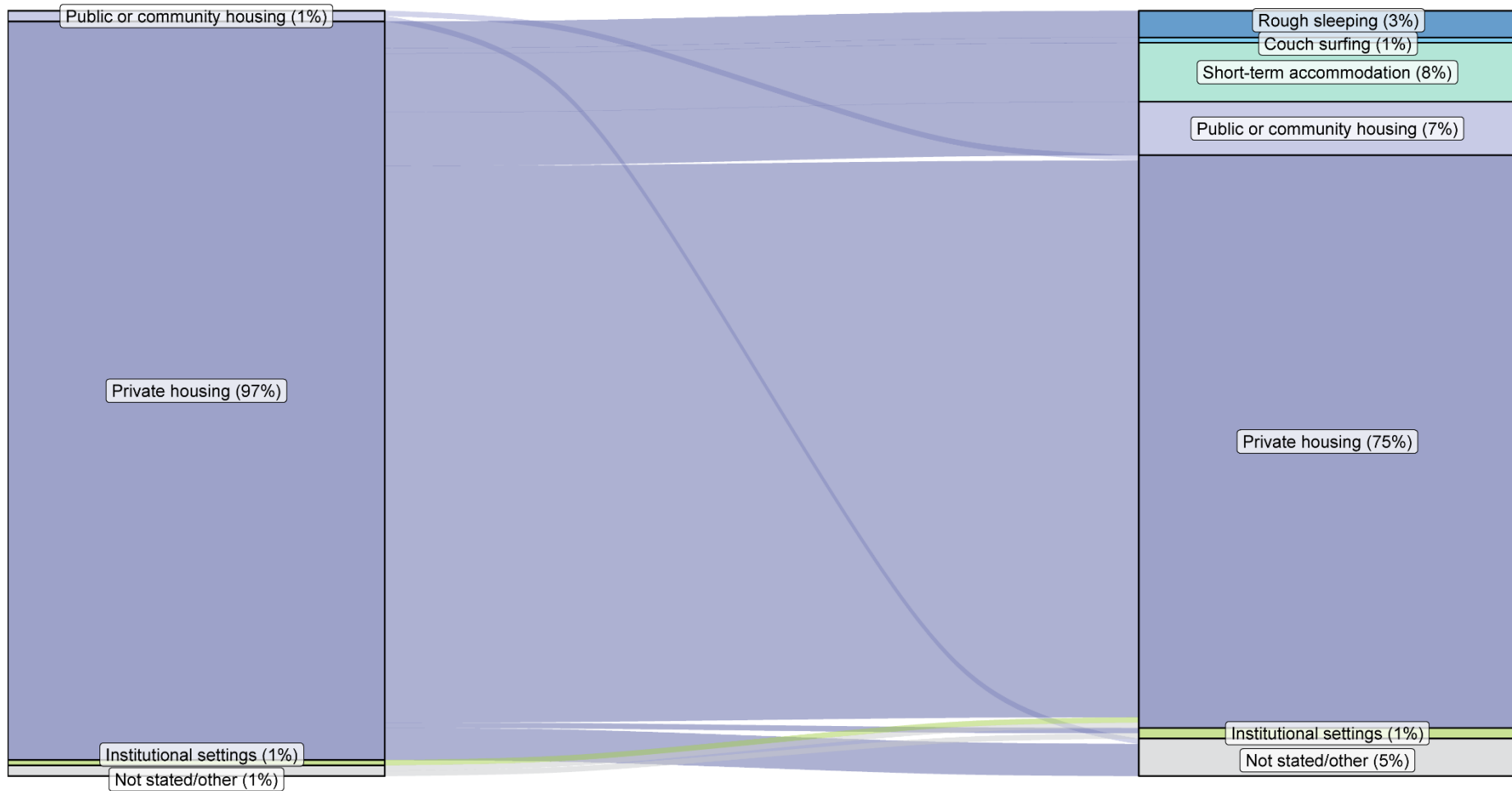
| ON PROGRAM ENTRY  | ON PROGRAM EXIT   |
|---|---|
| <br>49% At imminent risk of homelessness | <br>83% Of those at risk of homelessness were housed |
| 143 Primary clients at risk   | 57% Permanently housed  |
| 427 Total individuals at risk   | 26% Still at risk   |

Figure 6: Outcomes for 143 primary clients (472 individuals) who were housed but at imminent risk of homelessness on intake



**Case Study**

Anna and her husband were referred to Entrypoint Outreach after receiving a notice to vacate the rental property where they lived with their six children. The family had been advised the owner would not renew their lease because they had not maintained the property in accordance with the tenancy agreement. The owner cited issues such as property damage, mould, and lack of garden maintenance. The family had been applying for further rental properties without success. Centrecare’s EPO met the family at their home and viewed the property damage with Anna. Through discussions with Anna and her family, Centrecare’s EPO determined that they lacked the necessary knowledge and life skills to maintain the property, which had contributed to the standards becoming unacceptable over a period of years. Anna agreed this was the case, and Centrecare’s EPO negotiated with the managing agent’s property manager and directly with the owner for a three-month extension of the tenancy so the family could build their knowledge and skills regarding expected maintenance, cleaning products, and cleaning techniques. The owner agreed to the extension and to give the family an additional twelve-month tenancy agreement if they showed intent to rectify the issues. Centrecare’s EPO referred the family to Centrecare’s Private Rental Advocacy and Support Service (PRASS) for support to increase tenancy skills and bring the property back to standard. The family were accepted into PRASS, and Centrecare’s EPO brokerage was used to purchase tools for garden maintenance.

**Housing stability**

Housing stability generally increased for those who entered Centrecare’s EPO privately housed but at imminent risk of homelessness, connecting with Centrecare EPO’s stated aim to secure long-term housing for clients as well as to improve client wellbeing. Overall, permanently housed clients and families increased from 0% on intake, to 48% on exit.

|                                   |  |
|-----------------------------------|--|
| <b>PROGRAM EXIT</b>               | 67% of the privately housed but at risk group stayed in private housing but shifted to permanently housed                |
| <b>7 MONTHS POST PROGRAM EXIT</b> | 83% of clients had sustained their housing   |
|                                   | Most of the 17% who were homeless were in short-term/emergency accommodation rather than sleeping rough or couch surfing |

Many clients referred to their new housing as their “forever home”, which in turn provided them with security and peace of mind (i.e., they were no longer at risk of homelessness). They linked their personal wellbeing outcomes to permanent housing, and mentioned feeling increased confidence, happiness, safety, and life satisfaction. In many cases secure housing also enabled children to return to school and adults to seek out employment or training opportunities.

*“It’s my forever home now. It gives me goose bumps just thinking about it. I would never have thought a couple of months ago I’d be sitting here feeling the way I do. Everything is really good.” – Client*

**Independence and skills**

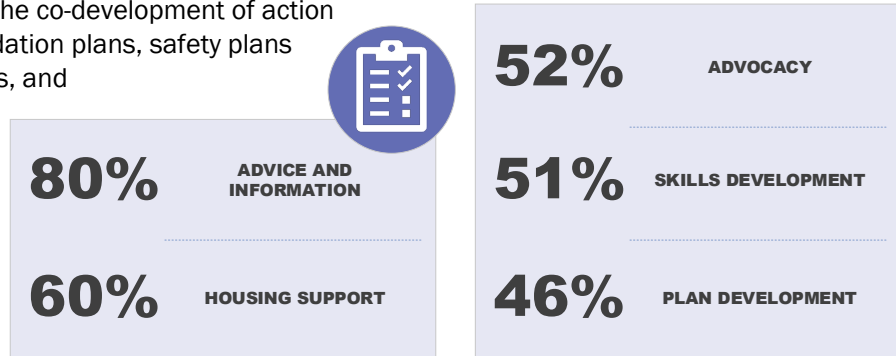
While gaining stable and safe housing was the primary desired outcome for Centrecare EPO clients, it important to note the complexity and nuance of individual client needs and their personal barriers to housing stability. For instance, in many cases clients had fundamental skills or knowledge gaps that drastically lowered their chances of obtaining housing, such as an inability to manage online applications, a lack of documentation, poor knowledge of the rental search and application process, or poor planning skills. Repeated failure to obtain a basic life necessity due to these missing

elements is understandably demotivating, but the Centrecare EPO program demonstrated that change and motivation is possible:

*“Entrypoint came along and sort of changed my life and gave me more focus and more motivation.” – Client*

In terms of support provided in Centrecare’s EPO, advice and information were the most commonly provided resources, along with housing support such as help with searching for tenancies or helping those already in tenancies to resolve critical issues. While the receipt of key information or housing support can make the difference in securing accommodation, a substantial part of the Centrecare EPO program involved skills development, both for general life skills and for tenancy specific skills.

Connected with this was the co-development of action plans, such as accommodation plans, safety plans for those in FDV situations, and plans for individual development. Around 1 in 2 clients received assistance in developing personal skills and ongoing development plans. Sometimes these



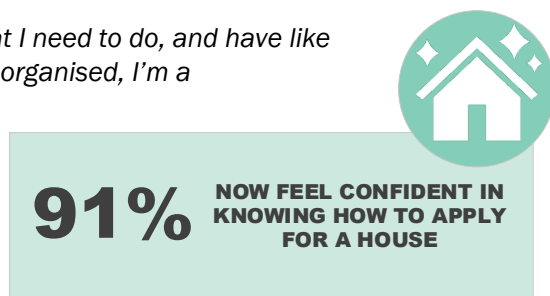
tenancy skills were seemingly straightforward—such as leaving a rental on good terms or planning for the next tenure option—but many clients were simply not aware of how the system functions, and thus their risk could be mitigated through an educational approach:

*“Often people came to us and they had to leave their rental, but before they got hold of us they were prepared to just get up and go and that was not a good thing. We were able to educate them and give them guidance on the fact that you actually need to exit your current rental well, so that you still have the opportunity in this tough market of securing new rental because if you don’t then the likelihood is that you’ll struggle. And more so, there was quite a lot of education and guidance around that area and around an interim plan.” – Staff*

Specific skills that were taught to clients included completing rental applications, advocating with real estate agents, obtaining references, budgeting, exiting rentals, and learning how to clean a house and maintain gardens. Centrecare EPO staff provided guidance and instruction for clients, giving them an understanding that the keys to success lay in an approach that was proactive and engaged. Perhaps most importantly, clients understood that good outcomes required following through with set tasks:

*“I’ve never had a piece of paper telling me what I need to do, and have like weekly cleaning, monthly clean. I’m a lot more organised, I’m a lot more settled.” – Client*

*“[Centrecare EPO case worker] was fantastic, she explained in detail everything I needed to know to be able to forge ahead and be confident in looking for my next rental. So happy to have met her.” – Client*



*“[An EPO client] is a quick learner, and she was very proactive in the engagement process. Just setting new, small goals to achieve on a daily basis, or every other day, and then check in with me when she’s done. That’s how we worked together.” – Staff*

*“I gave [EPO client] a structured goal pattern. You need to do this, and set the goal, and I’d say call me when you’ve done it. Then the next thing and the next thing. It was very easy to reach a goal for him because he was wanting to get there.” – Staff*

Importantly, even when clients were unable to successfully find housing during the program, the development of skills and confidence could still increase the chances of finding housing in the future:

*“[EPO client] was amazing. She was a really engaged client who would take on any and all advice. It was refreshing to see a client so engaged and enthusiastic about wanting to learn and take on the skill of finding a home. Unfortunately, we weren’t able to find success in the six-week period we had, but we were really lucky. Because [client] was so engaged with the program, she was able to realise success in housing herself. Which is great as it gives further confirmation that through really clear, strong engagement, and strong education and skill building that they can find success.” – Staff*

*“Sometimes we would say, ‘Look you’ve come to the end of your engagement period’, and they would be devastated. And, ‘No, I can’t do this without you’, and we would have to say, ‘You’ve got the skills, you’ve got the confidence’... we filled the tool belt up. ‘You have the tool belt and now you’re on your own’.” – Staff*

### Social and emotional wellbeing (including safety from FDV)

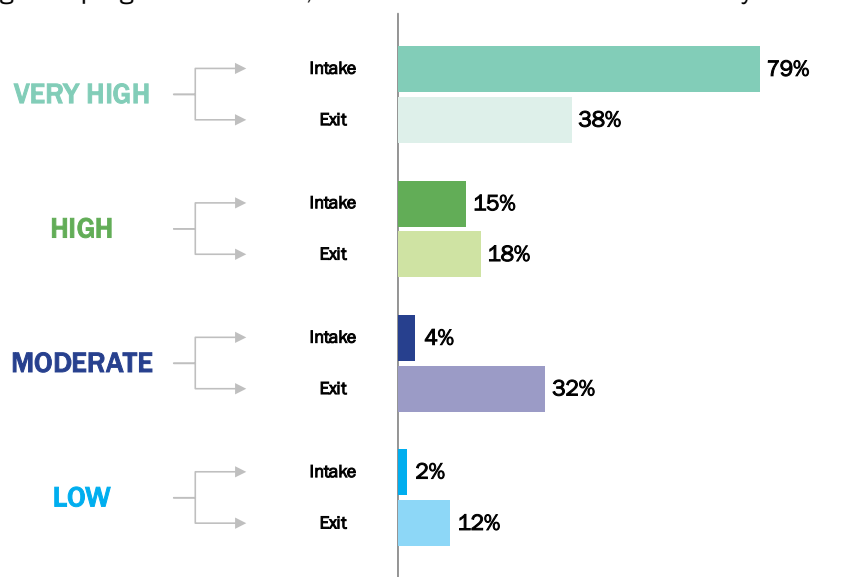
Given that housing is such a fundamental need, we expected that a program which increases independence and housing security would also have positive effects on social and emotional wellbeing, as well as family functioning. Indeed, the mere risk of homelessness would be highly distressing to most people and family units, not to mention the lived experience of homelessness itself.

To capture changes in psychological distress, clients took the K5 before and, when possible, after the program. Most clients on intake had very high distress levels (78%), whereas on exit there was a more even spread, with roughly one-third in the very high category, and half in the moderate to low categories (McNamara et al., 2014).

One particularly vulnerable cohort are victims of FDV. Through combining SHS and Penelope data, we flagged 72 primary clients (25% of all primary clients) as having FDV issues. Examining pre/post distress scores for this group (where data was available) showed that client distress for this group was significantly lower on exit from Centrecare’s EPO. Most K5 scores on intake were in the “very high” category, whereas on exit there had been an increase in moderate to low scores.

This reduction in distress was likely linked not just to housing, but to personal safety. Of 35 primary clients with FDV issues that also completed an exit survey, 89% agreed that they felt safe and supported after having been through the program. Moreover, 94% of those clients stated that they were not returning to a violent living situation. Many primary clients with FDV problems were housed on exit (47; 65%), with a 38% increase in permanent housing (and a 35% reduction in homelessness). This meant that 29 adults and 57 children affected by FDV were able to secure stable housing through the program.

For this cohort, 16 primary clients (22%) were in short-term/emergency accommodation, although five clients were either couch



surfing (2 clients) or rough sleeping (3 clients).

Outcomes were broad in terms of social and emotional wellbeing, and included an improved sense of safety, family functioning and reduction in stress, and greater confidence and hope:

*“It’s just totally changed my life around. I’ve got my self-confidence back, got my trust in people back. It’s a lovely little unit—it’s small but it’s got everything I need.”* – Client

Given that most primary clients represented family units with children, it was important to examine housing outcomes for this cohort, even though the raw number of families with children did not map cleanly onto Centrecare’s “families with dependent children” referral stream. All forms of homelessness decreased for families with children, with couch surfing in particular decreasing from 24% to just 5%.

The impact of securing housing was transformative for many clients, especially in comparison to the life that many felt they were heading for prior to Centrecare’s EPO:

*“I walked out of there feeling so much better in myself than when I first walked into that initial appointment. After that I started going ahead in leaps and bounds. And knowing that I wasn’t alone, that I had the support there was very uplifting. It lifted me so much I went above and beyond I think.”* – Client

Once their housing problem was solved, clients felt they could focus on improving other parts of their life. Rather than feeling overwhelmed and distressed as many did on entry, clients were making plans for the future and even extending their self-confidence to help their families and others grow and thrive:

*“He’s back in school now. He’s going really well. I was home schooling him. He was present, he was alright. Being back in the classroom environment is pretty good.”* – Client

*“My next goal is to try get back into work.”* – Client

*“I’m actually looking at starting a diploma in youth work. Prior to the separation made earlier in the year, I took on a 14-year-old troubled teenager. In their home was domestic violence, drugs and alcohol and things. I helped him get through that and get back into school and get back on his feet... He’s doing really well for himself.”* – Client

*“We’ve got friends a couple of streets away. We can live our life now. Whereas before we were just existing and packing.”* – Client

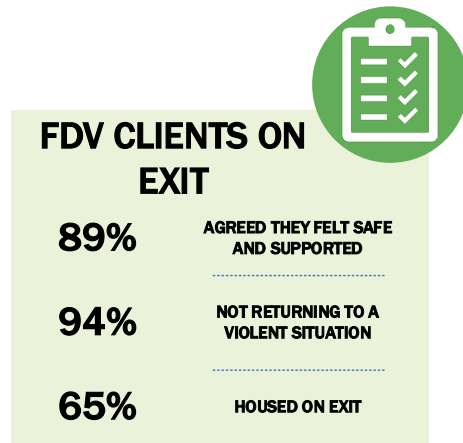
In many cases, Centrecare’s EPO was able to alter life trajectories from the abject reality of homelessness to making plans to fulfil one’s potential, or at least a return to stability.

### Service appropriateness

In judging service appropriateness or utility, it is important to not only examine concrete housing outcomes, but to listen to the clients themselves. In that regard, we found strong evidence that clients were highly satisfied and felt that the Entrypoint Outreach program was suited to their needs.

Clients expressed appreciation for Centrecare EPO staff, describing them as being “kind”, “helpful”, “supportive”, “compassionate”, “respectful”, “non-judgemental”, and “going above and beyond”:

*“Entrypoint Outreach was a great service, it really made me feel comfortable safe and positive, always there for me when I needed it and didn’t understand things, they didn’t make me feel stupid or useless.”* – Client



It is important to note that not every client who completed the satisfaction survey exited the program housed—yet service satisfaction was still high. For example, 19 of the 119 primary clients that filled out the survey exited the program homeless, yet they still felt highly satisfied with the program. This points to the nuanced nature of the work, where problem-solving and increased capacity can lead to decreased housing barriers and future success, even if housing results are not immediate. Indeed, three of those homeless clients that were followed up with some months later had found housing on their own, having left either short-term accommodation or couch surfing. Interviews and survey data indicated how moved clients were by their interactions with supportive staff at a time when they were struggling:



*“The service is wonderful; you saved our lives. Be proud as you grabbed us out of the rut we were in. You understood how we were feeling. You were like a shining light.” – Client*

Such strong and positive language makes clear that the service had a significant impact. Being given encouragement, support, direction, and knowing they had someone to guide them bolstered clients’ confidence and motivation, and gave them hope at a time when they needed it most:

*“I came in and had an appointment with [Centrecare EPO staff member]. They gave me hope in finding a home and helped me with looking and talking to people. It gave me confidence to go out there and look for housing and get up on my feet.” – Client*

*“It was such an overwhelming situation to be in. And when [Centrecare EPO staff member] came in, it was like I could breathe again. We just needed the reassurance, and to know she was working on our behalf. We can’t praise her enough, she gave us something to hold on to. Before we just had nothing.” – Client*

Staff were aware of their power to provide positive direction, and they noted observable changes in their clients:

*“When we did an interview with one of the male clients—he came in on the Saturday—and I assessed him. He came in really bad, and he walked out, even in just that short period of time, saying “I’m going to do this, this and this”. And he felt hopeful, and hope is a huge thing for the psyche.” – Staff*

Often the clients facing homelessness had a period of feeling ashamed or reluctant to reach out to others. But the connection skills of Centrecare EPO staff enabled shame to be transformed into a problem-solving approach along with practical steps to overcome homelessness. Centrecare EPO clients commented on the close relationships they had with staff, describing them as “caring”, “contactable”, “available”, “always willing to listen”, and “guardian angels”:

*“[EPO caseworker] was fantastic—I felt like I got a new auntie.”*



*“I feel that [EPO caseworker] has done a magnificent job in finding me a forever home and has been a wonderful friend, I thank her for being there for me.”*

*“The human aspect was experienced. Acknowledgement of empathy in life and going above and beyond what needed to happen. I am very humbled, thank you.”*

One common thread among Centrecare EPO staff, clients, and stakeholders was the importance of quality relationships as agents of change. Clients often stated that finding secure housing had led to social benefits, for instance through reconnecting with family and making new friends:

*“Well, I’ve got work, it’s not full time though. I’ve been helping my parents out with work around their house too. Because I was estranged for about 10 years. It’s been quite enlightening, reconnecting and sharing the past and asking about all my relatives and stuff like that and working out who I am really.” – Client*

*“Everything was great, sadly negative outcome, no house secured. Still positive experience, the program helped me to get motivated. [EPO caseworker] believed in me without judgement. I have hope now and something will come up soon. Thank you!” – Client*

*“I got everything I needed. You know, she doesn’t just think of it as her job. She thinks beyond that, which I think for people like me, that’s very important. I had all my needs met. She even taught me how to layout goals, set out stuff.” – Client*

### **Long-term cost savings**

The six key outcomes evaluated above make a strong case for the utility of Centrecare’s EPO in terms of (a) housing outcomes (housing access, risk reduction, and housing stability); and (b) individual/family outcomes (independence, social and emotional wellbeing, and service appropriateness). Yet from the perspective of public expenditure, an especially attractive feature of the pilot was the rapid achievement of outcomes at a low relative cost. According to Report on Government Services (ROGS) 2023 data,<sup>2</sup> between 2021–2022 in Western Australia there was a total expenditure of \$101.1 million for specialist homelessness services across 33,536 completed support periods. The average cost per completed support period was \$3,015—although those who fall into chronic homelessness are likely to place additional burdens on a wide range of public services (such as healthcare, drug and alcohol support, etc). In contrast, Centrecare EPO’s 18-month budget was around \$475,600, and with 202 primary clients being formally accepted in service, the average cost per completed support period was \$2,354. When considering the total number of clients actually affected (i.e., including the extra 458 non-primary clients attached to a formally accepted case), the average cost per person supported drops to \$723.

Alternatively, costs can be analysed per day instead of per support period or per person. For the same WA ROGS data as above, the average cost per support day was \$54.15. For the Centrecare EPO program, the cost per client support day for formally accepted primary clients was \$69.63. When considering all supported individuals (i.e., including non-primary clients) the per client support day cost was \$21.38.

Given the strong housing and individual outcomes already demonstrated, the Centrecare EPO model represents considerable long-term savings due to (a) diverting clients from chronic homelessness and housing wait lists, and (b) the speed with which housing results were obtained. Even though per

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<sup>2</sup> <https://www.pc.gov.au/ongoing/report-on-government-services/2023/housing-and-homelessness/homelessness-services>

day costs by primary clients were higher than average, outcomes were achieved quickly which reduced the overall support period costs. Cost-effective diversion from homelessness and public housing is extremely valuable: On 30<sup>th</sup> June 2022 in Western Australia alone there were 19,103 people on the public housing wait list, with 22% (4,139) of them being priority clients.

Administrative data evidenced the agile nature of the Centrecare EPO program, with an average of 51 administrative days per client (only 34 of which were support days on average). With these sparse inputs, Centrecare's EPO managed to achieve a measurable impact for the already homeless, but also for those who were housed but at imminent risk of homeless. As seen in [Figure 7](#), the "housed but at-risk" cohort mostly consisted of recent cases (i.e., clients without a history of accessing specialist homelessness services), whereas the already homeless cohort was primarily made up of longer-term cases. However, across both cohorts there was a reduction in homelessness and a reduction in risk of homelessness: demonstrating impressive low-cost results with downstream effects of alleviating pressure not only on homelessness services, but public services more broadly.

One lesson from Centrecare's EPO was that successfully intervening prior to homelessness can require less input than might be expected:

*"It was 2 weeks from the time she arrived into the program until we signed the lease and then another week or so and we moved in." - Staff*

Through engaging with a client's own problem-solving skills, leveraging stakeholder relationships and providing extra support in a timely manner, often the housing issue could be resolved rapidly and without intensive resources:

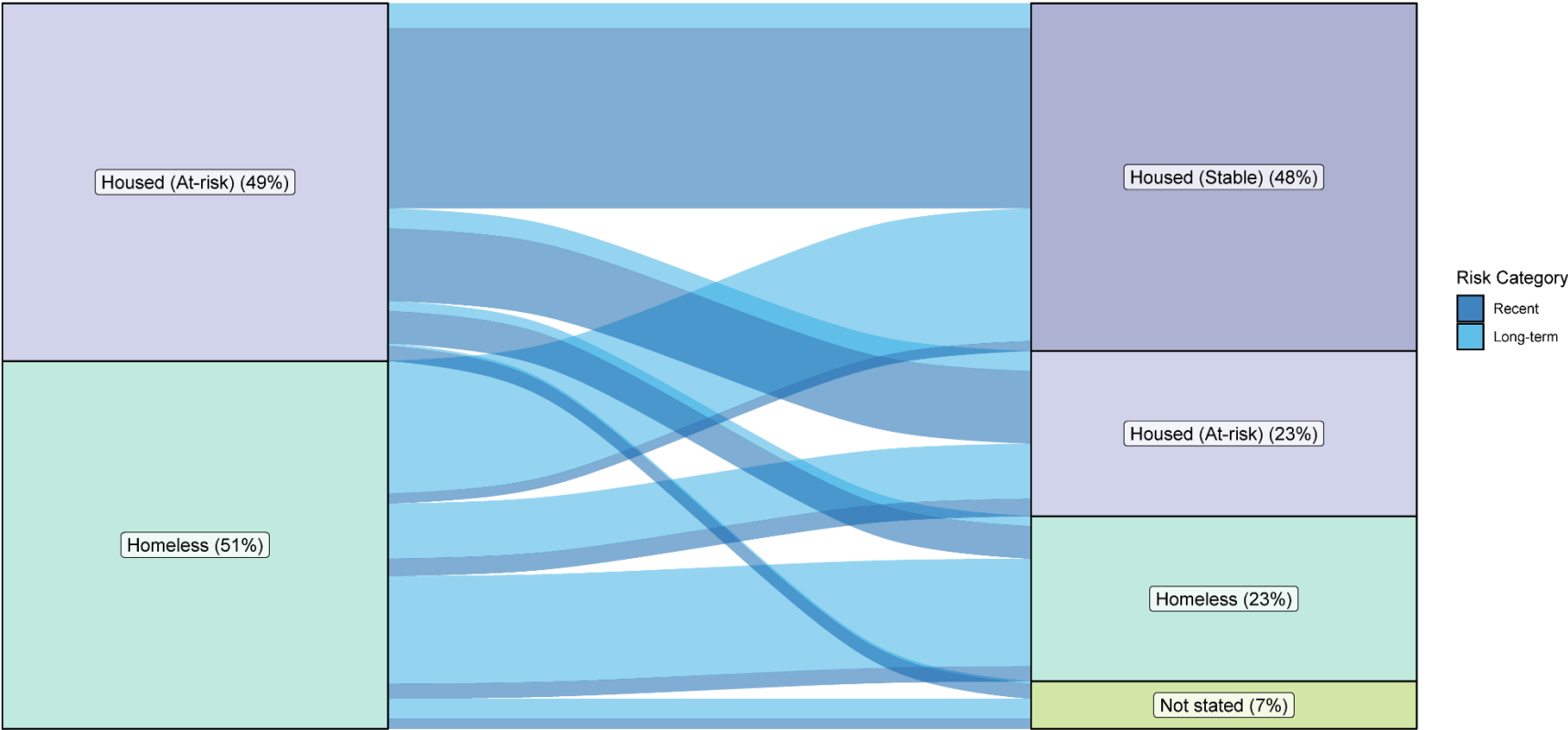
*"I spoke to this client in the morning and she was crying to me because she just had enough of her life, didn't know how she could get through another day. By the end of the day, she was crying to me because she'd been homed in a granny flat. It was beautiful. It was like a Bali resort, she said. And they were allowed to have the dog and it just was such a beautiful outcome. So, it just fills your soul because you've seen someone that couldn't cope with life and then they got somewhere at the very end." - Staff*

When considering the devastating human cost of homelessness and its associated socioeconomic burdens across a range of services, the ability to prevent homelessness without extensive resources presents a substantial and valuable innovation.

#### **Case Study**

Stephanie and her three children were given notice to vacate as their rental had been sold and the new owner wanted it vacated. Rents in the area they lived had increased by 40%, and Stephanie had been applying for rentals without success due to poor affordability. The case worker encouraged Stephanie to look at surrounding suburbs, but she was reluctant and became despondent upon viewing properties in her price range. Discussions were held around an interim plan to protect her good rental reference. Stephanie agreed this was important, so she vacated the property on time and went to live with her brother until she was able to locate a rental. Centrecare's EPO provided Stephanie with skills training to complete applications to a high level and ensure all her supporting documentation was in order. Stephanie exited the program with new skills and an accommodation plan to work towards. She reported back to Centrecare two weeks later that she had secured a rental in an area new to her.

Figure 7: Basic housing outcomes with risk classification for 290 primary clients (950 individuals)



# REFLECTIONS ON WHAT WORKED

Both Centrecare EPO staff and clients described why Centrecare’s EPO was effective, with common, clear themes emerging from the analysis.

## Individualised and flexible intervention

Centrecare staff spoke about how each client had unique needs and barriers to accessing housing. The support needed to be tailored to their specific circumstances, but also be holistic enough to address what were often multiple barriers to obtaining and maintaining housing, across several different life dimensions (e.g., psychological, economic, logistical, bureaucratic):

*“It was two weeks from the time she arrived into the program until we signed the lease, and then another week or so and we moved in. But I kept her for that whole six weeks because there were other things that needed to be done. I was very mindful that she needed that support. We linked her into different services, we managed to get her financial assistance for the bond. We managed to get her furniture. We really put the feelers out for the whole package, not just about the house. It’s got to be a holistic approach. Because if it’s not, then it may not work as well.” – Staff*

*“Single women over 65 are a growing cohort of homeless people, and often those women have been in domestic violence relationships or they have been in a tenancy for a very long time and they really don’t know what to do. They lost their partners and therefore lost their income to be able to afford a private rental. We worked hard to build that relationship and I suppose we did have to do a little bit more than the program guidelines. But by the same token, because they were older, we couldn’t just leave them. We had to make sure they got into housing. And once that they were in, we just connected them with so many people and services, and they’re thriving. Every single one, even one that we didn’t think would go well. Every single one is just thriving.”*

Staff

*“What we normally do with people that come from homelessness, we normally give them a support plan. To make sure that they’re supported through the tenancy and most of the support that they get is to do with counselling, we attach them to the appropriate support that they need.” – Stakeholder*

*“We actually achieved what we set out to do—and that was to divert people away from homelessness services by decreasing barriers. The relationships and the networking worked really well.” – Staff*

*“Older people needed more support. They needed more because you’re talking to someone that’s in their 80s having to do technology—they just don’t have the skills. So, we did notice that they required a lot more of our time, but that was due to anyone in their 80s having to do online applications and upload documents and ID’s and things like that.” – Staff*

## A collaborative, networked approach

Interviewed stakeholders attributed the program’s success to the relationships formed, and “everyone working together as a collective”:

*“And it’s a hard thing in this market. You really have to sort of be pulling on heartstrings of owners and trying to find those owners that are a bit socially conscious or socially aware and trying to make a difference.” – Stakeholder*

*“Even with the funding thing it’s still a delicate issue. You can say, “OK, we’ll subsidise rent” and all of those things. It’s still a concern because the more you subsidise rent, the rents are going to keep escalating, they’re not going back at all.” – Stakeholder*

Relationships with other stakeholders (such as housing providers and real estate agents) have contributed to the success of the Centrecare EPO program in finding appropriate private rental properties for clients:

*“The program also succeeded in a really tough market due to our relationships with real estate agents, not just over 12 months but over 15 years or more. And where we’ve had a whole variety of different programs and established relationships with real estate agents since the 1990s.” – Staff*

*“When we work with homelessness organisations, we try to quarantine any rentals sort of sub \$450 range and try and build a little bit of a database of people that are looking, so that we could match them with suburbs and properties and even try and quarantine them before they hit the open rental market. Because once they do that, these people have got no chance.” – Stakeholder*

Engaging landlords and real estate agents to assist in housing clients potentially incorporates novel assets in the effort to end homelessness. When such relationships existed during the pilot, it was mutually beneficial—in providing value to Centrecare EPO staff as well as satisfaction for stakeholders who could help to house clients in need:

*“That informal partnership started when [Centrecare EPO staff] was running the program. She posted on Facebook that there was an elderly lady in her 80’s that was losing her home because the owner was selling the property and she had nowhere to go. This lady had gone to [Centrecare EPO staff] to ask her if she could help her through Centrecare’s EPO. CEO of Bethany Housing saw the post and reached out to [Centrecare EPO staff] and said we house elderly people that are vulnerable or are in need of accommodation or at risk of homelessness. And then he reached out to me.” – Stakeholder*

*“As a community housing provider there is a process we need to go through. I met with [Centrecare EPO staff] and I explained to her how it works and I gave her the forms that she needed. So, whenever she had someone, she was getting the all the initial parts sorted. So, by the time they were coming to us, all we had to do was house them, we still interviewed them and made sure that they were the right fit for the property were placing them in.” – Stakeholder*

## **Homelessness expertise**

Finally, both stakeholders and staff recognised that the program’s effectiveness could be attributed to Centrecare staff having the expertise and skills to understand the needs of people facing homelessness. This work requires flexible approaches that are creative and responsive to the unique context of people’s lives. The base of knowledge and experience that Centrecare has developed over decades allowed staff to leverage the organisation’s pre-existing reputation and long-standing commitment to ending homelessness, which helped inspire others even outside the organisation to contribute.

## SUGGESTIONS FOR PROGRAM IMPROVEMENTS

Reflections on how to improve the program include the flexibility for a longer intervention period as needed, increased staffing (including those with real estate experience and contacts), and a focus on networking from the start of the program—with real estate agents, community housing providers, and other homelessness agencies.

### Extending time frames

Centrecare's EPO stakeholders (such as real estate agents and community housing providers) suggested that the intervention needed to be longer to successfully arrange housing and any other necessary support. Centrecare EPO staff agreed:

*"It is supposed to be a brief intervention of between two and six weeks and in some circumstances for some clients, that's OK. But I think really it needs to be on an individual kind of basis. And anywhere up to three months, to be honest with you."* – Staff

*"We need to establish who they are and that takes a long time to organise it. And you do expect that to happen when people have been homeless, because sometimes they lose all their belongings. Most of them you find that they have no idea at all. So, I think if the program ran again and was made longer, we can get all that stuff sorted."*  
– Stakeholder

*"Sometimes the intervention was two weeks too short. There were clients that we kept on a little bit longer due to their circumstances, particularly the seniors that we dealt with, and we had to keep them for eight weeks."* – Staff

*"If you have more time, you could advocate more and work more towards the client's needs, and get the outcome that they need."*

Centrecare EPO staff

### Brokerage funds

Brokerage was used for bond shortfall and fuel vouchers so that clients could attend viewings, and have access to transport, removalists, and whitegoods. The use of brokerage funds is a fundamental part of rapid response short-term interventions designed to stop entry into homelessness and get families back into permanent housing quickly. Going into the pilot, Centrecare's assumptions on what clients may require brokerage

funds for were sometimes different to what was actually needed, or the amount they required was not affordable for the program given the extent of the need. Initially, an average of \$90 per household was budgeted for, with flexibility to provide a greater or lesser

amount dependent upon need. However, some clients required much larger amounts to support rent arrears, pay removalist fees, or fund temporary accommodation. To address these needs, EPO accessed other support services available within the community.

*"[The client] had just escaped a terrible DV situation, but she had nothing and nobody that could supply her with white goods. We used brokerage for a fridge as she had children. That was a really important use of that money."*

Centrecare EPO staff

### Facilitate workshops

Suggestions also included facilitating workshops about application profiles and other frequent client issues. Workshops would also enable clients to meet and provide support for each other:

*“It would have been good to have run a workshop instead of doing the one-on-one. Get 5–6 people in, put a laptop in front of them and say, “Okay today we’re going to set up your profile”. Having other people in the same situation, chatting and interacting with others, and building that confidence and hope to think “I’m not alone”—a support group.” – Staff*

## Ongoing funding

Centrecare described the program as invaluable for clients. Staff unanimously agreed that they would like the program to continue as government supported, mentioning that the large amount of work that went into building relationships would need to be duplicated if funding was not imminent. Likewise, Centrecare EPO stakeholders suggested that long-term increased funding is needed to support those at risk of homelessness through programs such as Centrecare EPO:

*“We want it to keep going. We love it. We really feel that the outcomes speak for themselves, for clients, and also for Entrypoint staff. They can refer to other programs, but most of the other programs have long lists where people aren’t going to hear from anyone for a very long time. EPO has been beneficial not just for the clients, but for the workers—to actually know that they can refer someone somewhere and they’re going to get some immediate support and outcomes, whatever that may look like. That’s significant.” – Staff*

*“I think it’s particularly sad for clients that there’s nowhere for them to be referred to. There’s nowhere for them to go. And what can we say to them? You know, at least we could say, “Alright, we’ve got this program, we can refer you to them”. Not sure where it’ll end up, but just to give them a bit of hope from that call to our call. I do think the outcomes are spectacular across the board not just the housing, but the outcomes on so many levels I think have just blown everything out of the water with the way the private housing market is.” – Staff*

This desire for funding to continue a highly effective program was reiterated many times by staff and stakeholders:

*“We’d like funding soon. We don’t want to lose the momentum that we’ve got going. We’ve made all these relationships, we don’t want to lose them now. You’ve got people with expertise and building relationships on behalf of Centrecare. The flow-on effect is massive.” – Staff*

*“It does need money and it needs time and we do not need another pilot project because we’ve done so many pilot projects and I know a number of other agencies have done pilot projects. We need something that’s ongoing.” – Staff*

*“They need to do it on a bigger scale. The government needs to have a bigger program.” – Staff*

*“I think it’s a fantastic program. Like I said before, the most vulnerable people were targeted, and they got the help that they needed. I would love to see more programs like this.” – Stakeholder*

## SUGGESTIONS FOR SYSTEMS REFORM

Centrecare’s EPO program has shown the benefits of good relationships with landlords and real estate agencies. Centrecare EPO staff saw value in building a support portfolio by marketing and networking in the broader housing sector, for example through approaching builders, engaging with private landlords, interacting with news and current affairs shows, and engaging everyday people who wanted to help vulnerable people in a homelessness situation. Centrecare EPO provided some

opportunity to build these networks, and staff believe there is untapped potential that could be further developed:

*“I had a lovely couple—she was actually a psychologist, and her husband was a business CEO. They had a beautiful home in Safety Bay and were empty nesters—the kids have grown up. They had a granny flat at the back. They had seen the news and wanted to help. They called Entrypoint who gave us the referral. We managed to match them up with a mother and a daughter who were living in a car with their dog.” – Staff*

*“Things have got worse and the rental prices have gone higher and it just takes someone to see that there are a lot of people that have rooms that are empty and wish that they could help them but they don’t know how to connect them together and find the right fit. That’s where we could be the conduit.” – Staff*

There is also potential to develop these roles further, with established provisions and policies that protect homeowners, making the option to be involved more attractive:

*“Any funding I think needs to be around giving owners that security, especially in a DV situation, because there could be times when they let the perpetrator back and then this concerns an owner. An emergency fund needs to be available. I always think that just having that peace of mind for owners at the end is extremely important. If something goes wrong, then they probably wouldn’t participate again.” – Stakeholder*

However, there was limited opportunity to promote to real estate agents and homeowners, and this potential could be explored if the program was extended:

*“Back in the day, I could see places being built and I would go knocking on the builder’s doors and say, “Look, we’ve got this program, will you rent us your houses?”, and guess what? They did. [Builder], he did. So, you know, there are many ways that you can do that and build up your portfolio, so people will support the program, but you need the time to dedicate to doing it.” – Staff*

*“We had a couple of calls come through Entrypoint where people were offering houses to vulnerable people and that would filter through to us. And there are so many more people out there, but they just don’t know how to reach us.”*

Centrecare EPO staff

*“I think some government funding would be fantastic. Just so we’re able to get all the necessary support that our clients, our tenants need to be OK.” – Stakeholder*

It is recommended that the housing sector promotes more systemic approaches to support engagement with private landlords to help end homelessness. For example, through more generous tax concessions for landlords who choose to become community housing providers.

***Case Study***

Shaheen, a young single mother of two from a culturally and linguistically diverse background, had been living in an overcrowded family home. As the home was due to be sold, she had moved in with a friend, but that friendship was becoming strained. During the EPO assessment it was determined that Shaheen would benefit from support to sustain a tenancy. The worker contacted a youth accommodation service to discuss her situation and check on the waitlist status. Shaheen was subsequently interviewed by the service and offered a 12-month supported tenancy. Shaheen had strong preferences for where she wanted to live, but this had become a barrier to her finding long-term accommodation. She was unsure about accepting the service's offer as the property was in a suburb unfamiliar to her. Centrecare staff highlighted the positive aspects of the accommodation offered—including location, case management support, and subsidised rent—and thus softened the client's fears of settling in a new area. The client accepted the offer and settled into her new home well. She began moving forward with her 12-month goals of furthering her education and increasing her parenting skills.

# CONCLUSION

Through Entrypoint Outreach, Centrecare piloted a brief intervention designed to reduce the length of time people remain homeless, decrease barriers to obtaining and maintaining housing, and to divert people from the housing system overall. The program proved to be effective across the target groups that were: (a) families with dependent children, (b) those without a prior history of accessing homelessness services, and (c) women experiencing FDV (with or without children). Our evaluation findings demonstrate that EPO achieved its intended outcomes, but also had significant impacts beyond the anticipated changes. From the client perspective, the program was at times transformative, leading many people in dire circumstances to positive outcomes such as stable housing, relief from anxiety and distress, and new skills and confidence to make decisions that support quality of life: *“I got the Entrypoint number and got referred to EPO. That’s when my life turned around”*.

Having grown out of a period where the private rental market became increasingly exclusionary, the success of Centrecare’s EPO in such a difficult social context suggests that the homelessness system should not remain predominantly crisis focused, but rather find and fund innovative and effective approaches aimed at preventing homelessness in the first place. One of the major strengths of EPO was that it met the need for immediate support and a sustained solution, particularly when public housing options were simply not practical:

*“We were going into community housing and getting nowhere fast. We wanted to go on the priority list because of the circumstances and they said there was a two-month wait, so that wouldn’t have worked. The lady there gave me a booklet of places we could contact. We rang Foundation Housing without knowing who they were, and a very nice lady said she will put us on Entrypoint. They rang us and it just started the process.” – Client*

The perspectives of Centrecare EPO staff and clients indicate that significant barriers to accessing housing in Perth are not just a result of the COVID-19 pandemic, and thus are likely to continue and potentially exacerbate in the foreseeable future. Just as there are no indications that housing affordability is improving, the expectations around meeting tenancies are becoming more demanding, and people need help to manage the bureaucratic and logistical requirements. In a highly competitive rental market with low supply, high rents and low vacancy rates, failure to meet these demands can put almost anyone at sudden and shocking risk of homelessness:

*“They then gave me this number and it’s the best thing that ever happened. Before I reached out here I was looking for a place for 9 months. Every time I turned up at a house there were 75–80 people. It’s a mad world out there, it’s getting really bad. You just can’t give up. I was actually living on my mate’s couch, if it wasn’t for that I would have been living on the street with my dog.” – Client*

Of course, people need skills and tenacity to find suitable housing. On the other hand, for many EPO clients, having the influence of a short-term, supportive guide, brokerage funds, and perhaps an introduction to a supportive landlord who can offer a reprieve from a competitive world, can make all the difference to their housing outcomes and indeed, their lives.

For the homelessness sector, the potential for Centrecare’s EPO to address homelessness before it manifests ought to be commended. From both an individual as well as a systems perspective, EPO represents an important, innovative, and cost-effective approach that should complement and support the broader homelessness system. Centrecare’s EPO, and programs like it, offer government a relatively low-cost means for combating homelessness and alleviating pressure on the public system. However, as we have described in this report, a large part of EPO’s success was *relational*—meaning that programs will not necessarily be effective simply because they adopt a similar model. It

is for this reason that program evaluation is crucial, and our evaluation has found Centrecare's Entrypoint Outreach to be an extremely promising avenue which merits further support.

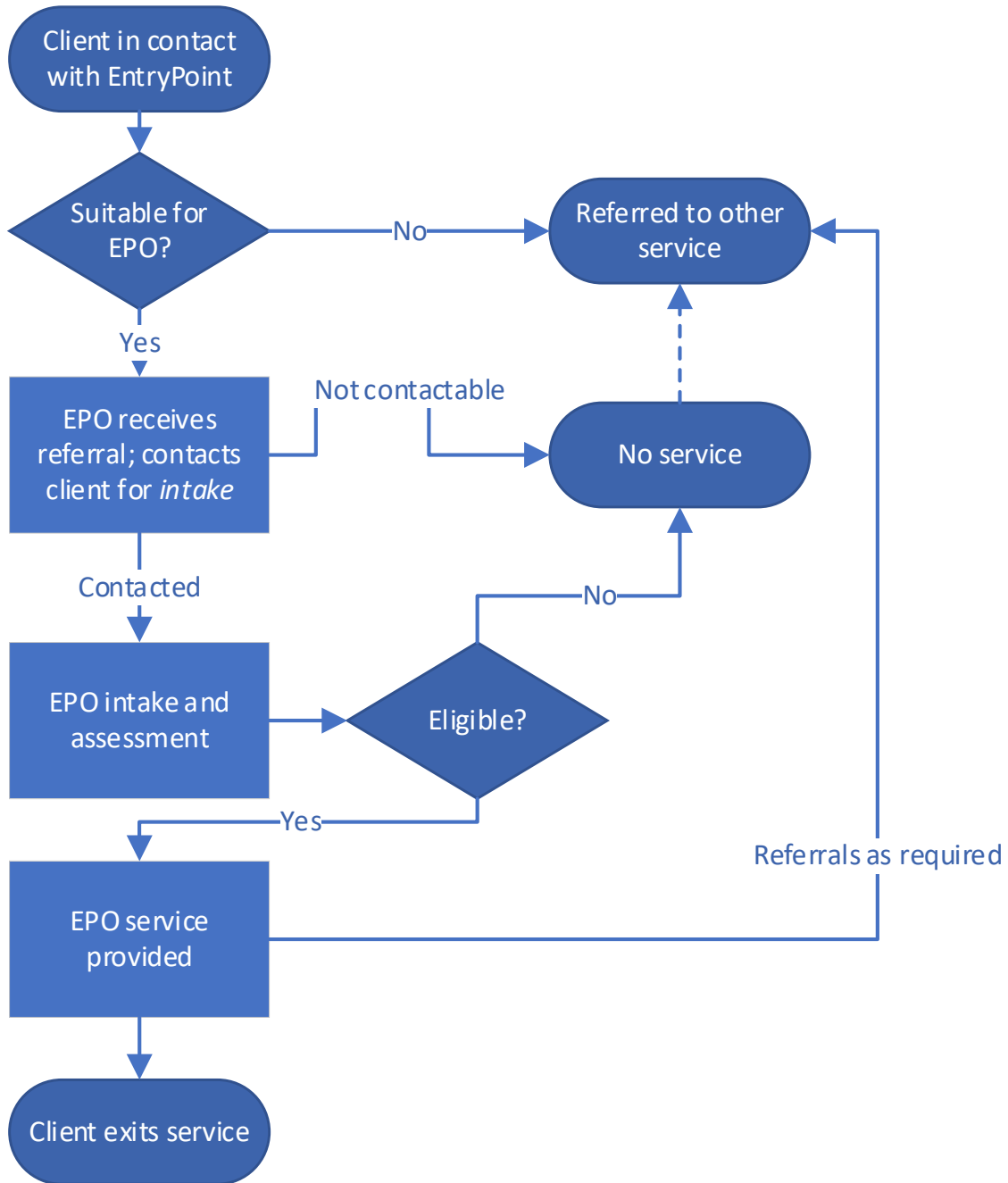
*Case Study*

Renee and her five children had been experiencing FDV interstate so had moved to Perth to stay with a friend. This quickly became untenable, and Renee and her children were then homeless, living in a tent in the back yard of an acquaintance. During her assessment with Centrecare EPO, Renee said she felt capable to view and apply for properties independently; however, after more than 60 applications without success, she had become despondent and overwhelmed, and had reached out for support. Renee had secured employment as a cleaner to supplement her Centrelink income and increase her chance of securing a private rental. She had an excellent reference from her previous tenancy although having five children appeared to be a barrier to acceptance into a new tenancy. Centrecare supported Renee to apply for properties and advocated for her with agents well known to the program. Renee was offered a property through one of those agents, who also showed empathy and support for women experiencing FDV. The property was affordable to Renee, and in an area close to her work and the children's school. Renee signed the lease within one week, and EPO used brokerage to support her with fuel vouchers to assist with the cost of the move.

# REFERENCES

- Australian Bureau of Statistics. (2012). *What is a Family?*  
<https://www.abs.gov.au/ausstats/abs@.nsf/Products/6224.0.55.001~Jun%202012~Chapter~What%20is%20a%20Family%3F>
- Australian Institute of Health and Welfare [AIHW]. (2009). *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples*. <https://www.aihw.gov.au/reports/indigenous-australians/measuring-the-social-and-emotional-wellbeing/summary>
- Australian Institute of Health and Welfare [AIHW]. (2023). *Housing assistance in Australia*.  
<https://www.aihw.gov.au/reports-data/health-welfare-services/housing-assistance/reports>
- Culhane, D. P., & Metraux, S. (2008). Rearranging the deck chairs or reallocating the lifeboats? Homelessness assistance and its alternatives. *Journal of the American Planning Association*, 74(1), 111-121. <https://doi.org/10.1080/01944360701821618>
- Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S.-L. T., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Arch Gen Psychiatry*, 60(2), 184-189.  
<https://doi.org/10.1001/archpsyc.60.2.184>
- McNamara, B. J., Banks, E., Gubhaju, L., Williamson, A., Joshy, G., Raphael, B., & Eades, S. J. (2014). Measuring psychological distress in older Aboriginal and Torres Strait Islanders Australians: a comparison of the K-10 and K-5. *Aust N Z J Public Health*, 38(6), 567-573.  
<https://doi.org/10.1111/1753-6405.12271>

# APPENDIX A – CENTRECARE EPO CLIENT INTAKE FLOW



## APPENDIX B – PROGRAM LOGIC

| INPUTS  | OUTPUT ACTIVITIES   | OUTPUT PARTICIPATION   | SHORT-TERM OUTCOMES   | MEDIUM-TERM OUTCOMES  | LONG-TERM OUTCOMES  |
|---|---|--|---|---|---|
| <p><b>IN1.</b> Staffing: Case workers with Team Leader support.</p> <p><b>IN2.</b> Vehicles: 2 vehicles + vehicle costs</p> <p><b>IN3.</b> \$30,000 brokerage over 18 months</p> <p><b>IN4.</b> Professional development</p> <p><b>IN5.</b> Client-centred, child-aware, strengths-based framework</p> <p><b>IN6.</b> Lotterywest Funding and donations</p> <p><b>IN7.</b> Funding and budget including administration costs, staff costs, operational costs and other expenses</p> <p><b>IN8.</b> Office space (Centrecare Gosnells)</p> | <p><b>OA1.</b> Brief intervention support over a two-to-six week period</p> <p><b>OA2.</b> Assistance and advocacy support to sustain tenancy</p> <p><b>OA3.</b> Practical assistance to decrease barriers to accessing housing</p> <p><b>OA4.</b> Support and referral to services where a client is assessed as experiencing domestic violence</p> <p><b>OA5.</b> Daily support to women experiencing violence where EntrypointPerth has purchased crisis accommodation</p> <p><b>OA6.</b> Referral to relevant services to address homelessness and underlying issues</p> <p><b>OA7.</b> Referral and information to support accompanying children</p> <p><b>OA8.</b> Referral to ongoing support where necessary</p> <p><b>OA9.</b> Exit planning with client</p> | <p><b>OP1.</b> Private tenants who have previously maintained housing without accessing the homelessness service system</p> <p><b>OP2.</b> Families with dependant children in their care</p> <p><b>OP3.</b> Women experiencing family domestic violence</p> <p><b>OP4.</b> Annual caseload of 110 primary clients per case worker</p> <p><b>OP5.</b> 330 primary clients across the 18 month pilot</p> <p><b>OP6.</b> Work in close collaboration with Entrypoint Perth</p> | <p><b>ST1.</b> Improved housing stability – access to safe accommodation</p> <p><b>ST2.</b> Increased knowledge of navigating the service system</p> <p><b>ST3.</b> Increased skills to apply for housing</p> <p><b>ST4.</b> Decreased barriers to accessing housing</p> <p><b>ST5.</b> Improved safety</p> <p><b>ST6.</b> Increased safety and support of women experiencing family domestic violence</p> <p><b>ST7.</b> Client satisfaction with the service received</p> <p><b>ST8.</b> Achieved some or all goals in the accommodation plan</p> <p><b>ST9.</b> Client reports reduction in the number of stressors affecting their family</p> | <p><b>MT1.</b> Improved housing stability</p> <p><b>MT2.</b> Divert families away from the homelessness system</p> <p><b>MT3.</b> Reduce the length of time people remain homeless</p> <p><b>MT4.</b> Access to temporary accommodation, public or community housing or private or other housing</p> <p><b>MT5.</b> Preventing those known to be at risk of homelessness from becoming homeless</p> <p><b>MT6.</b> Reduction in clients who were homeless following support</p> | <p><b>LT1.</b> Improved family functioning</p> <p><b>LT2.</b> Improved material wellbeing: stable and secure housing</p> <p><b>LT3.</b> Knowledge of essential life skills</p> <p><b>LT4.</b> Loved and safe: feelings of safety; reduced family conflict; reduced family violence and at risk children</p> <p><b>LT5.</b> Homelessness is improved</p> <p><b>LT6.</b> Divert people from homelessness, or shorten the period of homelessness</p> |

## APPENDIX C – OUTCOMES MATRICES

| SHORT-TERM OUTCOMES  | INDICATOR  | DATA SOURCE                            |
|--|--|--|
| ST1. Improved housing stability – access to safe accommodation                   | % of clients who sustain their tenancy   | SHS / Penelope Data                    |
| ST2. Increased knowledge of navigating the service system                        | % of clients with linkages to other services   | Penelope data                          |
|  | % of clients who report increase in confidence of where to seek help   | Client exit interview                  |
| ST3. Increased skills to apply for housing                                       | % of clients who received knowledge/skills training in applying for housing  | Penelope data                          |
|  | % of clients report increased confidence on how to apply for a house   | Client exit interview                  |
| ST4. Decreased barriers to accessing housing                                     | % of clients who received support to decrease barriers   | Penelope data                          |
| ST5. Improved safety   | % of clients reporting increased feelings of safety  | Client exit interview                  |
| ST6. Increased safety and support of women experiencing family domestic violence | % of clients who received time-critical outreach support while in purchased accommodation until link to specialised services | Penelope data<br>Client exit interview |
|  | % of clients who reported an increase in safety networks   | Client exit interview                  |
| ST7. Client satisfaction with the service received                               | % of clients who are satisfied with the service received   | Client satisfaction survey             |

|   |   |   |
|---|---|---|
| <p><b>ST8.</b> Achieved some or all goals in the accommodation plan</p>                       | <p>% of clients who agree that their accommodation plan goals are aligned with their needs and they have participated in setting them</p> | <p>Client exit interview &amp; Client satisfaction survey</p>               |
|   | <p>% of clients noted as achieving all or some of their goals upon exit</p>   | <p>Penelope Data<br/>Client exit interview / Client satisfaction survey</p> |
| <p><b>ST9.</b> Client reports reduction in the number of stressors affecting their family</p> | <p>% of clients reports reduction in the number of stressors affecting their family</p>   | <p>Client exit interview / K5</p>   |

| MEDIUM-TERM OUTCOMES  | INDICATOR  | DATA SOURCE  |
|---|--|--|
| <p><b>MT1.</b> Improved housing stability</p>   | <p>% of clients who sustain their tenancy</p>                      | <p>SHS / Penelope / Follow-up survey</p>               |
| <p><b>MT2.</b> Divert families away from the homelessness system</p>  | <p>% of all clients in stable housing from pre/post</p>            | <p>SHS / Penelope / Follow-up / Exit survey</p>        |
| <p><b>MT3.</b> Reduce the length of time people remain homeless</p>   | <p>For homeless clients, time to housing/non-homeless category</p> | <p>SHS / Penelope / Follow-up</p>                      |
| <p><b>MT4.</b> Access to temporary accommodation, public or community housing or private or other housing</p> | <p>% of clients that have secured housing</p>                      | <p>SHS / Penelope / Follow-up / Exit survey</p>        |
| <p><b>MT5.</b> Preventing those at risk of homelessness from becoming homeless</p>                            | <p>% of at risk clients that secure housing</p>                    | <p>SHS / Penelope</p>                                  |
| <p><b>MT6.</b> Reduction in clients who were homeless following support</p>                                   | <p>% of homeless clients who moved to stable or at-risk</p>        | <p>SHS / Penelope / Client exit survey / Follow-up</p> |

| LONG-TERM OUTCOMES   | INDICATOR  | DATA SOURCE   |
|--|--|---|
| LT1. Improved family functioning   | Reduction of pre-post K5 scores within families if possible, sub-analyses for clients with “family functioning” as main issue.   | Penelope / K5 / Client exit survey                              |
| LT2. Improved material wellbeing: stable and secure housing  | % of clients that have secured stable and secure housing   | SHS / Penelope  |
| LT3. Knowledge of essential life skills  | % of clients who received advice and/or skills development / % of clients receiving services that were suitable for them, and have confidence in applying for housing. | Penelope (events analysis / case management data) / Exit survey |
| LT4. Loved and safe: feelings of safety; reduced family conflict; reduced family violence and at risk children | % of clients with increased feelings of safety and support, % of FDV clients not returning to violent relationship   | SHS / Penelope / Client exit survey / K5                        |
| LT5. Homelessness is improved  | % clients exiting “homeless” category, nature of decreased barriers for those still at-risk or homeless.   | SHS / Penelope  |
| LT6. Divert people from homelessness, or shorten the period of homelessness                                    | % of at-risk clients that were housed.   | SHS / Penelope  |
|  | % of homeless clients that exited homelessness.  | SHS / Penelope  |

## APPENDIX D – KEY OUTCOMES

| Outcome Area                 | Specific outcome                                   | Indicator  | Data Source                                  |
|------------------------------|--|--|--|
| Access to Housing            | Decreased barriers to accessing housing            | % of clients who received support to decrease barriers.  | Penelope – Case management, Follow-up survey |
|                              | Reduce length of time remain homeless              | Average time to housing for homeless clients who were housed.<br><br>% accommodation referrals made for those in long-term homeless category.  | SHS / Penelope – Case management & Follow-up |
|                              | Access to housing                                  | % of clients that shifted their housing category (but into housed, not into homeless).   | SHS / Penelope – Case management             |
|                              | Reduction in homeless numbers following support    | Number of homeless clients that were housed (stable or at-risk).   | SHS / Penelope – Case management             |
| Reduced risk of homelessness | Preventing at-risk from going to homeless          | % of “at imminent risk” clients who avoided homelessness at program close.   | SHS / Penelope – Case management             |
|                              | Divert people from homelessness, or shorter period | % of “recent” cases (either homeless or at-risk) who ended up not homeless.<br><br>% of “long-term” cases who ended up not homeless.   | SHS / Penelope – Case management             |
| Housing Stability            | Improved housing stability                         | Number of clients who sustain their tenancy (or increase stability) at program close.<br><br>% who shift to “permanently housed” at close.<br><br>% clients who sustain tenancy (non-homeless), Exclude FDV who went into refuge, etc. | SHS / Penelope – Case management             |
|                              | Stable and secure housing                          | Number of clients sustaining tenancy (or increase stability) at follow-up.   | SHS / Penelope – Case management             |

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|  |                                    |   |  |
|--|------------------------------------|---|--|
| Independence and Skills                                    | Knowledge of navigating system     | % clients with links to other services.<br><br>% clients provided with service training/knowledge (there are a lot of items)  | Penelope – Case management                         |
|  | Skill in applying for housing      | Exit survey “confidence”.   | Penelope – Exit survey                             |
|  | Essential life skills              | “living skills”, “training assistance”, “other basic assistance”, maybe also “Financial information”, “edu assist”, “employ assist”, “fam/relationship assist”,   | Penelope – Case management                         |
| Social and Emotional Wellbeing (Including safety from FDV) | Safe housing                       | % who report “ongoing concerns for safety”  | Penelope – Exit survey                             |
|  | Safety and support of women in FDV | % of FDV cases who received assistance (case management)<br><br>% with family related assists from CS.<br><br>% FDV who had referral or short-term housing options/tenure outcome<br><br>% FDV who reported safe/supported on exit, and not “ongoing concerns for safety” | Penelope – Case management, Exit survey            |
|  | Improved family functioning        | % pre-post K5 for FDV or % referrals to family related services/support.  | Penelope – K5, Case management                     |
| Service Appropriateness                                    | Client satisfaction                | % satisfied clients across at-risk, homeless, long-term, and recent client.   | Penelope – Exit survey, Client satisfaction survey |
|  | Achieved goals                     | % clients who agree their plan is aligned with needs AND participated in setting them.  | Penelope – Exit survey                             |

